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Understanding self-determination as a crucial component in promoting the distinct value of occupational therapy in post-secondary transition planning

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Abstract

School-based occupational therapists are well-equipped to prepare adolescents to transition from the education system to work and live in their communities, but they report challenges in securing their place on post-secondary transition planning teams. We argue that occupational therapists’ efforts to advocate for their role in post-secondary transition could be strengthened by a deeper engagement with what is considered ‘best practice’ in transition planning: improving students’ ability and opportunity to exercise self-determination. In this commentary, we review the self-determination evidence-base; identify congruence between the underlying philosophies of self-determination and occupational therapy; and highlight gaps in existing self-determination models that occupational therapists are uniquely posed to fill by focusing on self-determination as they support transition age students.

Keywords

Self-determination; transition; post-secondary; adolescent

Almost 20 percent of the occupational therapy profession works in school-based settings (American Occupational Therapy Association, 2015). While their place on the Individualized Education Program (IEP)⁵ team is well established, occupational therapy practitioners increasingly report that they are limited by other professionals’ perceptions that they are *only* “the people who work on handwriting/fine motor or sensory integration”

⁵The Individualized Education Program (IEP) team is made up of the student, their parents or caregivers, and educators and professionals who collaboratively create the IEP, a legally binding document outlining the student’s current levels of performance, goals, and needed services and supports (U.S. Department of Education, 2004).

(Gangl, Strecker Neufeld, & Berg, 2011, p. 161). This presents a challenge for occupational therapists who are working with adolescents as they prepare to transition from the education system to work, learn, and participate in their communities as adults (Cahill, McGuire, Krumdick, & Lee, 2014; Leigers, Myers, & Schneck, 2016; Mankey, 2011). There is an effort underway within the profession to strengthen the role of occupational therapy in post-secondary transition planning, bolstered by the recent creation of a taskforce, community of practice, and publications focused on transitions throughout the lifespan (Orentlicher et al., 2014; Orentlicher, Schefkind, & Gisbon, 2015; Stewart, 2013). In this article, we make the case that school-based occupational therapists' efforts to articulate and advocate for their role in post-secondary transition could be strengthened by a deeper engagement with what is considered 'best practice' for post-secondary transition planning: improving students' ability and opportunity to exercise *self-determination*.

Self-Determination in Education

Initially promoted by disability advocates as a civil right, self-determination has been extensively researched in the field of education (Wehmeyer, Shogren, Little, & Lopez, 2017). Defined as "volitional actions that enable one to act as the primary causal agent in one's life and to maintain or improve one's quality of life" (Wehmeyer, 2005, p. 117), self-determination refers to a person's dispositional characteristic, with emphasis on their volitional action (Shogren, Wehmeyer, Palmer, Forber-Pratt, et al., 2015). Many self-determination programs and interventions focus on building skills that facilitate an individual's ability to act with volition, such as choice-making, decision-making, problem-solving, goal-setting and attainment, self-regulation, self-management, and self-advocacy. Post-secondary transition planning provides an opportune context for adolescents to learn and practice self-determination skills. As students set goals, identify and request accommodations, and lead IEP meetings, they draw upon problem-solving, self-management, and self-advocacy skills.

Several large randomized controlled trials in education research have shown that 1) self-determination interventions can improve the self-determination of students with a range of disabilities; and 2) such interventions are associated with positive long-term outcomes across domains, including employment, independent living, and quality of life (Shogren et al., 2015; Wehmeyer et al., 2011, 2012, 2013). Despite this evidence, the occupational therapy profession has yet to fully demonstrate to others in the educational context how self-determination aligns with its core values and how occupational therapists are uniquely equipped to support the development of self-determination. We believe that the current emphasis on self-determination in the field of education provides a timely opportunity for occupational therapy to demonstrate its distinct value in post-secondary transition planning (U.S. Department of Education, 2017). The following section describes how self-determination aligns with occupational therapy values.

Self-Determination and Occupational Therapy

As is noted by a number of recent occupational therapy publications on the transition to adulthood, there is a congruence between the underlying philosophies of self-determination

and occupational therapy (Frolek Clark & Chandler, 2013; Orentlicher et al., 2015; see also Dean, Dunn, & Tomchek, 2015). Both are rooted in foundational principles of *self-advocacy, empowerment, and choice*.

Self-Advocacy

Self-determination is explicitly named in the *Occupational Therapy Practice Framework* (OTPF; AOTA, 2014) as part of self-advocacy (p. S45), which is defined as an occupational therapy intervention wherein practitioners support clients to “seek and obtain resources to fully participate in daily life occupations” (p. S30). It is therefore within the occupational therapy scope of practice to facilitate self-determination by helping students identify personally meaningful occupations, set goals related to them, convey these preferences and goals to their IEP team, and advocate for needed supports. Occupational therapy interventions addressing self-advocacy and self-determination could involve teaching transition-age students self-awareness and self-management skills so that they can learn their educational rights, identify available resources, and request reasonable accommodations.

Empowerment

Self-determination and occupational therapy are also both rooted in the concept of empowerment (AOTA, 2014; Wehmeyer et al., 2017). As noted in the OTPF (AOTA, 2014), client-centered occupational therapy practice aims to empower clients, in part by “understanding and addressing the specific justice issues within a client’s discharge environment” (2014, pp. S9; see also S7). In the OTPF, empowerment is linked to justice and the influence of the environment, which in disability studies theory is framed as the “disabling world,” or the social and physical environmental conditions that disable (Goodley, 2005, pp. 334). Disability studies theory and the disability rights movement note the importance of recognizing that empowerment involves *power*, and when service providers attempt to empower people with disabilities, there is a danger of reinforcing a “victim status” (Goodley, 2005; see also Charlton, 1998). This caution is aligned with recent occupational therapy scholarship that claims that client-centered practice necessitates a critical perspective wherein occupational therapists reflect on their own access to privilege and power and the ways in which this privilege can “re-inscribe dominant ideologies that devalue disabled people and justify their inequitable opportunities” (Hammell, 2015, pp. 237; Angell, 2014). Occupational therapists can therefore support their clients to reflect on ways the environment either disables or empowers them. Supporting this reflection may scaffold the development of self-determination.

Choice

Disability studies theory also provides a nuanced understanding of the concept of choice, which is related to, but distinct from empowerment. According to disability studies scholar Carol Gill, “The struggle shouldn’t be for integration, but for power. Once we have power, we can integrate whenever we want” (cited in Charlton, 1998). This shows the link between empowerment and choice, that is, that power is necessary for authentic choice; while also underscoring how critical choice is in efforts to integrate people with disabilities into their communities. Choice has also long been central to occupational therapy theories and frameworks. According to the OTPF (AOTA, 2014), “Only clients can identify the

occupations that give meaning to their lives and select the goals and priorities that are important to them. By valuing and respecting clients' input, practitioners help foster their involvement and can more efficiently guide interventions" (p. S13). Herein, occupational therapists can shift power to their clients to support choice-making. Client-centered occupational therapy practice and self-determination interventions both aim to support young adults to make choices about their futures by identifying goals related to how and where they will work, learn, live, and play after high school, and gaining the necessary skills to meet those goals.

Despite this congruence between self-determination and occupational therapy values and the growing recognition among occupational therapists that self-determination is a "mandatory part of the transition planning process" (Orentlicher, 2015, p. 119), we argue that there is a lack of discussion about self-determination in school-based practice resources (e.g., toolkits, virtual chats, OT Practice Magazine) that may be an important source of information about best practices for school-based practitioners. Further, we argue that occupational therapy is poised to fill several gaps in self-determination-based transition planning models, as described below.

Gaps in Self-Determination Models: An Opportunity for Occupational Therapy

The Environment—Although the self-determination literature recognizes that opportunities afforded by the environment play a key role in shaping students' self-determination, existing self-determination models focus primarily on students' skills rather than environmental barriers and provide minimal direction for professionals and students to identify and address environmental barriers to self-determined behavior (Wehmeyer et al., 2011). These models may erroneously assume that youth are fully prepared to independently identify and address environmental barriers to their goal attainment (Kramer et al., 2014). Occupational therapists, however, understand how the environment restricts or supports occupational performance (and self-determined behavior). Further, occupational therapists possess the skills to systematically evaluate the physical, social, cultural, economic, and technological environment. An example of this is Project TEAM (Teens making Activity and Environment Modifications), an occupational therapy intervention that teaches youth to identify environmental barriers to their participation, generate modification strategies to address those barriers, and request reasonable accommodations (Kramer et al., 2018). Youth use a problem-solving approach that is grounded in self-determination theory, but this intervention differs from typical self-determination programs by focusing on the environment.

Beyond Education and Employment—Self-determination programs tend to focus primarily on facilitating self-determination in education and employment, and to a minimal extent, independent living (Wehmeyer et al., 2012, 2011), but many have neglected to address the role of self-determination in leisure and social activities in the community. Occupational therapists understand the importance of such occupations for health and wellbeing (AOTA, 2014) and can explore ways for students to be connected to opportunities for meaningful community participation that are not limited to work or formal education, such as obtaining a library card or YMCA membership, shopping, eating at restaurants,

volunteering, visiting neighbors, going to the post office, taking public transportation, and attending community classes, meetings, and social events (Hammel et al., 2015). Further, emerging research indicates that navigating social service systems and finding resources are “vital but often invisible occupation[s]” (Magasi, 2012, p. S25) that require extensive time, energy, and effort for people with disabilities and their families (Aldrich, Rudman, & Dickie, 2017; Angell & Solomon, 2017; Bagatell, Chan, Rauch, & Thorpe, 2016). Occupational therapists possess the skills to break down and teach the component parts of these critical, but often ignored, occupations, to prepare students to successfully navigate service systems and resources after high school.

Increasing Accessibility Through Task Analysis and Learning Through Doing

—Early self-determination research was conducted with individuals with significant cognitive disabilities, but it has been critiqued as primarily targeting basic choice-making, while recent self-determination interventions that target a broader breadth of self-determination components are designed for students with mild to moderate cognitive disabilities (Cobb & Alwell, 2009; Mithaug, 2005; Shogren et al., 2015; Wehmeyer et al., 2011, 2013). Additionally, although best practices by leaders such as Paul Wehman, Erik Carter, and Carolyn Hughes include community-based components, there is limited adoption in everyday practice (Agran & Hughes, 2005; Carter & Lunsford, 2005; Wehman, 2013). This may contribute to the challenges that teachers report in implementing these programs, particularly with students with significant cognitive disabilities who face challenges verbalizing or documenting goals, or attending to a discussion-based curriculum while remaining seated in the classroom (Wehmeyer, Agran, & Hughes, 2000).

The self-determination literature emphasizes that *all* individuals can become *more* self-determined (Wehmeyer, 2005), but the complexity of self-determined behaviors can be difficult for youth with more significant disabilities to master. Occupational therapists can support the use of existing self-determination programs in two ways. First, occupational therapists can contribute their skills in task analysis. By breaking down the complex processes that are needed to engage in self-determined behaviors, occupational therapists can support educators to identify ways to teach these tasks to youth with significant disabilities. Second, occupational therapists are skilled in promoting *learning through doing* – that the act of participating in a desired activity can foster the development of new skills beyond abstract reflection. Occupational therapists could provide support to students with significant disabilities to make the cognitive aspects of existing evidence-based self-determination models the more accessible, for example, many self-determination models guide students through a self-directed learning process using an approach such as Set Goal; Take Action; Adjust Goal/Plan⁶ (Wehmeyer et al., 2007); but teachers may not have the flexibility in their schedules to implement these models outside the classroom. Occupational therapists could advocate for their ability to use similar approaches in real-world settings, such as restaurants, grocery stores, potential job or volunteer sites, public transportation, vocational rehabilitation or disability service offices, public libraries, or community classes.

⁶We note the similarity to occupational therapy interventions (see Kramer et al., 2014; Polatajko, Mandich, Miller, & Macnab, 2001).

This could facilitate learning for students who are unable to access the cognitive component of typical self-determination programs.

Measurement—Measurement of self-determination has relied primarily on self-report. For students who are unable to complete standardized self-report measures, parent or educator report is often used as a proxy. This is problematic if used alone, as adolescents' preferences and goals may differ from those that their parents or teachers have for them (Powers, Geenen, & Powers, 2009). Further, the definition of self-determination implies that there are observable behaviors or outcomes related to self-determination that could be quantified. Occupational therapists are skilled at using observation to quantify skills and behaviors, which would allow for the assessment of students with a broader range of communication abilities, in a greater range of contexts.

Addressing the Gaps through Practice and Research—There is an opportunity for the profession of occupational therapy to address these gaps. Occupational therapists' skills in implementing interventions addressing cognition and self-regulation in the context of participation uniquely position them to provide individual supports and environmental modifications to make evidence-based self-determination models more accessible to students with significant disabilities. At the practice level, school-based occupational therapy practitioners could coach students to set goals and create accessible ways for students to monitor their own progress; educate the IEP team about alternative ways that minimally-verbal students can participate in their IEP meetings; design leisure and career exploration activities for students to exercise choice making skills; provide instruction in strategies for students to self-manage behavior and sensory needs; collaborate with teachers to create real-world activities that allow students to exercise problem solving skills; and support students to identify and address environmental barriers to participation, e.g., negative societal attitudes toward disability, lack of funding for job coaches or personal assistants, decentralized service delivery after leaving the school system, lack of coordination between service agencies (U.S. Department of Education, 2017). In doing so, occupational therapists can better advocate for their place on post-secondary transition teams and support the participation and engagement of students who are at high risk of disengagement after graduation (Roux et al., 2015). We present two case studies at the end of the article to show how occupational therapists might use some of these strategies with transition age students.

At the research level, occupational therapists can build upon and expand the existing evidence-base of self-determination programs and models. The previously described Project TEAM intervention study provides an example of how occupational therapy research has the potential to contribute a unique, nuanced, and in-depth understanding of the transaction between the person and environment (Kramer et al., 2014, 2018). Occupational therapy research could focus on identifying and documenting self-determination from an occupational performance perspective, i.e. the *doing* of self-determination. This would facilitate the development of performance based self-determination measures, enabling occupational therapists to measure and track self-determination for students who are not able to complete standard self-report questionnaires (e.g., Wolman et al., 1994). Such research would provide the profession with strong evidence to advocate for its place on the post-

secondary transition team and provide a stronger evidence base that can be used to advocate for larger scale societal and policy changes.

Next Steps for the Profession

We have argued that occupational therapy has a distinct contribution to make in post-secondary transition planning, especially for students with significant disabilities whose needs are not being met by current transition planning models. The current federal emphasis on improving transition outcomes for students with disabilities provides an opportunity for the occupational therapy profession to secure a role as crucial members of transition teams by articulating how self-determination concepts, research, and models relate to the central tenants of occupational therapy, and by demonstrating the ability to improve transition outcomes for all students by effectively promoting the performance of self-determination skills. We believe that an important first step is for occupational therapy practitioners to have a basic fluency in the construct of self-determination and its evidence-base (Orentlicher et al., 2015, p. 36; Scheffkind & Carlson Carroll, 2015) so that occupational therapists can clearly articulate their potential contributions to other professionals and administrators on the IEP team (Gangl et al., 2011; Mankey, 2011). Further, including transition and self-determination in entry-level occupational therapy curricula is crucial to advancing the profession in these practice areas. Post-secondary transition fieldwork sites should be actively pursued by educational programs. These efforts would equip entry-level practitioners with the knowledge and skills they need to address post-secondary transition needs, measure outcomes of their intervention, and successfully demonstrate the distinct value of occupational therapy in school-based settings.

We will show how a school-based occupational therapist might put these ideas into action through two case studies and action steps for practitioners.

Case Studies

Case 1

P is a 20-year-old student diagnosed with autism spectrum disorder attending a public school. P has emerging self-determination skills and is motivated to participate in the transition process. He communicates verbally but has difficulty fully expressing his ideas. As a part of his triennial IEP evaluation, the occupational therapist completed the Adolescent and Young Adult Activity Card Sort (AYA-ACS, Berg, McCollum, Cho, & Jason, 2015); the Transition Planning Inventory (TPI), Home and Student Forms (Patton & Clark, 2014); and the AIR Self-Determination Scale, Parent and Student Forms (Wolman, Campeau, DuBois, Mithaug, & Stolarski, 1994). The occupational therapist facilitated completion of the TPI Student Form and the AIR Self-Determination Scale Student Form by clarifying test items, providing structured verbal prompting and encouragement, and providing strategies to improve P's visual attention to the paper rating form. The occupational therapist contributed to the transition planning process by sharing the student's priorities from evaluation findings:

Independent living.—P indicated that he planned to live with his family immediately after graduation but would like to eventually live on his own with support. On the AYA-ACS, P identified grocery shopping and simple meal preparation as important occupations that he would like to complete independently, but his family members also completed them, leaving him little opportunity to participate in these activities. The occupational therapist assisted P in communicating this to his mother, who was unaware that P had any interest in these occupations. The occupational therapist collaborated with P and his mother to identify several of his favorite meals he could learn to shop for and prepare. Subsequent IEP goals were developed to help P become functionally independent with these occupations.

Leisure/community participation.—On the AYA-ACS, P indicated that playing Special Olympics basketball with the high school team is one of his most valued occupations. He expressed concern that after graduation he will no longer be able to play basketball. The occupational therapist coached P to communicate this concern to the other education team members. In collaboration with the high school Special Olympics coach, the occupational therapist determined that P can play Special Olympics basketball after graduation with his local park district. The OT assisted P in completing the necessary registration forms for the park district team.

On the AYA-ACS, P also indicated that using the internet to research topics of interest is another valued leisure occupation, but he only participates in this activity at school because he does not have internet access at home. The occupational therapist supported P to identify other places where he could access the internet, such as at his local public library, and P expressed interest in obtaining a library card so that he could walk to the library to use the internet. The occupational therapist coached P to communicate this interest to his mother. In collaboration with his mother, the occupational therapist assisted P with completing the application for a library card and mapping the route from his home to the library. P visited the library with his mother over the weekend. After the visit, the occupational therapist collaborated with P and his mother to identify strategies to increase P's independence at the library in the future.

Work.—The occupational therapist noticed a discrepancy when comparing the results of P's post-secondary employment goals with his mother's goals on the TPI. P expressed that he wanted to work at a local library or bookstore after graduation but did not think that was an option because he knew his mother wanted him to continue his current volunteer job at a food pantry with a job coach. Upon further questioning, P informed the occupational therapist that he did not enjoy his job at the food pantry because it was too loud and the work was fast-paced. The occupational therapist assisted P in identifying his job preferences and the type of work environments that best suit his needs. The occupational therapist then coached the student to communicate his personal job preferences to his mother and the education team, and his work environment preferences and necessary work accommodations to future potential employers.

By supporting P to communicate his preferences and goals, the occupational therapist supported P to exercise choice during his transition process. Had the occupational therapist not engaged P in accessible self-evaluation, he would not have had an opportunity to identify

valued occupations, reducing his ability to exercise power over occupational engagement after transition. Furthermore, by jointly addressing environmental barriers that limited P's opportunities to engage in valued occupations, P learned more about how he might address environmental barriers in the future. The experience of successfully addressing environmental barriers to participation may have supported P's sense of empowerment.

Case 2

K is an 18-year old student diagnosed with intellectual disability attending a therapeutic day school. She is a minimally verbal student who communicates primarily through the use of printed pictures on a communication board. K is able to make a choice between familiar items when given a communication board with familiar pictures. The occupational therapist involved in K's pre-employment transition services attempted to administer the Adolescent and young Adult Activity Card Sort (AYA-ACS, Berg, McCollum, Cho, & Jason, 2015) to better understand her participation, interests, and goals. The occupational therapist asked K's mother and teacher complete AIR Self-Determination Scale - Parent Form and Teacher Forms (Wolman, Campeau, DuBois, Mithaug, & Stolarski, 1994) to understand how K is demonstrating self-determination at home and at school. Based on the parent and teacher interviews and the occupational therapist's observations of K in the classroom, the occupational therapist also completed the Short Child Occupational Profile (SCOPE, Bowyer et al., 2005) to better understand K's occupational performance and how the environment is supporting or hindering her performance.

Modifications.—K was unable to complete the AYA-ACS as designed. The occupational therapist designed accommodations for the assessment, for example, creating boxes with visual icons indicating “Yes, I do this” and “No, I do not do this” using familiar icons from K's classroom communication board. However, K was still unable to complete the entire assessment. However, she was able to sort cards from the leisure section of the AYA-ACS into boxes labeled with “thumbs up” and “thumbs down” icons, indicating that she liked watching television, listening to music, and taking photographs. The occupational therapist further modified the assessment by providing K with photographs of the people who live in her home (mom, stepfather, brother, sister, and nephew) and asked her to sort the activities by the individual who performs the activity at home. Using this modification, K identified that at home, her mother cooks and does the laundry, and K helps clean the bathroom and do the dishes. K's mother confirmed in her interview with the occupational therapist that K does help clean the bathroom and do dishes at home. She also indicated that K takes out the garbage each week. She confirmed that K spends most of her time at home watching TV or listening to music. She was surprised to hear that K gave taking photos “a thumbs up” but acknowledged that she had seen K taking photos with her phone the other day.

Self-determination.—In order to accommodate K's inability to verbally express her preferences, the occupational therapist used interviews with K's mother and teacher and classroom observation to document how K demonstrates happiness, enjoyment, interest, disinterest, discomfort, frustration, and anger. The occupational therapist created a document describing K's behavioral responses and shared it with the team to facilitate greater awareness of how to promote K's self-determination by paying close attention and

responding to K's nonverbal behavioral cues. The occupational therapist coached the education team on using this document to closely monitor and record K's responses to new classroom activities, work and volunteer experiences, and community-based instruction activities to understand her preferences and motivation for these activities, so that the team can aim to ensure that she engages in activities that are of interest.

Independent living.—K's mother indicated that the family's plan is for K to continue living at home with her family as an adult. She shared that she would like K to be able to independently perform morning and evening hygiene and dressing routines. K performs most hygiene and dressing activities independently but has difficulty performing multiple activities in a sequence. The occupational therapist collaborated with K's mother to create visual supports for her home hygiene routines. The occupational therapist also consulted with the classroom teacher to determine a basic hygiene routine that could be performed at school to support K in using visual supports to complete a multi-step routine. The occupational therapist coached the teacher and paraprofessionals in the class in structured prompting techniques and strategies for facilitating K's independent performance of multi-step hygiene routines.

Leisure.—The occupational therapist worked with the teacher to develop a goal related to photography, as this was an area of identified interest for K. The occupational therapist shared with the team that photography could be a method for K to develop self-determination skills by expressing her preferences, needs, and future goals through photographs. The occupational therapist suggested that the team collect photographs taken by K for her photography goal and photos of her participating in a variety of work and community experiences throughout the year. The team would then support K to select her favorite photos and prepare to present them to the team as part of her next IEP and transition planning meeting, providing K with an opportunity to develop self-determination skills and to guide her meeting to meet her own preferences and interests.

Work.—The occupational therapist collaborated with the education team to identify a variety of pre-employment and community employment and volunteer experiences to trial with K. The team will record her behavioral responses to these activities with the goal of identifying work activities that are the most preferred by K. The team will then support K in pursuing these preferred work activities in the future.

This case study exemplifies how occupational therapists' skills in task analysis can support students' self-determination during the transition process. By using a modified version of the AYA-ACS, K had the opportunity to express her occupational preferences and identify occupational opportunities. Additionally, the occupational therapist was able to support the inter-professional team, including her mother, to monitor K's preferences to ensure she continued to have additional choice making opportunities.

Conclusion

It is a critical time for school-based occupational therapists to fill a void in secondary transition planning, when self-determination has been identified as a necessary part of the

post-secondary transition planning process. There is clear interest within the profession for greater involvement in transition planning, and occupational therapists are well-suited to support students with disabilities to become more self-determined during emerging adulthood. We have shown that occupational therapists are uniquely poised to fill the gaps in existing self-determination-based transition planning programs. We believe that a deeper engagement with the construct of self-determination will better equip the profession to articulate its distinct value and secure a role as a vital member of the post-secondary transition team.

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Action Steps for Occupational Therapists

- Become familiar with self-determination language used in the field of education and begin incorporating this language in occupational therapy documentation as well as during IEP meetings, team meetings, and conversations with colleagues.
- Understand the language and components of IDEA that relate to transition and self-determination and justify roles for occupational therapy practitioners in these areas.
- Evaluate and modify education environments to facilitate student self-determination. For example, create classroom environments that allow students to make choices, express preferences, and that incorporate student interests.
- Evaluate students' current and potential participation in community social and leisure activities and advocate for the importance of these activities for health and well-being in adulthood. For example, connecting students to the public library, post office, or park district could be valuable contributions to the transition process.
- Create opportunities for students to actively demonstrate self-determination skills in education related activities, for example, setting goals and evaluating goal progress in school and the community.
- Advocate for students to participate in their IEP meetings and provide support for active IEP participation.
- Involve students in IEP goal creation and goal monitoring within the classroom and other educational environments.
- Include the student's perspective in the OT evaluation process. Consider using assessment tools such as the Canadian Occupational Performance Measure (COPM), Child Occupational Self-Assessment (COSA), and Adolescent and Young Adult Activity Card Sort.
- Develop and share a comprehensive occupational profile based on the student's perspective of his or her strengths and needs that will add value to the transition planning process.
- Support students in the self-management of behavior and sensory needs and educate school and community staff members on the importance of self-management.
- Collaborate with teachers to create-real world activities that allow students to exercise problem solving skills
- Support students to identify and address environmental barriers to participation such as negative societal attitudes toward disability, lack of funding, and lack of coordination between service agencies.

- Teach students their rights under IDEA and the Americans with Disabilities Act (ADA).
- Support interested students to become involved with local disability organizations and disability activism opportunities.