

EMPIRICAL RESEARCH

Study Abroad Perceptions and Travel Experiences of Undergraduate Rehabilitation Students With and Without Disabilities: A Pilot Study

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Study abroad opportunities for college students in the United States have increased significantly over the last decade with many proven benefits for students. Current research does not thoroughly explain undergraduate rehabilitation students with and without disabilities perceptions and experiences with past, concurrent, and future traveling and study abroad opportunities. In this pilot study, data was collected from undergraduate rehabilitation programs at four state universities in the United States. One hundred and fourteen students fully completed the survey. Results of the study are broken down into four categories: (a) participants past experiences of traveling, (b) participants past travel activity experiences, (c) participants perceptions of study abroad, and (d) participants perceptions of travel experiences where differences can be seen between states and disability. The study highlights areas of future research that are needed.

Introduction

Study abroad opportunities and locations for college students from the United States (U.S.) have tripled over the last two decades (Bryant & Soria, 2015; Burn, 1990; Institute of International Education, 2020; Landau & Moore, 2001; National University Continuing Education Association, 1994). When students have the opportunity to study abroad, international educational travel is an effective way to help college graduates contribute to an increasingly global interdependent society (Kauffmann et al., 1992). The benefits to college students who engage in study abroad experiences include, but are not limited to, increased personal growth (Dolby, 2007; McMillan & Opem, 2012; Oppen et al., 1990), greater levels of independence (Hadis, 2005; Oppen et al., 1990), the expansion of one's world view, understanding a greater cultural sensitivity, broadened complex and creative thinking and problem-solving abilities, better career outcomes (Clarke et al., 2009; Fischer, 2013; Kitsantas, 2004; Maddux et al., 2014; Redden, 2016), and increased self-efficacy and confidence, academic success, and experience navigating difficult situations (Cubillos & Ilvento, 2013; Oppen et al., 1990). Unfortunately, there is still underrepresentation in study abroad participation for students based on their chosen fields of study (Dessoff, 2006; Institute of International Education, 2013; Lincoln Commission, 2005; Salisbury et al., 2009; Stallman et al., 2010; Twombly et al., 2012) and disability status

(Hameister et al., 1999; Johnson, 2000; Scheib & Mitchell, 2008; Shames & Alden, 2005; Soneson & Cordano, 2009; Soneson & Fisher, 2011; Twill & Guzzo, 2012).

Study Abroad Across Majors

Reported developed in the last two decades have shown that studying abroad most often attracts students in the humanities and social sciences major (Institute of International Education, 2013; Lincoln Commission, 2005; NAFSA, 2003). As of the writing of this article, no specific research on study abroad opportunities and success within undergraduate rehabilitation-related educational programs was available. Rehabilitation-related education is representative of many programs such as rehabilitation services, rehabilitation and human services, rehabilitation psychology, and rehabilitation sciences. However, limited research was identified for related fields of study. For example, a qualitative study illustrated the study abroad experiences of undergraduate and graduate social work students from both the U.S. and Scotland. These students summed up their experiences in six themes, including (1) “opening the mind to new ways of thinking”, (2) “awareness and insight into one’s own values and beliefs”, (3) “social awareness and challenges to societal values and beliefs”, (4) “appreciation of difference, cultural sensitivity, and anti-discriminatory practice”; (5) “social justice”, and (6) “professional identity development” (Lindsey, 2015, p. 229). Another qualitative study demonstrated that nursing students benefited from a short-term study abroad experience in various ways. Students appeared to test critical thinking and problem-solving skills in an unfamiliar environment, bond and network with classmates, navigate and communicate effectively in foreign environments, and internalize cultural competence and avoid ethnocentric thinking through the lived experience of being “other” or “foreign” (Edmonds, 2010). Although, these studies provide insight on potential benefits of studying abroad for students in similar fields, research is required to substantiate generalization to students in rehabilitation-related professions.

Study Abroad for Students with Disabilities

As a field dedicated to serving individuals with disabilities, undergraduate rehabilitation education (URE) not only focuses heavily on equal access for all, but also on recruiting high rates of students with disabilities. While approximately 19.4% of the student population on U.S. campuses have disabilities (U.S. Department of Education, National Center for Education Statistics, 2019), college students with disabilities have historically been underrepresented in study abroad programs (Bucks, 1997; Sygall, 1994). Encouragingly, the IIE Open Doors Report (2019) demonstrated that participation of students with disabilities in study abroad programs increased to 9.2% in the 2017/18 academic year, up from only 2.6% in the 2006/07 academic year. There is no clear data on why representation has increased;

however, it may be due to better outreach and encouragement to study abroad to this population, increased accessibility in host locations, and more accurate reporting within populations with less visible disabilities.

Based on 360 institutions who reported disability data, the most common disabilities experienced by students who studied abroad and reported a disability included: (1) mental disabilities (35.0%), (2) learning disabilities (33.5%), (3) chronic health disorders (16.1%), (4) other disabilities (6.0%), (5) physical disabilities (4.1%), (6) sensory disabilities (3.1%), and (7) autism spectrum disorder (2.2%).

Unfortunately, there are many barriers that discourage students with disabilities interested in participating in study abroad. Barriers can be categorized as (1) institutional barriers, (2) environmental barriers, (3) attitudinal/social barriers, and (4) personal barriers. Institutional barriers include having a lack of information and awareness of study abroad opportunities and available assistive devices and services such as interpreters or readers, as well as the attitudes and behaviors that others at the institution have towards individuals with disabilities (Johnson, 2000; Mattai & Ohiwerei, 1989; Matthews et al., 1998; Peterson, 2003; Scheib & Mitchell, 2008; Soneson & Cordano, 2009; Twill & Guzzo, 2012). Even with the Architectural Barriers Act (Pub. L. 90-480 [42 U.S.C. §§4151 et seq.]) and the Americans with Disabilities Act (P.L. 110-325 [Sec. 12204]), there are many environmental barriers that impact a student's ability to study abroad (Vance et al., 2014). Environmental barriers can encompass architectural, ecological, or natural barriers. Typical environmental barriers include the lack of an elevator in a building with more than one story (Christensen & Sasaki, 2008), lack of transportation (Naami, 2014), and icy or snowy ramps that pose a safety hazard for individuals with mobility impairments (Hammel et al., 2015). Attitudes and social situations can be concerning for students with disabilities who are unsure how their peers and individuals in the study abroad destination will view their disability (Johnson, 2000; Matthews et al., 1998). Lastly, students with disabilities lack encouragement to study abroad because of their disability (Hameister et al., 1999; Scheib & Mitchell, 2008) and health problems related to their disability (Matthews et al., 1998). Other barriers that were not discussed but relate to all students with and without disabilities are concerns over credit transfer (Carlson et al., 1990; Goldstein & Kim, 2006; Klahr, 1998; Shirley, 2006), lack of faculty and campus support (Matthews et al., 1998), lack of foreign language knowledge (Desoff, 2006; Goldstein & Kim, 2006; Hembroff & Rusz, 1993; Lozano, 2008), and financial concerns (Booker, 2001; Clemens, 2002; Hembroff & Rusz, 1993; Lozano, 2008; Stroud, 2010).

While these barriers can limit a student's sense of freedom, personal control, and competence (Kaganek et al., 2017), many of these barriers can be eliminated through the provision of appropriate accommodations. Matthews and colleagues (1998) conducted a study looking at attitudes of college students toward study abroad for individuals with disabilities. A survey

of sixty-four undergraduate students with disabilities who were receiving services on campus identified a “top ten list” of accommodations thought to be important for a successful study abroad opportunity. This list included (1) being in an integrated program as opposed to one only for students with disabilities, (2) advance notice, (3) support from academic advisor(s) and counselor(s), (4) support and encouragement from family and friends, (5) length of program, (6) academic assistance such as notetakers, readers, modified testing and interpreters, (7) financial assistance beyond what is already receive, (8) designated office or person to assist students abroad on disability-related issues, (9) traveling with friends, and (10) accessible transportation and parking (Matthews et al., 1998). It is important to note that students with disabilities who want to study abroad generally prefer traditional programs, not programs that are specifically designed for students with disabilities (Matthews et al., 1998; McLean et al., 2003).

Purpose of Study

There are many benefits of studying abroad for students with and without disabilities from any major. Unfortunately, college students with disabilities have not been encouraged to study abroad (Johnson, 2000) all while many study abroad offices face challenges to expanding programs for college students with disabilities (Hameister et al., 1999). Challenges may relate to a lack of knowledge and confidence by study abroad office staff on disability characteristics and accommodations, a disconnect between the study abroad office and office serving students with disabilities on campus, and resistance and lack of accommodations available in host countries. As most of the research on study abroad attitudes and experiences have been conducted around the humanities and social science majors, the purpose of this study is to establish baseline information on the past, current, and potential future perceptions of travel of undergraduate rehabilitation students with and without disabilities. Research questions included:

1. What travel activities have participants experienced in the past?
2. How do participants perceive study abroad and travel opportunities?
3. Do participants’ experiences and perceptions differ based on ability or state of study?

Methods

Instrument

The survey utilized in this study was originally developed by the first author under the guidance of the director of a disability services office at their institution. Study questions were developed based on typical study

abroad program features, travel modalities, disability accommodations, and perceptions related to educational experiences. After reviewing and revising the survey, the researcher piloted the instrument in the spring of 2017 with URE students and, again, in the summer of 2018 with students registered with the university's office of disability services. After feedback was received and preliminary data reviewed, the survey was adapted to clarify confusing questions and incorporate additional concepts. The survey was then reviewed again and revised by three additional URE researchers/educators prior to finalization and IRB approval. The final survey consisted of 36 multiple choice and ten open-ended items. The survey included questions related to past education-related and personal travel experiences, perceptions of study abroad opportunities and benefits, and travel concerns related to disability.

Data Collection

For this pilot study, faculty from URE programs at four state universities in the U.S. disseminated the electronic survey through Qualtrics, an online survey tool, to students in the undergraduate rehabilitation courses and programs. Students were informed of the anonymity and voluntary nature of the survey. The survey was sent out multiple times between fall and spring of the 2019-2020 academic year to increase participation rates. Recruitment practices were approved by the Institutional Review Boards at the universities of the two lead researchers. No incentives were provided to the student population.

Participants

A total of 114 individuals completed the entire survey. With regard to gender, 98 (86%) reported they were female, 15 (13.2%) male, and one (.9%) gender variant/non-conforming. The majority of participants ($n = 102$; 89.5%) fell into the traditional age range (age 18-24) of undergraduate students, with only 12 (10.5%) participants being 25 years of age or older. The majority identified as Caucasian ($n = 88$; 77.2%), followed by Hispanic ($n = 21$; 18.4%), African American ($n = 2$; 1.8%), Asian ($n = 1$; 0.9%), and "Other" ($n = 2$; 1.8%). Fifty-three (46.5%) participants reported going to school in Pennsylvania, 37 (32.5%) were in Maine, 15 (13.2%) were in North Dakota, 8 (7%) participants reported going to school in New Mexico, and one (0.9%) did not report. Twenty-nine (20.14%) participants reported they were born in a different state from where they were currently studying. Sixteen (14%) participants reported they had a high school diploma, 81 (71.1%) reported some college, one had an undergraduate certificate, 12 (10.5%) earned an associate's degree, and four (3.5%) a bachelor's degree. In addition, nine (7.9%) reported having freshman status, 27 (23.7%) were sophomores, 35 (30.7%) were juniors, and 43 (37.7%) were seniors. Although all participants were recruited in URE courses, 86 (75.4%) reported being an URE major.

Table 1. Frequencies of Primary and Secondary Disabilities for Participants

Disabilities	Primary	Secondary
Autism	0	0
Deaf-Blindness	0	0
Deafness or Hearing Impairment	0	1
Cognitive Impairment	0	0
Orthopedic Impairment	0	0
Serious Emotional Disturbances (e.g., anxiety, depression, schizophrenia)	14	5
Specific Learning Disabilities	8	2
Speech and Language Impairment	0	3
Traumatic Brain Injury	2	0
Visual Impairment	1	1
Other Health Impairment	1	0
Other	9	3

Of the participants, 36 reported a disability (31.6%; see [Table 1](#) for a breakdown of primary and secondary disabilities). Types of accommodations utilized by the participants with disabilities included classroom or lab accommodations ($n = 9$; 7.9%), test proctoring/distraction free testing ($n = 12$; 10.5%), tutoring ($n = 10$; 8.8%), extra time on tests ($n = 13$; 11.4%), classroom material in alternative formats ($n = 7$; 6.1%), reduced schedule loads ($n = 3$; 2.6%), support group related to disability ($n = 3$; 2.6%), other ($n = 2$; 1.8%) and none ($n = 17$; 14.9%). No participants in this study used mobility devices, personal care assistance, assistive technology support, sign language interpreter's/C-Print/Amplification Systems and adaptive computer lab.

Data Analysis

The quantitative survey data was entered into Microsoft Excel and analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics and frequency distributions were used to examine the research questions. Due to the low frequencies between university samples, additional analyses were not completed. A summative qualitative content analysis approach as described by Hsieh and Shannon (2005) was followed to analyze and code all qualitative data. In summative content analysis, researchers focus on identifying the frequency at which different words or phenomena are mentioned, although some interpretation is often required. Due to the need for some interpretation, a qualitative approach, rather than a quantitative approach, was deemed appropriate for this part of the data set in the present study. In the analysis, an initial researcher reviewed and coded each piece of qualitative data. Following this review, the two other researchers served as auditors to review the primary coder's findings, provide recommendations, and offer consultation regarding the interpretation and placement of questionable data points.

Table 2. Percentage of Participants' Experienced Travel by University and Disability

Experience	ME	NM	ND	PA	Dis	Total
One hour from home with family	97.3	100	100	100	97.2	99.1
One hour from home with friends	100	100	93.3	100	97.1	97.4
One hour from home alone	89.2	100	93.3	77.4	88.9	84.2
Out of state	100	100	100	100	100	100
Out of country	67.6	50.0	60.0	54.7	66.7	58.8
Stayed in hotel	97.3	100	100	96.2	91.7	97.4
Stayed in hostel	21.6	0.0	13.3	15.1	25.0	15.8
Stayed with extended family	67.6	75.0	66.7	64.2	66.7	65.8
Stayed in rented home or apartment	51.4	75.0	60.0	49.1	52.8	52.6
Traveled by public bus (not school)	89.2	75.0	73.3	77.4	86.1	80.7
Traveled by train	73.0	25.0	40.0	49.1	58.3	53.5
Traveled by plane	81.1	87.5	86.7	81.1	83.3	82.5

Results

Participants were asked about their previous experiences with travel (see [Table 2](#) for a percentages breakdown for the total sample, between states, and for participants with disabilities). The researchers felt it was important to understand overall ease, familiarity, and confidence with travel; therefore, questions related to any type of travel (domestic and international) were investigated. Overall, 92% of participants traveled at least one hour from home with their parents more frequently than yearly, 49% reported over six times a year, and 89% reported traveling with friends and alone over one hour from home more often than yearly. Regarding overnight accommodations, eight total students identified that some types of accommodations or supports might be necessary. Four students mentioned proper medication use and storage (e.g., a refrigerator). Four other students mentioned physical tools or architectural needs. For example, one student stated, "During any travel I need to be able to bring a lumbar support pad to stretch and to rest to support my spinal cord. An additional student stated that they would require "personal space."

Regarding bus travel (not including school bussing), only 12% of participants reported utilizing public bus transportation at least once a month. Three participants stated that some accommodations might be necessary for them to utilize public transportation. These accommodations were a personal assistant (2 mentions), and an "exit row seat/aisle" (1 mention). Participants were also asked about types of leisure travel activities they'd experienced in the past (see [Table 3](#)).

Participants then reported on whether they had ever considered participating in study abroad and what they felt individuals might get out of a study abroad experience (see [Table 4](#) and [Table 5](#)). Of those who went on a study abroad or mission trip, 94% reported that their parents were not on the trip with them. Travel destinations included Costa Rica (3 mentions) El Salvador (2 mentions, Italy (2 mentions), Austria, Canada,

Table 3. Percentage of Participants' Travel Activity Experiences by University and Disability

Activity	ME	NM	ND	PA	Dis	Total
Amusement Park	89.2	100	93.3	96.2	91.7	93.9
Wildlife Visit	83.8	100	86.7	90.6	94.4	88.6
Museum Visit	86.5	75.0	86.7	81.1	88.9	83.3
Beaches	97.3	87.5	66.7	98.1	91.7	93.0
Mountains	81.1	100	46.7	37.7	61.1	57.0
Visit Family	89.2	100	93.3	92.5	97.2	91.2
Sporting Events	59.5	100	53.3	77.4	69.4	69.3
Music Events	75.7	87.5	53.3	83.0	77.8	76.3

Table 4. Percentages of Participants' Perceptions of Study Abroad by University and Disability

Perceptions of Study Abroad	ME	NM	ND	PA	Dis	Total
Ever considered study abroad (yes)	51.4	37.5	60.0	45.3	52.8	49.1
Ever considered study abroad (maybe)	40.5	50.0	40.0	32.1	27.8	36.8
Ever considered study abroad (no)	8.1	12.5	0.0	22.6	19.4	14.0
Went on an educational or missionary trip	13.5	12.5	46.7	7.6	8.3	14.9

Table 5. Percentages of Participants' Purposes of Study Abroad Experiences by University and Disability

Purposes of Study Abroad Experiences	ME	NM	ND	PA	Dis	Total
Quality of education	54.1	50.0	93.3	60.4	52.8	62.3
Job opportunities	59.5	37.5	26.7	50.9	44.4	50.0
Quality of life	48.7	25.0	66.7	37.7	33.3	44.7
Explore new places	86.5	75.0	100	88.7	80.6	88.6
Experience new cultures	91.9	87.5	93.3	92.5	91.7	92.1
Learn a different language	40.5	62.5	33.3	56.6	47.2	49.1
Personal independence	70.3	37.5	80.0	69.8	66.7	69.3
Issues at home country	8.1	0.0	0.0	3.8	2.8	4.4

Croatia, the Dominican Republic, Greece, Guatemala, Haiti, Panama, Puerto Rico, and Peru. The length of time spent on these trips ranged from six days to two months. In addition, participants were asked about their current level of travel. Participants were asked if they felt they traveled enough, what barriers they experienced if they weren't traveling enough, and what would be helpful for increasing their ability to travel (see [Table 6](#)). When asked to describe other factors that might enhance their ability to travel, participants suggested that financial training and support would be useful (19 mentions), in addition to structured or guided activities (4 mentions) and less personal responsibilities (one mention).

Discussion

As was expected, there was a higher percentage of females and students with disabilities within the sample, and, anecdotally, represent a higher proportion than males in rehabilitation degrees. Although there was limited diversity within the sample (e.g., most students identified as being White), the

Table 6. Percentages of Participants' Perceptions of Travel Experiences by University and Disability

	ME	NM	ND	PA	Dis	Total
Travel						
Do you travel enough? (yes)	27.0	25.0	0.0	22.6	19.4	21.2
Do you travel enough? (no)	73.0	75.0	100	77.4	80.6	78.9
Barriers to Travel						
Money	56.8	62.5	86.7	71.7	61.1	67.5
Accommodations	5.4	0.0	0.0	3.8	2.8	3.5
Personal Reasons	2.7	12.5	6.7	1.9	5.6	3.5
Parental Concern	2.7	0.0	0.0	0.0	2.8	0.9
Other	5.4	0.0	6.7	0.0	8.3	3.5
What Would Be Helpful to Increase Travel						
Travel training	18.9	12.5	6.7	20.8	16.7	17.5
Structured opportunities	51.4	75.0	66.7	50.9	52.8	54.4
Counseling	8.1	0.0	0.0	1.9	5.6	3.5
Other	18.9	12.5	20.0	24.5	19.4	21.9

demographics of the participants (excluding the students with disabilities) are similar to the national norm for individuals that participate in study abroad opportunities.

According to Schmidt (2009), females have also been shown to study abroad at a higher rate than males. As well, in the 2018-2019 academic year, the majority of the students that studied abroad were white (70%), following by Asian/Pacific Islander (8.4%) African American or Black (6.1%), multiracial (4.4%), and American Indian/Alaska Native (0.5%; NAFSA, 2020).

Analyzing the results by states demonstrated some variability between undergraduate rehabilitation students' travel experiences. Students in the state of New Mexico had more travel experiences by percentage on seven out of the eight options provided (e.g., visiting family, attending sporting events, and going to the mountain, visiting amusement parks and wildlife visits), when compared to Maine, North Dakota, and Pennsylvania. While the vast majority of all students within the study had experienced a variety of travel activities, it is also interesting to note that almost 47% of students from North Dakota reported a previous educational or missionary trip, a much higher percentage than their peers at other institutions.

The data provided insight into student perceptions on level of travel. Although all participants reported traveling at least once out of their home state and almost 60% had traveled out of the country, the vast majority of students (78.9% total) indicated that they do not travel enough. Over half of the students within this study also indicated that a structured opportunity such as study abroad would be helpful to increase traveling. Unfortunately, even though approximately 86% of the sample had considered studying abroad at some level, only around 15% on average reported participation in a past educational or missionary trip.

With many students only working part-time during college (53% of undergraduate students who were employed in 2018; U.S. Department of Commerce, 2020) while accumulating non-living expense related debt to cover the additional cost of tuition, it is not surprising that money was the number one barrier to traveling within this study. Another financial travel consideration is the utilization of typically cheaper modes of accommodation and overnight accommodations. As indicated by the data, participants were less likely to have previously stayed at hostels and rented rooms or apartments, which are often a less expensive option as compared to hotels. That being said, students did appear to have high levels of experience with buses, which are generally an inexpensive mode of transportation when compared to planes, taxis, and trains.

A second barrier to study abroad participation may be students' understanding of the purpose and benefits of the experiences. A vast majority of students indicated that the purpose was to explore new places, experience new cultures, and for personal independence. Even though previous research indicates that personal independence is a benefit of study abroad (Hadis, 2005; Opper et al., 1990), there are several other direct benefits to the lives of participants that were not acknowledged by participants. For example, only around half of the participants understood that increased quality of education, job opportunities, and quality of life were all typical reasons to study abroad, although research by Clarke et al. (2009), Fischer (2013), and Maddux et al. (2014) indicate that these are proven benefits to study abroad.

Overall, it does not appear that the experiences and perceptions of participants with disabilities differed drastically from participants without disabilities. In fact, participants with disabilities reported higher than average experiences with staying at hostels, with family and in rented homes or rooms, as well as traveling by bus, train or plane. It is important to note that participants with disabilities had a lower rate of participation in an educational or missionary trip compared to the sample average which is somewhat surprising when considering their consistent high levels of previously reported non-educational travel experiences.

Limitations and Future Research

The first limitation of the study is the lack of diversity within the sample. Although there was a higher than average percentage of individuals with disabilities represented, other minority populations and men did not participate in representative percentages. In addition, those with disabilities within the study predominantly reported invisible, non-physical disabilities, potentially supporting the ability to travel less inhibited. Finally, as participants were recruited from rehabilitation coursework, they were likely exposed and/or educated on equity,

accommodations, and requirements for accommodations with regard to travel and, therefore, may not accurately represent the general population of individuals with disabilities or students with disabilities in other majors.

Further research is needed on the travel experiences of individuals with a much broader representation of disabilities and students with disabilities in other majors traditionally underrepresented in study abroad programs.

Other limitations to note within this study are the specific questions asked within the study. For example, “What types of travel activities have you done?” might provide a wide range of answers depending on how an individual defines these activities. A specific choice was beaches and many might be defined differently. One participant might account beaches only being on the ocean while another might contribute beaches that are on lakes or rivers. Even though this may be considered a minimal limitation as it is important to know all students experiences regardless of the interpretation, from a research perspective, it can skew the results and process of next steps. Further research may want to explore variance within question interpretation.

Geographic location can also be seen as a limitation as three of the four universities that participated in the study are rural states and on an international boarder (two universities boarder Canada and one university borders Mexico) where many go across for work or daily necessities. This can also be demonstrated as 97% of students in Maine have traveled to the beach verses the 66% in North Dakota where no beaches are easily accessible. In future studies, surveying from a wide range of states across the country could provide more holistic understanding of undergraduate students’ perspectives of study abroad and traveling.

Recommendations for Education

As students across the board reported that they do consider study abroad an option and are interested in traveling more, it is recommended that educators and disability services professionals develop and encourage additional opportunities in this area for rehabilitation students. Although it can be difficult for inexperienced faculty to develop a study abroad trip from scratch based on a lack of international contacts and past experience, one way to support interested faculty is through the development of partnerships with colleagues from other institutions who already have experience with developing and leading study abroad experiences. This collaboration can take the form of professional mentorship or co-leading opportunities. In addition, rehabilitation educators experienced in study abroad are encouraged to offer “boutique” short-term trips, open and marketed to rehabilitation students studying at outside institutions who do not currently have the capacity to offer their own study abroad trips. Both cross institutional co-leading and boutique study abroad offerings allow institutions to capitalize on experienced professionals while increasing the pull of potentially interested students. These strategies should also prove helpful for educators in other underrepresented disciplines attempting to establish study abroad opportunities for their students.

In order to increase participation of students with disabilities into study abroad trips, the authors recommend program planners utilize the principles of universal design in the development phase. Universal design principles as

clarified by a working group of environmental design researchers, engineers, product designers, and architects at North Carolina State University in 1997 (Centre for Excellence in Universal Design, 2025) support the development of a product or service that is usable by the widest range of people without modification. The concept has evolved to include specific guidelines related to educational environments (Burgstahler, 2009) and is advocated for within rehabilitation curriculum (Hennessey & Koch, 2007). In order to assist professionals attempting to broaden the participation of individuals with all abilities into international exchange programs, Soneson and Cordano (2009) offer a framework and recommendations for how to infuse universal design into the development phase of study abroad trips. By undergoing this evolutionary process, universal design opens the potential interest pool to all students, regardless of ability.

As financial considerations are a barrier for students, study abroad professionals should explore a variety of modes of overnight accommodations, excursions, and transportation. Based on this sample, students with disabilities were just as likely to participate and experience different options in all three categories; therefore, using the principles of universal design and information on local community accessibility and availability, options should not be automatically discounted due to blanket concerns related to disability accommodations. Another recommendation to reduce this barrier is to assist students in understanding their financial aid possibilities. According to the Federal Student Aid within the office of the U.S. Department of Education (2020), study abroad opportunities can possibly be covered by financial aid depending on the type of program and the specific aid for which the student is eligible. Eligibility is determined through the completion of the Free Application for Federal Student Aid or FAFSA.

As well, it is recommended that all research-supported benefits of study abroad are conveyed to all students. From a programmatic or systematic standpoint, it is important to inform students of opportunities and benefits as soon as possible, allowing them ample time to plan their degree completion paths, explore their options with all appropriate stakeholders (e.g., family members, friends and roommates, professors, disability services specialists, and international office staff), and investigate financial assistance. As exploring these topics in classes with global learning content has been shown to predict student interest in travel abroad (Wandschneider et al., 2015), it is recommended that faculty expose students to academic content through an international context in conjunction with information on study abroad opportunities throughout the curriculum.

Conclusion

Overall, this study demonstrated that, although rehabilitation students would like to travel more, are not strangers to travel, and have considered study abroad in the past, the majority have not participated in a structured educational international experience. Understanding students' perspective of

study abroad at the undergraduate level for rehabilitation students with and without disabilities is important when attempting to increase their participation in study abroad opportunities. Educators, disability professionals, and international office staff are encouraged to develop projects based on universal design principles and guidelines, collaborate between institutions to maximize opportunities, infuse academic concepts through an international context coupled with study abroad information throughout the program, and support students in addressing financial concerns related to travel. Based on these recommendations, more culturally aware practitioners can be developed through inclusive program-specific study abroad opportunities.

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