Parental Expectations and Perspectives as They Relate to Their Children with Special Education Needs (SEN) During Transition From Early Intervention/Preschool to Kindergarten

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Parental Expectations and Perspectives as They Relate to Their Children with Special Education Needs (SEN) During Transition From Early Intervention/Preschool to Kindergarten

A Dissertation Proposal by

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Submitted in partial fulfillment of the requirements for the degree of Doctor of Education in Organizational Leadership

March 31, 2015

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Parental Expectations and Perspectives as They Relate to Their Children with Special Education Needs (SEN) During Transition From Early Intervention/Preschool to Kindergarten

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ACKNOWLEDGMENTS

The successful completion of this dissertation would not have been possible without the support and encouragement of several people. I would like to thank each of them for the support provided and the contribution made throughout my journey.

First and foremost, I want to dedicate this dissertation to my husband Robert M. Brown and my son Harrison E. Brown for their unconditional support and patience throughout this process. The nights and weekends that I was not fully present, sometimes too focused on my task, you still supported my goal and encouraged me. Even though I struggled with feeling extremely guilty at times, something as putting your hand on my shoulder and telling me that you were proud of me assured me that I was doing the right thing. Your love and understanding has been immeasurable and both of you have been my rock.

I also dedicate this dissertation to my family and friends who cheered for me, listened to me, understood when I experienced many emotions and understood I was both physically and mentally exhausted to participate in anything extra. The undying love, support, and encouragement from all of you gave me the strength and direction to push through until the end.

I would like to thank my chair Dr. Patrick Ainsworth for your support, constructive criticism, and patience through this journey. You provided me with the necessary support, meaningful feedback, and tough love to achieve what was always possible and to that I am eternally grateful. I extend thanks to my committee members, Dr. Keith Larick and Dr. Timothy McCarty for believing in my vision and concept and allowing it to come to life. It was an honor to work with all of you. All of you pushed me
to produce my best work and took no excuses and I say thank you to that. You each helped me begin this journey with hope because you one hundred percent believed in me and my vision.

I want to express my appreciation and love for my thematic team members, also a part of my cohort: Areza Enea, Lisa Ecker, and Sharon O’Neil. I have been blessed to take this journey with you and open a much needed discussion surrounding parent perspective and expectations of the special education transition process from early intervention to adult transition.

I also want to express my appreciation to my other Walnut Creek 1 cohort members: Thelmisha Vincent, Randall Depew, Heather Fontanilla, and Ean Ainsworth. We started this doctoral journey together and created a bond the very first day of immersion one and the bond has remained. I am truly honored to share this experience with you all. The EpiCenter will live on forever!

In addition, I want to express my gratitude to the Contra Costa County Community Service Bureau and First Baptist Head start for allowing me to utilize the parent-base for my data collection. You all believed in my journey and were more than willing to assist me with completing it. I specifically want to thank and I also dedicate this dissertation to the First Baptist Head Start Disabilities Manager, Ms. Virginia Novak who tirelessly worked, no matter how busy you were with your day-to-day responsibilities, to identify participants for this dissertation study. I thank you for your expert insight into the world of special education and your listening ear. Thank you for your unwavering support through this journey.
Finally I want to thank Brandman University for extending the invitation to become a part of the 2014 Inaugural Class of the Doctor of Education in Organizational Leadership program. This program is an exceptional one and successfully prepared me to face this challenge, to complete this task, and enhance my skills as a Transformation Leader.

“Learning to master the conscious leadership of transformational change is a monumental challenge”

-Linda Ackerman Anderson and Dean Anderson
ABSTRACT

Parental Expectations and Perspectives as They Relate to Their Children with Special Education Needs (SEN) During Transition From Early Intervention/Preschool to Kindergarten

by Arika Spencer-Brown

The purpose of this study was to define parent perspective and expectation as it pertains to their children with special needs transition process using a descriptive method. This study was designed to assess the perception and expectation of third year and first year Head Start families and provide insight into how effective their special needs transition was from preschool into kindergarten and the individuals related to the overall development of an Individualized Family Service Plan (IFSP) and the Individualized Educational Plan (IEP). Parents not only rely on their own instinct but the information supplied through the Individualized Family Service Plan (IFSP) and the Individualized Educational Plan (IEP) created by an early education team, also known as Information Agents. Information Agents is a group comprised of preschool administration, child’s teacher, mental health/disabilities coordinator, learning consultant, mental health consultant and intern, speech and language pathologist, physical therapist, behaviorist, outside Local Education Agency (LEA) (Eagan & Gillis, 2011), and The Special Education Local Plan Area (SELPA) which is a collaborative consortium that supports special education Needs (SEN) services for children and training for parents and educators in order to maintain healthy and enriching environments. Federal and state laws reinforce the importance of planning for the educational transitions of students within
special needs. The essential nature of parent/child/teacher relationships consistently influence and impact the transition process.

This study utilized a qualitative methodology approach to identify and describe parental expectations and perspectives related to their level of involvement, level of inclusion versus exclusion, and the effectiveness of the Information Agents who lead the process. Each affects the transition of preschool children with special needs to the primary grades. The qualitative methodology approach examines the decision making process teachers and administrators utilize and their ability to solicit parent perspective regarding a child’s capacity to deal with transition. Lastly, this qualitative study also examines critical aspects of the transition process related to children with developmental delays.

Qualitative research was conducted through one on one semi-structured/open-ended interviews. The results were presented as discussion of themes based on words, not statistics using the Nvivo for qualitative research.
# TABLE OF CONTENTS

## CHAPTER I: INTRODUCTION

1. Background ........................................................................................................... 1
   - Special Education History and Laws ................................................................. 1
   - Transition ............................................................................................................. 3
   - Parent Perspective .............................................................................................. 8
2. Statement of Research Problem ............................................................................ 11
3. Purpose Statement ................................................................................................. 17
4. Research Questions ............................................................................................... 17
5. Significance of Problem ....................................................................................... 17
6. Thematic Dissertation ............................................................................................ 19
7. Definitions .............................................................................................................. 20
8. Delimitations .......................................................................................................... 24
9. Organization of Study ............................................................................................ 24

## CHAPTER II: REVIEW OF LITERATURE

1. History and Special Education Law ...................................................................... 25
2. Transition ............................................................................................................... 30
   - Definition of Transition ....................................................................................... 30
   - Development of Head Start .................................................................................. 31
3. Individualized Family Service Plan (IFSP) to Individualized Education Plan (IEP) ... 32
4. RTI – Response to Intervention/Early Intervention .............................................. 37
5. TEST – Timeline of Early Successful Transition Instrument .................................. 39
6. Transition: EI to Pre-school ................................................................................... 40
7. Transition: Pre-school to Kindergarten ................................................................... 43
8. Collaboration ........................................................................................................... 44
   - Parent Involvement .............................................................................................. 44
   - Cultural Awareness, Supports, and Barriers ....................................................... 52
   - Self-Determination .............................................................................................. 56
10. Synthesis Matrix ................................................................................................. 60
11. Conclusions ........................................................................................................... 62

## CHAPTER III: METHODOLOGY

1. Purpose of Study .................................................................................................... 63
2. Research Questions ............................................................................................... 63
3. Research Design ..................................................................................................... 63
4. Population .............................................................................................................. 64
5. Sample .................................................................................................................... 72
6. Instrumentation ..................................................................................................... 74
7. Reliability and Validity .......................................................................................... 76
8. Data Collection ...................................................................................................... 78
9. Data Analysis ........................................................................................................ 81
<table>
<thead>
<tr>
<th>Chapter IV: Research, Data, Collection, and Findings</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limitations</td>
<td>83</td>
</tr>
<tr>
<td>Summary</td>
<td>84</td>
</tr>
<tr>
<td>Purpose</td>
<td>86</td>
</tr>
<tr>
<td>Research Questions</td>
<td>86</td>
</tr>
<tr>
<td>Research Design Methods and Data Collection Procedures</td>
<td>86</td>
</tr>
<tr>
<td>Population</td>
<td>88</td>
</tr>
<tr>
<td>Sample</td>
<td>88</td>
</tr>
<tr>
<td>Presentation of Demographic Data</td>
<td>90</td>
</tr>
<tr>
<td>Interview Observation Data</td>
<td>93</td>
</tr>
<tr>
<td>Presentation and Analysis of Interview Data</td>
<td>94</td>
</tr>
<tr>
<td>Summary of Findings</td>
<td>122</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter V: Findings, Conclusions, and Recommendations</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>125</td>
</tr>
<tr>
<td>Purpose</td>
<td>126</td>
</tr>
<tr>
<td>Research Questions</td>
<td>126</td>
</tr>
<tr>
<td>Methodology</td>
<td>127</td>
</tr>
<tr>
<td>Population</td>
<td>128</td>
</tr>
<tr>
<td>Sample</td>
<td>129</td>
</tr>
<tr>
<td>Major Findings</td>
<td>129</td>
</tr>
<tr>
<td>Interview Data</td>
<td>129</td>
</tr>
<tr>
<td>Demographic Data</td>
<td>136</td>
</tr>
<tr>
<td>Conclusions</td>
<td>136</td>
</tr>
<tr>
<td>Implications of Actions</td>
<td>141</td>
</tr>
<tr>
<td>Recommendations for Further Research</td>
<td>144</td>
</tr>
<tr>
<td>Concluding Remarks and Reflections</td>
<td>145</td>
</tr>
</tbody>
</table>

| References                                           | 148   |
| Appendices                                           | 161   |
LIST OF TABLES

Table 1. Participant Demographics ................................................................................. 91

Table 2. Research Question 1: Percentages of Participant Agreement on
Findings 1-4 .................................................................................................................. 95

Table 3. Research Question 2: Percentages of Participant
Agreement on Findings 1-3 ........................................................................................ 102

Table 4. Research Question 3. Supports Participants Experienced ...................... 106, 132
Table 5. Research Question 3. Barriers Participants Experienced ......................... 111, 133
Table 6. S. deFur’s Strategies in Comparison to Participant Response ............. 117, 134
Table 7. Research Question 4. Positive and Challenging Experiences ............... 119
Table 8. Research Questions, Findings, and Percentages of Agreement ............. 122

Appendix Tables

Table D1. Processes for Effective Transition Planning .............................................. 194
Table D2. Parent Involvement during Transition Planning ...................................... 195
Table D3. Understanding of Family’s Ethnic Cultural Practices That Impact the
Transition Planning Process ...................................................................................... 196
Table D4. Barriers that Impact the Transition of Preschool
Students with Special Education Needs to Elementary Grades ...................... 197
LIST OF FIGURES

Figure 1. Four Domains That Drive Child Development ................................................. 41
Figure 2. Increasing Degree of Collaboration and Partnership........................................ 48
Figure 3. Foundations of Self-Determination .................................................................. 59
Figure 4. Data Collection Method .................................................................................. 67
CHAPTER I: INTRODUCTION

As many parents prepare their children for the next stage in their educational experience, the desire for a seamless transition is viewed as a number one priority, especially if the child has a developmental disability (Russell, 2003). During this period, parents of developmentally delayed children may experience many different emotions, which may result in decisions they never thought they would make. Does their child still require special education services, are they ready to move on to inclusive classrooms without the classification, are special education laws being observed and adhered to or is the child not quite ready to take the next step and remain for another year in a preschool setting? (Aldridge, Cote, Jones, & Sparks, 2012). These feelings raise parental expectation about the skill set they feel their developmentally delayed child must have in order to transition to the next stage (Green, Kothari, & Malsch, 2011). Some transitions may be smoother than others, so it is vital that the collaboration between parent, teacher, and community is strong in order to assist children in the most effective manner possible (Dauber & Epstein, 1991). Research shows that there is little evidence about what parents of disabled children expect from support service and whether those expectations are even realized (Green et al., 2011).

Parents not only rely on their own instinct but also the information supplied through the Individualized Family Service Plan (IFSP) and the Individualized Educational Plan (IEP) created by an early education team, also known as information agents. The group known as information agents is comprised of the preschool administration, a child’s teacher, mental health/disabilities coordinator, learning consultant, mental health consultant and intern, speech and language pathologist, physical
therapist, behaviorist, and the outside local education agency (LEA) (Han, Schlotzer, & Cozzola, 2012, and The Special Education Local Plan Area (SELPA), which is a collaborative consortium that supports special education needs (SEN) services for children and training for parents and educators in order to maintain healthy and enriching environments (Kauffman & Hallahan, 2005). The individuals related to the overall development of a transition team are relevant to the development of the IFSP and the IEP. The IFSP is a process and a document used during early intervention (EI) and intended to assist families and professionals in a combined effort to meet the developmental needs of a young child from birth to age three with special needs (Part C of IDEA). The IEP supplies a direct link to what program services will be received and the goals and objectives of those services. (Han, Schlozter, & Cozzola2012). Research indicates one of the most important directions a parent can take is an informed direction that will assist them in forming an informed opinion about what is next for their child and their IEP (Dauber & Epstein, 1991).

In recent years, studies have revealed a significant gap in parental perspective, participation, and expectation (Schischka, 2011). The lack of research indicates a need for further inquiry into the importance of parent expectation and involvement in the facilitation of positive transitions from early childhood settings into elementary school for children with challenging behaviors, developmental disabilities, and/or serious emotional/behavioral disorders. Understanding parent expectations, its distinct origins, and the parents’ ability to articulate those expectations, can assist researchers, parents, consultants, teachers, and others in addressing the developmental needs of special education children (Green et al., 2011).
To understand gathering parent perspective, Green et al. (2011) asserted that in order to shed light on the importance of parental involvement, interviews should be conducted. Green et al. stated:

Qualitative interviews with parents of children with social-emotional/behavioral challenges, teachers, advocates and their kindergarten teachers were conducted to gain an understanding of how these parents and stakeholders experienced various transition activities provided by preschools or receiving schools and how these activities functioned to help support parent involvement in the transition process. (pp. 47-48)

Based on the data collected, researchers were able to develop a conceptual model that would link parent needs to the necessary transition support elements. Key elements of the conceptual model were meeting parent expectation, effective communication, provision of emotional support, and preparing parents to become their child’s primary advocate within the school system (Green et al., 2011).

There are three key laws that support the transition discussion surrounding the rights of young children with special needs. These include: (1) The Individuals with Disabilities Act (IDEA), (2) The American Disability Act (ADA), and (3) No Child Left Behind (NCLB). As a result of these intricate laws, there have been increasing numbers of students being placed in special education needs (SEN) programs (DeMeures, 2000). Because of this increase, the accountability level has risen to new levels for under-represented stakeholder groups. Although varied across the country, children with disabilities are part of, not separate from, the general education population. These laws serve as a special education accountability system and through the National
Dissemination Center for Children with Disabilities; thirteen (13) categories found in the IDEA have been identified to support special education qualifications and transition as well as holding those responsible who educate children with special needs. These include: (1) autism, (2) blindness, (3) deafness, (4) emotional disturbance (ED), (5) hearing impairment (HI), (6) intellectual disability (ID), (7) multiple disabilities (MD), (8) orthopedic impairment (OI), (9) other health impairment (OHI), (10) specific learning disability (SLD), (11) speech or language impairment (SLI), (12) traumatic brain injury (TBI), and (13) visual impairment (VI) (Categories of Disability Under IDEA, 2012).

Accountability is foundational within special education and supports, strengthens, and compliments other education reform initiatives, including the Elementary and Secondary Education Act (ESEA). The accountability system under the IDEA can provide meaningful information to stakeholders regarding the effectiveness of SEN in educating and transitioning their children with disabilities (DeMeures, 2000).

The transition process can be very productive when law is adhered to (Rous & Hallam, 2012). Russell (2003) contended that it is crucial that parents be aware of the systems that are designed to meet the needs of their children. All children who are identified as developmentally delayed must have an IEP by the age of 3 in addition to a mandated transition plan at the age of 16 (p. 145). Russell wrote, “What they (parents) envisage will happen to themselves and their child in the future can be difficult to imagine until they start to develop some understanding of their new situation and build new expectation” (p. 144). Significant improvements in transition services have resulted from the increased requirements of IDEA, NCLB, and ADA. Families are more informed, and parental expectations are systematically considered in the decision-making
process; however, although improvements have been made, parents of developmentally delayed children still seek an improved connection to the services their child will receive (Green et al., 2011).

There is a growing body of research indicating that parental perspectives, expectations, and involvement are important to successful school transitions for SEN students. It is likewise important to understand how schools and parents interact to help ensure successful transitions.

**Background**

Numerous issues impact children with developmental delays and their transitions from early intervention/preschool to kindergarten, which are relevant to academic success in later years. This study examines critical aspects of the transition process related to preschool children with developmental delays. Federal and state laws reinforce the importance of planning for the educational transitions of students within special needs. Parental perspectives, expectations, and involvement during the transition of their child, and the significance of cultural understanding as it pertains to family involvement are important factors in creating seamless transitions (Green et al., 2011). In addition, the essential nature of parent/child relationships, parent/teacher relationships, and most importantly child/teacher relationships influence and impact the transition process.

**Special Education History and the Laws**

Special Education is a large segment of modern education that is designed to administer educational instruction or social services developed or modified in assisting individuals with disabilities (Tomasello, 2011).
The educational services and supports inherent within the modern special education system, evolved over many years. In the early 1930s, grassroots parent movements began to advocate that children with special challenges be given the same educational opportunities as other children. As a result of this movement the Education for All Handicapped Children Act (Public Law 94-142) was introduced in 1975 (Handler, 2006). The Act ensured that all children, regardless of physical and/or mental differences, receive/be provided with free public education in the least restrictive environment. The statement *Free and Appropriate Public Education* (FAPE) was termed by then President Gerald R. Ford and Congress as a result of Public Law 94-142 to ensure that these services were administered to deserving children and adults (Handler, 2006). Following this monumental Act was the Individuals with Disabilities Education Act, known as IDEA, in 1997. IDEA’s focus was in support of FAPE. Handler (2006) wrote, “This Act strengthens academic expectations and accountability for the nation's 5.8 million children with disabilities and bridges the gap that has too often existed between what children with disabilities learn and what is required in regular curriculum” (p. 6).

As a result of IDEA, access to these services was strengthened. More light was brought to the value of these students and the necessary support services that would assist them in moving further through the educational system into adult life. As years passed, IDEA was reauthorized in 2002 and 2004 by the Bush Administration. Inserted into this reauthorized act was *transition* for children ages 3 until 16 years of age. In order for children to make a seamless transition, an Individualized Education Plan (IEP) was required to be developed. This plan supports the benefits of seamless transition within a
setting where children’s function and overall development thrives despite their disability (Bouck, 2009).

The American With Disabilities Act (ADA) was signed into law by President George H. W. Bush in July of 1990 and it constitutes protection of all individuals with disabilities from discrimination and requires employers to supply reasonable accommodations (Bursuck & Friend, 2006). This particular law supports the ideals of IDEA and NCLB in terms of accountability and the required services that special needs students receive during their educational experience.

In 2002, the No Child Left Behind Act was enacted. Unlike its predecessors, the substance behind NCLB is the reauthorization of the Federal Elementary and Secondary Education Act, which was founded on four pillars: stronger accountability, more freedom for states and communities, use of proven educational methods, and more choices for parents (Bouck, 2009). The purpose of NCLB was to guarantee that every student gained access to and achieved the highest standards of quality education (Yell & Dragsow, 2005).

These federal acts created a support system for the child and their families. The strong relationships and connections within the laws creates protections for those individuals with disabilities, assures that reasonable accommodations are met, and specifies that quality education is provided throughout their educational journey. As a result, transition planning commences prior to EI and preschool, and continues into kindergarten through adult transition.

Changes in legislation over the years have been key factors in the creation of comprehensive, specialized, and inclusive transitions services for individuals with special
needs. Due to IDEA, NCLB, and ADA, transitional services have made significant improvements, families are more informed, and expectations are being met. Yet while improvements have been made, parents of children with special needs still seek an improved connection to the services their child will receive. Parent support during transition is crucial in order to relieve stress and anxiety (Morahan-Garrison, 2009).

**Transition**

State and federal resources provide services to young children with disabilities and their families, and eligibility requirements must be met in order for those services to begin and be administered properly. Understanding of the conceptual framework of transition, definition and requirements of transition, and the factors affecting smooth transition for young children and their families is essential to favorable outcomes for those who are being served (Trach, 2012).

IDEA states: “Children from birth to age three are served under Part C of the Individuals with Disabilities Education Act, which is administered through a lead agency specified in each state, often the state health agency. Services through Part B services begin with 3-through 5-year old as preschoolers” (Gallagher & Malone, 2009, p. 588)

Monitoring has confirmed that current practice does not efficiently support the transition process, leaving many children and their families to stand without the proper foundation. For children that are identified under IDEA through Part C, all states are required to meet the requirements of transition prior to a child’s third birthday. Unfortunately, problems with implementation have been identified through federal monitoring regarding state practices. Specific problems identified in regard to preschool special education transition were non-compliance with an IEP developed and
implemented by the third birthday, eligibility underdetermined by age 3, required assessments not completed by the third birthday, and the required representatives for the school district not included in the transition conferences (Gallagher & Malone, 2009). If administered properly, the requirements within Part B can lead to a successful early transition.

In support of planning effective transitions, Urie Bronfenbrenner’s (1975) ecological framework categorizes the child within the context of family and community. Bronfenbrenner stated, “This model includes the child at the center surrounded by concentric circles of family and close contacts representing the neighborhood church, or workplace, with the larger community extending to surrounding circles including laws, cultural values, and social customs” (p. 587). For the support of development, transition must be supported by family connection to positively influence the development of that transition. If connections are absent, they inadvertently and negatively influence the goal of the development through delay of diagnosis. If connections are present, a smooth transition is enabled and the children will grow in their development with minimal disruption to their lives and the lives of their families (Bronfenbrenner, 1975).

The ecological framework which entails the beliefs and roles for social and emotional development is often used to guide research and practice preschool intervention within transition while requiring a substantial amount of support not only for the child and family but for those administering the services. Practitioners can be well supported in terms of educating themselves since they are in a position that requires making the transition smooth (Bronfenbrenner, 1975). Plans based on the framework are
developed to address family need and concern as well as communication and encouragement of active involvement of all stakeholders.

There are interagency variables that can assist with the transition planning process and are referred to as (Rous, Harbin, Hallam McCormick, & Jung, 2006, pp. 14-15):

- **Triangular variable**: consists of a supportive infrastructure communication and relationships, and alignment and continuity directed at the multiple agencies involved in the process.
- **Box variable**: interaction flowing in both directions includes standard transaction practices and strategies, and activities.
- **Circle variable**: also showing interaction in both directions; includes child and family preparation, and child and family adjustment, with the resulting outcome of child success in school.

These variables have been defined as a critical window of time by Rous and her colleagues. Within this window the child is able to properly adapt to the transition and proceed in development, but not only is the child able to successfully adapt but their family is able to do the same due to the consistency in interaction from both directions (Rous et al., 2006). The ecological framework addressing the above variables has been introduced to reiterate the importance of family and child in terms of consistent communication if the desired outcome is seamless transition and school success (Rous et al., 2006).

Stakeholders must remember that continuation of this practice depends on how carefully planned the *outcome-oriented* process is and must remain in tune with the requirements of the IDEA of 1997 (Section 637) as well the IDEA of 2004 (Section 637).
but also be aware of the factors that affect the transition process (Thomas & Dykes 2011). Those factors are recognized as the need for services and for establishing eligibility so services can be properly received under IDEA. If these factors go unmet, then problems are created that contribute to the misinformation and misdiagnosis of services. Factors can be met, if child receives services under Part C, Early Intervention (EI).

The child is protected under the transition time frame for evaluation and eligibility by the child’s third birthday for services under Part B. Safeguards and protection of IDEA, 2004 (Part C) are guaranteed. Hallam, Harbin, McCormick, and Rous (2007) stated:

> Children who do not enter through Part C are not offered these protections but are evaluated after they present themselves to the district for services, thus possibly delaying receiving services until after their third birthday. Children whose deficits have not been addressed may be behind when they start school, which impacts their ability to start school at the same readiness level as their typical peers. This becomes even more important with the increased emphasis by states to have children ready for school at first grade. The passage of the No Child Left Behind Act of 2001 (Elementary and Secondary Education Act of 2001) has increased the stakes, as children, including those with disabilities, are now required to participate in state and district testing. (p. 37)

It is essential that multidisciplinary teams thoroughly evaluate in all areas of development to determine which services are necessary to facilitate smooth transition to services and avoid negative impact (Aveling & Maras, 2006).
Parent Perspective

Parents of children developing without special needs have high expectations for their children moving smoothly through their educational experience (Trach, 2012). Parents of children with a developmental disability also feel the same way and have similar expectations that their child will experience those same successes. Most importantly, valid decision-making and smooth transition are based on the strong support of parent involvement and expectation and good relationships between all involved (Schischka, 2011).

Author Fran Russell (2003) stated that “Following the diagnosis of a child’s disability parents have to develop new expectations concerning the child, the role as parents, and the support services that are designed to meet their needs and as a result parent perspectives need to be explored from a different direction” (p. 144). Russell argued that an investigation into parents’ expectations could lead to a greater understanding of how parents of disabled children respond to their new-found situation. Little is known about parent expectation and the pressing need remains that parents should be better informed as early as possible, in order to effectively interact with professionals at different levels (Russell, 2003).

Early Intervention (EI) creates a welcoming and supportive environment for most parents and their families, but the transition to preschool has been described as going from an insider role to an outsider role (Hinojosa, Koeing, & Podvey, 2011). In 2004, IDEA tenets specifically stated that parents of children with disabilities should participate in their children’s education, both at school and at home. Many parents have described involvement as an “integral role” in EI and in developing the IFSP, but more of a
peripheral one in the school/preschool in developing the IEP. Part of transition planning involves the legal entitlement of parents being involved in the development of the preschool IEP and the type of therapy their children will receive (Vermont Early Childhood Work Group, 2001). Fralic, Newman-Bennet, Skinner, and Turner (2009) believed that parents must be apprised of their rights related to the participation in this process but unfortunately some schools are not designed to implement programming in a family-centered manner consistent with that of EI. Fralic, Newman-Bennet, Skinner, and Turner, (2009) have provided some parent testimonies (names withheld) featured below:

Early intervention to this, it’s a complete turn-around, because early intervention you really are drawn in, and this you are outside unless you decide to go in…it’s not part of the offering for the school to keep you in the loop. (Parent A)

I think that it’s good for Lucy to be in a school, and it can be really, really great for her, but Lucy does not exist in a bubble. She exists within a family. And you gotta give something to the family, too, or else it’s not going to work. (Parent B)

As stated previously, families are actively involved with EI professionals and feel the direct contact dissipates when entering the preschool setting. Parent desire is to continue the direct involvement and connection developed with the provider through preschool and beyond that show their continued role in their child’s life. Despite the barriers that came with their child’s special need or delay, parents want to continue to share in the excitement of a child’s development outside of the home, but what families need to understand when the transition is made to preschool, not only will they be affected by change in school environment but they will be affected by a transitional shift at home in terms of the adjustment of their daily schedule (Fralic et al., 2009). Wellington
Ministry of Education (2010) stated that: “Transition can be a very stressful time for families…particularly if not well-planned” (p. 3). The question remains: How can this anxiety be relieved and how can transition be better supported and developed? The answer is: The creation of the informed parent, the parent that voices expectation, and proper assembling of a stakeholder team (Wellington Ministry of Education, 2010).

For a successful transition, certain factors must be considered; these include good ongoing communication and collaboration between families and schools. Teachers’ use of differentiation practices is also beneficial (Schischka, 2011). In a recent review by Peters (2010), she found that one of the key factors for a successful transition was good relationships between all who should be significantly involved: the child, parents, early childhood and school teachers and the Early Intervention team. Peters also found limitations in the research: there was little research on parent perspective and their children’s transition.

Supporting parents in their exploration, articulation, and review of what they expect is equally as useful and important as investigating and providing for the needs of their disabled children. Parents are encouraged to generate expectations so that they acquire the ability to develop a new understanding in a new situation. This type of process also assists parents in thoroughly understanding their child and the limitations their child faces because of the disability (Schischka, 2011).

Cultural awareness/understanding is one of the foundations of communication and it involves the ability of standing back from us and becoming aware of the cultural values, beliefs and perceptions and others. Cultural awareness/understanding research indicates that educators have responsibility for creating a classroom that is rich in
acknowledging cultures of all kind. It would be unfair to lump every family with a developmentally delayed child in a category labeled “requiring the same attention and approach” (Kim, Lee, & Morningstar, 2007, pp. 253-254). Incorporating cultural sensitivity and diversity into the thought process will supply the most useful support to minority groups, specifically ethnic minorities with developmentally delayed children (Arguelles, Hughes, & Valle-Riestra, 2008). It is imperative that providers are not in direct conflict with the values and beliefs held by many families from culturally diverse and linguistic backgrounds (DeGennaro Reed, Eckert, Fiese, McIntyre, & Wildenger, 2010). Adapting this approach can create difficulty and many families will not fully engage themselves.

Special educators must recognize the importance of extended family in the ethnic cultures and must also understand how cultural perspective can impact how we define a successful transition to adulthood. Further, professionals who only consider the mainstream approach may face conflicts with family values. Respecting culturally diverse families opens the door for effective communication and strengthens parent perspective (Hinojosa et al., 2011). Studies support cultural and linguistic understanding as an important piece within special needs education (SEN) and the transition planning process (Aldrige et al., 2012).

**Statement of the Research Problem**

Similar to general education, special education preschool environments, in conjunction with parents, prepare their children for the next stage in their educational experience and seamless transition is a number one priority (Larsen, 2010). As policies and laws have changed, research has indicated that parent participation is considered to
be one of the most important elements of special needs transition planning from early intervention to preschool and onto kindergarten (DeMeures, 2000). The transition field recognizes that family influence will continue to strengthen the support of their special needs child (deFur, 2012). The desires for more participation have led more parents of children with developmental delays to seek more of a role during the development of the IFSP/IEP and as children are transitioning from preschool to kindergarten. Parents fear that children’s needs may go unmet during transition because of the decline in practitioners not including parents in the planning process as their child moves forward (DeMeures, 2000). Strong support and development at the preschool level is now recognized as one of the most influential times in a developing child’s life, specifically a child with special education needs and the bar is now raised (Staples & Diliberto 2010).

A review of the research reveals that little is known about parent expectations in regard to the transition for their child. Subsequently, as children with developmental disabilities transition out of preschool, parents have new expectations, that are yet to be understood. Familiarity with legal mandates will assist parents in becoming meaningful advocates for their children with special needs (Diliberto & Staples, 2010). This knowledge will support the understanding of transition planning and the collaborative steps necessary (indicated in Part C IDEA), as they pertain to all involved in the IFSP and IEP processes (Collet-Klingenberg, 1998). Transition planning is as successful as the efforts of those education professionals, information agents, and informed parents who make a commitment to collaborate to address the special needs of every child with special education needs.
Purpose Statement

The purpose of this qualitative study was to identify and describe parental expectations and perspectives as they relate to their children with special education needs during transition from early intervention/preschool to kindergarten. In addition, it was the purpose of this study to determine the extent to which parents perceive schools support them during and through the transition process.

Research Questions

The following research questions guide this study:

1. What expectations do parents of preschool children with special education needs have regarding transition planning?

2. What factors do parents perceive as important to the transition process out of preschool and into kindergarten?

3. What supports and barriers do parents of children with special education needs experience during the transition process out of preschool into kindergarten?

4. To what extents do parents of preschool children with special education needs perceive that the early education program is meeting their needs during the transition process?

Significance of the Problem

In recent years, the special education needs (SEN) community has brought more attention to the fact that children with developmental disabilities have the same needs and life goals as students without developmental disabilities and because of this, parents have sought larger rolls in the transition planning process. (Shaw, 2006). Research has shown
that parents are seeking a continued and more informed role in a child’s special education development when transitioning from early intervention (EI) to preschool and into kindergarten, and this participation is essential to the development of the whole child. (Russell, 2003). Russell (2003) also argued that the aim of the support services is to work in partnership with parents who can play an active role in their child’s education. In addition, children making the transition from EI/preschool to kindergarten may require specified preparations (e.g., learning to attend to their own needs or use of a walker to maneuver through the classroom) or require minimal preparation such as a visit to the kindergarten classroom in order to fit in (Trach, 2012). These concerns and conditions showcase the gap in research and pose a significant reason and responsibility of school districts in addressing parental perspective and expectation.

Considering the limitations addressed in past research of the lack of parent perspective and expectation, additional research will support the need for continued parent participation in the developmental needs of their children and will provide a greater understanding of the support desired by families during transitional planning. Parental input is essential to the physical and emotional development of a child. Also, providing a better understanding of the limitations in that research could provide invaluable steps to strengthening existing SEN support services and providing greater access to necessary resource support (Russell, 2003).

Currently, there is very little specific literature that addresses parental perspective and expectations or that has provided conclusive information about parental perspective and expectation (Carlson et al., 2009). Although there have been improvements, parents of developmentally delayed children still seek an improved connection to the services
their children receive (Morahan-Garrison, 2009). This study will to add to existing literature to assist SEN programs in better serving children with developmental delays and their families.

**Thematic Dissertation**

This study was developed as a thematic dissertation in partnership with three other closely related studies. The four studies focused on researching parent perceptions and expectations related to the SEN transition planning process at the different age and school levels. The research teams pursued the same foundational concept but in unique settings and contexts. The thematic dissertation approach allowed the research team to work collaboratively, sharing their expertise, resources, results, and insights. The team also shared the same dissertation chair and committee members. Utilizing the thematic approach provided the opportunity to comprehensively investigate the topic in a team atmosphere and provide in-depth comparative findings that typically would not emerge from a single study. The participants and their dissertation titles included:

1. Arika Spencer-Brown, executive director of Head Start Program —

   *Parental Expectations and Perspectives as They Relate to Their Children With Special Education Needs (SEN) During Transition From Early Intervention/Preschool to Kindergarten.*

2. Lisa Ecker, special education teacher – *The Expectations of Parents of Elementary Aged Students With Special Needs Regarding Their Children’s Transition Into and Out of The Public Elementary School*
3. Areza Enea, special education teacher — *A Parent’s Expectation of Children With Special Education Needs (SEN) When Transitioning Into and Out of the Public Middle School Environment*

4. Sharon O’Neil, special education program specialist – *The Expectations of Parents of Students With Special Needs When Transitioning From the School Community to Adult Programs*

**Definitions**

For the purpose of this study, the following terms are defined for the relevance and conceptual framework of this study:

**American Disabilities Act (ADA).** This is a law that prohibits discrimination against qualified individuals with a disability because of that person’s disability.

**Early Intervention (EI).** Early intervention is the process of providing services, education, and support services to young children who are deemed as special needs (Morahan-Garrison, 2009).

**Free and Appropriate Public Education (FAPE).** Educational right of children with disabilities in the United States that is guaranteed by the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA).

**Head Start.** Head Start is a comprehensive child development program that was launched in 1965 to help young children from low-income families receive a better start in life. Head Start was designed to support the role of parents and to provide their children, primarily from three to five years of age, with a full program of social services, education, mental health, disability, health, nutrition, and parent involvement. The overall goal of the Head Start Program is to engender a greater degree of social competence in
children of low-income families by strengthening their ability to cope as a part of a family with preschool and the world around them, to create new opportunities for them and their families and most importantly properly prepare children and their families for the transition to Kindergarten and beyond.

**Head Start Performance Standards.** Rules and regulations that Head Start programs are mandated to follow in order to run an effective Head Start program.

**Individuals with Disabilities Education Act (IDEA).** This act or United States federal law governs how states and public agencies provide early intervention, special education, and relates services to children with special needs.

**Individualized Family Service Plan.** The IFSP is a process and a document used during EI, intended to assist families and professional in a combined effort to meet the developmental needs of a young child from birth to age three with special needs (Part C of IDEA).

**Individualized Education Plan (IEP).** The IEP supplies a direct link to what program services will be received and the goals and objectives of those program services.

**Information Agents.** Information agents in early education are comprised of preschool administration, child’s teacher, mental health/disabilities coordinator, learning consultant, mental health intern and consultant, speech and language pathologist, physical therapist, behaviorist, outside local education agency (LEA).

**Least Restrictive Environment (LRE).** To the maximum extent appropriate children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational
environment occurs only when the nature and severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (U.S. Department of Education [USDE], n.d., § 300.114, 2001)

**Legal Guardians.** Also considered parent participants. Study participants who have been given legal guardianship to children.

**Local Education Agency (LEA).** The term *local educational agency* means a public board of education or other public authority legally constituted within a state for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a state, or for such combination of school districts or counties as are recognized in a state as an administrative agency for its public elementary schools or secondary schools (U. S. Department of Education § 300.28, 2001).

**No Child Left Behind (NCLB).** United States Act of Congress, which is the reauthorization of the Elementary and Secondary Education Act that sets high standards and establishes measurable goals to improve individual outcomes in education.

**Response to Intervention/Early Intervention (RTI/EI).** Multi-tiered, proactive approach to education intervention that provides services at increasing levels of intensity to match services a student receives with his or her level of need (Thomas & Dykes 2011)

**Special Education.** This refers to specifically designed instruction, at no cost to parents, to meet the unique needs of a child with a disability, including (a) instruction conducted in the classroom, in the home, in hospitals and institutions, and other settings; (b) instruction in physical education (U.S. Department of Education, § 300.39).
Special Education Local Planning Agency (SELPA). The Special Education Local Plan Area (SELPA) is a collaborative consortium that supports SEN services for children and training for parents and educators in order to maintain healthy and enriching environments for special needs children (Kauffman & Hallahan, 2005).

Special Education Needs (SEN). Children with mental and physical developmental disabilities.

Stakeholders. All members that are a part of the IEP process.

Timeline for Early Successful Transition Instrument (TEST). Supports monitoring and completion of assessments, meetings, planning, and scheduling of transportation and other related services by prescribing a timely and sequential approach for a child, his family, and members of the team.

Transition. Describes the movement of students with disabilities from school to independent, productive, satisfying post-school environments (Trach, 2012)

Transition Plan. Children that are identified as developmentally delayed must have an IEP by the age of three in addition to a mandated transition plan between the ages of fourteen and sixteen which describes strategies for adult transition (Russell, 2003).

Operational definitions serve two essential purposes: (1) They establish the rules and procedures the research investigator will use to measure the key variables of the study, and (2) they provide unambiguous meaning to terms that otherwise might be interpreted in different ways. Every research proposal must include operational definitions of major variables and terms.
Delimitations

This study was delimitated to SEN parents from the Contra Costa Special Education Local Plan Area (SELPA) of Head Start programs that are located in Northern California/San Francisco Bay Area. The Contra Costa SELPA of Head Start programs include twenty-four local education agencies that are in the Contra Costa County areas of Antioch, Concord, Crockett, Martinez, Pittsburg, Oakley, Richmond, and San Pablo.

Organization of the Study

The remainder of the study is organized into four chapters, a citation references, and appendixes. Chapter II presents a review of literature on policies and procedures of special education as they pertain to early intervention/preschool transition, transition into kindergarten, parent perspective and expectation, cultural and linguistic barriers experienced during transition planning, and the support during the transition process. Chapter III explains the research design and methodology of the study. Chapter IV defines the population, includes the sample and data gathering process and the techniques used to analyze the data collected. Chapter V contains the summary, findings, conclusions, and recommendations for further research.
CHAPTER II: REVIEW OF LITERATURE

The basis of the literature review is to provide the reader with concrete information that supports the overall study of gathering parent expectation and perspectives as it pertains to their child with special needs. The review is divided into four areas of focus: (a) The Policy on Transition, (b) Transition Planning Process, (c) Collaboration, and (d) Skills Needed for Transition. Within these focus areas are specific sub-headings that support the overall context of each area. They are (a) History and Special Education Law, (b) Development of Head Start, (c) Definition of Transition, (d) Development of Head Start (e) Individualized Family Service Plan (IFSP) to Individual Education Plan (IEP), (f) RTI- Response to Intervention/Early Intervention, (g) TEST-Timeline for Early Successful Transition Instrument, (h) Transition: Early Intervention (EI) to Preschool, (i) Transition: Preschool to Kindergarten, (j) Parent Involvement, (k) Cultural Barriers and Understanding, (l) Self-Determination, and (m) Cultural awareness, supports, and barriers. Chapter II concludes with reference to synthesis matrices that reflect the careful analysis of all sources used in the literature review, an introduction to Chapter three.

History and Special Education Law

_In these days, it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of an education._ - Brown v. Board of Education, 347 U.S. 483 (1954)

Forms of special education law dates back several years and throughout those years, significant requirements have been added and major changes have occurred in order to better serve the special education needs (SEN) population. To fully understand
what takes place in regard to developmentally delayed children is to fully understand the
time and evolution of public education and special education (Martin, Martin, &
Terman, 1996).

Russell (2003 stated:

Persons with physical and mental disabilities have been the target of
discrimination across cultures for thousands of years. On virtually every continent
there are records of isolation, exclusion, and even destruction of persons with
disabilities. Governmental treatment of persons with disabilities, beginning with
their placement in institutions and moving slowly into the educational system and
the workplace, is a relatively recent pattern. ( p.3 )

Kauffman and Hallahan (2005) stated: “Special education has its roots in
European history, particularly in the area of the French Revolution and the
Enlightenment, when egalitarianism, reason, and science became dominant social forces”
(p. 3). But the first formal attempts in providing special education were in the United
States in the 19th Century. Special schools that provided services for children who were
blind and/or deaf, or mentally retarded were established but before these many of these
children were cared for at home with no services offered unless families could afford
costs. The role of special schools took center-stage in the mid-1900s (1920s/1930s) and
played a significant role within large metropolitan school districts. Problems were
encountered and came in the form of (1) large numbers of immigrant children who spoke
little or no English, (2) significant truancies, (3) wayward and delinquent youth, and (4)
youth who spoke English but encountered problems with learning the standard
curriculum (Kauffman & Halahan 2005).
In the 1950s it became very apparent that many special education classes were offered but the outcomes were not as expected. As a result, the U. S. Supreme Court, under the 14th amendment, ruled that neglect and discrimination against any group of people was unlawful (Bursuck & Friend 2006). From this ruling, the civil rights era began to play a significant role in the rights for those with developmental disabilities.

During the 1960s and early 1970s not one state provided specific services for children with disabilities. Some states turned away several children, forcing many families to care for their children in their homes as opposed to a school environment. The 1960s civil rights movement created a model to follow, and the focus shifted from that of just social and therapeutic services to political and civil rights (Aron & Loprest, 2012).

In concert with the civil rights movement, specially designed legislation was introduced to prevent discriminatory practice against individuals (children and adults) with disabilities (Bursuck & Friend, 2006). According to Aron & Loprest (2012), there was a critical turning point in the early 1970s with the passage of the Rehabilitation Act of 1973; section 504 of the act banned recipients of federal funds from discriminating against people with disabilities. In a strong response, many parents with SEN children pursued a second generation of laws called mandatory laws. These state laws provided partial funding and required local school districts to offer special education to children with disabilities. Congress enacted Public Law 94-142 on November 19, 1975, and it was known as The Education for All Handicapped Children Act (EAHCA) of 1975 (Wright, 2004). It was the intention of Congress to send a message that all children with disabilities would have the right to receive an education and to hold accountable state and local education agencies for providing the required educational services to these children.
Aron & Loprest (2012) stated:

In 1986 Part C of Individual Disabilities Education Act IDEA was established as a federal grant program focused on younger children (birth through age two) with disabilities. Its goals were to enhance the development of infants and toddlers with disabilities; reduce educational costs by minimizing the future need for special education; maximize the likelihood of independent living through adulthood; and enhance families’ capacity to meet their children’s needs. (p. 100)

The newly titled Public Law 94-142, IDEA, was amended several times through the years in order to increase the focus on accountability and improved outcomes by providing an education that meets the unique needs of a child, prepare children for further education, employment, and ultimately independent living. The secondary purpose was to protect the rights of the children and parents (Martin et al., 1996). The idea of IDEA also established:

the rights of children with disabilities to attend public schools, to receive services designed to meet their needs free of charge, and to the greatest extent possible, to receive instruction in regular education classrooms alongside nondisabled children. These core substantive rights at the heart of IDEA are embodied in the phrase “a free, appropriate, public education in the least restrictive environment, otherwise known as FAPE. (Aron & Loprest, 2012)

Key initiatives of IDEA were recognized by Congress and as a result, the American Disabilities Act (ADA) surfaced in 1990. ADA was authored and sponsored by Senator Tom Harkin and signed by President George W. Bush. ADA is a wide-ranging civil rights law that prohibits, under certain circumstances, discrimination based
on disability. It has afforded protections against discrimination towards Americans with
disabilities similar to the Civil Rights Act of 1964, which made discrimination based on
race, religion, sex, national origin, and other characteristics illegal (Martin et al., 1996).

Section 504, which prohibits the discrimination of individuals with disabilities
and ensures that a child has equal access to education, in conjunction with ADA created a
platform that offered more alternatives to parents than IDEA and these laws have been
the main vehicle for litigation in special education during the past few years (Martin et
al., 1996).

No Child Left Behind (NCLB), the reauthorization of the Federal Elementary and
Secondary Education Act was signed into law in 2001 by President George W. Bush and
took effect in 2002. The act was founded on four pillars (Bouck, 2009):

1. Stronger accountability;
2. More freedom for states and communities (i.e. greater local control);
3. Use of proven educational methods (i.e. scientifically-based research);

Yell & Drasgrow (2005) asserted that “Its purpose is to make sure that every student has
access to and achieves a quality education based on high standards” (as cited in Bouck,
2009). Similar to IDEA, NCLB focuses on the use of functionally appropriate
curriculum and instructional environments, the importance of the role of the family, and
the acknowledgement of what is truly valued and desired when educating young children
with disabilities (Bouck, 2009). Despite the positive nature of NCLB, Bouck (2009)
stated, “The plan is considered flawed, developmentally inappropriate, ill funded, and
leaving more students, teachers, and schools behind than ever before” (p. 133). Despite the limitations expressed, Bouck (2009) avowed

Although a functional curriculum approach to educating students with disabilities appears in conflict with current legislation…it is important to note that functional curriculum may still be the approach needed to successfully meet the needs of this population of students. In particular, a functional curriculum might be well-suited for helping students with mild mental impairment achieve the goals defined in America’s policy related to individuals with disabilities, namely equal opportunity, full participation, independent living, and economic self-sufficiency as well the original conception of public education-productive citizens in a democratic society. (p. 133)

Children with special needs are supported by continued equal opportunity afforded to all children in order to obtain the ability to learn the skills to be successful through their educational experience and in preparation for the world they face in adulthood

**Transition**

**Definition of Transition**

California Department of Education (CDE) (2005) defines *transition* as “A movement or change without interruption. It should be a smooth flow from one place, stage, relationship or condition to another” (CDE, 2005). While the transition plan for a student receiving special education services is designed to prepare him or her for life after high school, transition can start when a child enters preschool. The second of six different stages of transition is preschool to kindergarten, the first being Response to Intervention/Early Intervention (RTI/EI).
Services to young children with disabilities and their families are provided through state and federal resources and serve those who meet eligibility requirements. Gallagher and Malone (2009) described services as

Children from birth to age 3 are served under Part C of the Individuals with Disabilities Education Act (IDEA), which is administered through a lead agency specified in each state, often the state health agency. Services through Part B of the law are regulated by the education system of public schools within the state.

Part B services begin with 3 through 5-year-olds as preschoolers. (p. 10)

As evidenced by federal monitoring, problems remain with implementation for children identified under IDEA through Part C, although it is a strict requirement that states meet the transition standards prior to a child’s third birthday (Malone & Gallagher, 2009). Although two different parts of the IDEA law, (B and C), cover early intervention and school-based services, each part of the law’s fundamental philosophy is unique, and they are not necessarily compatible (Podvey, Hinojosa, & Koeing, 2013). Podvey et al. (2013) stated that “these differences result in dissimilar service delivery models and distinct types of interventions” (p. 4). An example of a dissimilar service model that affects the delivery of services and or intervention is one that does not promote the unique needs of a SEN child but solely segregates on the basis of that child’s disability, preventing the efforts to design an inclusive environment and form a strategic plan that meets their specific needs (Campbell, 2007).

**Development of Head Start**

Head Start is a comprehensive child development program that was launched in 1965 to help young children from low-income families receive a better start in life.
Head Start was designed to support the role of parents and to provide their children:
primarily from 3 to 5 years of age, with a full program of social services, education,
mental health, disability, health, nutrition, and parent involvement. The overall goal of
the Head Start Program is to engender a greater degree of social competence in children
of low-income families by strengthening their ability to cope as a part of a family with
preschool and the world around them, to create new opportunities for them and their
families, and most importantly properly prepare children and their families for the
transition to kindergarten and beyond. Head Start is funded by federal and state entities
governed by the Administration for Children and Families (ACF) in the Department of
Health and Human Services and locally by the California Department of Education. The
current population served in California is 12,227 and the number has grown extensively
each year (California Department of Education, 2014). Children with special needs are
classified under the comprehensive service area of Mental Health and Disabilities with
issuance of an Individualized Family Service Plan (IFSP-Early Intervention) or
Individualized Education Plan (IEP) (National Head Start Association and California
Head Start Association).

**Individualized Family Service Plan (IFSP) to Individualized Education Plan (IEP)**

According to IDEA Part C Sec. 303.20, _individualized family service plan_ or
_IFSP_ means a written plan for providing early intervention services to an infant or toddler
with a disability that includes the parent. Multidisciplinary teams or information agents
must ensure that the IFSP is thoroughly reviewed and implemented for proper function
and assurance of meeting specific requirements. It is essential that the development of
the IFSP is done within 45 days prescribed by IDEA Part C. Information contained in the IDEA Part C IFSP specifications is as follows (Sec. 303.344):

(a) Information about the child’s status. The IFSP must include a statement of the infant toddler with a disability’s present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based on the information from the child’s evaluation and assessments conducted under Sec. 303.321.

(b) Family information. With the concurrence of the family, the IFSP must include a statement of the family’s resources, priorities, and concerns related to enhancing the development of the child as identified through the assessment of the family under Sec. 303.21(c)(2).

(c) Results or outcomes. The IFSP must include a statement of the measurable results or measurable outcomes expected to be achieved for the child (including pre-literacy and language skills, as developmentally appropriate for the child) and family, and the criteria, procedures, and timelines used to determine- (1) The degree to which progress toward achieving the results or outcomes identified in the IFSP is being made; and (2) Whether modifications or revisions of the expected results or outcomes, or early intervention services identified in the IFSP are necessary.

(d) Early Intervention services. (1) The IFSP must include a statement of the specific early interventions services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child.
and the family to achieve the results or outcomes identified in the paragraph (c) of this section, including- (i) The length, duration, frequency, intensity, and method of delivering the early intervention services; and (ii) (A) A statement that each early intervention service is provided in the natural environment for that child or service to the maximum extent appropriate, consistent with Sections 303.13 (a)(8), 303.126, or subject to paragraph (d)(1)(ii)(B) of this section, a justification as to why an early intervention service will not be provided in the natural environment, and (B) The determination of the appropriate setting for providing early intervention services to an infant or toddler with a disability, including any justification for not providing a particular early intervention service in the natural environment for that infant or toddler with a disability and service (determination made by IFSP team including parent)…and most importantly: (h) Transition for Part C Services. (1) The IFSP must include the steps and services to be taken to support the smooth transition of the child into preschool services.

The IFSP process is essential to the preschool to kindergarten transition process due to the early education foundation being set for pre-determined services. Where the concern lies for most parents is when IFSP services end and IEP services begin. The question often raised by families is: Will we receive the same services in preschool? (Bouck, 2009).

Preschool special education services come in many different forms and there are some early education agencies that do not prioritize special education services. Hammond, Ingalls, & Trussell (2008) discussed that “Regrettably, past research has
demonstrated that many families have had a negative experience with educational professionals during the implementation of the IEP. Past studies have indicated that parents have reported that IEP meetings focus exclusively on their child’s weakness and shortcomings and not the whole child (which includes the family). Parents may not feel as valued as they did during the IFSP process…and felt as if professionals were the primary decision makers” (p. 36). According to Turnbull et al., (2006)

When families felt as if their priorities for the IEP were overlooked or even completely neglected they felt disempowered during the process which resulted in many problematic situations. Some problematic situations have been classified as: (1) Feeling as though education professional intentionally discourage parental participation, (2) IEP teams dominate meetings, and (3) leaving families feeling as if parental input is not fostered. (p. 124)

Head Start disability services are known for the full support and follow-through of special education services, supporting the family through the preschool experience, setting the tone for kindergarten transition, and recognizing that public law requires that communication between the information agent and parents is essential for developing the most effective educational plan for children (Head Start Performance Standards). Most importantly, Head Start grantees need to be aware that under IDEA the state education agency has the responsibility for assuring the availability of FAPE for all children with disabilities within the legally required range in the State (Part 1308 paragraph (a). 45 CFR Part 1308.4, Appendix to Part 1308-Head Start Program Performance Standards on services to children with disabilities, purpose and scope of disabilities service plan key points state (See Appendix A):
(a) A Head Start grantee, or delegate agency, if appropriate, must develop a disabilities service plan providing strategies for meeting the special needs of children with disabilities and their parents. The purposes of this plan are to assure: (1) That all components of Head Start are appropriately involved in the integration of children with disabilities and their parents and that (2) That resources are used efficiently.

(b) The grantee or delegate agency must arrange or provide special education and related services necessary (IEP) to foster the maximum development of each child's potential and to facilitate participation in the regular Head Start program unless the services are being provided by the LEA or other agency. The plan must specify the services to be provided directly by Head Start and those provided by other agencies. The grantee or delegate agency must arrange for, provide, or procure services which may include, but are not limited to special education and these related services.

How involved families are in developing the IEP impacts early care, education, and the delivery of special education services. In order to expedite a strong IEP plan and process, the IEP team continues the involvement of the parent through the conclusion of the preschool experience while working with the school districts to transition the established foundation into the kindergarten environment (Turnball et. al., 2006). Bohan-Baker and Little (2002) asserted that many programs across the nation utilize promising practices to continue family involvement during transition of IEP services. They highlighted an example of creating community partnerships between preschool and kindergarten:
Continuity for Success is a joint partnership between the National Parent Teachers Association (NPTA) and the National Head Start Association (NHSA). Its primary goal is to support and increase parent involvement in the transition from the Head Start programs to public elementary schools by developing national and local partnerships, as well as how to develop an action plan. (Bohan-Baker et al., 2002, p.6)

To support the concept of seamless transition, Bohan-Baker et al. (2002) stated: Engaging families in the transition to kindergarten can be a complex and difficult task. The promising practices…can help programs think about the about the best way to engage families, given the context of their school. Regardless of context, however, a promising first step in beginning to think about families as transition partners is to identify a transition coordinator within your local school; this person can serve as a bridge to work with families making the transition from preschool to kindergarten. (p. 7)

A framework is established to recognize the importance of family involvement and contribution so that the transfer of the IEP and the transition to kindergarten is as seamless as possible (Bohan-Baker et al., 2002).

**RTI-Response to Intervention/Early Intervention**

Thomas and Dykes (2011) stated, “RTI is a multi-tiered, proactive approach to educational intervention that provides services at increasing levels of intensity to match the services a student receives with his or her level of need” (p. 2). Achieving positive post-school outcomes continues to be a challenge for many students. These challenges are compounded for students with disabilities; even years after the 1990 IDEA required
systematic transition planning (Dykes & Thomas, 2011). Promoting successful transition contributes to positive outcomes for all students. Although not required by the IDEA, RTI/EI process is a useful way of identifying potential problems.

Early childhood programs, specifically Head Start, are known for EI programs to support delays early on. Brandes, Ormbes & Haring (2007) stated, “By the time a child identified with a developmental delay reaches age 6, he or she most likely will have experienced at least two transitions relevant to education. These may include entering and exiting an early intervention (EI) program, an early childhood (EC) program, and, in many states, an elementary program” (p.2). Brandes et al. (2007) contended that planning and communication are necessary if it is the desire of the service providers for transitions to be effective and go relatively smoothly. Children, families, service providers, and programs face many challenges during the transition from EI to preschool services and addition to those challenges the needs and preferences of families may pose additional challenges (Whaley and Goode Brandes et al., 2007). Fox, Dunlap, and Cushing (2002) believed, “The movement from infant/toddler (ages 0-2) to preschool (ages 3-5) services requires a change in where services take place, how families are involved, and the educational and supportive expectations of service providers” (p. 150). In addition, researchers argue that the importance of a well-organized timeline delineating who will be involved helps to ensure a seamless transition between meaningful educational opportunities and services for a child with special needs (Brandes et al., 2007).

Five Factors known as the 5Cs: Community Context, Collaboration, Communication, Family Concerns, and Continuity of Care are additional principles that
guide the development and utilization of the EI transition practice and process for families (Bruns & Fowler, 2001). Families are faced with concerns when children transitioning from an EI program with IFSPs to Early Childhood Education) ECE programs with an IEP, when there is lack of understanding what will happen to their children. Families fear losing important EI components when transition occurs and they feel that decision regarding placement, programs, and curriculum will be made without their input or agreement (Bailey et al., 1998).

**TEST- Timeline for Early Successful Transition Instrument**

As important as it is to establish communication, support, and understand the roles and responsibilities of participants (i.e., sending and receiving agencies, family members, and community agencies) through the IFSP and IEP process, it is equally important to establish a transition checklist to assist in the process to foster a family’s comfort level. Following a timeline keeps all involved systematically informed, engaged, prepared, and guarantees cooperation, communication, and continuity of care in a child’s program. Brandes et al. (2007) stated, “The TEST systematically supports monitoring and completion of assessments, meetings, planning, and scheduling of transportation and other related services by prescribing a timely and sequential approach for a child, his family, and members of the team” (p. 206). There are five major components of TEST (See Appendix B for TEST documentation example):

1. First Section- involves child and birthdate information serving as a prompt that transitions from Early Intervention services to Early Childhood Education (ECE) services must be completed by the third birthday.

2. Second Section- family contact information
3. Third Section- brief meeting log that signifies the beginning of transition process, date when process was completed, and all meetings held between beginning and end.

4. Fourth section- contact information of agencies involved with child’s transition.

5. Fifth Section- identity of team members (i.e., early intervention (EI) agency, resource person, and related services personnel).

Brandes et al. also stated, “To experience successful transitions early, children and their families must receive guidance and support from qualified, knowledgeable individuals using effective communication and timely planning” (p. 210). The TEST instrument is an interagency transition policy that makes the process easier (for educator and parent) and ensures a seamless process by incorporating the best interest of the child and family resulting in an effective transition plan.

**Transition: EI to Preschool**

A Transition Plan provides the bridge between two settings in which children must function and is an important construct to study in early childhood. General importance of transition in the overall development of a child is set through the use of Urie Bronfenbrenner’s “biological systems model” or otherwise known as the “ecology of human development” (Rous, Myers, & Strickland, 2007). The model holds four domains that drive child development (please see figure below):
Large amounts of children receive early intervention services based on this model and positive development potential is supported by strong links between microsystems are necessary (Podvey et al., 2013). Bronfenbrenner (1979) observed that when valid information, advice, and experience relevant to a setting on a continued bases and are accessible, development of the child is enhanced. In addition, a child’s and his or her family’s unique factors impact the types of supports needed to move the transition process and as a result, children with developmental disabilities need related services to address the need within the microsystem. Part C and Part B of IDEA make these related services available (Rous et al., 2007).

The problems identified and encountered by parents through literature is that it has been confirmed that many families experience anxiety and stress as their child transitions from one system to the other (Hanson et al., 2001; Lovett & Haring, 2003). Brandes et al. (2007) declared, “When children transition from an EI program with IFSPs to Early Childhood Education (ECE) programs with IEP, families are concerned about understanding what will happen with their children” (p. 205). They also stated, “The
objective is not only to work with the children but also to offer support and education to the parents and guardians during the home visits (IDEA, 1997) because, they fear losing communication when their children transition from an EI programs to an ECE program” (p. 206). In particular, parents view this part of the process as losing the rights to providing input or agreement to making decisions regarding placement, programs and curriculum (Bailey et al., 1998).

To understand the EI process is to understand and identify the problems and fears associated with EI to preschool transition. The SEN team, which is comprised of program personnel, service providers, and parents, understands that change in service (location of services, service providers, and programs) can create stress for both the child and family. This certainly can occur when stakeholders and parents are ill-prepared for these changes (Bruder & Chandler as cited in Brandes & Chandler, 1996). Literature shows that to adequately prepare children for the transition from EI to preschool is to develop and generalize the transition skills and behavior that link programs together. Links include: (1) social behavior and self-care skills, (2) motivation and problem-solving skills and task-related behavior, and (4) communication skills (Brandes et al., 2007).

Not only is the acknowledgment of problems and fears important, it is imperative that strong support is received from both the sending and receiving agencies. This approach allows the SEN team to ensure continuity of care and services that surround the children and families. In addition, family involvement continues through the development of a clear plan to facilitate a child’s seamless transition from EI to preschool (Harrower et al., 2000). This plan requires a systematic approach that involves: (1) incorporating ways to orient the child and family to the receiving site, (2) building confidence and
competence by outlining methods for supporting the child and family, (3) the provision of practical recommendations to support a child’s special needs, and (4) defining and understanding the roles of all parties involved in the process to ensure a seamless transition and the feeling of a positive change in service delivery for child and family (Brandes et al., 2007).

**Transition: Pre-school to Kindergarten**

Head Start Performance Standards use the concept of readiness, specifically *school readiness* to define the transition to kindergarten. The primary goal of the transition process is for children begin school ready to learn (Head Start Performance Standards). The transition from preschool to kindergarten is considered the second of six distinct stages of the transition. It is the inherent right of every child to enjoy a successful school experience and what can support this experience is a seamless transition. Janus, Lefort, Cameron, & Kopechanski (2007) contended, “Transition to elementary school is an important and complicated event in a child’s life, but even more so for the children with special health needs and their families. Children with special needs face a complex transition to kindergarten; yet major gaps exist in the research knowledge about the process” (p. 629). SEN children usually require additional support to adjust to the school environment as well as function at an adequate level for learning. Janus et al. (2007) also stated, “It is crucial to identify the issues that prevent a successful transition and adjustment” (p. 629).

Although a large portion of literature regarding the education of children with special needs has been published, the transition from preschool to kindergarten of children with special needs was not a frequent subject of research, parents find the
support of EI to be quite extensive and that there is an underlying fear of lack of compatibility between preschool and school district diagnostic and definition criteria (Janus et al., 2007). Preschool professionals often incorporate a different approach and operate under a different philosophy from school based professionals. This differentiates preschool professionals from school-based professionals, as the focus may be to improve the daily living skills of children or to address specific impairments. However, preschool professionals can learn to understand that school professionals generally focus on curriculum goals to meet academic outcomes (Janus et al., 2007).

To assist in generating a healthy passage from preschool to school-based kindergarten, families have to identify the necessary steps to take (Rous, Hemmeter, & Schuster, 1994). There are a myriad of conditions that exist within the special education/exceptional category and different sets of agencies usually serve different children. Therefore, it is vital that the information agents and/or multiple agencies be involved in the transfer, both at the sending and receiving end (Wolery, 1999). The communication channel created by the process of collaboration will create a flow of information and the necessary connection needed for a stronger in-school intervention (Janus et al., 2007). This involvement assists in avoiding the interruption of continuity of care and services.

**Collaboration**

**Parent Involvement**

The evolution of parent/family involvement in America spans over many years and the purpose and impact of it is essential to transitional practices. According to Lawson, Sanders-Lawson & McNeal (2012)
American parental involvement in the welfare of children had long been a concern of public officials. Relative to the care of children’s health, PL99-457, the revised Education for All Handicapped Children Act, required the development of individualized family service plans that mandated a family centered approach and family and professional collaboration. Likewise, family involvement in education had a similar history (p. 41).

Greater collaboration between home and school was enhanced resulting from parent involvement being designed to create partnerships that improved student outcomes. It was also intended to meet student needs by enhancing a school’s capacity to understand and appreciate the values and cultures of families (Trotman, 2001). So much value is added to educational development when emphasis is placed on parent involvement and opportunities are available to educate parents on the importance of it. To better understand parent involvement is to better understand the definition of it. It has often been discussed as ambiguous and inconsistent in terms of “types of” involvement. Wehlberg (as cited in Lawson et al., 2012) stated, “Parental involvement is defined in two categories of home based activities such as helping with homework and school-based activities such as tutoring and volunteering in schools” (p. 41).

There are six categories that have defined the parental role and they are as follows (Bauch, Vietze, & Morris, as cited in Wehlberg, 1996; Gordon, 1977):

1. Traditional: parent as an audience or bystander-observer;

2. Parent as a decision-maker: Parent Teacher Association (PTA);

3. Parent as a classroom volunteer;

4. Parent as a paid paraprofessional or teacher’s aide;
5. Parents as learners: participants in child development or parenting classes;

6. Parents as teachers of their own students at home.

Although these categories traditionally define the roles of parents, research has indicated that there are still a wide range of definitions (Hilado, Kallemejen, & Phillips, 2013). Researchers believe parent involvement extends past the simplicity of a parent helping with homework or the occasional attendance of the PTA meeting. Parent involvement embodies how involved a parent will become in the school, how support is received, and how school, family, and community partnerships could better enhance student achievement (Wehlberg, 1996). The level of parent involvement has evolved through the years from the primary responsibility of the parent with little to no support from an educational entity to the implementation of parent groups such as the National Congress of Mothers in 1897, the forerunner of the National Parent Teacher Association (PTA) (Henrich, 2010).

Educational policy and law began in the 1960s due to large amounts of children being used in the labor force in the 19th century (Henrich, 2010). Specific to Early Childhood Education (ECE), federally funded Head Start preschool programs are based on a number of federal laws and regulations implemented since the 1960s. Parent involvement is a critical component in the program (Henrich, 2010). The most recent federal policy regarding parent involvement in Heads Start stated:

*Improving Head Start for School Readiness Act of 2007* and the Head Start Program Performance Standards stipulate that parents must be involved in the governance of their Head Start and Early Head Start program (Section 1304.50).
Parents contribute to program governance through their participation in Policy Councils and Policy Committees, the majority of members on each must be Head Start parents. (Henrich, 2010)

Lawson et al. (2012) stated that, “Coupled with a focus on compliance versus partnering with parents, the 1970s, 1980s, and 1990s, presented an era of research designed to address the federal mandates related to parent involvement, yet increased parent involvement did not translate into decision-making and governance roles for parents” (p. 43). But during the same era, federal mandates and best practices were withdrawn by then President Ronald Reagan and parent involvement models began to emerge. Today, the quest to encourage and develop strategies for parent involvement continues. Lawson et al. (2012) confirmed that over the years the view of parents has changed to being “critical partners” in educating their children. Hiatt (as cited in Lawson et al., 2012) stated:

As parent involvement was defined and clarity regarding roles emerged, the dialogue between parents and professionals provided opportunities to develop new and effective strategies for innovative and authentic home-school partnerships. The creation of such partnerships serves to fulfill the various mandates for parent involvement in the education of children. (p. 43).

All parents can and have the right to meaningfully participate in the education of their children, more specifically those children with special needs and who are receiving the SEN services (Hedeen, Moses, & Peter, 2011). (IDEA) was a catalyst to SEN rights for children and the value of parent participation rights. Since the beginning of IDEA, educators have explored collaboration methods with parents and research has
demonstrated the benefits of these efforts. Epstein (2001) stated, “Four decades of research have demonstrated that parent/family involvement significantly contributes to improved student outcomes” (p. 261). In support of this, parents have a considerable amount of influence on the achievements made by their children in school (Amendt, 2008). Amendt (2008) recognized that greater partnerships result in greater trust between educators and parents and in his master’s thesis he developed the increasing degrees of progression. Figure 2 demonstrates Amendt’s progression.

Increasing Degree of Collaboration and Partnership

Informing                Involving                    Engaging                  Leading

*Figure 2.* Increasing Degree of Collaboration and Partnership.

The sections of this progressive collaboration include the following aspects:

1. *Informing* is considered the first stage and represents the one-way flow of communication from schools to students and parents (common practices) but falls short of the standard set by the PTA, which states that there should be regular two-way and meaningful communication.

2. *Involving* represents inviting parents to support an agenda determined by the school staff.
3. *Engaging* constitutes that all stakeholders create the agenda, make decisions, and take actions. Amendt (2008) argued that this degree of collaboration supports a higher level of trust as involvement is marked by limited trust).

4. *Leading* fosters a “norm of engagement” as there is shared vision amongst partners allowing all parties to play the appropriate leadership roles.

All degrees were found to create a strong foundation of cooperation and goodwill that contributed to the desire to build trust.

The major themes that parent involvement research include (Hedeen et al., 2011, p. 7):

1. Any stakeholder may initiate a deeper partnership between families and schools, but all involved must work to sustain it. Sustainability is the window to continued collaboration and commitment.

2. Every school community must define parent/school engagement locally, recognizing that no two committees are identical. Strong partnerships are created, open and consistent communication is created, and honest, respect and trust is achieved.

3. Specific training in communication skills and collaborative approaches should be a priority for teachers, administrators, and parents.

4. Schools, school districts, Parent Teacher Associations (PTAs), and others should create policies, structures, and events to support family/school engagement, including informal opportunities for interaction of all stakeholders. Studies have established value in seeking out direction from parent-assistance centers, IEP
facilitators, and dispute resolution agencies. Engaging parents and teachers in conversation about what is essential for success builds priorities.

5. Families and schools should recognize the occasional need for outside assistance, from resources or individuals beyond the immediate stakeholders. Hedeen et al. (2011) declared, “Clear communication can be promoted through a combination of in-person and online channels. Many districts have developed websites, social media outlets, blogs, and e-mail distribution systems to engage families, not simply to inform them” (p. 7).

6. Schools and parents should consider how technology can support their relationships.

These themes build a positive rapport, setting a stage for open communication and continued collaboration and involvement. Staples and Diliberto (2010) wrote, “Building positive parent rapport is essential for fostering the parent-Information Agent collaboration efforts” (p. 4).

Increased parent involvement includes strengthening parent perceptions and expectations when facilitating positive transitions from early childhood settings to elementary schools (Green et al., 2011). Parents become a child’s primary advocate within in the school system, enhancing the possibility for seamless transition from preschool to kindergarten. Scheel and Rieckman (as cited in Green et al., 2011) emphasized that parent empowerment within the preschool setting provides a foundation for parents’ involvement in other contexts, such as schools and service systems. Green et al. (2011) stated, “Feeling empowered and having the ability to advocate for their children may be critical to helping parents overcome the many identified barriers to
parent involvement in the transition process and in their children’s later school careers, such as work schedules, lack of child care, language differences, transportation problems and parent history of negative school experiences” (p. 49).

Research has revealed specific barriers to parent involvement and the possible transitions activities needed to overcome them. Green et al. (2011) found that barriers to parent involvement in transition were (1) communication barriers, (2) transportation, (3) language, (4) motivation/interest, (5) employment, (6) cultural issues, (7) single-parent status, and (8) poverty. Ten key transition activities to enhance parent involvement were listed as such: (1) encourage parents to be involved in transition activities, (2) facilitates parent visits to receiving school/classroom, (3) facilitates children’s visits to receiving schools/classrooms, (4) facilitates parent communication with kindergarten teacher/school, (5) holds parent group meeting focused on transition, (6) holds individual teachers-parent conference focused on transition, (7) provides information to parents about transition process, (8) provides information to parents about kindergarten environment/expectations, (9) empowers parents to advocate for children’s needs within school system, and (10) involves parents in supporting children’s school readiness skills. Staples and Diliberto (2010) concluded, “Building positive stakeholder relationships is essential for the optimal success of a child. Increased collaboration between parents, teachers, administrators, and SEN professionals fosters parent participation and involvement in a student’s education and leads to host of positive outcomes” (p. 8).
Cultural Awareness, Supports, and Barriers

As stated, parental involvement is particularly important during pivotal developmental transitions, such as the movement into preschool and kindergarten and is generally a family’s first experience with formal schooling (Pianta, Cox, & Snow, 2007). Durnad and Perez (2013) stated, “As the United States continues to fulfill its destiny as a nation of immigrants, schools have attempted to incorporate the voices of diverse groups of parents in ways that support children’s learning and development, as evidenced by collaborations with parent organizations” (p. 50). Collaboration with school personnel can be challenging for culturally and linguistically diverse (CLD) families of children with special needs during transition planning (Aldridge, Cote, Jones, & Sparks, 2012). Aldrige et al. (2012) contended that, it is important that professionals incorporate steps to better support systems and inform CLD parents and their transition-age children of possible challenges considering CLD parents need to feel that they play a vital role in the future of their children.

Studies have shown that CLD families most misunderstood are of Latino, Korean, and African-American descent:

1. For Latino families there is great importance placed on the value of family and specifically “extended family.” Transition professionals/special educators can recognize the importance of extended family by including them in staffing or parent conferences (Hughes et. al, 2008).

2. For Korean families there is great importance on strong social support systems within their community. Transition professionals/special educators can recognize that in order to provided culturally sensitive services, they can learn
about the informal community support of Korean families (i.e., who they turn to for help, how resources are accessed, how and where information is obtained, religious affiliation, and community centers accessed) (Kim & Morningstar, 2007).

3. For African-American families there is great importance on understanding their environment as well. What is perceived as a learning disability to some educators is simply a misinterpretation of the African-American culture and the differences associated with it. Transition professionals/special educator’s efforts to strengthen communication skills between school and home are essential and impact school success (Trottman, 2002).

Kim, Lee, and Morningstar (2007 contended, “Although research has indicted that parent participation is considered to be one of the most important elements of transition planning, there are a few studies that have sought to measure the involvement of culturally and linguistically diverse parents” (p. 253). Just emerging in transition research is the understanding of cultural perspective and how it can impact how successful transition is defined. With lack of information and research on CLD parents and their dynamics and values, transition professionals tend to apply a single standard for transition without consideration of how culture and linguistics are affected during the transition planning process (Kim et al., 2012). If these dynamics and values are respectfully recognized, the recognition can be considered a support in transition planning. However, if they are not recognized this could halt communication or increase negative emotions and could be a barrier leading to parent dissatisfaction. If better supports are not incorporated, CLD parents will be overcome with the challenge of
barriers and the inability to escape them (Rous, Harbin, Hallam, McCormick, & Jung, 2006).

To assist in meeting these goals, to promote cultural competence, and to assist educators in acknowledging the possible supports and barriers faced during the transition planning process researchers have suggested that all members of the IEP team acquire these strategies:

1. **Knowing your worldview.** Professionals need to ask themselves about the factors that shape their own cultural views, beliefs, and traditions (Kalyanpur & Harry, 1999). Specifically for transition, professionals must become aware of the cultural values and expectations embedded in their own perspectives…Understanding implicit and explicit views of transition are a first step toward knowing your own worldview (Kim et al., 2012, p.51).

2. **Learning about the families in the community served.** Investigating the general cultural characteristics of the community to which a family belongs is a critical second step toward cultural competence (Lynch & Hanson, 1998). Next, professionals must find out the individual family’s culture, which includes their level of articulation, the roles of the family members, parent’s disciplinary styles, and their perspectives on disabilities, communication styles, and social economic status (Salend & Taylor, 1993). For transition, this means learning about the expectations for post school outcomes for the family, including understanding how families want to prepare their child for the future, as well as what families might face (Kim, et al., 2012, p. 51).
3. *Respecting cultural differences.* The third step involves acknowledging the differences between professional transition expectations and those of CLD families. This requires a willingness to learn. Professionals should explain to the family the cultural bias of mainstream assumptions and expectations. These efforts will establish trust and rapport with CLD parents, as well as offer opportunities to work together toward mutual goals by avoiding unnecessary misunderstandings (Kalyanpur & Harry, 1999).

4. *Reaching mutual goals.* The final step focuses on establishing mutual goals that are acceptable both to their professional values and to those of the family. Many CLD families may have cultural orientation that is collective in nature, which may focus on group obligations, interdependence, and working toward group success (Leake, Black, & Roberts, 2003). Before any decisions can be made, professionals must understand the unique situation the family faces and seek their perspectives related to transition expectations. Then, professionals can acknowledge any cultural differences and be willing to create new strategies that can be beneficial and acceptable to both professionals and the families. These efforts can help professionals and families collaboratively meet cultural values and unique needs of families (Kim, et al., 2012, p. 51).

5. *Adopting strong support systems.* (1) Staying student and family centered throughout the transition process, (2) Developing shared vision, (3) Being culturally responsive, (4) Proactive communication, (5) Being caring and committed, (6) Giving choice and voice, (7) Incorporating problem solving,
(8) Providing connections, (9) Taking action on decisions, and (10) Acknowledging accomplishments (S. deFur, 2012).

Adopting these strategies will certainly help identify supports and eliminate barriers for many culturally diverse families navigating through the special education process. CLD families have goals for their children and a professional’s complete understanding of these diverse backgrounds can strengthen the transition process through acknowledgment of the supports and barriers faced and how to better approach the transition planning process. In the field of special education, the educator’s understanding of how relevant support strategies are to the success and/or failure of the transition planning process brings stronger awareness to the importance of understanding family culture and dynamics and values (S. deFur, 2012).

**Skills Needed for Transition Process**

**Self-Determination**

The Early Childhood Foundation Model defines self-determination for children as their being supported by adults to obtain the ability to make choices and decisions as needed, having personal control over actions, feeling capable, and understanding the effects of actions. The Early Childhood Foundation Model for Self-Determination is based on the premise that young children with disabilities benefit from collaborative partnership between key adult figures to provide a supportive, stimulating, and coordinated environment between inclusive classrooms and home environments (Palmer et al., 2013). Palmer et al. (2013) wrote, “Within partnership, the Foundations Model establishes the proposition that the basic foundational skills for developing self-
determination in later life require young children with disabilities to gain skills in (a) choice-making and problem solving, (b) self-regulation, and (c) engagement” (p. 38).

Over the past 20 years, conceptual articles have featured the roots of self-determination in early childhood. With facilitation in the early year roots, children learn and develop the many facets of self-determination with the support of adults. Preschool age children cannot automatically exercise independent choices, decisions, and problem solving, due to the fact that normally, self-determination is defined for adolescents and young adults (Palmer et al., 2013). Palmer et al. (2013) contended:

The task in early childhood is to note the specific and developmentally appropriate skills that are the precursors, or foundations, of self-determination so that adults in the lives of children with disabilities may provide targeted support. Throughout their child’s schooling, a parent could continue to advocate for services and supports that will help their son or daughter be self-determined when they finish their education. (p.39)

Research shows that focusing on the foundations of self-determination in the early years propose several advantages: (1) Systematic approach—develops skills and encourages early educators and/or special education needs professionals to provide children with practice and guidance towards the necessary skills needed for transition, (2) Practice and refine abilities—these actions foster independence, and (3) Early introduction of self-determination concepts prevents overdependence, a low sense of self-efficacy, and external locus control (Palmer et al., 2013).

Collaboration between parents and professionals support the self-determination preparation for young children in order to have them prepared for the next transition.
phase. Coordinated self-determination practices set the foundation that will influence early childhood settings, as well as the home environment, to have optimal results for children with identified special needs (Palmer et al., 2013). Palmer et al. (2013) stated, “This coordinated approach requires a strong family-professional partnership that acknowledges and respects family beliefs and cultural values” (p. 39). It has been suggested by special education providers that proposed models that carry the why, what and how builds early self-determination skills and assists families and practitioners in supporting preschool children with special needs. Service models provide clarity about what elements of services are needed, guide service planning and development, and change organizational culture by allocation of funds (King, as cited in Palmer et al. article, 2013). Figure 3 is an example of a service model used in early education to determine the why and what (foundations) and how (culturally responsive) (Palmer et al., 2013):
The very foundation of self-determination begins in early education and is essential in maximizing personal freedom and citizenship, self-sufficiency, and full participation in family and society as an adult. Self-determination provides evidence that a child's chances increase in being more successful in school (Thomas & Dykes, 2011). (Roberts, 2010). The synthesis matrixes highlight the sources that have been reviewed and identify the key concepts that relate to parent involvement and the early childhood SEN transition process.
Synthesis Matrix

Synthesizing literature involves comparing, contrasting, and merging disparate pieces of information into one coherent whole that provides a new perspective (Roberts, 2010). A high quality literature review reflects careful analysis of all sources and a critical analysis in which previous studies and information are related to each other.

Four matrices were developed by the researcher (See Appendix D) that merge all pertinent information regarding the SEN student transition processes transitioning into and out of preschool and into kindergarten:

In Appendix D, Table D1 features the concepts that supported the importance of effective transition planning. The literature reviewed painted a detailed picture of the insights gained from each author’s contribution. What emerged from this particular matrix was that the role of the information agent was particularly relevant to transition planning. The role of the information agent contributes to the formation of collaborative relationships between parent and SEN team that is most crucial to transition planning. It was revealed that if parents felt included and received the support and commitment of the SEN team, transition planning was most effective.

Table D2 features the concepts that supported the importance of parent involvement during transition planning. The literature review painted a detailed picture of the insights gained from each author’s contribution. What emerged from this matrix was that parent involvement not only included strong collaboration between parent and SEN team but also that communication and understanding were essential in supporting the child receiving special needs services. Strong communication and understanding
identified and promoted the priorities that SEN teams must arrange to promote solid stakeholder relationships.

Table D3 features the concepts that supported the significance of understanding ethnic cultural practices. The literature review painted a detailed picture of the insights gained from each author’s contribution. What emerged from this particular matrix was that true understanding of family values, involvement of extended family, and cultural characteristics would allow SEN teams to recognize the inherent processes of ethnic culture parental practice and procedure. Many ethnic families share similar cultural practices but are very diverse in nature. SEN teams being in tune with culturally diverse backgrounds will develop and increase community building within the transitional planning process.

Table D4 features the concepts that defined the barriers associated with the transition from preschool to elementary grades. The literature review painted a detailed picture of the insights gained from each author’s contribution. What emerged from this particular matrix was that with any process barriers will occur and are necessary. It is at the discretion of those involved in the transition planning process to create a path that will allow for mistakes, incompetence, misinterpretation, mistrust, lack of communication, lack of motivation, lack of involvement to build a foundation that will stand by itself and serve a common purpose.
Conclusions

The information provided in this literature review highlighted the issues that affect children with special education needs and their parents during the transition out of the Early Intervention (EI)/preschool environment and into the elementary kindergarten environment. Section one reviewed the history and laws associated with special education. An overview of the importance and methods of early care transition was provided in section two. Section three looked at the significance of parent involvement and the understanding of cultural barriers in the early care transition process. Section four highlighted early childhood education and self-determination as it pertains to SEN children. Chapter III will outline the methodology that has been used to conduct this qualitative study.
CHAPTER III: METHODOLOGY

This chapter examines the methodology utilized to conduct the research study. The problem statement and purpose statement are restated, and the reasoning for choosing the methodology is described. This discussion provides a detailed description of the research design, data collection procedures, and data analysis. The population, sample, study delimitations and limitations are also examined. This was a descriptive study that incorporated a qualitative approach. The study was conducted within the Contra Costa County Local Plan Area (SELPA) of Head Start programs that were located in the Northern California/San Francisco Bay Area. The Contra Costa SELPA of Head Start programs included 24 local education agencies that are in the Contra Costa County areas of Antioch, Concord, Crockett, Martinez, Pittsburg, Oakley, Richmond, and San Pablo.

Purpose of the Study

The purpose of this qualitative study was to identify and describe parental expectations and perspectives as they relate to their developmentally delayed children with special education needs during transition from early intervention/preschool to kindergarten. In addition, it was the purpose of this study was to determine the extent to which parents perceive schools support them during and through the transition process.

Research Questions

The following research questions guided this study:

1. What expectations do parents of preschool children with special education needs have regarding transition planning?

2. What factors do parents perceive as important to the transition process out of
3. What supports and barriers do parents of children with special education needs experience during the transition process out of preschool into kindergarten?

4. To what extents do parents of preschool children with special education needs perceive that the early education program is meeting their needs during the transition process?

**Research Design**

This study utilized a qualitative methodology approach to identify and describe parental expectations and perspectives related to their level of involvement, level of inclusion versus exclusion, and the effectiveness of the Information Agents who lead the process. Each affects the transition of preschool children with special needs to the primary grades. The qualitative methodology approach also examined the decision making process teachers and administrators utilize and their ability to solicit parent perspective regarding a child’s capacity to deal with transition. Qualitative research was conducted through one on one semi-structured/open-ended interviews. The results were presented as discussion of trends and/or themes based on words, not statistics (Patten, 2009). The detailed information gained throughout the interviews, observations, and field notes supported the researcher’s decision to use a qualitative approach.

Understanding the phenomenon of interest from the perspective of the study participants is essential to a qualitative study (Creswell, 2008). There were specific advantages to using the qualitative approach:

- Provided more comprehensive, real, and honest data
- The process and outcomes were studied
- Complex research questions were thoroughly investigated

To support the qualitative approach, a collective case study design was utilized to validate qualitative data gathered. The main thrust of a collective case study design is performing qualitative research in multiple sites, which includes the personalized stories of individuals with similar backgrounds (Bratlinger, Jimenez, Klingner, Pugach, & Richardson, 2005). A case study has also been defined as programs, events, or sets of individuals that are bounded in time and place (McMillan & Schumacher, 2010). A sample of parents that fit the criteria of parents of children who are transitioning out of preschool and into primary grade level were interviewed to provide in-depth explanation and rich narratives as to why parent expectation and perspective through transition planning is vital and productive to the development of their children that are enrolled in the special education needs (SEN) preschool programs.

According to de Vaus (2006), there are many types of research design that can be used to support the methodology used in the study. The overall strategy of this qualitative study was not only to incorporate the collective case study approach but to also to incorporate two other components in the most coherent and logical way. This approach ensures that the research problem is effectively addressed (de Vaus, 2006). The two action research designs also integrated into this study were Descriptive and Naturalistic considering that the data that was yielded led to important recommendations in current practice. The interview piece was held in the most natural environment possible. The research design provides a detailed description of the overall opinion and personal perceptions of the participants as it pertained to their children with special needs.
The research designs of this study were a rationalization of the research questions that assisted in obtaining explanations from participants that were personal and full of detail. As described by Creswell (2008), “Qualitative research begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem” (p.37). In this study, the words of the parents were guiding factors.

A specific model for data collection was used. The qualitative data collection and analysis are interwoven and overlapped in a five phase cycle essential to the process:

1. Phase 1: Planning—Analyzing the problem statement and the initial research questions will suggest the type of setting or interviewees that would logically be informative. In Phase 1, the researcher locates and gains permission to use the site or network of persons.

2. Phase 2: Beginning Data Collection—Researchers obtain data primarily to become orientated and to gain a sense of the totality for purposeful sampling. Researchers also adjust their interviewing and recording procedures to the site or persons involved.

3. Phase 3: Basic Data Collection—Choices of data collection strategies and informants continue to be made. Tentative data analysis begins as the researcher mentally processes ideas facts while collecting data. Initial descriptions are summarized and identified for later corroboration.

4. Phase 4: Closing Data Collection—The researcher conducts the last interview. Ending data collection is related to the research problem and the richness of the collected data. More attention is given to possible interpretations and
verifications of the emergent findings with key informants, remaining interviews, and documents.

Phase 5: Completion—Completion of active data collecting blends into formal data analysis and construction of meaningful ways to present data.

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<th>Phase 4: Closing Data</th>
<th>Phase 5: Completion</th>
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*Figure 4. Data Collection Method (McMillan & Schumacher, 2010, p. 329).*

For the purpose of this qualitative study the five phases of data collection and analysis were implemented.

In addition to the model for data collection, there are nine characteristics associated with qualitative research: (1) Natural settings which encompass the study of
behavior as it occurs or occurred naturally, (2) Context sensitivity which involves the consideration of situational factors and the fact that human actions are strongly influenced by the setting, (3) Direct data collection prompts the researcher to collect data directly from the sources, (4) Rich narrative description encourage the researcher to approach the situation with the idea that nothing is to trivial or unimportant, (5) Process orientation focuses on why and how behaviors occur (i.e. observational field notes), (6) Inductive data analysis synthesizes data and assists the researcher in being open to new ways of understanding the information presented, (7) Participant perspectives allows the researcher to focus on a participants’ own point of view, (8) Emergent design teaches the researcher to allow the study to evolve and then fully understand the phenomena being studied, and (9) Complexity of understanding an explanation assists the researcher in understanding the complexities the participants are presenting in order to capture the true meaning of what has occurred (McMillan & Schumacher, 2010, p.321-324). As the study progressed, the researcher noticed that some characteristics had more of a presence than others, but overall each one played a significant role and the story was able to be told.

The specified model and the nine characteristics were incorporated into this qualitative study by fully embracing the social experience created through the interviews and finding the true meaning in the information provided by each participant. A sample of parents who fit the criteria of SEN parents with children who were transitioning out of preschool and into kindergarten were interviewed in depth using semi-structured interviews, which provided detail into their own personal accounts of transition. As a
result, each data collection process aided the researcher in performing key data collection and analysis.

**Population**

A population is generally referred to as “a group of elements or cases whether individuals, objects, or events that conform to specific criteria and the results are generalized” (McMillan and Schumacher, 2010, p. 129). California provides subsidized programs to families who otherwise could not afford regular for-profit preschool programs. According to the California Department of Education (CDE) (2005), California dedicates approximately $2 billion annually to subsidized child care and development programs (paragraph 1). Within those programs an estimate of 142,041 children are enrolled in state pre-K programs (14 percent of 4-year olds and 3 percent of 3 year olds). California Head Start enrollment stands at 101,933, representing 71 percent of the California preschool population (paragraph 1).

In Contra Costa County alone, preschool services are provided to over 42,470 children representing 29 percent of the state preschool population (Contra Costa County Office of Education (CCCOE), 2013). The Contra Costa County Community Services Bureau/First Baptist Head Start programs is the operator for all Head Start locations within the county. There were twenty-four (24) Head Start centers within Contra Costa County that were utilized in the study. The Community Services Bureau/First Baptist Head Start program serves over 1882 preschool-aged children representing 1.3 percent of the State of California preschool population, 15 percent of California Head Start programs preschool population and 4.4 percent of Contra Costa County preschool
population (Contra Costa County Community Services Bureau/First Baptist Head Start Program Information Report).

Of the California Department of Education funded preschool programs, a portion of the enrollment is children with special needs (Barnett, Carolan, Fitzgerald, & Squires, 2012). The breakdown is

- Pre-K + Pre-K Special Education enrollment currently stands at 53,371 (3-year olds, 10 percent) and 100,900 (4-year olds, 19 percent).
- Pre-K + Pre-K Special Education + Head Start enrollment currently stands at 85,965 (3-year olds, 16 percent) and 161,515 (4-year olds 31 percent).

*(Barnett et al., 2012)*

California Head Start program's disability enrollment stands at 12,227 representing 12 percent of the State of California preschool special education population (California Head Start Association (CHSA), 2014). Of the total preschool children served in Contra Costa County, approximately 2,112 children hold an IFSP and/or IEP and are served in more than 318 locations throughout the county. The Contra Costa County special education population is 1.4 percent of the State of California preschool special education programs and 17 percent of California Head Start preschool special education programs (CCCOE, 2013).

Head Start at the state, county and local all follow the same eligibility criteria. Head Start is governed as a single system entity and uses specific criteria designed to assist the families which assisted the researcher in choosing centers to gather data from the desired population. Head Start Performance Standards’ Disability Services Eligibility Selection Criteria was applied to select the population. The criteria are:
Head Start Performance Standard 1305.3 c (6) mandates that the program set criteria, that defines the type of children and families who will be given priority for recruitment and selection. Due to the strong community need and specified mandates for special education services, Head Start preschool programs have adopted this criteria (See Appendix C).

Head Start represents the largest single system of preschool education in the state and Contra Costa County. It is also represents the largest number of preschool students with disabilities enrolled within a single system. The system also applies the same eligibility criteria to all Head Start students to ensure the proper delivery of services. Therefore, the Contra Costa Community Services Bureau/First Baptist Head Start program is the focus of this study.

Third year transition families and first year promoted families/transitioned to kindergarten were the targeted population for this study. This population was chosen considering the wealth of information that could be retrieved from parents that are currently experiencing transition and those that have already experienced the transition. It was the desire of the researcher to obtain contrasting and/or comparable perspectives to enrich data outcomes. According to the Contra Costa County Community Services Bureau/First Baptist Head Start Program Information Report, 300 Head Start students were identified as special needs, representing 0.19 percent of the State of California special needs population, 2.4 percent of California Head Start special needs population, and 14 percent of Contra Costa County special needs population. Of the 300 Head Start students, 110 were classified as third year transition (engaged in the transition process) and 190 were classified as first year promoted families/transitioned to kindergarten,
creating a strong balance of engagement (2013-2014 program year). Combined this represents 300 Head Start students and for the purpose of this study the target population is third year transition preschool families and first year promoted to kindergarten families that will be drawn from to create the sample.

**Sample**

Purposeful sampling was utilized to identify the participants, which assisted the researcher in seeking out individuals who would contribute to the gathering of data by producing relevant information that supported the study (Patten, 2009). As signified by McMillan and Schumacher (2010), “A researcher wants to make sure that a sufficient number or percentage of subjects is selected from a specific category who will be representative of a larger group of individuals” (p. 141) A variety of qualitative research methodologists present general guidelines for sample size of interviews, recommending ranges from 20-30 participants, beyond which can result in saturation of the data (Marshall, Cardon, Poddar, & Fontenot, 2013). Therefore, as a result of saturation in data the sample size for this study is not 10 percent of the targeted population (300), usually resulting in 30 participants. The sample size was 20 due to the fact that the researcher noticed during the duration of the interview sessions, over-saturation occurred with each meeting. Dr. Jeffrey Lee, qualitative expert at Brandman University agreed that 20 participants were sufficient to the study. The researcher, in consultation with dissertation study Chair, Dr. Patrick Ainsworth, concluded that enough information was obtained to answer proposed research questions and meet the required number amount to be considered solid.
Permission for the study was granted through a proposal to the Contra Costa Community Services Bureau/First Baptist Head Start programs (See Appendix E). The participants in this study met the following criteria: (a) be a parent of a preschooler with special needs with an existing IFSP/IEP, (b) be a parent of a preschooler with special needs transitioning to kindergarten, and (c) be enrolled or previously enrolled in the Contra Costa Community Services Bureau/First Baptist Head Start programs. Parents and legal guardians were included in the study. (For the purpose of this study, legal guardians were included when the term parent is used.) The researcher and the mental health and disabilities specialists collaborated to identify a sample size of 300 (combined) third year transition preschool families with children with special needs and first year transition to kindergarten families with children with special needs. The researcher concluded that acknowledging parents from both groups would add richness to collected data. As previously stated, the targeted population was 300 participants. The researcher determined that the sample size for the study a sample size of 20, which was determined to be sufficient for the purpose of the study due to saturation in data.

After approval was received from the Head Start programs, letters of consent from the researcher (See Appendix F) were sent out through the Head Start program’s internal agency mail system to the target population of currently (third year preschool transition) and previously (first year transition to kindergarten) enrolled families describing the intentions of the proposed study. Participants were provided with a detailed explanation of the purpose of this study, presented with a consent form for signature, and offered an opt-out option without consequence (See Appendix F). Participants were also assured that neither their personal identity nor the identity of their
children would be revealed. It was also explained to each family that agreed to participate that they would be assigned a unique identification number to ensure confidentiality.

Participants were asked to complete and return the consent form within one week.

Participants were supplied with two options of response to the researcher. The options were to send back a response in a self-addressed envelope to the researcher or to email the researcher directly with a “yes” or “no” reply. A “yes” reply from a participant included name, contact information, and schedule of availability. As the researcher received replies from participants, each participant was assigned a unique personal identification number to protect their identity and personal information shared with the researcher. All documents and information pertaining to the respondents were kept in a securely locked file cabinet and/or secured personal computer that was only accessed by the researcher.

The computer program tool “Research Randomizer” (Random Organizer Tool) was used to create a random number table that would assist in randomly choosing participants to be included in the 10 percent of parents selected for the interview process. In the event that more than 30 participants were obtained, “Research Randomizer” randomly selected only 30 participants.

**Instrumentation**

The instrumentation chosen for this qualitative study was a semi-structured one on one/open-ended, interview process to support the qualitative approach. The proposed interview questions were developed by the researcher and thematic dissertation team’s view of literature, based upon the research questions, and the common themes posed in the research developed synthesis matrices (See Appendix D). According to McMillan and
Schumacher (2010), effective probing and sequencing of questions follow these guidelines:

1. Interview probes
2. Statements of the researcher’s purpose and focus
3. Order of questions
4. Demographic questions
5. Compilation of controversial and difficult questions (p. 358-359)

In addition, the researcher consulted with Brandman University faculty member and qualitative research expert Dr. Jeffrey Lee. Dr. Lee provided comprehensive guidance in effectively designing the research questions to assist the researcher in remaining consistent with the purpose of the study. The interview question instrument contained a total of 25 questions (15 demographic and 10 study specific questions) and was used during the participant interviews (See Appendix F). As described by Patton (2002), "The exact wording and sequence of questions were determined in advance” (p. 349).

Patton (2002) also wrote, “All interviewees are asked the same basic questions in the same order. Questions are worded in a completely open-ended format" (p.349). The demographic questionnaire allowed participants to describe personal information such as highest degree of education, employment status, and family dynamic. Parents were encouraged to ask for clarification if they did not fully understand the basis behind any or all questions asked of them. The rationale behind this approach was to solicit in depth answers by the study's participants. The researcher also encouraged participants to
elaborate on their answers if there was an apparent need for expanded responses. Ensuring that the participant’s views and experiences are accurately documented reinforced the reliability and validity of this study.

**Reliability and Validity**

When conducting a qualitative study, reliability is always a great concern. Patton (2002) wrote:

Any research strategy ultimately needs credibility to be useful. No credible research strategy advocates biased distortion of data to serve the researcher’s vested interests and prejudices. Qualitative/naturalistic inquiry seeks honest, meaningful, credible, and empirically supported findings. Any credible research strategy requires that the investigator adopt a stance of neutrality with regard to the phenomenon under study. (p.51)

To test the reliability and validity of the instrumentation, it was field tested with five Head Start Information Agent participants that held knowledge in the area of special education needs (SEN). The participants were selected because they had experienced the study’s transition periods in the past. A letter of intent was sent to all field test participants explaining the basis behind the study and the significance of the field test. The field test utilized telephone interviews and the open-ended survey questions sent by email to simulate the interview process. They were asked to review the interview questions to determine whether the questions were clear, if they believed a parent could understand the questions, what answer they would give to each question, if they believed the interview could be finished within an hour, suggestions for improving any questions, and any additional feedback they could provide regarding the instrument. The feedback
from the field test participants was reviewed by the researcher. The feedback was consistent across the five field test experts, indicating that the questions were understandable and that the interview could be completed within an hour time frame. From the results of the field testing, minor changes were made according to the response and recommendations of the participants.

In addition to field testing, qualitative expert Dr. Jeffrey Lee was also consulted to discuss reliability and validity. Considering the initial researcher coding, the method of coder reliability was implemented to code at least ten percent of the data to assure 80 to 90 percent accuracy. Lastly, the question was posed by the thematic dissertation team as to whom else would code the data to ensure coder reliability. Dr. Jeffrey Lee recommended coding together as a thematic dissertation team. This method is considered a standard measure of research quality and solidifies that two or more independent coders agree on the coding of interest based on the participant’s answers to open-ended questions (Cho & Lavrakis, 2008). Cho and Lavrakis (2008) stated, “Inter-coder reliability or Intrareliability” is a critical component in the content analysis of open-ended survey responses, without which the interpretation of the content cannot be considered objective and valid” (p. 3).

To strengthen the efficacy of data collected the researcher incorporated a ten step process:

- Prolonged and persistent fieldwork
- Multi-method strategies
- Participants language and verbatim accounts
- Low-inference descriptors
• Multiple researchers
• Mechanically recorded data
• Participant researcher
• Member checking
• Participant review
• Negative and/or discrepant data (Patten, 2009)

Incorporation of all or a combination of the steps assisted the researcher in determining the authenticity of the data.

The field test results, participant feedback, the use of the Inter-coder reliability/Intrareliability, and the ten step process supported the validity and reliability of the semi-structured interview process.

Data Collection

Data collection began in December 2014 and concluded in January 2015. This timeframe was chosen due to the availability of the population being high, considering the year round status of the Head Start programs (Roberts, 2010). The employment of a data collection chart (See Appendix I) assisted the researcher in organizing and tracking categorized qualitative data. Roberts (2010) stated, “To help you efficiently deal with organizing data collection, create a Source Data Chart. This keeps track of each data source in your study…it also organizes that data sources by your research questions” (p. 158).

As previously stated, participants were mailed a detailed explanation of the purpose of this study; participants were presented with a consent form for signature, and offered an opt-out option (See Appendix F). Respondents were assured that neither their
personal identity nor the identity of their children would be revealed. Respondents were asked to complete and return the consent form within one week. It was also explained to each family that agreed to participate that they would be assigned a unique identification number to ensure confidentiality. All documents and information pertaining to the respondents were kept in a securely locked file cabinet and or personal computer that were only accessed by the researcher. Parents invited to attend were asked to respond to the researcher.

The semi-structured interviews were scheduled with parents based upon their choice to interview by video conference, telephone, or location of their choice for an in-person interview. Once scheduling was secured, the researcher supplied the consent form, signed previously, along with permission form (See Appendix F) to audio tape interviews conducted.

Developing one on one semi-structured interviews allowed the researcher to gather insightful data from parents and/or legal guardians that described their transition experiences and expectations. Parents and legal guardians were allowed to participate in the study. In the case of both parents participating, separate interviews were conducted at different times to obtain an understanding of their differing views of transition planning. A total of 30 participants were then interviewed for 30 minutes in settings of their choice. Patton (2002) contended, “In a given study, a series of different focus groups and or interviews will be conducted to get a variety of perspectives and increase the confidence in whatever patterns emerge” (p. 385). The set of ten interview questions asked encouraged parents to reveal their knowledge, perceptions, and emotions regarding the transitions planning process. The welcoming, quiet, and supportive environment allowed
the parents to naturally open up and express how they truly felt about the transition planning process. In conjunction with the interviews, observational field notes were taken by the researcher to record expressions and physical emotions of each participant. This type of observational recording style allowed the researcher to record continuous organic emotions and reactions of the participants which are referred to as frequency-count recording (McMillan & Schumacher, 2010). If necessary, additional follow-up questions were posed to each participant if the information initially provided required more elaboration.

Themes emerged from the participants’ interviews allowing the researcher to organize and code the data into specific categories. In addition, the comprehensive field notes were coupled with audio recordings of each interview. The recordings were transcribed, coded, and organized by themes and colors through the use of the NVivo computer software to be used by the researcher and those assisting with reliability and validity of data. The researcher entered participant data into the NVivo program. Participants were notified that they would have complete access to their personal data only if requested and with identification number verification. This method adopted by the researcher assured participants that anonymity and confidentiality of information was protected. Participants’ words were not altered due to fear of disrupting the true nature of the study and the true meaning behind their words. Trustworthiness of the data was supported by resisting altering of data.

The qualitative study was presented to Brandman University’s Quality Review (QR) and Institutional Review Board (IRB) on December 11, 2014 for proposal review and approval of all research conducted. The purpose was to protect those who agreed to
participate in the research study and address any ethical issues such as: (1) informed consent, (2) protection from harm, and (3) confidentiality. Brandman IRB and QR required the researcher to submit developed questionnaires and interview sessions in order to gain permission to use human subjects before conducting the study. The IRB process required detailed and comprehensive information about the study, the consent process, how participants were recruited and how confidential information was protected. Receipt of the IRB approval letter was sent to the researchers that included the study’s assigned number for the researcher’s reference (See Appendix K).

Lastly, the request of performing an expedited review was made to the IRB committee due the fact that there was minimal risk to the participants, psychologically, physically, and socially and all surveys were brief and were not disturbing to the participants.

**Data Analysis**

Third year Head Start participants and first year promoted family participants who met the eligibility criteria were interviewed, based on purposeful sampling and the answers were compared and contrasted by the researcher to create patterns and themes that provided specific details and context that merged from each interview.

Through the use of inductive analysis the researcher synthesized and made meaning of the data by beginning with specific data and ending with categories and patterns. Prior to analyzing data the researcher decided to preplan the data collection process by organizing data using the five sources recommended by McMillan and Schumacher (2010):

1. The research question and foreshadowed problems or sub-questions;
2. The research instrument, such as an interview guide;
3. Themes, concepts, and categories used by other researchers;
4. Prior knowledge of the researcher of personal experience;
5. The data themselves (p. 369).

The predetermined categories assisted with data analysis process.

The one on one interview (semi-structured/open-ended) results were then transcribed, coded, and analyzed using the appropriate analytical tools: NVivo and Microsoft Word (See Appendix H). The detailed nature of the open-ended/semi-structured questions and focus groups produced a large amount of data to be analyzed. In addition, comparing, contrasting and organizing of that data was essential to the overall success of data collection. McMillan and Schumacher (2010) contended, “An essential early step in analysis is to organize the large amount of data so that coding is properly facilitated” (p.369). It was important to transcribe the audio taken from the qualitative one on one interviews so that this data could be coded and facilitated, and placed in the proper categories. Data segments were also implemented by incorporating text that is comprehensible by itself and contains one idea, episode, or piece of relevant information (McMillan & Schumacher, 2010).

The use of the NVivo program and common qualitative practices allowed the researcher to organize and analyze collected data through the research methods used in this study. This approach also assisted the researcher in finding common themes provided the opportunity to compare outcomes between the third and first year participants and then color code those common themes and outcomes. In addition to the color coding the
researcher also implemented a format and spacing process to also transcribe data.

Techniques used were as follows:

- The use of large margins for additional comments and coding
- Adequate spacing between the study questions and participant’s responses for differentiation
- Highlight headers, questions, participants, and comments.

Through color coding and the format and spacing processes, the researcher was able to develop a visual chart that contained clear and invaluable information that was used to answer the research questions (See Appendix J). Once the data was collected and organized, the researcher formulated answers to the research questions and made future recommendations for the study.

**Limitations**

This qualitative study was conducted with the CCCSB and FBHS agencies. For qualitative purposes, the parent pool represented a small sample of the overall special education preschool families within Contra Costa County. As a result, generalizing the findings to a larger special education population may be deemed difficult. In addition, there is no sure guarantee that the families that chose to be involved in the interview process accurately represented their current or past SEN transition experience. Some families could withhold information due to the personal nature of the information or the discomfort that comes with sharing information of such nature. The size of the sample and the educational level of the participants are possible limitations to the study. The sample is a small portion of the larger early education SEN population and may not represent the educational levels of the parents being served in Contra Costa County. It is
not in the best interest of this study to assume that the experience of one SEN parent would be similar to that of another SEN parent.

**Summary**

The purpose of this chapter was to inform the reader of the descriptive case study’s methodology. The target population was identified as Contra Costa County SEN preschool families in relation to the perception and expectations during early education transition. The sample used was examined and requirements were discussed. The research design was thoroughly examined through the discussion of data collection and analysis of the information provided through open-ended survey questionnaires and one on one semi-structured interviews. The delimitations and limitations were presented and then reviewed. Through these methods the target population was identified, the research designs and snowball sampling was used to collect the qualitative data. Lastly, a summary of the IRB and QR process was provided. The following two chapters presented major findings, provided recommendations for further inquiry, and concluded the overall study.
CHAPTER IV: RESEARCH, DATA COLLECTION, AND FINDINGS

According to the CDE (2005), the number of special needs families is growing each year and the demand of supportive and consistent special needs services will continue to be strong topic of discussion. Early Intervention (EI)/Preschool Services play a significant role in the transition timeline of children moving forward into the public school system. According to Rutgers University Adjunct Professor Gloria H. Zucker (2010)

Children with special needs on all levels need to be provided diagnosis and remediation early in their educational lives. The parents are the primary interventionists with the social personnel providing additional support and directions for the remedial activities. Intervention needs to be implemented early and consistently to assure the best opportunity for success in academics as well as social interactions. Professionals in the field of disabilities should team up with parents to provide a solid foundation for infants and preschool children so that as they enter a public or private educational system they experience individualized positive reinforcement and feedback on their academic and developmental objectives. A coordinated effort of intervention will provide the highest rate of inclusion in the mainstream and academic achievement. (p. 10)

This chapter explores the transition experiences from EI/preschool to kindergarten families of children with special needs. Also in this chapter, the purpose statement is restated along with the research questions, research methodology, and data collection methods utilized. The population explored and the samples are outlined, followed by the presentation of the themes and data analysis.
Purpose

The purpose of this qualitative study was to identify and describe parental expectations and perspectives as they relate to their developmentally delayed children with special education needs during transition from early intervention/preschool to kindergarten. In addition, the purpose of this study was to determine the extent to which parents perceive how schools support them during and through the transition process.

Research Questions

The study addressed the following four questions:

1. What expectations do parents of preschool children with special education needs have regarding transition planning?

2. What factors do parents perceive as important to the transition process out of preschool and into kindergarten?

3. What supports and barriers do parents of children with special education needs experience during the transition process out of preschool into kindergarten?

4. To what extent do parents of preschool children with special education needs perceive that the early education program is meeting their needs during the transition process?

Research Design Methods and Data Collection Procedures

This study utilized a descriptive collective case study design that employed a qualitative data gathering approach. The main thrust of a collective case study design is performing qualitative research in multiple sites which includes the personalized stories of individuals with similar backgrounds (Bratlinger et al., 2005). A case study has also been defined as programs, events, or sets of individuals that are bounded in time and
place (McMillan & Schumacher, 2010). A sample of parents was interviewed who fit the
criteria of parents of Special Education Needs (SEN) children transitioning out of
preschool and into primary grade level. The interviews sought to provide in-depth
explanation and rich narratives regarding parent expectations and perspectives through
the transition planning process. Qualitative research was conducted, utilizing one on one
semi-structured/open-ended interviews. Prior to conducting the interviews, the interview
questions were piloted with group of special needs field experts The feedback from the
focus group was utilized to make any necessary adjustments to the interview instrument
to improve its validity and reliability.

Demographic and Interview data were collected through face-to-face, phone, and
Adobe Connect meetings with individual participants who are enrolled or were enrolled
in the Contra Costa Community Service Bureau/First Baptist Head Start Programs in
Contra Costa County December 2014 to January 2015. These settings were chosen to
gather information in regard to what worked best for the participants’ availability to the
study. It was the researcher’s intention to make the process as smooth as possible for
each participant. All participants were provided with a letter of consent form,
Participant’s Bill of Rights, and were assured that for their privacy; all information shared
would only be held by that of the researcher and the thematic dissertation team. All audio
recordings, with participant consent, were transcribed to identify the common themes and
trends. The information gathered provided insight into these participants’ transition
experiences from EL/preschool to kindergarten.
Population

Head Start represents the largest single system of preschool education in the state and Contra Costa County. It is also represents the largest number of preschool students with disabilities enrolled within a single system. The system, also applies the same eligibility criteria to all Head Start students to ensure the proper delivery of services. Therefore, the Contra Costa Community Services Bureau/First Baptist Head Start program was the focus of this study.

Third year transition families and first year promoted families who had transitioned to kindergarten were the target population for this study. This population was chosen considering the wealth of information that could be retrieved from parents that are currently experiencing transition and those that have already experienced the transition. It was the desire of the researcher to obtain contrasting and/or comparable perspectives to enrich data outcomes. According to the Contra Costa County Community Services Bureau/First Baptist Head Start Program Information Report, 300 Head Start students were identified as special needs, representing 0.19 percent of the State of California special needs population, 2.4 percent of California Head Start special needs population, and 14 percent of Contra Costa County special needs population. Of the 300 Head Start students, 110 were classified as third year transition (engaged in the transition process) and 190 were classified as first year promoted families/transitioned to kindergarten, creating a strong balance of engagement (2013-2014 program year). Combined this represents 300 Head Start students and for the purpose of this study the target population is third year transition preschool families and first year promoted to kindergarten families that will be drawn from to create the sample. The end result was participants were
recruited from the Contra Costa County Head Start programs and surrounding Contra Costa County School District’s kindergarten programs.

**Sample**

Purposeful sampling was utilized to identify the participants which assisted the researcher in seeking out individuals who would contribute to the gathering of data by producing relevant information that supported the study (Patten, 2009). The researcher and the mental health and disabilities specialists collaborated to identify a sample size of 300 (combined) third year transition preschool families with children with special needs and first year transition to kindergarten families with children with special needs. During the interview process the researcher noticed that saturation of information (repetitive participant responses) began to occur. Data saturation occurs when the researcher is no longer hearing or seeing new information (Siegle, 2002). Therefore, the sample size for the study concluded at 20 participants, to avoid reaching a level in sampling where excessive saturation of the data occurs. Dr. Jeffrey Lee, Brandman University qualitative expert, concurred with 20 as an acceptable sample size. A total of 20 participants were interviewed: nine face-to-face interviews, eight phone interviews, and three adobe-connect interviews took place. The parents who participated in this study met the following criteria: (a) be a parent of a preschooler with special needs with an existing IFSP/IEP, (b) be a parent of a preschooler with special needs transitioning to kindergarten, and (c) be enrolled or previously enrolled in the Contra Costa Community Services Bureau/First Baptist Head Start programs.
Presentation and of Demographic Data

The 20 parent participants involved in the study were asked to provide demographic details through a pre-survey questionnaire that answered the following questions: (1) Describe the Head Start Preschool program they attended, (2) Participant highest degree of education, their occupation, (3) Marital status, (4) What was the occupation of their spouse or significant other, (5) If they were a legal guardian or foster parent, (6) their ethnicity, (7) Nature of child’s disability/special education classification, (8) At what age the child was first classified for special education services, and lastly, (9) the age and gender of their child (Appendix F). Participants were apprised that the demographic information would solely be used for statistical purposes and to provide a context for the final results of the dissertation study (Table 1).

An analysis of the demographic data revealed that the volunteer parent participants were gainfully employed and held some type of college degree (Table 1). Although the parent participants held college degrees, and were employed at the time of the study, their children remained eligible for Head Start. The participants indicated that they remained economically disadvantaged as the result of the reduction in employment opportunities during the 2008-2012 economic recession and post-recession recovery years. All of the participants communicated clearly and were able to easily articulate their perceptions during the interviews, which may be tied to their college level education. In some cases, the researcher noticed that the participants who held the AA degree were as articulate or even more so than those that held the BS, MS, or MBA credentials. At times, those participants articulated their perspective and expectation more efficiently.
Table 1

*Participant Demographics*

<table>
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<tr>
<th>No</th>
<th>Participant Year</th>
<th>Program</th>
<th>Education</th>
<th>Profession</th>
<th>Par 1</th>
<th>Par 2</th>
<th>Par 3</th>
<th>Partner</th>
<th>Guardian</th>
<th>Ethnicity</th>
<th>Nature of Child’s Disability</th>
<th>Age of Child When Classified</th>
<th>Age of Child Now</th>
<th>Gender</th>
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<td>Education</td>
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<td>Education</td>
<td>lg</td>
<td>NA</td>
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<td>n/a</td>
<td>lg</td>
<td>Af-A</td>
<td></td>
<td></td>
<td>Autism Spectrum</td>
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<td>5 yrs</td>
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<td>FBHS</td>
<td>AA</td>
<td>Education</td>
<td>s</td>
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<td>lg</td>
<td>C</td>
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<td>fp</td>
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<td>fem</td>
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<td>Af-A</td>
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<td></td>
<td>Autism Spectrum</td>
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<td>fem</td>
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<td>AA</td>
<td>County</td>
<td>s</td>
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<td>lg</td>
<td>Af-A</td>
<td></td>
<td></td>
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<td>male</td>
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<td>n/a</td>
<td>lg</td>
<td>Af-A</td>
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<td></td>
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<tr>
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<td>n/a</td>
<td>lg</td>
<td>C</td>
<td></td>
<td></td>
<td>Cleft-palate ESL</td>
<td>Birth</td>
<td>4.5 yrs</td>
<td>male</td>
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<td>14</td>
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<td>Dispatcher</td>
<td>s</td>
<td>n/a</td>
<td>lg</td>
<td>Af-A</td>
<td></td>
<td></td>
<td>Heart disease and Cerebral Palsy</td>
<td>3 yrs</td>
<td>3.5 yrs</td>
<td>fem</td>
</tr>
<tr>
<td>15</td>
<td>3rd</td>
<td>CCCC SB</td>
<td>AA</td>
<td>Retail</td>
<td>m</td>
<td>Mechanical</td>
<td>lg</td>
<td>AA</td>
<td></td>
<td></td>
<td>Developmental</td>
<td>3 yrs</td>
<td>4 yrs</td>
<td>fem</td>
</tr>
</tbody>
</table>
The high educational level of the participants is not typical for parents of children in Contra Costa Community Services Bureau/First Baptist Head Start program. The educational level of most Head Start parents is high school or less, with some having specific vocational training (Early Knowledge Learning Center (eclkc) ). Further, 80% of parents of Head Start children in 2014 were unemployed or seeking employment (Early Knowledge Learning Center (eclkc) ). Therefore, the views of the parents may not accurately represent the views of the larger FBHS program.

The demographic data also indicates that of the 20 participants there were 13 third year transition families and seven first year transition promoted families that completed the sample of study participants.
The researcher compared the themes that emerged from the analysis of the interview responses with the demographic data, and found no relationships between the themes and specific demographic elements.

**Interview Observation Data**

During the interviews, parents were very engaged and upright in stature. In some cases, the researcher followed up to get further insight into their experiences. All of the participants answered the questions and exuded passion in the way they delivered their answers. Two participants in particular broke down emotionally and cried during their interviews.

During the phone interview with Participant 4, she began to share the difficulties she encountered during her daughter’s transition process and she had to leave the room to prevent her daughter from seeing her cry. The daughter was present in the room but does not have the mental capacity to understand what the interview topic is based on. Her emotional response evoked memories that she thought she had dismissed and moved past. She stated that she always wants to remain strong in front her daughter. Below is an excerpt from the discussion:

You (educators) are working with parents that have children who are at a very critical age and the parents are vulnerable and scared. At the preschool/kindergarten age the parents are still trying to figure out how the whole thing works in general. It hurts more when you don’t feel heard. After this interview, I have realized so much about myself and what I still need to work on in order to serve my child better. Some parents are not ready to talk until later because they are scared that they did something wrong and want to “un-happen” it
(the diagnosis). There is finality about saying things out loud but also a relief knowing that I am taking the right path for my daughter. This study topic means so much to me and I am sure other parents with children with exceptional needs. I appreciate you giving me the opportunity to share.

As the researcher conducted the one-on-one interview with Participant 6, emotion was also observed. As the participant spoke about the family’s experience, the researcher paused the interview to allow the parent to regain her composure, and then continued. Below is an excerpt from this discussion:

I feel slightly dismissed regarding my child’s issues. I need more one-on-one from his pediatrician and his transition team… his occupational therapist and education director to make sure that we are all on the same page. I feel like I have to advocate for my child every step of the way.

**Presentation and Analysis of Interview data**

The analysis of the one-on-one interviews are organized and presented in relationship to the four research study questions. Each research question is followed by a discussion of themes that emerged from the data analysis. Additionally, examples related to the themes are presented to aid in illustrating and understanding each theme. To determine the level of agreement necessary to determine a theme the researcher reviewed participant responses and grouped them into themes using Nvivo, the transcription and coding chart and the visual chart. Follow-up questions during the interview were helpful for clarifying the participant answers. In some cases, the answers given to a particular interview question also provided input relevant to the other research questions and themes. The level of agreement found after charting participant responses was 80 percent.
These themes became the findings in the study. This section presents the findings and supporting data for each of the research questions. The researcher also compared the themes with existing research to confirm the findings listed after each research question (See Appendices I and J).

**Research Question 1**

*What expectations do parents of preschool children with special educations have during transition planning?*

The parent participants had strong agreement that clustered around four themes related to research question 1 (Table 2). Three had 100% agreement among the participants and one had 80% agreement.

Table 2

*Research Question 1: Percentages of Parent Agreement on Findings 1-4*

<table>
<thead>
<tr>
<th>Finding</th>
<th>Agreement</th>
</tr>
</thead>
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<tr>
<td>Child's First Teacher</td>
<td>100%</td>
</tr>
<tr>
<td>Communication</td>
<td>100%</td>
</tr>
<tr>
<td>Collaboration</td>
<td>100%</td>
</tr>
<tr>
<td>Individualization</td>
<td>80%</td>
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</tbody>
</table>

**Finding 1: The parent is the child's first teacher.** One hundred percent of the parents identified that they desired to be heard and acknowledged as their “child’s first teacher.” The researcher identified that the parents regarded that their personal knowledge of their children and their upbringing was essential to a successful transition
process. Parents indicated that educators could learn more about the child if they incorporated some of the activities, tools, and values that parents have utilized with their SEN children. Parents indicated that many of the everyday activities/tools such as, development lessons and skills testing, they used with their children enhanced their child’s development and that this was important for the SEN teams to recognize. Parents also indicated that they did not want their “first teacher” values such as, creating a love for learning that teach their children how to communicate, function, and develop through everyday experiences in the classroom, to be underestimated or undermined but excepted and respected. Exemplary quotes that support this finding:

**Participant 4 offered the following:** “Educators need to understand that parent plays a primary role and that we should not be dismissed. We want to feel valued and not made to feel unappreciated.”

**Participant 14 stated:**

I think the biggest roles are that they (educators) need to listen to the parents because we are our child’s first teacher. There is a temptation amongst service providers that they are the experts and they are in their service but they are not an expert in my child, I am. Some of the activities I perform at home with my child would be quite effective if they were utilized at school and in the therapy sessions because my child is familiar with them.

Parents play a great role in the education of their children with special education needs. Susan Hart (2004) stated, “While special education teachers/educators generally work hard to make a great difference, they cannot expect or be expected to educate these children on their own. Parents must be included and permitted to do their part in order for
their children to reach their full potential (p. 1).” Participants indicated they are willing to take an active role in their children’s special education transition process, expressing that being ignored as their child’s first teacher puts their children at risk of not receiving the appropriate special education services.

**Finding 2: Communication between the parent and the educator.** One hundred percent of parents believe that it is very important for educators to remain in constant communication in order to build and prepare the “whole family,” meaning parents and child, for future transitions. Participants indicated that parents that are uninformed cannot participate fully in their child’s special education program and it was the responsibility of both parent and educator to form that line of communication for the best interest of the child. Participants also indicated that setting clear communication goals with the SEN team increases family engagement and increases the corresponding skills of the educator. Exemplary quotes that support this finding follow:

**Participant 3 stated:** “Part of this process is to openly communicate with a parent at all times. A strong line of communication is so important.”

**Participant 4 echoed a similar sentiment:** “Definitely communicating the expectations to the parents. Educators need to communicate without being prompted by me.”

**Participant 13 expressed:** “Better communication skills are needed so that parents do not feel excluded. Because I felt excluded by communication with my first child, I fought harder for my next child.”
Participant 19 declared that: “Educators can meet our needs and the needs of our children through development of joint decision-making and strong communication skills necessary for parent to assume a leadership role during transition.”

Participants reported that by keeping the line of communication open with their SEN teams, parents would know exactly what was occurring in the classroom and in therapy sessions. Parents also expressed when they are aware of what a teacher or therapist is teaching and/or planning, they can foster these same concepts at home, thus reinforcing practices from the classroom and therapy sessions. Greenspan and Wieder (1998) contended that, “Communication between parent and educator encourages emotional and intellectual growth in children while fostering developmental capacities and a child’s unique profile.”

Finding 3: Collaboration between parent and educator. Participants unanimously indicated that the practice of collaboration between parent and educator provides clarity for and support of child and family. Participants also reported that collaboration creates a window of opportunity for parents to become highly involved in the intricacies of the transition process and learn more about how those processes work, and how to support their child’s success in and out of transition. Participants declared if given the opportunity to share their parent knowledge, this would assist educators in better understanding and implementing what strategies may be more successful with each individual child. In addition, participants stated, the more collaboration that occurs the more the parents learn about the school’s practices and the special education service options available for their children. Exemplary quotes that support this finding are:
Participant 16 shared:

Educators should embrace the collaborative practice at all times because if parents see and feel this is happening, it shows strong effort on the part of the educator and that they genuinely care about the process and the progress of my child.

Parent 20 stated: “There should be an expectation of parental involvement and creation of culture of collaboration, involvement and engagement between educator and parent.”

Participant 19 stated: “Educators need to create a partnership, kind of like collaboration, between the family and elementary school in order to create effective transition.”

Research also indicates that, collaboration in education is seen as a legal mandate, a best practice in the educator’s approach, and necessary for the inclusion of children with special needs. (Welch, 1998). Snell and Janney (2005) elaborated by stating, “Working together means that positive interdependence exists among team members who agree to pool and partition their resources and rewards and to operate from a foundation of shared values” (p.6). Participant response indicated the need for “shared values” and a “team approach” in support of their child with special education needs. Study participants’ desired collaboration to create mutually agreed objectives and goals for their children.

Finding 4: Individualization of child. Eighty percent of parents felt that children needed to be individualized and not categorized. Participants expressed that at times educators tend to place children into a “one-size-fits-all” category which exposes their children to either incomplete or erroneous services. Participants indicated that if
educators recognized the special physical and educational progression of each child, then schools and programs can better develop individual goals and potential successes for children. Of that 80 percent, 20 percent of the parents expressed that they were satisfied with how their children were mainstreamed into the classroom, exposed to general education, and recognized for what they could bring to the classroom environment.

Exemplary quotes that support this finding follow:

**Participant 3 believed:**

It is simple as having me or another parent speak to their individual SEN experiences during a staff in-service day to assist staff in really understanding what to expect of our children and that it is not just a “cookie-cutter” approach. Every child is not cut from the same mold and in conjunction with that realization educators need to recognize that there is a lot of trial and error with our children.

**Participant 6 shared:** “I feel the roles that teachers should plan and take the time to see that each child is different and not to place each child into a “one-size-fits-all” environment.”

**Participant 10 shared:** “I appreciate the Head Start program for not only treating my child as a unique individual but for creating an inclusive environment for my child to feel normal and not abnormal.”

Author Karen Broomhead (2013) wrote, “Developing positive relationships between parent, child and educator through the consideration of the uniqueness of a child helps build a rapport of understanding and not assumption” (p.8). Overall, participants indicated that their children need to be viewed as “who” (individual) they are and not “what” (diagnosis) they are. Participants also indicated that their children should not be
defined by their diagnosis, but by the fact that they are little individuals with unique identities who enrich the classroom environment.

**Research Question 2**

*What factors do parents perceive as important to the transition process out of preschool and into kindergarten?*

The parent participants had strong agreement that clustered around three themes related to research question 2 (Table 3). Two themes had 95 percent agreement among the participants and one had 90% agreement.

**Finding 1: Parent involvement and advocacy is important.** Ninety-five percent of participants indicated that involved parents make a difference in the transition planning process and that they desire an active role. Participants also indicated that when they remained involved and advocated for their children the outcomes of the process were generally positive. Three participants reported that their active involvement in the transition planning process resulted in (a) experiencing greater continuity of services, (b) higher levels of parent satisfaction, and (c) more effective strategies for addressing concerns. Exemplary quotes that support this finding are:

*Participant 20 stated:* “There should be an expectation of parental involvement and creating a culture of collaboration and engagement from educator to parent.”

*Participant 11 stated:* “Parents need to realize that they are the decision makers and their involvement makes a significant difference. If I show that I value my son then they (educators) will value my son.”

*Participant 9 feels:* “It is my responsibility to advocate for my child every step of the way.”
Participant 5 feels: “My role is to advocate. I am my son’s number one fan, I am his advocate. I am his voice for his needs being met. I am the one that ensures that he is getting the services.”

The transformative experience of being told you have a child with special needs thrust parents into a re-examination of their roles as parents, advocates, and teachers (Harry, 2008). Author Erin McCloskey (2010) poses the question, “How do parents position themselves and/or become positioned in their interactions with teachers, therapists, doctors and school district officials around their child’s special education program?” All participants strongly believe that their involvement plays a key role in the success of their children’s transition process. Seven participants also affirmed that remaining aware, examining and re-examining their role, and becoming an advocate for
their child assists them in staying within or ahead of the process. Participants collectively agreed that involvement and advocacy on behalf of their child enables parents to collaborate with educators to support and guide their children in the right direction. Three participants also expressed that their involvement has prepared them to assist with the role of advocacy for other families that do not have a voice due to the intimidation of the process.

**Finding 2: Knowing special education law and parent rights.** Ninety-five percent of the participants felt it imperative that families become very familiar with special education law and parent rights. Participants indicated that these laws and rights were explained to them by transition teams but they also found themselves having to do their own research to make sure that they thoroughly understood the information that was being presented to them in order to advocate for their children properly. Participants also indicated that they were lucky enough to have SEN teams that took the time to break down the educational and legal language for them. Participants also indicated that even though the educational language was dissected for them, participants took the time to perform their own research to make sure that they fully understood the details of special education law and parental rights. Exemplary quotes that support this finding are:

*Participant 12 stated:*

It is in the best interest of the parent to be well-read in SEN laws and parent rights in order to navigate successfully through the process. Luckily my team explained these laws and personal rights to me thoroughly and I refused to sign any paperwork until I fully understood. I do believe that I need to periodically review my rights though.
**Participant 3 expressed:**

I am a helicopter mom now. Before I knew the special education laws and parent rights I wasn’t. Once I was well-versed in the laws and rights, I noticed a level of dismissal from the educators at first which prompted me to push harder. Eventually my voice was heard. If you are not 100 per cent for every step for your child, you will get pushed to the side and dismissed.

**Participant 8 expressed:**

“Fortunately the team I have was kind enough to break down the language for me so that I was able to understand fully plus I always ask questions if I don’t understand. I am not afraid to ask.”

Aron and Loprest (2012) stated, “The nation’s current approach to educating children with disabilities is the product of dramatic shifts in disability law and public policy over the past four decades…and the laws require states to identify, locate, and evaluate all children from birth to age twenty-one who are in need of early intervention or special education services” (pps. 99-105).

In reference to the dramatic shifts, participants feel the importance of being knowledgeable about special education laws and parent rights is beneficial to families during the transition process so that improved services and outcomes for their children occur. Throughout the interviews, ten participants expressed that becoming well-read in the laws and rights could be very overwhelming but necessary.

**Finding 3: Understanding family culture and dynamics.** Ninety percent of the participants felt that educators should make the understanding of family culture and dynamics a priority in order to better serve individual families in the transition planning
process. Most participants reported feeling that educators need to take the time to understand and embrace the cultural dynamic of each special needs family. Four participants indicated that each family is unique in their own way and must be treated as such. Two participants stated that understanding of family cultural dynamics plays a big role in how present a parent will be and how empathetic the educator will be during the transition process.

Exemplary quotes that support this finding are:

**Participant 5 stated:**

My child has been fortunate to have awesome teachers that keep in touch with him. I developed a really great relationship with his infant/toddler teachers. They built a relationship with the family by getting to know the inner-workings of our family, and did not want us to feel that we did not have support. When I and my child see that the entire team is on board and consistent resources are being provided, we have done better, he has done better.

**Participant 3 stated:**

“Educators come across people from very different backgrounds and by valuing this diversity means that differences are accepted and respected and the transition planning process is smoother.”

**Participant 4 stated:**

“One of my biggest struggles was getting the SEN team to understand my family culture. How the team supports us and our son plays a big role in my confidence level in what they (educators) will do for us.”
The concept of family culture and dynamics is described as understanding the practices, behaviors and attitudes of a family and if this concept is applied it allows the educator and parent to work more effectively and build better relationships because the educator is in tune with the family (King, Sims, & Osher, 2000). Kim et al. (2007) believed, “To ensure that family’s cultural values and dynamics are considered during transition planning, parents should actively work with professionals and express their opinions in the meetings” (p. 253).

**Research Question 3**

*What supports and barriers do parents of children with special education needs experience during the transition process out of preschool into kindergarten?*

The supports and barriers that parents experienced are explained to assist the reader in understanding how relevant they are to the success and/or failure of the transition planning process (See Table 3 Supports Experienced and Table 4 Barriers Experienced).

**Finding 1: Supports Experienced During Transition.** Participants indicated a variety of supports experienced during the transition planning process. Frequency of participant response is exhibited (Table 4). The supports that participants experienced are described as follows from most important to least important: (Table 3).

Table 4

Research Question 3: Supports Parents Experienced

<table>
<thead>
<tr>
<th>Supports</th>
<th>Participant Response</th>
</tr>
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<tbody>
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<td>a. Regional Center/ Care Parent Network Support</td>
<td>8</td>
</tr>
<tr>
<td>b. SEN team availability</td>
<td>7</td>
</tr>
<tr>
<td>c. Support of children’s needs</td>
<td>6</td>
</tr>
<tr>
<td>d. SEN team takes initiative with families</td>
<td>5</td>
</tr>
<tr>
<td>e. Participation is encouraged</td>
<td>5</td>
</tr>
<tr>
<td>f. Included in the decision-making</td>
<td>4</td>
</tr>
<tr>
<td>g. SEN team builds relationships with families</td>
<td>3</td>
</tr>
<tr>
<td>h. Staff trusts judgment and suggestions of parents</td>
<td>3</td>
</tr>
<tr>
<td>i. Emotional Support</td>
<td>3</td>
</tr>
<tr>
<td>j. Trainings/workshops for families</td>
<td>2</td>
</tr>
<tr>
<td>k. Receive support from school admin/leadership</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>48</td>
</tr>
</tbody>
</table>

a. Eight participants indicated that the Contra Costa County Regional Center of the East Bay and Care Parent Networks have been instrumental in helping parents understand the path families and children need to take. These participants also indicated that the regional centers and Care Parent Networks have also been instrumental in advocating for services through the school district. Regional centers believe that the development of a circle of support enables them to work with individuals to generate goals that support the specific needs of a client. Participants unanimously agreed that these entities supported them in taking leadership roles in the governance of service delivery for their children. An exemplary quote that supports this is: “I do not think I could have made it through the entire process without the local Regional Center and Care Parent Network supporting me and guiding me.” (Participant 12)

b. Seven participants affirmed that SEN teams being available to answer questions and provide assistance to parents were helpful. Family support includes working with the family to promote growth and development during the special education process (Office of Administration for Children and Families, 2015). An exemplary quote that supports this: “With special
education being really new to me, the teacher took the time to come to every IEP meeting with me and the mental health and disability manager seemed to always be available to answer any questions or concerns I had” (Participant 19).

c. Six participants indicated that SEN teams were supportive of and attentive to child needs. Although being attentive to children with special needs can be overwhelming for educators, early childhood professionals are trained to approach inclusion with open minds and hearts (Watson & McCathren, 2009). Watson and McCathren (2009) stated, “Coming together as a community to create a truly inclusive system of care and education requires commitment and a willingness to strive to be ready to teach and support every child” (p.1). An exemplary quote that supports this is: “I have had some of the staff have my back and confirm that my son needed certain services (Participant 2).

d. Five participants indicated SEN teams take the initiative with families when noticing a problem. One of the five participant indicated when it was noticed that their child needed extra care; the teachers took charge without hesitation and provided the resources to accommodate him. An exemplary quote that supports this is: “It has taken some of his teachers to say yes this child needs these services (Participant 2).”

e. Five participants indicated parent participation is encouraged. Participants indicated when they volunteer in their child’s classrooms or sit in on therapy sessions they experience what their children experience on a daily basis and gain a sense of the services being implemented. An exemplary quote that
supports this: “I feel encouraged and empowered. With every visit, they have listened and encouraged me to come to the play center to see my child’s progress and also relate to the parents that are experiencing the same things as I am” (Participant 1).

f. Five participants indicated that a family being included in the decision making is essential to the process. Participants also indicated that being part of shared decision-making gave them a sense of empowerment and that their opinions were valued. An exemplary quote that supports this: “Her teachers and therapists included me by keeping me informed and asking how I felt about next steps. They classified the stages of her development and where she should be and asked how I felt about moving forward” (Participant 13).

g. Three participants supported SEN teams building a meaningful relationship with families so that they feel valued throughout the process. Participants also indicated when educators went above and beyond to get to know the family; partnerships were formed that not only assisted their children in the school environment but at home as well. Parent—Teacher relationship building constitutes the foundation for all other forms of family involvement in a child’s education (National Association for Children and Families, 2015). An exemplary quote that supports this is: “I have developed really great relationships with his infant/toddler teachers. They took the initiative to build a relationship with the family. They did not want us to feel that we did not have the support.” (Participant 5).

h. Three participants stated staff trusting parent judgments and suggestions is
important. Participants also indicated that educators who are open and willing to except the parent point of view recognize that it is essential to the success of the transition planning process. An exemplary quote that supports this: “Supports that I have received include the staff being amenable to my ideas and willing to try things I suggest” (Participant 6).

i. Three participants indicated that receiving strong emotional support from special education teachers and practitioners makes parents feel more comfortable with the process. Participants also indicated that emotional support creates trust between parent and educator. When the parent feels that educators care about them and their needs, progress is made. An exemplary quote that supports this: “I felt like we were listened to and respected. I felt like we got the emotional support that we needed through the process. As overwhelming as my child’s needs were, the agency supported us all the way and because of that me and my child made progress” (Participant 15).

j. Two participants stated when families are provided with trainings and workshops this helps them with working with their children with special needs and how to parent properly and successfully. An exemplary quote that supports this: “I received support in the forms of workshops and trainings from the Head Start program and school district on parenting children with special education needs and at the end of the workshops I was given a certificate of achievement” (Participant 9).

k. Two participants indicated that School Administration exhibited a level of interest by becoming involved in the transition process. Participants also
stated that it was important for Administration to show interests to enable
them to better understand the processes and services that all the children with
special needs within their programs are receiving. An exemplary quote that
supports this: “The SEN team shows up! The leadership along with the
teacher and parent discuss the IEP as a team approach. I like the fact that
school administration shows interest in the outcome for my son.” (Participant 7)

**Finding 2: Barriers experienced during transition.** Participants indicated the
barriers faced during the transition planning process. Frequency of participant response is
exhibited (Table 5).

The barriers that parents experienced are explained as follows from most
important to least important: (Table 4).

Seven participants indicated that their children were categorized or labeled as “one-size-
fits-all.” Participants also expressed concerns that their children were given limitations in
services due to the educators placing their children in classrooms that did not meet their
particular developmental needs. In addition, participants expressed that because of the
labeling, assumptions were made. An exemplary quote that supports this: “The educator’s
role was not very effective. They did not provide choices and labeled my son and treated
him as a “cookie cutter” child with special needs. Teachers made an assumption and they
shouldn’t have” (Participant 14).

Table 5

*Research Question 3. Barriers Participants Experienced*

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Participant Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Children being categorized/labeled</td>
<td>7</td>
</tr>
<tr>
<td>b. Being dismissed</td>
<td>6</td>
</tr>
<tr>
<td>c. Parent lack of understanding the</td>
<td>6</td>
</tr>
<tr>
<td>educational and legal language</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>d. Educator not understanding family culture and dynamic</td>
<td>4</td>
</tr>
<tr>
<td>e. Losing services from program to school district</td>
<td>3</td>
</tr>
<tr>
<td>f. Educators not being upfront</td>
<td>3</td>
</tr>
<tr>
<td>g. Staff Lacks empathy and patience</td>
<td>3</td>
</tr>
<tr>
<td>h. Parent fear and acceptance of diagnosis</td>
<td>2</td>
</tr>
<tr>
<td>i. IEP process is lengthy</td>
<td>2</td>
</tr>
<tr>
<td>j. Staff lacking proper skills</td>
<td>2</td>
</tr>
<tr>
<td>k. TOTAL</td>
<td>45</td>
</tr>
</tbody>
</table>

a. Six parents indicated that parents’ thoughts, suggestions, and ideas are being dismissed due to the educator’s opinion of the child’s diagnosis. Participants also expressed that educators need to understand that parental input enhances the process and should be respected. In addition, participants affirmed that they know their children best and it is in the best interest of the educator to listen. An exemplary quote that supports this: “As a parent, you just have to push. We know our children best and we should not give up and just take no for an answer. Educators need to realize that I am my child’s first teacher and we know when something is off. Educators need to fully listen us and not dismiss our input” (Participant 13).

b. Four participants indicated that parents lack in understanding of the educational and legal and educational language can hinder the process. Participants also indicated that it is not only the responsibility of the educator to provide explanation to educational and legal language but parents should also take the initiative to self-educate. In addition, participants indicated that educational language, tests, and profiles that were performed were barriers in that much of it was difficult to understand and that educators rushed through many of the
explanations to each of these. Lastly, participants also indicated that a standard approach to explaining these tools needed to be created. An exemplary quote that supports this: “In addition to the educator’s responsibility, parents need to take the time to educate themselves on the transition process so when educators do sit down to talk with them they are familiar with almost everything” (Participant 20).

c. Four participants indicated the importance of educators understanding family culture and dynamic. Participants also indicated that each family is unique and that educators cannot approach families in the same way. In addition, participants stated that understanding family culture and dynamics aids educators in building strong relationships and getting to know that family as a unit. An exemplary quote that supports this: “If educators embraced the idea of becoming culturally competent, the quality of program and district-level special education services would grow and teach them how to value diversity, be more conscious of dynamics, and develop adaptations to the process and services” (Participant 8).

d. Three participants stated concern regarding children losing services from preschool program to kindergarten because certain districts will not/do not offer similar services. An exemplary quote that supports this: “One of the barriers I fear is that he is going to face is his transition from preschool to kindergarten. He is going to lose part of his therapy and this makes me nervous” (Participant 16).

e. Three participants indicated that educators are not always upfront with important information and processes. Participants also indicated that educators should be forthright with information that will drive their child’s transition planning process forward and not backward. An exemplary quote that supports this: “It took mid-
year to settle her IEP but it was done. Lack of the educators being upfront at first and the lack of understanding were hurtful” (Participant 3).

f. Three participants indicated that staff lacks empathy and patience. Participants expressed that educators at times did not consider parent or child feelings and displayed impatience when parents asked questions. Participants also indicated that being hurried through the process made them feel as if they were just a number and not of value. An exemplary quote that supports this: “I felt there was a level of irritation during my first meeting and I felt judged. I felt that my son and who he was going to be, they were not willing to deal with” (Participant 5).

g. Two participants indicated that parents are reluctant to accept the special needs diagnosis of their children. Participants also indicated that at the preschool/kindergarten age the parents are still trying to figure out how to be a good parent and when this is coupled with a special education diagnosis, that diagnosis creates vulnerability and fear. An exemplary quote that supports this: “Some parents are not ready to talk about it until later because they are scared that it is something they did wrong and they want to un-happen the diagnosis” (Participant 11).

h. Two parents indicated that the IEP process is too lengthy. Both participants also indicated that there were excessive hoops to jump through when attempting to obtain services that their children rightfully deserved. An exemplary quote that supports this: “From the diagnosis from his pediatrician, to registering for the program, to filing paperwork to begin the IEP; the process was extremely time consuming and exhausting. I felt like precious time was lost” (Participant 18).
i. Two participants indicated that staff is lacking proper skills. Both participants suggested that educators receive refresher training in best practices of the transition process when serving families and children with special education needs. An exemplary quote that supports this: “An educator told me that she knew what she was talking about because she had been in special education for 20 years and I asked her: ‘How’s that been working for ya?...I answered, Obviously not well!’” (Participant 10).

After careful review of data by the researcher, it was indicated that 65 percent of the supports experienced during the transition planning processes were related to preschool third year parents and 35 percent of the barriers experienced were related to elementary transition 1st year promoted parents. Exemplary quotes that support this are:

Support: “FBHS feels like a family that cares. I commend the disabilities manager for embracing me and my child and providing all the time and resources she could” (Participant 8).

Barrier: “His elementary experience has been a bit different. I don’t feel it is a complete special needs program or that they care. I had to fight harder than I did in preschool for him to gain other services and skills in the general education classroom” (Participant 5).

Also from participant responses, it was apparent, due to the content and tone of participants’ conversation, that barriers can cause emotional distress during the special education process. For many of these families, at such an early stage, parents are still trying to put into perspective how their child has been diagnosed let alone navigating through an intricate process.
Author S. deFur (2012) listed strategies that contribute to strong support systems between parents of children with special education needs and SEN teams. They are “(1) Staying student and family centered throughout the transition process, (2) Developing a shared vision for student transition outcomes, (3) Being culturally responsive and recognizing that families, students and service providers have complementary expertise to contribute to the transition process, (4) Communicating proactively, (5) Being caring and committed, (6) Giving choice and voice to all parties involved in the transition process, (7) Facilitating creative problem solving to implement effective transition services, (8) Offering helpful connections for families and students during transition years, (9) Taking action on decisions regarding transition services, and lastly (10) Reflecting on and celebrating accomplishments during the transition process” (p. 2).

Below (Table 6) features S. deFur’s strategies and the association they have with the study participants’ supports and barriers; contributing further insight and meaning to the data.
Table 6

*S. deFur’s Strategies in Comparison to Participant Responses*

<table>
<thead>
<tr>
<th>S. deFur’s Strategies</th>
<th>Supports Experienced</th>
<th>Barriers Experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student and family centered</td>
<td><strong>Finding 1b.</strong> SEN teams being available and meeting needs.</td>
<td><strong>Finding 2a.</strong> Children being categorized or labeled</td>
</tr>
<tr>
<td></td>
<td><strong>Finding 1c.</strong> SEN teams supportive and attentive</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Finding 1d.</strong> Receiving strong emotional support from SEN teams</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Finding 1j.</strong> Families provided with trainings and workshops</td>
<td></td>
</tr>
<tr>
<td>2. Develop shared vision for transition outcomes</td>
<td><strong>Finding 1f.</strong> Families being included in the decision making</td>
<td><strong>Finding 2b.</strong> Parents thoughts, suggestions, and ideas being dismissed</td>
</tr>
<tr>
<td>3. Being culturally responsive</td>
<td><strong>Finding 1g.</strong> SEN teams building meaningful relationships</td>
<td><strong>Finding 2d.</strong> SEN teams not understanding the importance of family culture and dynamic</td>
</tr>
<tr>
<td>4. Communicating proactively</td>
<td><strong>Finding 1h.</strong> Staff trusting parent judgments and suggestions</td>
<td><strong>Finding 2c.</strong> Parents lacking understanding in education and legal language</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Finding 2f.</strong> Educators not always being upfront</td>
</tr>
<tr>
<td>5. Being caring and committed</td>
<td><strong>Finding 1c.</strong> SEN teams supportive and attentive</td>
<td><strong>Finding 2g.</strong> Staff lacks empathy and patience</td>
</tr>
<tr>
<td>6. Giving choice and voice to all parties</td>
<td><strong>Finding 1e.</strong> Parent participation is encouraged</td>
<td><strong>Finding 2a.</strong> Children being categorized or labeled</td>
</tr>
<tr>
<td>7. Facilitating creative problem solving</td>
<td><strong>Finding 1d.</strong> SEN teams take the initiative</td>
<td></td>
</tr>
<tr>
<td>8. Offering helpful connections</td>
<td><strong>Finding 1a.</strong> Regional Center and Networks instrumental in helping parents understand their path</td>
<td><strong>Finding 2e.</strong> Concern regarding children losing services from preschool to kindergarten</td>
</tr>
<tr>
<td>9. Taking action on decisions</td>
<td><strong>Finding 1d.</strong> SEN teams take the initiative</td>
<td><strong>Finding 2h.</strong> Parents reluctant to accept diagnosis of child.</td>
</tr>
</tbody>
</table>
The findings are reflected throughout 10 of the 10 strategy areas of S. deFur’s model. Under supports it is noted that some of the findings related to one or more of the strategies and they are (1) **Finding 1c.** SEN teams are supportive and attentive; (2) **Finding 1d.** SEN teams take the initiative; and (3) **Finding 1j.** Families provided with trainings and workshops. As noted, there are some supports for all strategies but within strategies 1 and 9 there are more supports. The four responses under strategy 1 are (1) **Finding 1b.** SEN teams being available and meeting needs; (2) **Finding 1c.** SEN teams are supportive and attentive; (3) **Finding 1i.** Receiving strong emotional support from SEN teams; and (4) **Finding 1j.** Families provided with trainings and workshops. The two responses under strategy 9 are (1) **Finding 1d.** SEN teams take the initiative and (2) **Finding 1f.** Families being included in the decision making. Under barriers it is noted that some of the findings related to one or more strategies (except for strategy 10) and it is (1) **Finding 2a.** Children being categorized or labeled. As noted, there are some barriers noted for all except strategy 10. However within strategy 4 there are two findings that are barriers: (1) **Finding 2c.** Parents lacking understanding in education and legal language, and (2) **Finding 2f.** Educators not always being upfront.

Four findings for supports and barriers are not referenced in S. deFur’s strategies included: (1) Support Finding k: School Administration showing interest in process (2 responses), (2) Barrier Finding c: Parents understanding educational and legal language (6 responses), (3) Barrier Finding i: IEP process is to lengthy; (2 responses) and (4)
Barrier Finding j: Educators lacking current skills and needing refresher training (2 responses). While not related to any of S. deFur’s strategies, these additional supports and barriers were viewed as important to two or more of the study’s parent participants.

**Research Question 4**

_to what extent do parents of preschool children with special education needs perceive that the early education program is meeting their needs during the transition process?_

Table 7

Research Question 4. Positive and Challenging Experiences

| Finding 1: Positive transition panning experiences. | Ninety-eight percent of the participants had a positive experience and their needs had been met. Most participants reported that they were thankful that they did not have extensive challenges and their overall experiences were positive. Participants voiced that overall, despite small challenges, their transition process experiences were generally handled well by the SEN teams. Although most participants expected challenges due to the fact that much of what they experienced was very new to them and at times scary after learning of their child’s diagnosis, they were amazed that they did not encounter those expected challenges and that they gained more positive experiences. Much of the support they received from the |
educators assisted them in navigating through the process with confidence. Exemplary quotes that support this finding are as follows:

**Participant 1 expressed:**

Overall, it has been good. I have been pleased with the fact that I was provided with early intervention services. The team didn’t hesitate to come in and provide the necessary services needed for my child and I appreciate that they immediately got him in the program. I am thankful for everything.

**Participant 4 expressed:** “It has been positive. It hasn’t been easy but it has been positive.”

**Participant 8 expressed:** “FBHS has included me in every step of the way. From EI to preschool was a wonderful and informative transition experience!”

**Participant 12 expressed:** “I was pleased with our special education encounter; it was somewhat positive and smooth because I entered the process expecting much worse because of what I had heard from a few parents.”

**Finding 2: Challenging and discouraging transition planning experiences.**

There was clear indication that two participants had a negative experience and their needs were not fully met. Exemplary quotes that support this finding are as follows:

**Participant 5 expressed:**

Challenging because I felt like the team did not hear me or even wanted to hear me. I felt judged and I felt that my son and who he was going to be, they were not willing to deal with.
Participant 14 expressed:

“There needs to be more support of the families. When a family feels discouraged then a sense of hopelessness begins to rise. Educators need to realize they have so much power in making the experience positive and not negative”.

After detailed review by the researcher, results indicated that 18 of the positives experienced during the transition planning processes were related to preschool third year parents and two of the challenges experienced were related to elementary transition 1st year promoted parents.

Fish (2008) stated, “Although relations between parents and schools can be difficult, they can strengthen over time through increased awareness of student disabilities among educators and through parents’ becoming more knowledgeable about the IEP process” (p. 3). Esquivel, Yell, Rayna and Bonner (2008) recommend, Professionals improve parents’ experiences by acknowledging children as individuals and avoid defining the child by his/her disability. Lastly, educators providing a sense of ownership to parents and welcoming their feedback to the process can improve experiences and lessen challenges (Esquivel et. al., 2008).

Summary

Chapter IV presented the findings and results of this study from the one-on-one interviews conducted. The data were analyzed to provide data responding to the research questions. This collection of data and subsequent analysis developed a base of information regarding parent perspective and expectation of their child with special education needs transition process from EI/preschool to kindergarten.
Table 8 presents a summary of the research questions, and the findings and the percentages associated with the research questions.

Table 8

**Summary of Research Questions, Findings and Percentage of Agreement**

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Findings</th>
<th>Percentages of Agreement, Supports, and Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research Question 1.</strong> What expectations do parents of preschool children with special education needs have regarding transition planning process?</td>
<td>• <strong>Finding 1.</strong> The parent is the child’s first teacher</td>
<td>• 100%</td>
</tr>
<tr>
<td></td>
<td>• <strong>Finding 2.</strong> Communication between the Parent and the Educator</td>
<td>• 100%</td>
</tr>
<tr>
<td></td>
<td>• <strong>Finding 3.</strong> Collaboration between Parent and Educator</td>
<td>• 100%</td>
</tr>
<tr>
<td></td>
<td>• <strong>Finding 4.</strong> Individualization of the Child</td>
<td>• 80%</td>
</tr>
<tr>
<td><strong>Research Question 2.</strong> What factors do parents perceive as important to the transition process out of preschool and into kindergarten?</td>
<td>• <strong>Finding 1.</strong> Parent Involvement and Advocacy is Important</td>
<td>• 95%</td>
</tr>
<tr>
<td></td>
<td>• <strong>Finding 2.</strong> Knowing Special Education Law and Parent Rights</td>
<td>• 95%</td>
</tr>
<tr>
<td></td>
<td>• <strong>Finding 3.</strong> Understanding Family Culture and Dynamics</td>
<td>• 90%</td>
</tr>
<tr>
<td><strong>Research Question 3.</strong> What supports and barriers do parents of children with special education needs experience during the transition process out of preschool into kindergarten?</td>
<td>• <strong>Finding 1.</strong> Supports Experienced during Transition</td>
<td>• (a) Regional Center/Care Parent Network</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• (b) SEN team availability,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• (c) Support of children’s needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• (d) SEN team takes initiative</td>
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<td></td>
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<td>• (e) Participation is encouraged</td>
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<td></td>
<td></td>
<td>• (f) Included in the decision- making</td>
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<td></td>
<td></td>
<td>• (g) SEN team builds relationships</td>
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<td></td>
<td></td>
<td>• (h) Staff trusts judgment and suggestions of parents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Emotional support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• (j) Trainings/workshops for families</td>
</tr>
</tbody>
</table>
### Finding 2. Barriers Experienced during Transition

- (a) Children being categorized/labeled
- (b) Being dismissed
- (c) Parent lack of understanding the educational language
- (d) Educators not understanding family culture and dynamic program to school district
- (f) Educators not being upfront
- (g) Staff lacks empathy and patience
- (h) Parent fear and acceptance of diagnosis
- (i) IEP process is lengthy
- (j) Staff lacking proper skills

### Research Question 4.
To what extent do parents of preschool children with special education needs perceive that the early education program is meeting their needs during the transition process?

| Finding 1. Positive Experiences | 98% |
| Finding 2. Challenging and Discouraging Experiences during Transition | 10% |

Most of the responses reflect that the participants experienced a positive transition experience. In addition, it is likely that participants indicated there were problems encountered in the process that provide insights that can be used to improve the transition process. The researcher identified that there was a connection between research questions one, two, and three. The findings related to those research questions support the importance of communication and collaboration or the lack thereof. The findings also indicated that communication and collaboration are not only an expectation but a strong need that is important to the success of the transition planning process.
The study further identified supports and barriers perceived by parents and compared them to the S. deFeur’s research-based strategies. The supports and barriers findings matched with all 10 of the strategies, indicating a connection between his transition study conducted with the K-12 special needs student population and the preschool related population within this study. Further, one of the findings for Supports and three findings for Barriers did not match with any of S. deFeur’s strategies. This discrepancy in the results reveals additional factors that are important to parents of SEN students as they transition from preschool to elementary school.

Demographic data was also collected in this study that indicated the parent participants were all college educated and that most were currently employed. It is unknown whether a different subset of less educated and unemployed head start parents would provide similar responses. There were no relationships detected between the demographic information and the findings related to the research questions.

Chapter V presents a summary of the major findings associated with Chapter IV, conclusions resulting from the findings, implications of actions (recommendations for further action), recommendations for further research, and concluding remarks and reflections from the researcher.
CHAPTER V: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The need for stronger transition planning practices for families of children with special education needs has become increasingly urgent as early education (EE) programs and school districts attempt to support families and children that are in their care (Podvey et al., 2012).

Chapter I of this study provided the educational context and introduction for the research study. Special education laws that have supported the transition discussion for families surrounding the rights of families of young children with special needs are the Individual with Disabilities Act (IDEA), The American Disability Act (ADA), and No Child Left Behind (NCLB). These laws provide an additional accountability system for EE programs and school districts that provide Special Education transition services. As a result of the laws, services can be strengthened and every student can have access to the highest standards of quality education (Yell & Dragsyow, 2005).

Current special education practices do not efficiently support the transition process, which leaves many children and families without a solid foundation to begin with. Additionally, little is known about parent perspectives and expectations, as well as the pressing need for parents to be better informed and involved in order to experience seamless transition and stronger parent/educator relationships (Schiska, 2011). This can be achieved through ongoing communication and collaboration between families and schools. Furthermore, respect of family culture, dynamics, and values facilitates effective communication and strengthens parent perspective (Hinjosa et al., 2011). This study sought to identify parent perspective and expectations in order to better understand the transition planning processes from EI/preschool to kindergarten. A review of the
literature reveals there is limited research in the area of understanding parent perspective and expectations at the early education level.

Chapter V provides a summary of the research study regarding parents’ perspective and expectations of their child with special needs transition process in association with the reported data from Chapter IV, the related literature, and synthesis matrices. The major findings for each research question are summarized. The major findings are followed by the conclusions, the implications for action, and recommendation for further action. Lastly the chapter is concluded with remarks and reflections.

Purpose

The purpose of this study was to identify and describe parental expectations and perspectives as they relate to their children with special education needs during the transition from early intervention/preschool to kindergarten. In addition, it was the purpose of this study to determine to what extents parents perceive schools support them during and through the transition process.

Research Questions

The following research questions were used to guide this study:

1. What expectations do parents of preschool children with special education needs have regarding transition planning?
2. What factors do parents perceive as important to the transition process out of preschool and into kindergarten?
3. What supports and barriers do parents of children with special education needs experience during the transition process out of preschool into kindergarten?

4. To what extents do parents of preschool children with special education needs perceive that the early education program is meeting their needs during the transition process?

**Methodology**

This study utilized a qualitative methodology approach to identify and describe parental expectations and perspectives related to their children with special education needs, during the transition process from Early Intervention (EI)/preschool into kindergarten. Qualitative research was conducted through one on one semi-structured/open-ended interviews. The results were presented as discussion of trends and/or themes based on words, not statistics (Patten, 2009). The detailed information gained throughout the interviews, observations, and field notes supported the researcher’s decision to use a qualitative approach.

A one-on-one interview method was used to gather qualitative data for this study, which will add to the body of knowledge surrounding parent perspective and expectation, specifically the strengthening of the transition planning process through EI/preschool to kindergarten. Data collected in this descriptive study were analyzed in three stages, phase one: pre-interview demographic questionnaire, phase two: one-on-one interview questionnaire, and phase three: closing remarks.

The Contra Costa Community Service Bureau/First Baptist Head Start programs within Contra Costa County were contacted by phone and email and were asked for
permission to gain access to third year transition preschool parents and first year promoted to kindergarten parents.

**Population**

The population for interview participants were parents of SEN preschool students selected from The Contra Costa Community Service Bureau/First Baptist Head Start programs in Contra Costa County. Participants selected for this study consisted of parents of third year SEN preschool students preparing for transition and first year SEN students who were promoted to kindergarten within the surrounding communities of Antioch, Pittsburg, Martinez, Richmond, and Concord, CA of Contra Costa County. The set of requirements used to select the parent participants were

1. Participants must be a parent of a child who is or was enrolled in the Head Start preschool program;
2. Parents whose children have been promoted from Head Start Program to kindergarten;
3. The preschool or kindergarten student must have an existing IEP;
4. The students must be receiving special education services within Contra Costa County.

**Sample**

This study used purposeful sampling of parents of third year preschool and first year promoted Head Start students from Contra Costa County Head Start programs. Permission was solicited from program bureau director and board of directors in Concord and Pittsburg, CA. Two mental health/disabilities specialists within each program were asked to identify 300 families who held existing individualized education plans (IEPs)
based on eligibility criteria specified in the Head Start Performance Standards. The sample size was 10 percent of the population, resulting in 30 participants. More than 30 families responded and due to that response rate the research computer program “Research Randomizer” was used to create a random number table that would assist in randomly choosing participants for the sample. As a result of saturation occurring during the data gathering process, the sample size for this study was adjusted, resulting in 20 participants. Based on research regarding qualitative data sampling, the researcher concluded that enough information was obtained to answer proposed research questions and meet the required number amount to be considered a sufficient sample (Siegle, 2002). Further, Dr. Jeffrey Lee, a qualitative research expert at Brandman University, agreed that 20 participants comprised a sufficient sample size for the study.

Major Findings

A summary of key findings that emerged from the data analysis in Chapter IV are presented below. The findings resulted from the Interview data and are organized by the four research questions.

Interview Data

Research question 1. “What expectations do parents of preschool children with Special Education needs have regarding transition planning?” Parents were asked to provide their perspective and identify their expectations of the Special Education transition planning process.

The four findings related to the research question were (1) The parent is the child’s first teacher. One hundred percent of the parents identified that they desired to be heard and acknowledged as their child’s first teacher. Parents expressed that their personal
knowledge of their children’s capabilities was essential to the transition planning process and it was important for the SEN team to recognize the everyday activities/tools they used with their children at home to build those capabilities. Parents also communicated that they did not want their role as their child’s “first teacher” to be unrecognized. (2)

*Communication between the parent and the educator.* One hundred percent of parents believed that continued communication supports the “whole family,” meaning parent and child. Participants indicated uninformed parents cannot participate fully in their child’s Special Education process. Participants also indicated that clear communication goals described within the IEP increases family engagement. (3) *Collaboration between parent and educator.* One hundred percent of parents indicated collaboration provides clarity during the transition planning process. Participants indicated that collaboration allows parents to become highly involved in the intricacies of the transition process and learn how to support their child’s success in and out of the transition. Participants also stated that their parental knowledge would assist educators in better understanding and implementing the strategies that were more effective for each child. In addition, parents indicated collaboration creates an opportunity to learn more about the school’s practices and Special Education service options. (4) *Individualization of the child.* Eighty percent of the parents desired a more individualized approach to their children and less categorization of their children’s diagnoses, through the identification of unique developmental characteristics and needs. Participants indicated that recognition of the physical condition and educational progression of each child can assist schools in developing individual goals and potential successes for children. Twenty percent of the
parents expressed how placing their children in the general education environment would add a sense of diversity to the classroom environment.

**Research question 2.** “What factors do parents perceive as important to the transition process out of preschool and into kindergarten?” Participants had strong agreement that clustered around three themes related to research question 2. The interviews resulted in agreement among the participants for three findings related to the importance of the transition process: (1) *Parent involvement and advocacy is important.* Ninety-five percent of participants indicated that they desire to play active roles in the transition planning process and that parent involvement makes a significant difference in the outcomes of the process. Participants further indicated continued involvement and advocacy generated positive outcomes. Active involvement was perceived to provide greater continuity of services, higher levels of satisfaction, and effective strategies for addressing concerns. Participants also indicated that becoming an advocate for their child assists them in staying ahead of the process. Advocacy was perceived as helping parents in guiding the decisions regarding their children. Interestingly, participants indicated that their personal involvement has prepped them to become advocates for parents who otherwise would not speak up. (2) *Knowing special education law and parent rights.* Ninety-five percent of participants stressed the importance of becoming familiar with special education law and parent rights. Participants indicated that laws and rights were explained to them, but they found themselves conducting personal research to assure full understanding of the laws and rights associated with special education services, which allowed them to advocate for their children. Participants indicated that although overwhelming, the benefits to families is greater when families are well-read in
the applicable laws and their corresponding rights. (3) Understanding family culture and dynamics. Ninety-five of participants indicated that understanding of family culture and dynamics is important. Specifically, they reported: (a) understanding family and cultural dynamics is a priority in order to better serve families; (b) educators should take the time to embrace the cultural dynamics; (c) each family is unique in their own way; and (d) understanding of family culture and dynamics is an important factor in how parents will behave and interact, and how empathetic the educator will be during the transition process.

Research question 3. “What supports and barriers do parents of children with special education needs experience during the transition process out of preschool into kindergarten?” All of the participants described distinct supports and barriers. Below the supports and barriers are listed in ranked order, from highest number of participant responses to lowest (Tables 3 and 4).

Table 4

Research Question 3: Supports Parents Experienced

<table>
<thead>
<tr>
<th>Supports</th>
<th>Participant Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regional Center/ Care Parent Network Support</td>
<td>8</td>
</tr>
<tr>
<td>m. SEN team availability</td>
<td>7</td>
</tr>
<tr>
<td>n. Support of children’s needs</td>
<td>6</td>
</tr>
<tr>
<td>o. SEN team takes initiative with families</td>
<td>5</td>
</tr>
<tr>
<td>p. Participation is encouraged</td>
<td>5</td>
</tr>
<tr>
<td>q. Included in the decision-making</td>
<td>4</td>
</tr>
<tr>
<td>r. SEN team builds relationships with families</td>
<td>3</td>
</tr>
<tr>
<td>s. Staff trusts judgment and suggestions of parents</td>
<td>3</td>
</tr>
<tr>
<td>t. Emotional Support</td>
<td>3</td>
</tr>
<tr>
<td>u. Trainings/workshops for families</td>
<td>2</td>
</tr>
<tr>
<td>v. Receive support from school admin/leadership</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>48</td>
</tr>
</tbody>
</table>
Table 5

*Research Question 3. Barriers Participants Experienced*

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Participant Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>l. Children being categorized/labeled</td>
<td>7</td>
</tr>
<tr>
<td>m. Being dismissed</td>
<td>6</td>
</tr>
<tr>
<td>n. Parent lack of understanding the educational and legal language</td>
<td>6</td>
</tr>
<tr>
<td>o. Educator not understanding family culture and dynamic</td>
<td>4</td>
</tr>
<tr>
<td>p. Losing services from program to school district</td>
<td>3</td>
</tr>
<tr>
<td>q. Educators not being upfront</td>
<td>3</td>
</tr>
<tr>
<td>r. Staff lacks empathy and patience</td>
<td>3</td>
</tr>
<tr>
<td>s. Parent fear and acceptance of diagnosis</td>
<td>2</td>
</tr>
<tr>
<td>t. IEP process is lengthy</td>
<td>2</td>
</tr>
<tr>
<td>u. Staff lacking proper skills</td>
<td>2</td>
</tr>
<tr>
<td>v. TOTAL</td>
<td>45</td>
</tr>
</tbody>
</table>

After detailed review of the interview data, the researcher realized that 65 percent of the supports experienced during the transition planning processes were related to preschool third year parents and 35 percent of the barriers experienced were related to elementary transition first year promoted parents. Also from participant responses, it was apparent, due to the content and tone of the conversation, that barriers caused emotional distress during the transition process. The parents described that at such an early stage many families are still trying to put into perspective the diagnosis of their child and how they will navigate through the intricacies of the transition process.

Providing further insight and perspective to the data, the researcher compared the supports and barriers to S. deFur’s (2012) strategies that contribute to strong support systems between parents of children with special education needs and SEN teams. Table 6 lists S. deFur’s strategies and the alignment with the supports and barriers provided by
study participants. Table 6

*S. deFur's Strategies in Comparison to Participant Responses*

<table>
<thead>
<tr>
<th>S. deFur’s Strategies</th>
<th>Supports Experienced</th>
<th>Barriers Experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Student and family centered</td>
<td><strong>Finding 1b.</strong> SEN teams being available and meeting needs. <strong>Finding 1c.</strong> SEN teams supportive and attentive <strong>Finding 1i.</strong> Receiving strong emotional support from SEN teams <strong>Finding 1j.</strong> Families provided with trainings and workshops</td>
<td><strong>Finding 2a.</strong> Children being categorized or labeled</td>
</tr>
<tr>
<td>12. Develop shared vision for transition outcomes</td>
<td><strong>Finding 1f.</strong> Families being included in the decision making</td>
<td><strong>Finding 2b.</strong> Parents thoughts, suggestions, and ideas being dismissed</td>
</tr>
<tr>
<td>13. Being culturally responsive</td>
<td><strong>Finding 1g.</strong> SEN teams building meaningful relationships</td>
<td><strong>Finding 2d.</strong> SEN teams not understanding the importance of family culture and dynamic</td>
</tr>
<tr>
<td>14. Communicating proactively</td>
<td><strong>Finding 1h.</strong> Staff trusting parent judgments and suggestions</td>
<td><strong>Finding 2c.</strong> Parents lacking understanding in education and legal language <strong>Finding 2f.</strong> Educators not always being upfront</td>
</tr>
<tr>
<td>15. Being caring and committed</td>
<td><strong>Finding 1c.</strong> SEN teams supportive and attentive</td>
<td><strong>Finding 2g.</strong> Staff lacks empathy and patience</td>
</tr>
<tr>
<td>16. Giving choice and voice to all parties</td>
<td><strong>Finding 1e.</strong> Parent participation is encouraged</td>
<td><strong>Finding 2a.</strong> Children being categorized or labeled</td>
</tr>
<tr>
<td>17. Facilitating creative problem solving</td>
<td><strong>Finding 1d.</strong> SEN teams take the initiative</td>
<td></td>
</tr>
<tr>
<td>18. Offering helpful connections</td>
<td><strong>Finding 1a.</strong> Regional Center and Networks instrumental in helping parents understand their path</td>
<td><strong>Finding 2e.</strong> Concern regarding children losing services from preschool to kindergarten</td>
</tr>
<tr>
<td>19. Taking action on decisions</td>
<td><strong>Finding 1d.</strong> SEN teams take the initiative <strong>Finding 1f.</strong> Families</td>
<td><strong>Finding 2h.</strong> Parents reluctant to accept diagnosis of child.</td>
</tr>
</tbody>
</table>
The findings are reflected throughout 10 of the strategy areas of S. deFur’s (2012) model. Under both supports and barriers, it is noted that some of the findings related to one or more of the strategies. Four of the findings for supports and barriers are not referenced in comparison to S. deFur’s strategies. This discrepancy in the results reveals additional factors that are important to parents of students with special education needs as they transition from preschool to elementary.

**Research question 4.** “To what extents do parents of preschool children with special education needs perceive that the early education program is meeting their needs during the transition process?” Two themes emerged from the data related to Research Question 4. (1) *Positive transition planning experiences.* Ninety-five percent of participants indicated they had a positive transition planning process experience and that their needs had been met. Participants also indicated that they did not experience challenges and that the overall experience was positive. Although challenges were expected by participants, they were surprised that these challenges were not encountered. (2) *Challenging and discouraging transition planning experience.* Two participants indicated that their needs were not fully met due to negative experiences. The researcher also discovered that 18 of the positives experienced were related to preschool third year parents and two of the challenges experienced were related to elementary transition first year promote parents.
Demographic Data

Demographic data were also collected in this study that indicated the participants were college educated and most were gainfully employed. This is contrary to the stereotypical view of some of the general public regarding Head Start families as being uneducated and unemployed. It is unknown whether a subset of less educated and unemployed Head Start parents would provide similar responses. There was no relationship discovered between the demographic information and the findings related to the research questions.

Conclusions

The goal of this study was to describe parental expectations and perspectives as they relate to their children with special education needs during transition from EI/preschool to kindergarten. In addition, this study was designed to determine the extent to which parents perceive that schools support them during the transition planning process. A variety of perceptions and expectations were expressed by the twenty participants in the study, which resulted in findings relevant to the transition planning process. The following conclusions can be made regarding the findings of this study:

1. When educators respect parents as the child’s first teacher, the parent feels acknowledged and respected and a stronger collaborative relationship is formed. An environment that respects the parent as the child’s first teacher is essential to the process. Whereas parents are most familiar with their child, there is a need to have the opportunity to provide insight and suggestion as to what best for their child. Opportunities can be given to parents, by EE programs and school
districts, to provide training to educators that familiarize educators with the values taught and developmental tools utilized in the home environment.

2. If communication and collaboration are the focus of educators planning and conducting the transition process, then informed parents become motivated parents who then become advocates for their children and the families who would not otherwise have the courage to speak up for their rights and the specialized services their children deserve. In addition, communication and collaboration encourage parents and educators to form shared values and a team approach in support of the child.

3. When educators employ an individualized approach to the transition of each child, then the “one-size-fits-all” practices often experienced by parents in elementary schools can be dissolved creating an environment that is free of incomplete or erroneous services. Educator recognition of the physical and educational growth of each child and how this could assist schools in developing goals and successes from an individual standpoint and not a categorical standpoint are critical to the transition planning process. Consideration of the uniqueness of a child builds common understanding of their special needs and leads to services designed to specifically help the child’s growth and development.
4. When parents are involved in the transition planning process, stronger child outcomes are achieved and parent/educator relationships are fostered. Parent involvement in the planning process and the development of the IEP plays an intricate role in the success of a child’s transition process and allows the parent to stay ahead and well-informed of the process as well as build upon their advocacy skills. Regularly meeting with the teachers and volunteering in the classrooms also sets a strong example that parents desire to be completely involved in their child’s educational and transition planning process.

5. Parents who are empowered to advocate for their children during the transition planning process obtain specific services for their children as well as become highly involved in other aspects of the decision-making process. In addition, parent advocacy encourages parents to advocate for other families that may not have the courage to speak up for their own rights.

6. It is essential for parents to understand education law and parent rights. Providing parents with the correct knowledge of appropriate transition planning process practices, guarantees that optimal services will be obtained. The SEN transition planning teams play an important role in supporting the parents’ ability to understand the related laws and rights, which create an environment of trust, improved services, and enhanced child outcomes. Thus, learning the special education laws
and their related rights will empower parents to be a positive influence and an effective partner with educators in the transition planning process.

7. Educators who invest time to understand family culture and dynamics, helps to improve the transition planning process and makes the process more inviting to parents. Understanding the practices, behaviors, and attitudes of a family allows a stronger partnership to occur between parent and educator. For these reasons, educators actively working with families and allowing them to express their individual opinions and values can create an amicable environment during the transition planning process.

8. Recognition of potential supports and barriers that parents may perceive during the transition planning process can assist educators to effectively meet the needs of SEN parents and their children. Putting supports and barriers into perspective can assist parents and educators in prioritizing what is most important and also threatening to the success of the transition planning process. In addition, further development of support strategies will aid SEN teams in developing stronger and more complementary special education services to families and their children.

9. When parents experience positive transition experiences, trust factors are formed between parent and educator. Although challenges are expected, positive transition experiences can reassure parents that the
best decisions are being made regarding their children. As a result, the next phase of their child’s transition process will receive the mutual support of both parent and educator. Therefore, both educators and parents must share responsibility for creating a positive transition planning process and promoting the ultimate success of the child.

10. Preschool/school district educators can better engage parents in the transition planning process, when they understanding the supports and barriers that enable or impede the process.

11. Preschool participants had positive experiences during the transition planning process, but elementary participants encountered several challenges during the transition planning process. The findings emphasized that the support systems changed drastically from preschool to elementary. Parents perceived that the preschool supported them differently than they experienced upon transitioning to the elementary level. Most importantly, educators from both levels will learn from each other, in partnership with parents, regarding how to improve the transition planning experience.

12. Parents who receive the support of the regional center and other key stakeholders can be assured improvement in the process providing confidence that every resource is being employed to assist their children. Accordingly, regional centers must continue the same practices to ensure optimal support of SEN families.
Parents who are systematically involved in the transition planning process are more likely to obtain the necessary and timely services for their children and avoid dismissal of their concerns and opinions. The desire to be actively involved is taking new shape in special education transition. Educators and schools must make sure that parents are systematically involved in meaningful ways throughout the transition planning process.

**Implications of Actions**

The following points out the implications for actions in fulfilling parent perspective and expectation of the transition process. Programs and school districts have a responsibility to meet the needs of families and children with special education needs during the transition planning process. Commitment to the implementation of defined and quality transition planning services can eliminate the possibility of EE programs/schools districts falling short and failing the children they serve as they move from pre-school to elementary school. The recommendations for actions are:

1. EE programs and school districts must recognize the importance and value of the connection the parent has with their child as that child’s first teacher and be open to adopting and introducing some of the tools and developmental skills that are used in the home environment into the special education transition planning process environment.

2. Preschool programs must prepare parents to become more effective advocates. Training parents in the laws and regulations using specified models will assist them in better understanding their roles. In addition, school
districts must recognize and take the time to understand and learn from the preschool programs in order to incorporate the same approach.

3. School districts must restructure their approach to the special education transition planning process to create better interactions between parent and educator resulting in seamless transition from pre-school to elementary school. It is as simple as revising or creating new policies and procedures as to how the process begins and how it needs to end. EE programs and school districts must be open to the fact that the smallest change will make the biggest impact. EE programs and school districts must create regular opportunities for parents and educators to come together to design and/or revise individual education plans that will best suit the child and avoid processing cookie-cutter plans and the labeling of children. Regular meetings will build the knowledge and confidence of parents as they enter and navigate through the transition planning process.

4. Educators benefit from establishing environments that welcome more communication and collaboration between parent and educators. Many parents will no longer feel dismissed or unheard when educators begin to exercise more patience with each family and child that they service. This type of collaboration creates understanding, aligns common interest and expectations, fosters change when necessary, and creates cohesion that produces measurable results for the child.

5. Special educators must recognize the importance of extended family and must also remember how family dynamic and cultural perspective can impact how
EE programs and school districts define a successful transition from early education to adulthood (Hinojosa et al., 2011). Respecting family dynamics and culture creates trust, opens the door for more effective communication, and strengthens parent perspective. Cultural and linguistic understanding is an important piece within special needs education and the transition planning process and must be considered by educators. EE programs and school districts will bridge the gap through the provision of training and technical assistance to staff to enrich their understanding of the importance of connecting with family culture and dynamics and how it can enrich the transition planning process.

6. Local education agencies, regional centers, and care parent networks that support the parent will assist in bridging the gap between parent and educator by providing additional resources that will contribute a coordinated set of actions to ensure children with special education needs receive timely service and their families receive materials to meet their needs (provided at parent meetings/workshops or mailed through internal and external mail systems). In addition programs and districts must meet certain programmatic requirements that include student and family program services designed to boost child outcomes and performance, support coordination of services and needs assessments, introduce external supplemental services, and most importantly help parents feel confident about school choice.

7. Special education educators need to recognize that all children and their families are different. Educators need to broaden their approach and
perspective, to see that each child with a developmental disability is unique and by spending more time with the children and getting to know each one, educators will realize that children with special needs are not one subject in a book. Educators must notice that parents are smarter than they think despite their socio-economic status and they must not underestimate parents’ ability to comprehend and function through the transition process. If actions are not taken to improve transition planning processes, the societal impact will be SEN children who so richly deserve targeted services will slip through the system undetected and/or unprotected.

**Recommendations for Further Research**

Findings from this study suggest the following recommendations to expand further research:

1. Conduct a replication study in a different county, city or state to determine if the same parent sentiment is shared regarding early childhood special education transition.

2. Conduct a study to determine if special education educators would benefit from more professional development opportunities in order to better serve families in their programs.

3. Conduct a study to determine if restructuring of a special education program service area is necessary to support an environment that would facilitate more effective special education transition processes for preschool and kindergarten children.
4. Conduct a replication study to determine if there would be a difference in findings from parents in a higher socio-economic status bracket who are enrolled in private “for-profit” EE programs.

5. Conduct a study to determine if EE programs and school districts are following the required guidelines of Special Education Law.

6. Conduct a study about how supports and barriers effect the transition planning process.

7. Conduct a replication study to determine if there would be a difference in findings from parents with lower educational levels and who were unemployed.

8. Conduct a study about the role of the Regional Centers and how they impact the transition planning process.

9. Conduct a replication study to determine whether there would be a difference in findings with school districts serving parents from middle school and high school.

                Conduct a study to determine if practicing Special Education teams share the same or opposing perceptions as parents.

**Concluding Remarks and Reflections**

The special education transition planning process has shifted in the last 10 years, and this shift has resulted in some practices that are or are not favorable to children and their families. With programs and school districts facing limited, special education services for families due to bureaucracy, lack of man power, limited resources, and limited time, children that are in need of specialized services past preschool are more liable to be undetected or parents are just told that their child will grow out of it. According to Gerstein, Keating, Yovanoff, and Harris (2001):
The current emphasis on educator accountability and high expectations for individuals with exceptionalities continues to make imperative that all special educators are well-prepared, career oriented professionals with the conditions that allow them to provide children with exceptional needs and their families with the most effective intervention services.

Most parents are dedicated to making sure that their children receive what is best for their progress and have been very fortunate in achieving successful transition services through the preschool program. However as I conducted this study, I recognized that there is a substantial amount of frustration in how it needs to be improved to meet the needs of children with developmental disabilities. The findings confirmed some of my beliefs about current practices within special education and how they could be improved. It also can create a dialogue around the need for more parent involvement and seamless transition practices. With the influx of Special Education children in early childhood education, the call for reform has begun and will continue until practices improve.

As I sat and listened to these stories, I could feel their joy, I could see and feel their pain and anger due to what these parent experienced. Each of these participants developed strength as they shared their stories of triumphs and struggles. These honest and detailed stories expressed by the parents have sparked conversation and have provided credible evidence that changes need to be made to the process. Educators must now take the time to listen to these stories and apply the suggestions to foster improvement to the special education transition planning process. I strongly believe that if the suggestions presented in this study are carried out, the satisfaction rate among
parents will begin to climb and EE program and school district practices will not continue to be challenged.

I have spent the last ten years as the Executive Director to a Head Start program and I can attest to some of the difficulties that our parents face when trying to receive services outside of Head Start from the school districts. My experience is that most parents are dedicated to making sure that their children receive what is best for their progress and have been very fortunate in achieving successful transition services. However there is a substantial amount of frustration of how that process goes and how it needs to be improved to meet the needs of children with development disabilities. This study provided findings and recommendations for improved practices to support the perspectives and expectations of parents of children with special education needs who are transitioning from EI/preschool to kindergarten. My hope is that this study will lead to the beginning of new approaches and new practices that lead to the provision of seamless transition planning services.

**Parent Quote:**

*I just want to say again, that I am super excited about this topic of discussion. The fact that emphasis is placed on the expectation and perspective of the parent provides me with reassurance that improvements and changes can be made. Normally we, meaning parents of special education children, do not get asked these types of questions. Today, I felt like my voice was heard and my opinion of the process matters! Thank you so much for doing what you do and creating a platform for parents to speak on.* (Participant 10)
References


Categories of Disability Under IDEA (2012)


*Research and Practice for Persons With Severe Disabilities, 33*(3), 100-102.


Tomasello, N. M. (2011). *Examining the impact of early intervention, parent involvement and family characteristics on preschool special education student outcomes over time.* Retrieved from ProQuest. (UMI No. 3495232)


APPENDIX A

Part 1308- Head Start Performance Standards on Services for Children with Disabilities

Subpart G—Parent Involvement Performance Standards

1308.21 Parent participation and transition of children into Head Start and from Head Start to public school.

APPENDIX TO PART 1308—HEAD START PROGRAM PERFORMANCE STANDARDS ON SERVICES TO CHILDREN WITH DISABILITIES

AUTHORITY: 42 U.S.C. 9801 et seq.

SOURCE: 58 FR 5501, Jan. 21, 1993, unless otherwise noted.

This appendix sets forth guidance for the implementation of the requirements in part 1308. This guidance provides explanatory material and includes recommendations and suggestions for meeting the requirements. This guidance is not binding on Head Start grantees or delegate agencies. It provides assistance and possible strategies which a grantee may wish to consider. In instances where a permissible course of action is provided, the grantee or delegate agency may rely upon this guidance or may take another course of action that meets the applicable requirement. This programmatic guidance is included as an aid to grantees because of the complexity of providing special services to meet the needs of children with various disabilities.

Section 1308.4 Purpose and scope of disabilities service plan

Guidance for Paragraph (a)

In order to develop an effective disabilities service plan the responsible staff members need to understand the context in which a grantee operates. The Head Start program has operated under a Congressional mandate, since 1972, to make available, at a minimum, ten percent of its enrollment opportunities to children with disabilities. Head Start has exceeded this mandate and serves children in integrated, developmentally appropriate programs. The passage of the Individuals With Disabilities Education Act, formerly the Education of the Handicapped Act, and its amendments, affects Head Start, causing a shift in the nature of Head Start's responsibilities for providing services for children with disabilities relative to the responsibilities of State Education Agencies (SEA) and Local Education Agencies (LEA).

Grantees need to be aware that under the IDEA the State Education Agency has the responsibility for assuring the availability of a free appropriate public education for all children with disabilities within the legally required age range in the State. This responsibility includes general supervision of educational programs in all agencies, including monitoring and evaluating the special education and related services to insure
that they meet State standards, developing a comprehensive State plan for services for children with disabilities (including a description of interagency coordination among these agencies), and providing a Comprehensive System for Personnel Development related to training needs of all special education and related service personnel involved in the education of children with disabilities served by these agencies, including Head Start programs.

Each State has in effect under IDEA a policy assuring all children with disabilities beginning at least at age three, including those in public or private institutions or other care facilities, the right to a free appropriate education and to an evaluation meeting established procedures. Head Start is either:

- The agency through which the Local Education Agency can meet its obligation to make a free appropriate public education available through a contract, State or local collaborative agreement, or other arrangement; or
- The agency in which the family chooses to have the child served rather than using LEA services.

Regardless of how a child is placed in Head Start, the LEA is responsible for the identification, evaluation and provision of a free appropriate public education for a child found to be in need of special education and related services which are mandated in the State. The LEA is responsible for ensuring that these services are provided, but not for providing them all. IDEA stresses the role of multiple agencies and requires their maintenance of effort.

The Head Start responsibility is to make available directly or in cooperation with other agencies services in the least restrictive environment in accordance with an individualized education program (IEP) for at least ten percent of enrolled children who meet the disabilities eligibility criteria. In addition, Head Start continues to provide or arrange for the full range of health, dental, nutritional, developmental, parent involvement and social services provided to all enrolled children. Head Start has a mandate to recruit and enroll income-eligible children and children with disabilities who are most in need of services and to coordinate with the LEA and other groups to benefit children with disabilities and their families. Serving children with disabilities has strengthened Head Start's ability to individualize for all children. Head Start is fully committed to the maintenance of effort as required for all agencies by the IDEA and by the Head Start Act (Section 640(a) (2) (A)). Head Start is committed to fiscal support to assure that the services which children with disabilities need to meet their special needs will be provided in full, either directly or by a combination of Head Start funds and other resources.

These Head Start regulations facilitate coordination with the IDEA by utilizing identical terms for eligibility criteria for the most part. However, Head Start has elected to use the term ``emotional/behavioral disorder” in lieu of “serious emotional disturbance,” which is used in the IDEA, in response to comments and concerns of parents and professionals.
Children who meet State-developed criteria under IDEA will be eligible for services from Head Start in that State.

In order to organize activities and resources to help children with disabilities overcome or lessen their disabilities and develop their potential, it is essential to involve the education, health, social services, parent involvement, mental health and nutrition components of Head Start. Parents, staff and policy group members should discuss the various strategies for ensuring that the disabilities service plan integrates needs and activities which cut across the Head Start component areas before the plan is completed.

Advance planning and scheduling of arrangements with other agencies is a key factor in assuring timely, efficient services. Local level interagency agreements can greatly facilitate the difficult tasks of locating related service providers, for example, and joint community screening programs can reduce delays and costs to each of the participating agencies.

Guidance for Paragraph (b)

The plan and the annual updates need to be specific, but not lengthy. As changes occur in the community, the plan needs to reflect the changes which affect services.

Guidance for Paragraph (c)

Grantees should ensure that the practices they use to provide special services do not result in undue attention to a child with a disability. For example, providing names and schedules of special services for children with disabilities in the classroom is useful for staff or volunteers coming into that classroom but posting them would publicize the disability of the individual children.

Guidance for Paragraph (d)

Staff should work for the children's greater independence by encouraging them to try new things and to meet appropriate goals by small steps. Grantees should help children with disabilities develop initiative by including them in opportunities to explore, to create, and to ask rather than to answer questions. The children need opportunities to use a wide variety of materials including science tools, art media and costumes in order to develop skills, imagination and originality. They should be included on field trips, as their experience may have been limited, for example, by an orthopedic impairment.

Just as a program makes available pictures and books showing children and adults from representative cultural, ethnic and occupational groups, it should provide pictures and books which show children and adults with disabilities, including those in active roles.

Staff should plan to answer questions children and adults may have about disabilities. This promotes acceptance of a child with disabilities for him or herself and leads to treating the child more normally. Effective curricula are available at low cost for helping
children and adults understand disabilities and for improving attitudes and increasing knowledge about disabilities. Information on these and other materials can be obtained from resource access projects contractors, which offer training and technical assistance to Head Start programs.

There are a number of useful guides for including children with disabilities in regular group activities while providing successful experiences for children who differ widely in developmental levels and skills. Some of these describe activities around a unit theme with suggestions for activities suitable for children with different skill levels. Staff need to help some children with disabilities move into developmentally appropriate play with other children.

Research has shown the effectiveness of work in small groups for appropriately selected children with disabilities. This plan allows for coordinating efforts to meet the needs of individual children as listed in their IEPs and can help focus resources efficiently.

If a deaf child who uses or needs sign language or another communication mode is enrolled, a parent, volunteer or aide who can use that mode of communication should be provided to help the child benefit from the program.

In order to build the language and speech capabilities of many children with disabilities who have communication problems, it has been found helpful to enlist aides, volunteers, cooks, bus drivers and parents, showing them how to provide extra repetition and model gradually more advanced language as children improve in their ability to understand and use language. Small group activities for children with similar language development needs should be provided regularly as well as large group language and listening games and individual help. Helping children with intellectual delays or emotional problems or those whose experiences have been limited by other disabilities to express their own ideas and to communicate during play and throughout the daily activities is motivating and can contribute greatly to their progress.

**Guidance for Paragraph (e)**

The Disabilities Service Coordinator should possess a basic understanding of the scope of the Head Start effort and skills adequate to manage the agency to serve children with disabilities including coordination with other program components and community agencies and work with parents.

**Guidance for Paragraph (f)**

For non-verbal children, communication boards, computers and other assistive technology devices may be helpful. Technical assistance providers have information on the Technology Related Assistance for Individuals with Disabilities Act of 1988, 29 U.S.C. 2201 et seq. States are funded through this legislation to plan Statewide assistive technology services, which should include services for young children. Parents should be
helped to understand the necessity of including assistive technology services and devices in their child's IEP in order to obtain them.

The plan should include any renovation of space and facilities which may be necessary to ensure the safety of the children or promote learning. For example, rugs or other sound-absorbing surfaces make it easier for some children to hear stories or conversation. Different surfaces on floors and play areas affect some children's mobility.

45 CFR Part 84, Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance which implements the Rehabilitation Act of 1973 and the Americans with Disabilities Act require that all Federally assisted programs, including Head Start, be accessible to persons with disabilities including staff, parents and children. This does not mean that every building or part of a building must be physically accessible, but the program services as a whole must be accessible. Structural changes to make the program services available are required if alternatives such as reassignment of classes or moving to different rooms are not possible. Information on the accessibility standards is available from RAPs or the U.S. Department of Justice, Civil Rights Division, Coordination and Review Section, P.O. Box 66118, Washington, DC 20035-6115.

Staff should ensure that children with physical disabilities have chairs and other pieces of furniture of the correct size and type for their individual needs as they grow. Agencies such as United Cerebral Palsy, Easter Seal Societies or SEAs can provide consultation on adapting or purchasing the appropriate furniture. The correct positioning of certain children is essential and requires expert advice. As the children grow, the furniture and equipment should be checked by an expert, such as a physical therapist, because the wrong fit can be harmful. Efforts should be made to use furniture sized and shaped to place children at the same level as their classmates whenever possible.

**Guidance for Paragraph (h)**

The plan should specify:

- Overall goals of the disability effort.
- Specific objectives and activities of the disability effort.
- How and when specific activities will be carried out and goals attained.
- Who will be responsible for the conduct of each element of the plan.
- How individual activities will be evaluated.

The plan should address:

- Enrollment information, including numbers of children and types of disabilities, known and estimated.
- Identification and recruitment of children with disabilities. Participation in Child Find and list of major specialized agencies approached.
- Screening.
- Developmental Assessment.
- Evaluation.
- The multidisciplinary team and its work.
- The process for developing IEPs.
- The provision of program services and related services.
- Program accessibility.
- Recordkeeping and reporting.
- Confidentiality of information.
- Any special safety needs.
- Medications.
- Transportation.
- The process for identifying and meeting training and technical assistance needs.
- Special parent involvement needs.
- Planned actions to increase the ability of staff to serve children with more severe disabilities and the number of children with more severe disabilities served.
- Transitioning of children in and out to the next program.
- Particular attention should be given to addressing ways to:
- Involve parents throughout the disability effort, and
- Work with other agencies in serving children with disabilities. It should be possible for a reader to visualize how and by whom services will be delivered. Coordination with other agencies should be described, as well as the process for developing local agreements with other agencies. The RAPs can provide samples and models for the process of developing agreements with LEAs.

**Guidance for Paragraph (j)**

Children may spend part of the program hours in Head Start for a mainstreaming experience and part in a specialized program such as an Easter Seal Society or a local mental health center. The amount of time spent in either program should be flexible, according to the needs of the individual child. All services to be provided, including those provided by collaborating agencies, should be described in the IEP. Staff of both programs should observe each other's work with the child who is enrolled and maintain good communication.

Individual services such as occupational, physical or speech therapy, staff training, transportation, services to families or counseling may be shared by Head Start and other agencies. For example, Head Start might provide equipment and transportation while a development center might provide a facility and physical therapy for a Head Start child. Some LEAs provide resource teachers while Head Start provides a developmentally appropriate program in an integrated setting.

Hiring additional staff may be necessary to meet the needs of children with severe disabilities. Hiring an aide may be necessary on a full-time, part-time, temporary or as needed basis to assist with the increased demands of a child with a severe disability. However, aides should not be assigned the major responsibility for providing direct services. Aides and volunteers should be guided and supervised by the disabilities service
coordinator or someone with special training. It is desirable to have the services of a nurse, physical therapist or licensed practical nurse available for children with severe health or physical disabilities.

Volunteers trained by professionals to work specifically with children with disabilities can provide valuable individualized support. For example, a volunteer might be trained by a physical therapist to carry out specific follow-up activities with individual children.

**Guidance for Paragraph (k)**

State standards for qualifications of staff to provide special education and related services affect Head Start's acceptance as a placement site for children who have been evaluated by an LEA. Head Start grantees, like LEAs, are affected by shortages of staff meeting State qualifications and are to work toward the goal of meeting the highest State standards for personnel by developing plans to train current staff and to hire new staff so that eventually the staff will meet the qualifications. Grantees should discuss their needs for pre-service and in-service training with SEAs during annual updates of interagency agreements for use in the planning of joint State level conferences and for use in preparation of Comprehensive State Personnel Development plans. They should also discuss these needs with LEAs which provide in-service training.

The program should provide training for the regular teachers on how to modify large group, small group or individual activities to meet the needs of children with disabilities. Specific training for staff should be provided when Head Start enrolls a child whose disability or condition requires a special skill or knowledge of special techniques or equipment. Examples are structuring a language activity, performing intermittent nonsterile catheterization, changing collection bags, suctioning, or operating leg braces. Joint training with other agencies is recommended to stretch resources and exchange expertise.

Staff should have access to regular ongoing training events which keep them abreast of new materials, equipment and practices related to serving children with disabilities and to preventing disabilities. Ongoing training and technical assistance in support of the disabilities effort should be planned to complement other training available to meet staff needs. Each grantee has the responsibility to identify or arrange the necessary support to carry out training for parents and staff.

The best use of training funds has resulted when programs carry out a staff training needs assessment and relate current year training plans to previous staff training with the goal of building core capability. Staff who receive special training should share new knowledge with the rest of the staff.

The core capability of the program is enhanced when speech, language and other therapy is provided in the regular site whenever possible. This allows for the specialist to demonstrate to regular staff and plan for their follow through. It also reduces costs and time spent transporting children to clinics and other settings. When university graduate
students are utilized to provide special services as part of their training, it is helpful to arrange for their supervisors to monitor their work. Grantees arranging for such assistance are providing a valuable internship site and it is to the university's advantage to have their students become familiar with programs on-site. Grantees should negotiate when developing interagency agreements to have services provided on-site to the greatest extent possible.

The Head Start Act, Section 648 (42 U.S.C. 9843) (a)(2), calls for training and technical assistance to be offered to all Head Start programs with respect to services for children with disabilities without cost through resource access projects which serve each region of the country. The technical assistance contractors contact each grantee for a needs assessment and offer training. While their staffs are small and their budgets limited, they are experienced and committed to meeting as many needs as they can and welcome inquiries. A brochure with names and addresses of the technical assistance providers is available from ACYF/HS, P.O. Box 1182, Washington, DC 20013.

The SEA is responsible for developing a Comprehensive System of Personnel Development. It is important that Head Start training needs be conveyed to this group for planning purposes so that all available resources can be brought to bear for staff training in Head Start. Grantees should take advantage of free or low-cost training provided by SEAs, LEAs, community colleges and other agencies to augment staff training.

Many agencies offer free training for staff and parents. An example is the Epilepsy Foundation of America with trained volunteers throughout the country. The Lighthouse of New York City has developed a training program on early childhood and vision which was field-tested in Head Start and is suitable for community agencies. Head Start and the American Optometric Association have signed a memorandum of understanding under which member optometrists offer eye health education and screening. State-funded adult education and training programs or community colleges make available parenting, child development and other courses at low or no cost. Grantees should consider the need for training in working with parents, in developing working collaborative relationships and in networking when planning training.

The disabilities coordinator needs to work closely with the education and health coordinators to provide or arrange training for staff and parents early in each program year on the prevention of disabilities. This should include the importance of observing signs that some children may have mild or fluctuating hearing losses due to middle ear infections. Such losses are often undetected and can cause problems in learning speech and language. Many children with hearing losses benefit from amplification and auditory training in how to use their remaining hearing most efficiently.

The disabilities coordinator should also work with the education coordinator to provide timely staff training on recognizing signs that some children may be at high risk for later learning problems as well as emotional problems resulting from failure and frustration. This training should address ways to help children develop the skills necessary for later
academic learning, such as following directions calling for more than one action, sequencing, sustaining attention, and making auditory and visual discriminations.

Guidance for Paragraph (l)

The RAPS can provide information on agreements which have been developed between Head Start and SEAs and between Head Start and LEAs and other agencies. Such agreements offer possibilities to share training, equipment and other resources, smoothing the transition from Head Start to public or private school for children and their parents. Some of these agreements specify cost- and resource-sharing practices. Tribal Government Head Start programs should maximize use of Bureau of Indian Affairs, LEA and Head Start funds through cooperative agreements. Indian grantees should contact ACYF for referral to technical assistance in this regard. Grantees should bear in mind that migrant children are served in the majority of States and include consideration of their special needs, including the necessity for rapid provision of special education and related services, in agreements with LEAs and other agencies.

Guidance for Paragraph (m)

In developing the plan and the budget which is a part of the grant application process, it is important to budget adequately for the number of children with disabilities to be served and the types and severity of their disabilities. The budget should reflect resources available from other agencies as well as the special costs to be paid for from Head Start funds. The Head Start legislation requires Head Start to access resources to meet the needs of all the children enrolled, including those with disabilities.

An effective plan calls for the careful use of funds. The Disabilities Services Coordinator needs to keep current with the provisions of Part B of the IDEA and the services which may be available for three through five year-old children under this Act. Coordinators also need to utilize the expanded services under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program and Supplemental Security Income program.

To assist in the development of the plan, it may be helpful to establish an advisory committee for the disability effort or to expand the scope of the health advisory committee.

Guidance for Paragraph (o)

Examples of evaluation costs which can be covered include professional assessment by the multidisciplinary evaluation team, instruments, professional observation and professional consultation. If consultation fees for multidisciplinary evaluation team members to participate in IEP meetings are not available from another source, they are allowable expenditures and need to be provided to meet the performance standards.

Many children with disabilities enrolled in Head Start already receive services from other agencies, and grantees should encourage these agencies to continue to provide services.
Grantees should use other community agencies and resources to supplement services for children with disabilities and their families.

By planning ahead, grantees can pool resources to schedule the periodic use of experts and consultants. Grantees can time-share, reducing travel charges and assuring the availability of scarce expertise. Some LEAs and other agencies have enabling legislation and funds to contract for education, health, and developmental services of the type Head Start can provide. Grantees can also help increase the amount of preschool funding available to their State under the Individuals With Disabilities Education Act. The amount of the allocation to each SEA and to the public schools is affected by the number of three through five year old children with IEPs in place by December 1 of each year. By establishing good working relationships with State Public Health personnel and including them on advisory committees, health resources can be more easily utilized.

It may be helpful to explore the possibility of a cooperative agreement with the public school system to provide transportation. If the lack of transportation would prevent a child with disabilities from participating in Head Start, program funds are to be used to provide this related service before a delay occurs which would have a negative effect on the child's progress. The major emphasis is on providing the needed special help so that the child can develop to the maximum during the brief time in Head Start.

The Americans with Disabilities Act of 1990 (42 U.S.C. 12101) requires that new buses (ordered after August 26, 1990) by public bus systems must be accessible to individuals with disabilities. New over-the-road buses ordered by privately operated bus and van companies (on or after July 26, 1996 or July 26, 1997 for small companies) must be accessible. Other new vehicles, such as vans, must be accessible, unless the transportation company provides service to individuals with disabilities that is equivalent to that operated for the general public. The Justice Department enforces these requirements.

Efforts should be made to obtain expensive items such as wheelchairs or audiometers through resources such as Title V (formerly Crippled Children's Services). Cooperative arrangements can be made with LEAs and other agencies to share equipment such as tympanometers. Special equipment such as hearing aids may be obtained through EPSDT or from SSI funds for those children who have been found eligible. Some States have established libraries of assistive technology devices and rosters of expert consultants.

**Section 1308.5 Recruitment and Enrollment of Children With Disabilities**

**Guidance for Paragraph (a)**

Head Start can play an important role in Child Find by helping to locate children in need and hardest to reach, such as immigrants and non-English speakers. In cooperation with other community groups and agencies serving children with disabilities, Head Start programs should incorporate in their outreach and recruitment procedures efforts to identify and enroll children with disabilities who meet eligibility requirements and whose parents desire the child's participation.
Integrating children with severe disabilities for whom Head Start is an appropriate placement is a goal of ACYF. Grantees should bear in mind that 45 CFR part 84, Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance or the Rehabilitation Act of 1973 (20 U.S.C. 794) states that any program receiving Federal funds may not deny admission to a child solely on the basis of the nature or extent of a disabling condition and shall take into account the needs of the child in determining the aid, benefits, or services to be provided. Many children who appear to have serious impairments are nevertheless able to make greater gains in an integrated setting than in a segregated classroom for children with disabilities.

The key factor in selecting an appropriate placement is the IEP. The need of the individual child and the ability of the child to benefit are determining factors. Likewise, the amount of time per day or week to be spent in the regular setting and/or in other settings is determined by the IEP. The IEP of a child with a severe emotional/behavioral disorder, for example, might realistically call for less than full day attendance or for dual placement. Another factor to consider is that according to the PIR, the majority of children with severe impairments are provided special services by both Head State staff and staff of other agencies, sharing the responsibility. Many grantees have successfully served children with moderate and severe disabilities.

The disabilities coordinator's responsibility includes providing current names of appropriate specialized agencies serving young children with disabilities and the names of LEA Child Find contact persons to the director to facilitate joint identification of children with disabilities. It also includes learning what resources other agencies have available and the eligibility criteria for support from State agencies, Supplemental Security Income (SSI), Title V, Maternal and Child Health Block Grants, Title XIX (EPSDT/Medicaid), Migrant Health Centers, Developmental Disabilities programs, Bureau of Indian Affairs, third party payers such as insurance companies and other sources.

Grantees need to develop lists of appropriate referral sources. These include hospital child life programs, SSI, early intervention programs funded by Part H of the IDEA or other sources, EPSDT providers, infant stimulation programs, Easter Seal and United Cerebral Palsy agencies, mental health agencies, Association for Retarded Citizens chapters, Developmental Disabilities Planning Councils, Protection and Advocacy Systems, University Affiliated Programs, the LEA Child Find, and the medical community.

Head Start programs are encouraged to increase the visibility of the Head Start mainstreaming effort within the community by:

- Including community child service providers on policy council health and disability advisory boards and in other relevant Head Start activities.
- Making presentations on Head Start mainstreaming experiences at local, State and Regional meetings and conferences, such as the National Association for the
Education of Young Children, Council for Exceptional Children, and the Association for the Care of Children's Health.

- Participating in interagency planning activities for preschool infant and toddler programs such as the State Interagency Coordinating Councils supported under the IDEA.

**Guidance for Paragraph (b)**

Grantees should maintain records of outreach, recruitment, and service activities for children with disabilities and their families.

Each grantee should develop a policy on what types of information are to be included in a comprehensive file for each disabled child. The policy should outline the locations where a copy of each record will be sent. For example, while a comprehensive file will be maintained at the Head Start program central office (where the disability services coordinator and component coordinators may be based), a teacher must have access to a child's IEP and progress notes in order to plan effectively. Confidentiality needs to be maintained in a manner which allows for access to information by appropriate staff while meeting applicable Head Start and State requirements.

**Guidance for Paragraph (d)**

Staff should assist families who need help in obtaining immunizations before the program year begins, bearing in mind that a goal of parent involvement and social service activities is to encourage independence and develop skills in meeting timelines when seeking services for children. Care should be taken that children are not denied enrollment, but that their families receive the necessary assistance to meet entrance requirements. "Healthy Young Children: A Manual for Programs," (a cooperative effort of the Administration for Children, Youth and Families, the American Academy of Pediatrics; the Division of Maternal and Child Health, U.S. Department of Health and Human Services; Georgetown University Child Development Center; Massachusetts Department of Public Health, and the National Association for the Education of Young Children, 1988, copyright, NAEYC) contains best practice guidance.

**Section 1308.6 Assessment of Children**

**Guidance for Paragraph (b)**

Early screening is essential because of the time required for the steps necessary before special services can begin. It has been very difficult for some grantees to complete health screenings in a timely manner for several reasons including the lack of resources, especially in rural areas; the need to rely on donated services from agencies whose schedules have been especially overloaded during September and October after the start of the Head Start program year; lack of summer staff in most programs; and the difficulty in reaching some families. Lack of coordination among agencies with legislative responsibility for identifying children with disabilities has resulted in duplication and
unacceptable delays in providing required services for many grantees. Other grantees, however, have demonstrated the ability to complete screenings early in the program year without difficulty. Many programs already complete screening by 45 days after the first day of program operation. Some participate in spring or summer screening programs in their areas before the fall opening. Grantees are encouraged to schedule well in advance with clinics and with such providers as EPSDT and the Indian Health Service for timely screening and any subsequent evaluations that may be needed.

Recently, a number of legislative and legal requirements have increased the resources available for the screening and evaluation of children. Title XIX, EPDST/Medicaid, has new requirements for screening and evaluation, as well as treatment; the Social Security Administration has modified eligibility requirements for children with disabilities so that more services will be available; and all States have assured that services will be provided from at least age three under IDEA so that LEAs in more States will be engaged in identifying and evaluating children from birth to age six.

In response to these changes, the Department of Health and Human Services and the Department of Education, through the Federal Interagency Coordinating Council, have developed a cooperative agreement for coordinated screening. Head Start is one of the participating agencies which will work together to plan and implement community screenings, assisting the LEAs which have the major responsibility for identifying every child with a disability under the IDEA. In addition, programs may elect to make some summer staff available for activities to close out program work in the spring and prepare for the fall.

These developments make timely screening feasible. They also make it possible to expedite immunizations. State-of-the-art coordinated screening programs make immunizations available.

This coordination can focus staff energy on assisting families to have their children immunized during the screening phase rather than making repeated follow-up efforts after the program for children has begun. Coordinated screening also provides an excellent parent education opportunity. Information on child development, realistic expectations for preschoolers and such services as WIC can be provided during the screening. Some communities have combined screening with well-received health fairs.

The staff should be involved in the planning of screening to assure that screening requirements are selected or adapted with the specific Head Start population and goals of the screening process in mind. Instruments with age-appropriate norms should be used. Children should be screened in their native language. Universities, civic organizations or organizations to aid recent immigrants may be able to locate native speakers to assist. The RAPs can provide information on the characteristics of screening instruments.

Current best practice indicates that individual pure tone audiometry be used as the first part of a screening program with children as young as three. The purpose is to identify children with hearing impairments that interfere with, or have the potential to interfere
with communication. The recommended procedure is audiometric screening at 20 dB HL (re ANSI-1969) at the frequencies of 1000, 2000, and 4000 Hz, (and at 500 Hz unless acoustic immittance audiometry is included as the second part of the screening program and if the noise level in the room permits testing at that frequency.) Acoustic immittance audiometry (or impedance audiometry) is recommended as the second part of the program to identify children who have middle-ear disorders.

The audiometric screening program should be conducted or supervised by an audiologist. Nonprofessional support staff have successfully carried out audiometric screening with appropriate training and supervision.

When a child fails the initial screening, an audiometric rescreening should be administered the same day or no later than within 2 weeks. A child who fails the rescreening should be referred for an evaluation by an audiologist.

Current best practice calls for annual hearing tests. Frequent rescreening is needed for children with recurrent ear infections. Grantees who contract or arrange for hearing testing should check to assure that the testing covers the three specified frequencies and that other quality features are present. Speech, hearing and language problems are the most widespread disabilities in preschool programs and quality testing is vital for early detection and remediation.

Playing listening games prior to testing and getting use to earphones can help children learn to respond to a tone and improve the quality of the testing.

Some grantees have found it strengthens the skills of their staff to have all members learn to do developmental screening. This can be a valuable in-service activity especially for teachers. State requirements for qualifications should be checked and non-professional screeners should be trained.

Some programs have involved trained students from schools of nursing, child development or special education graduate students, or medical students who must carry out screening work as part of their required experience.

Guidance for Paragraph (d)

Parents should be provided assistance if necessary, so that they can participate in the developmental assessment.

Grantees should offer parents assistance in understanding the implications of developmental assessments as well as medical, dental or other conditions which can affect their child's development and learning.

Development assessment is an ongoing process and information from observations in the Head Start center and at home should be recorded periodically and updated in each developmental area in order to document progress and plan activities.
Disabilities coordinators, as well as education staff, need to be thoroughly familiar with developmental assessment activities such as objective observation, time sampling and obtaining parent information and the use of formal assessment instruments. Knowledge of normal child development and understanding of the culture of the child are also important.

Guidance for Paragraph (e)

While the LEA is responsible for assuring that each child who is referred is evaluated in accordance with the provisions of IDEA and usually provides the evaluation, grantees may sometimes provide for the evaluation. In that event, grantees need to assure that evaluation specialists in appropriate areas such as psychology, special education, speech pathology and physical therapy coordinate their activities so that the child's total functioning is considered and the team's findings and recommendations are integrated.

Grantees should select members of the multidisciplinary evaluation team who are familiar with the specific Head Start population, taking into account the age of the children and their cultural and ethnic background as they relate to the overall diagnostic process and the use of specific tests.

Grantees should be certain that team members understand that Head Start programs are funded to provide preschool developmental experiences for all eligible children, some of whom also need special education and related services. The intent of the evaluation procedures is to provide information to identify children who have disabling conditions so they can receive appropriate assistance. It is also the intent to avoid mislabeling children for whom basic Head Start programming is designed and who may show developmental delays which can be overcome by a regular comprehensive program meeting the Head Start Performance Standards.

When a grantee provides for the evaluation of a child, it is important that the Head Start eligibility criteria be explained to the evaluation team members and that they be informed as to how the results will be used.

Grantees should require specific findings in writing from the evaluation team, and recommendations for intervention when the team believes the child has a disability. The findings will be used in developing the child's IEP to ensure that parents, teachers and others can best work with the child. Some grantees have obtained useful functional information by asking team members to complete a brief form describing the child's strengths and weaknesses and the effects of the disability along with suggestions for special equipment, treatment or services. The evaluators should be asked in advance to provide their findings promptly in easily understood terms. They should provide separate findings and, when they agree, consensus professional opinions. When planning in advance for evaluation services from other agencies, grantees should try to obtain agreements on prompt timing for delivery of reports which are necessary to plan services.
To assist the evaluation team, Head Start should provide the child's screening results, pertinent observations, and the results of any developmental assessment information which may be available.

It is important that programs ensure that no individual child or family is labeled, mislabeled, or stigmatized with reference to a disabling condition. Head Start must exercise care to ensure that no child is misidentified because of economic circumstances, ethnic or cultural factors or developmental lags not caused by a disability, bilingual or dialectical differences, or because of being non-English speaking.

If Head Start is arranging for the evaluation, it is important to understand that a child whose problem has been corrected (e.g., a child wearing glasses whose vision is corrected and who does not need special education and related services) does not qualify as a child with a disability. A short-term medical problem such as post-operative recovery or a problem requiring only medical care and health monitoring when the evaluation specialists have not stated that special education and related services are needed does not qualify as a disability.

The evaluation team should include consideration of the way the disability affects the child's ability to function as well as the cause of the condition.

Some children may have a recent evaluation from a clinic, hospital or other agency (other than the LEAs) prior to enrolling in Head Start. If that evaluation did not include needed functional information or a professional opinion as to whether the child meets one of the Head Start eligibility criteria, the grantee should contact the agency to try to obtain that information.

Some children, prior to enrolling in Head Start, already have been diagnosed as having severe disabilities and a serious need for services. Some of these children already may be receiving some special assistance from other agencies for their disabilities but lack developmental services in a setting with other children. Head Start programs may best meet their needs by serving them jointly, i.e., providing developmental services while disability services are provided from another source. It is important in such situations that regular communication take place between the two sites.

Beginning in 1990, State EPSDT/Medicaid programs must, by law, evaluate and provide services for young children whose families meet eligibility criteria at 133 percent of the poverty levels. This is a resource for Head Start and it is important to become aware of EPSDT provisions.

Section 1308.7 Eligibility Criteria: Health Impairment Guidance

Guidance for Paragraph (c)

Many health impairments manifest themselves in other disablins conditions. Because of this, particular care should be taken when classifying a health impaired child.
Guidance for Paragraph (b)

Because AIDS is a health impairment, grantees will continue to enroll children with AIDS on an individual basis. Staff need to be familiar with the Head Start Information Memorandum on Enrollment in Head Start Programs of Infants and Young Children with Human Immunodeficiency Virus (HIV), AIDS Related Complex (ARC), or Acquired Immunodeficiency Syndrome (AIDS) dated June 22, 1988. This guidance includes material from the Centers for Disease Control which stresses the need for a team, including a physician, to make informed decisions on enrollment on an individual basis. It provides guidance in the event that a child with disabilities presents a problem involving biting or bodily fluids. The guidance also discusses methods for control of all infectious diseases through stringent cleanliness standards and includes lists of Federal, State and national agencies and organizations that can provide additional information as more is learned. Staff should be aware that there is a high incidence of visual impairment among children with HIV and AIDS.

Guidance for Paragraph (c)

Teachers or others in the program setting are in the best position to note the following kinds of indications that a child may need to be evaluated to determine whether an attention deficit disorder exists:

(1) Inability of a child who is trying to participate in classroom activities to be able to orient attention, for example to choose an activity for free time or to attend to simple instructions;

(2) Inability to maintain attention, as in trying to complete a selected activity, to carry out simple requests or attend to telling of an interesting story; or

(3) Inability to focus attention on recent activities, for example on telling the teacher about a selected activity, inability to tell about simple requests after carrying them out, or inability to tell about a story after hearing it.

These indicators should only be used after the children have had sufficient time to become familiar with preschool procedures and after most of the children are able easily to carry out typical preschool activities.

Culturally competent staff recognize and appreciate cultural differences, and this awareness needs to include understanding that some cultural groups may promote behavior that may be misinterpreted as inattention. Care must be taken that any deviations in attention behavior which are within the cultural norms of the child's group are not used as indicators of possible attention deficit disorder.

A period of careful observation over three months can assure that adequate documentation is available for the difficult task of evaluation. It also provides opportunity to provide extra assistance to the child, perhaps through an aide or special
education student under the teacher's direction, which might improve the child's functioning and eliminate the behavior taken as evidence of possible attention deficit disorder.

Attention deficit disorders are not the result of learning disabilities, emotional/behavioral disabilities, autism or mental retardation. A comprehensive psychological evaluation may be carried out in some cases to rule out learning disability or mental retardation. It is possible, however, in some instances for this disability to coexist with another disability. Children who meet the criteria for multiple disabilities (e.g., attention deficient disorder and learning disability, or emotional/behavioral disorder, or mental retardation) would be eligible for services as children with multiple disabilities or under their primary disability.

Teacher and parent reports have been found to provide the most useful information for assessment of children suspected of having attention deficit disorder. They are also useful in planning and providing special education intervention. The most successful approach may be a positive behavior modification program in the classroom, combined with a carryover program in the home. Prompt and clear response should be provided consistently. Positive reinforcement for appropriate behavior, based on rewards such as stickers or small items desired by the child has been found effective for children with this disorder, along with occasional withholding of rewards or postponing of desired activities in the face of inappropriate behavior. Effective programs suggest that positive interactions with the child after appropriate behavior are needed at least three times as often as any negative response interactions after inappropriate behavior. Consultants familiar with behavior modification should be used to assist teachers in planning and carrying out intervention which can maintain this positive to negative ratio while shaping behaviors. These behavior interventions can be provided in mainstream placements with sufficient personnel.

Suggested Primary Members of A Head Start Evaluation Team for Health Impaired Children:

- Physician.
- Pediatrician.
- Psychologist.
- Other specialists related to specific disabilities.

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

- Family counseling.
- Genetic counseling.
- Nutrition counseling.
- Recreational therapy.
- Supervision of physical activities.
- Transportation.
• Assistive technology devices or services

**Section 1308.8 Eligibility Criteria: Emotional/Behavioral Disorders**

**Guidance for Paragraph (a)**

Staff should insure that behavior which may be typical of some cultures or ethnic groups, such as not making eye contact with teachers or other adults or not volunteering comments or initiating conversations are not misinterpreted.

The disability, social service and parent involvement coordinators should consider providing extra attention to children at-risk for emotional/behavioral disorders and their parents to help prevent a disability. Members of the Council of One Hundred, Kiwanis, Urban League, Jaycees, Rotary, Foster Grandparents, etc. may be able to provide mentoring and individual attention.

Suggested Primary Members of a Head Start Evaluation Team for Emotional/behavioral Disorders:

- Psychologist, psychiatrist or other clinically trained and State qualified mental health professionals.
- Pediatrician.

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

- Behavior management.
- Environmental adjustments.
- Family counseling.
- Psychotherapy.
- Transportation.
- Assistive technology.

**Section 1308.9 Eligibility Criteria: Speech or Language Impairment**

**Guidance for Paragraph (a)**

Staff familiar with the child should consider whether shyness, lack of familiarity with vocabulary which might be used by testers, unfamiliar settings, or linguistic or cultural factors are negatively influencing screening and assessment results. Whenever possible, consultants trained in assessing the speech and language skills of young children should be selected. The child's ability to communicate at home, on the playground and in the neighborhood should be determined for an accurate assessment. Review of the developmentally appropriate age ranges for the production of difficult speech sounds can also help reduce over-referral for evaluation.
Suggested Primary Members of a Head Start Evaluation Team for Speech or Language Impairment:

- Speech Pathologist.
- Language Pathologist.
- Audiologist.
- Otolaryngologist.
- Psychologist.

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

- Environmental adjustments.
- Family counseling.
- Language therapy.
- Speech therapy.
- Transportation.
- Assistive technology devices or services.

**Section 1308.10 Eligibility Criteria: Mental Retardation**

**Guidance for Paragraph (a)**

Evaluation instruments with age-appropriate norms should be used. These should be administered and interpreted by professionals sensitive to racial, ethnic and linguistic differences. The diagnosticians must be aware of sensory or perceptual impairments that the child may have (e.g., a child who is visually impaired should not be tested with instruments that rely heavily on visual information as this could produce a depressed score from which erroneous diagnostic conclusions might be drawn).

Suggested primary members of a Head Start evaluation team for mental retardation:

- Psychologist.
- Pediatrician.

Possible related services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

- Environmental adjustments.
- Family counseling.
- Genetic counseling.
- Language therapy.
- Recreational therapy.
- Speech therapy.
- Transportation.
- Nutrition counseling.
Section 1308.11 Eligibility Criteria: Hearing Impairment Including Deafness

Guidance for Paragraph (a)

An audiologist should evaluate a child who has failed rescreening or who does not respond to more than one effort to test the child's hearing. If the evaluation team determines that the child has a disability, the team should make recommendations to meet the child's needs for education and medical care or habilitation, including auditory training to learn to use hearing more effectively.

Suggested Primary Members of a Head Start Evaluation Team for Hearing Impairment:

- Audiologist.
- Otolaryngologist.

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

- Auditory training.
- Aural habilitation.
- Environmental adjustments.
- Family counseling.
- Genetic counseling.
- Language therapy.
- Medical treatment.
- Speech therapy.
- Total communication, speech reading or manual communication.
- Transportation.
- Use of amplification.
- Assistive technology devices or services.

Section 1308.12 Eligibility Criteria: Orthopedic Impairment

Guidance for Paragraph (a)

Suggested Primary Members of a Head Start Evaluation Team for Orthopedic Impairment:

- Pediatrician.
- Orthopedist.
- Neurologist.
- Occupational Therapist.
- Physical Therapist.
- Rehabilitation professional.
Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

- Environmental adjustments.
- Family counseling.
- Language therapy.
- Medical treatment.
- Occupational therapy.
- Physical therapy.
- Assistive technology.
- Recreational therapy.
- Speech therapy.
- Transportation.
- Nutrition counseling.

Section 1308.13 Eligibility Criteria: Visual Impairment Including Blindness

Guidance for Paragraph (a)

Primary Members of an Evaluation Team for Visual Impairment including Blindness:

- Ophthalmologist.
- Optometrist.

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

- Environmental adjustments.
- Family counseling.
- Occupational therapy.
- Orientation and mobility training.
- Pre-Braille training.
- Recreational therapy.
- Sensory training.
- Transportation.
- Functional vision assessment and therapy.

Section 1308.14 Learning Disabilities

Guidance for Paragraph (a)

When a four or five-year-old child shows signs of possible learning disabilities, thorough documentation should be gathered. For example, specific anecdotal information and samples of the child's drawings, if appropriate, should be included in the material given to the evaluation team.
A Master's degree level professional with a background in learning disabilities should be a member of the evaluation team.

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

- Vision evaluation.
- Neurology.
- Psychology.
- Motor development.
- Hearing evaluation.
- Child psychiatry.
- Pediatric evaluation.

Section 1308.15 Autism

A child who manifests characteristics of the condition after age three can still be diagnosed as having autism. Autism does not include children with characteristics of serious emotional disturbance.

Suggested possible members of a Head Start evaluation team:

- Psychologist.
- Pediatrician.
- Audiologist.
- Psychiatrist.
- Language pathologist.

Possible related services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

- Family support services.
- Language therapy.
- Transportation.

Section 1308.16 Traumatic Brain Injury

Traumatic brain injury does not include congenital brain injury.

Suggested possible members of an evaluation team included:

- Psychologist.
- Physical therapist.
- Speech or language pathologist.
Possible related services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

- Rehabilitation professional.
- Occupational therapy.
- Speech or language therapy.
- Assistive technology.

**Section 1308.17 Other Impairments**

This category was included to ensure that any Head Start child who meets the State eligibility criteria as developmentally delayed or State-specific criteria for services to preschool children with disabilities is eligible for needed special services either within Head Start or the State program.

Suggested primary members of an evaluation team for other impairments meeting State eligibility criteria for services to preschool children with disabilities.

- Pediatrician.
- Psychologist.
- Other specialists with expertise in the appropriate area(s).

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

- Occupational therapy.
- Speech or language therapy.
- Family Counseling.
- Transportation.

**Deaf-blindness**

Information on assistance or joint services for deaf-blind children can be obtained through SEAs.

**Multiple Disabilities**

A child who is deaf and has speech and language impairments would not be considered to have multiple disabilities, as it could be expected that these impairments were caused by the hearing loss.

Suggested primary members of a Head Start evaluation team:

- Audiologists.
- Special educators.
- Speech, language or physical therapists.
- Psychologists or psychiatrists.
- Rehabilitation professional.

Possible related services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

- Speech, language, occupational or physical therapists as needed.
- Assistive technology devices or services.
- Mental health services.
- Transportation.

Section 1308.18 Disabilities/Health Services Coordination

Guidance for Paragraph (a)

It is important for staff to maintain close communication concerning children with health impairments. Health and disability services coordinators need to schedule frequent re-tests of children with recurrent middle ear infections and to ensure that they receive ongoing medical treatment to prevent speech and language delay. They should ensure that audiometers are calibrated annually for accurate testing of hearing. Speech and hearing centers, the manufacturer, or public school education services districts should be able to perform this service. In addition, a daily check when an audiometer is in use and a check of the acoustics in the testing site are needed for accurate testing.

Approximately 17 percent of Down Syndrome children have a condition of the spine (atlanto-axial instability) and should not engage in somersaults, trampoline exercises, or other activities which could lead to spinal injury without first having a cervical spine x-ray.

Guidance for Paragraph (b)

The disabilities services coordinator needs to assure that best use is made of mental health consultants when a child appears to have a problem which may be symptomatic of a disability in the social/emotional area. Teachers, aides and volunteers should keep anecdotal records of the child's activities, tantrums, the events which appear to precipitate the tantrums, language use, etc. These can provide valuable information to a mental health consultant, who should be used primarily to make specific recommendations and assist the staff rather than to document the problem.

The mental health coordinator can cooperate in setting up group meetings for parents of children with disabilities which provide needed support and a forum for talking over mutual concerns. Parents needing community mental health services may need direct assistance in accessing services, especially at first.

The disability services coordinator needs to work closely with staff across components to help parents of children who do not have disabilities become more understanding and
knowledgeable about disabilities and ways to lessen their effects. This can help reduce the isolation which some families with children with disabilities experience.

Guidance for Paragraphs (c) and (d)

Arrangements should be made with the family and the physician to schedule the administration of medication during times when the child is most likely to be under parental supervision.

Awareness of possible side effects is of particular importance when treatment for a disability requires administration of potentially harmful drugs (e.g., anti-convulsants, amphetamines).

Section 1308.19 Developing Individual Education Programs (IEPs)

Guidance for Paragraph (a)

The IEP determines the type of placement and the specific programming which are appropriate for a child. The least restrictive environment must be provided and staff need to understand that this means the most appropriate placement in a regular program to the maximum extent possible based on the IEP. Because it is individually determined, the least restrictive environment varies for different children. Likewise, the least restrictive environment for a given child can vary over time as the disability is remediated or worsens. A mainstreamed placement, in a regular program with services delivered by regular or special staff, is one type of integrated placement on the continuum of possible options. It represents the least restrictive environment for many children.

Following screening, evaluation and the determination that a child meets the eligibility criteria and has a disability, a plan to meet the child's individual needs for special education and related services is developed. In order to facilitate communication with other agencies which may cooperate in providing services and especially with LEAs or private schools which the children will eventually enter, it is recommended that programs become familiar with the format of the IEP used by the LEAs and use that format to foster coordination. However, the format of the IEP to be developed for children in Head Start can vary according to local option. It should be developed to serve as a working document for teachers and others providing services for a child.

It is recommended that the staff review the IEP of each child with a disability more frequently than the minimum once a year to keep the objectives and activities current.

It is ideal if a child can be mainstreamed in the full program with modifications of some of the small group, large group or individual program activities to meet his or her special needs and this should be the first option considered. However, this is not possible or realistic in some cases on a full-time basis. The IEP team needs to consider the findings and recommendations of the multi-disciplinary evaluation team, observation and developmental assessment information from the Head Start staff and parents, parental
information and desires, and the IEP to plan for the best situation for each child. Periodic reviews can change the degree to which a child can be mainstreamed during the program year. For example, a child with autism whose IEP called for part-time services in Head Start in the fall might improve so that by spring the hours could be extended.

If Head Start is not an appropriate placement to meet the child's needs according to the IEP, referral should be made to another agency.

Helpful specific information based on experience in Head Start is provided in manuals and resource materials on serving children with disabilities developed by ACYF and by technical assistance providers. They cover such aspects of developing and implementing the IEP as:

- Gathering data needed to develop the IEP;
- Preparing parents for the IEP conference;
- Writing IEPs useful to teachers; and
- Developing appropriate curriculum activities and home follow-up activities.

**Guidance for Paragraph (j)**

Programs are encouraged to offer parents assistance in noting how their child functions at home and in the neighborhood. Parents should be encouraged to contribute this valuable information to the staff for use in ongoing planning. Care should be taken to put parents at ease and to eliminate or explain specialized terminology. Comfortable settings, familiar meeting rooms and ample preparation can help lessen anxiety. The main purpose is to involve parents actively, not just to obtain their signature on the IEP.

It is important to involve the parents of children with disabilities in activities related to their child's unique needs, including the procurement and coordination of specialized services and follow-through on the child's treatment plan, to the extent possible. It is especially helpful for Head Start to assist parents in developing confidence, strategies and techniques to become effective advocates for their children and to negotiate complicated systems. Under IDEA, a federally-funded Parent Training and Information Program exists whereby parent training centers in each State provide information, support and assistance to parents enabling them to advocate for their child. Information regarding these centers should be given to parents of a child determined to have a disability. Because some parents will need to advocate for their children over a number of years, they need to gain the confidence and skills to access resources and negotiate systems with increasing independence.

Some parents of children with disabilities are also disabled. Staff may need to adjust procedures for assisting parents who have disabilities to participate in their children's programs. Materials to assist in this effort are available from technical assistance providers.
**Section 1308.20 Nutrition Services**

**Guidance for Paragraph (a)**

Vocabulary and concept building, counting, learning place settings, social skills such as conversation and acceptable manners can be naturally developed at meal or snack time, thus enhancing children's skills. Children with disabilities often need planned attention to these areas.

The staff person who is responsible for nutrition and the disabilities services coordinator should work with the social services coordinator to help families access nutrition resources and services for children who are not able to learn or develop normally because of malnutrition.

The staff person who is responsible for nutrition and the disabilities services coordinator should alert staff to watch for practices leading to baby bottle caries. This is severe tooth decay caused by putting a baby or toddler to bed with a nursing bottle containing milk, juice or sugar water or letting the child carry around a bottle for long periods of time. The serious dental and speech problems this can cause are completely preventable.

In cases of severe allergies, staff should work closely with the child's physician or a medical consultant.

**Section 1308.21 Parent Participation and Transition of Children From Head Start to Public School**

**Guidance for Paragraph (a)**

Grantees should help parents understand the value of special early assistance for a child with a disability and reassure those parents who may fear that if their child receives special education services the child may always need them. This is not the experience in Head Start and most other preschool programs where the majority of children no longer receive special education after the preschool years. The disabilities coordinator needs to help parents understand that their active participation is of great importance in helping their children overcome or lessen the effects of disabilities and develop to their full potential.

The disabilities coordinator should help program staff deal realistically with parents of children who have unfamiliar disabilities by providing the needed information, training and contact with consultants or specialized agencies. The coordinator should ensure that staff carrying out family needs assessment or home visits do not overlook possible disabilities among younger siblings who should be referred for early evaluation and preventive actions.
Guidance for Paragraphs (b) and (c)

As most Head Start children will move into the public school system, disabilities coordinators need to work with the Head Start staff for early and ongoing activities designed to minimize discontinuity and stress for children and families as they move into a different system. As the ongoing advocates, parents will need to be informed and confident in communicating with school personnel and staff of social service and medical agencies. Disabilities coordinators need to ensure that the Head Start program:

- Provides information on services available for LEAs and other sources of services parents will have to access on their own, such as dental treatment;
- Informs parents of the differences between the two systems in role, staffing patterns, schedules, and focus;
- Provides opportunities for mutual visits by staff to one another's facilities to help plan appropriate placement;
- Familiarizes parents and staff of the receiving program's characteristics and expectations;
- Provides early and mutually planned transfer of records with parent consent at times convenient for both systems;
- Provides information on services available under the Individuals With Disabilities Education Act, the federally-funded parent training centers and provisions for parent involvement and due process; and
- Provides opportunities for parents to confer with staff to express their ideas and needs so they have experience in participating in IEP and other conferences in an active, confident manner. Role playing has been found helpful.

It is strongly recommended that programs develop activities for smooth transition into Head Start from Part H infant/toddler programs funded under IDEA and from Head Start to kindergarten or other placement. In order to be effective, such plans must be developed jointly. They are advantageous for the children, parents, Part H programs, Head Start and LEAs. ACYF has developed materials useful for transition. American Indian programs whose children move into several systems, such as Bureau of Indian Affairs schools and public schools, need to prepare children and families in advance for the new situation. Plans should be used as working documents and reviewed for annual update, so that the foundation laid in Head Start is maintained and strengthened.
APPENDIX B

Timeline for Early Successful Transition Instrument (TEST)

<table>
<thead>
<tr>
<th>Child ID Number:</th>
<th>Date of Creation:</th>
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</table>

TEST Transition Checklist

SEC. 1

Child Name:

Child Birthdate:

EI Services to ECE services (must be completed by the 3rd birthday):

SEC. 2

Family Contact Information

Parent(s)/Guardian(s):

Address:

Phone Number:

Email (if applicable):

SEC. 3

Initial Contact Date:

1st Meeting Date:

2nd Meeting Date:

3rd Meeting Date:

Transition Process Log (Beginning to Completion):

SEC. 4

LEAs/SELPA involved:

Preschool Program involved:

School District involved:
SEC. 5

Team Member Identity:
Eligibility Criteria: Preschool (Ages 3-5 years)

Eligible 3 year olds with Disabilities (IFSP or IEP)

1. SCREENING TOOLS/TIMELINES
   - Educational: Brigance Screen (language, cognitive, perceptual, motor), Speech and Language, and Behavior

2. REFERRAL FOR SUSPECTED SPEECH/LANGUAGE & DEVELOPMENT DELAYS
   - Special Education Systems: Early Intervention-Children 0-3; Part C agencies; referral process. Special Education- Children 3 & over; Part B agencies; referral process. Special Education & Disability Laws

3. INDIVIDUALIZATION FOR CHILDREN WITH IEP’S/IFSP’S & TRANSITION ACTIVITIES
   - Lesson Plans, Individual Plans, Classrooms

**After initial screening process the referral process occurs:**

1. HS Performance Standards require that children with suspected delays/conditions be referred to the Local Education Agency (LEA) or Early Intervention Agency for further formal evaluation and services. (Evaluation is only performed by licensed professional).

Timeline: As early as registration time (as long as adequate documentation is available) or anytime afterwards when there is sufficient documentation such as after completion of 45 day screens.

Information Agents involved: Family Service Staff, Mental Health and Disability Manager, Education Manager/Staff, Local Education Agencies (LEAs), and Mental
Health Intern and Consultant

**Steps:**
1. Staff forward completed Request for Referral form with supportive documentation (screening/assessment results, observations, anecdotal, Parent Contact Forms, etc.) to the Disability Manager for review and follow-up. This may include further observation, on-going monitoring or parent meeting to discuss concerns.

2. If staff and parent agree to continue with referral process, Consent for Referral and Parent Contact Form is completed by staff, review/signed by parent and forwarded to the Disability Manager.

3. **Children ages birth to 3:** The Disability Manager drafts a letter to the Early Intervention Agency, reviews it with the parent (along with info on referral process and Parent’s Rights), obtains parent signature and forwards the letter to the appropriate agency. The Disability Manager assists the parent in the entire process including completing and forwarding necessary forms and documents to the appropriate agency.

4. **Children ages 3 and up:** The Disability Manager contacts the LEA to arrange for professional screening then notifies staff and parent of screening dates and results. Of the children recommended for further evaluation, the Disability Manager schedules a parent meeting to discuss the LEA referral, evaluation and IEP process and assists them in completing and turning in necessary forms and documentation to the LEA.

4. **Staff informed of and will communicate, with the Disability Manager, any important dates including evaluation and IFSP or IEP dates, times and locations**
## APPENDIX D

### Synthesis Matrix

**Table D1**

*Processes for Effective Transition Planning*

<table>
<thead>
<tr>
<th>Sources</th>
<th>RTI/IEI</th>
<th>IFSP/IEP</th>
<th>Collaborative Relationships Between Parent and Information Agent</th>
<th>Strategies to Empower Families</th>
<th>Information Agent Roles</th>
<th>Inclusion-Transition to Kindergarten</th>
<th>Goals and Objectives</th>
<th>School Environment</th>
<th>Choosing the most Compatible School Environment</th>
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Table D3
*Understanding of Family’s Ethnic Cultural Practices That Impact the Transition Planning Process*
Table D4

*Barriers that Impact the Transition of Preschool Students with Special Education Needs to Elementary Grade.*

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<th>Cultural Disrespect by SEN Teams</th>
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Dear Participating Agency/Program:

As a doctoral student at Brandman University, I am currently involved in the data collection portion of my dissertation. This letter is of Intent has been presented to obtain permission to sample your parent population. The purpose of this study is to identify and describe parental expectations and perspectives as they relate to their children with Special Education Needs during transition from early intervention/preschool to kindergarten, the cultural and linguistic barriers experienced during transition planning, and how well they believe schools support them during and through the transition process. This study will use a qualitative case study approach to investigate this population. All responses will be kept confidential, and the participants will not be identified by name. Participants will be referenced according to their child’s special needs status and the meeting of the eligibility criteria. Only the members of my dissertation committee and I will have access to the records of information obtained directly from the focus group interviews. The benefit from participating in this study will be to gain a greater understanding of the needs, perspectives, and expectations of parents during the transition planning process of their child with special needs.

Participants may withdraw from this study at any time without any negative consequences. Also, the investigator may stop the study at any time. No information that identifies the participant will be released without participant’s separate consent and that all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed the participant will be so informed and consent obtained by participant. If your agency/program or the participant has any questions, comments, or concerns about the study or the informed consent process, you may write or call the Office of the Vice Chancellor Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618 Telephone (949) 341-7641.

The one on one interview will also be documented using audio and video recording devices. These recordings will only be reviewed by the researcher. Thank you so much for accepting this proposal and allowing me to conduct the research.

If you have any further questions regarding this request, you may contact me at: 1234@gmail.com.

Sincerely,

Arika Spencer-Brown, Brandman University Ed.D. Doctoral Candidate
Welcome! I hope to paint an accurate picture of the transition experience through the parent lens. Below are a pre-interview questionnaire and the one on one interview questions. There may be additional follow up questions asked of the participants for clarity.

**Interview Script**

**Interviewer:** Arika Spencer-Brown  
**Interview time planned:** Approximately 30 minutes  
**Interview place:** Venue of Choice  
**Recording:** Digital voice and video recorder  
**Written:** Field and Observational Notes

**Opening Comments:** Based on the email or flyer you received you understand that this study is to explore the parent perspective and expectation of the transition planning process regarding your child with special education needs. I would like to thank you for your participation in this study. Information from this one-on one interview will be included in my dissertation. For privacy concerns, your identity will not be revealed and will remain confidential. Although you have signed the consent form to participate in this study, you may choose to withdraw your consent at any time. Do you have any concerns or questions before we begin?

**Pre-Interview Questionnaire**

1. Which Head Start program are you enrolled in?  
3. What is your highest degree of education?  
4. What do you do for a living?  
5. Are you single, partnered, married, separated, or divorced? Please indicate the one that applies.  
6. Are you a legal guardian or foster parent? Please circle the one that applies.  
7. What does your partner or spouse do for a living?  
8. What do you consider to be your ethnicity?  
9. How many children do you have?  
10. What is the age and gender of your child (children)?

We will be talking about your experience as a parent of a child in special education. Please answer the questions below about your child/children currently in special education programs:

15. What is the nature of your child’s disability/special education classification?
16. At what age and grade was he/she first classified for special education services?
   Age: _____   Grade: _______
17. What grade is your child in currently?

**One on One Interview Questions**

1. What roles should educators (teachers, administrators, etc.) play in helping children succeed in school transitions?

2. As a parent, what role do you play in helping children succeed in school transitions?
   a. How do you think these roles are connected?

3. What are the important things that you do to help your child with school transitions? *(Probing Questions: Do you promote independence? Have you discussed the meaning of transition with your child? How involved are you in the school environment?)*

4. In what ways have you been included in your child’s transition planning? (Probing Questions: Have you attended any/or all IFSP/IEP meetings? Did you feel that you were included by the transitional team?)

5. What supports have you received during your child’s transition planning? Please describe. *(Probing Questions: Were center/agency staff helpful during the transition planning process? Did you feel encouraged and empowered as your child moves/moved through the process?)*

6. Describe any barriers you have encountered during your child’s transition planning. *(Probing Questions: Do you feel like you have been left out of the transition planning process? Was academic language difficult for you to understand? Did you know all of your parent rights?)*

7. How can schools/programs better serve families during transition times?
   a. Were there things that you would have hoped went differently?

8. What expectations do you have for your child’s future?

9. In terms of transition, which transition process (into EI/preschool out of preschool into kindergarten) was the most successful and why?

10. Do you have any other perspectives on the transition process that you would like to share? *(Probing Questions: What could the agency improve on regarding the transition process? What was your overall experience for transition planning?)*
Closing Comments: Again I would like to thank you for volunteering to participate in this study. Before we conclude are there any additional comments of thoughts you would like to add to this discussion?
APPENDIX G

Purpose of the Study

Organizational Leadership Ed.D. Program, Brandman University

Interview Consent form for parental expectations and perspectives as they relate to their children with Special Education Needs during transition from early intervention/preschool to kindergarten

Dear Parent Participant:

As a doctoral student at Brandman University, I am conducting research to complete my dissertation. The purpose of this study is to identify and describe parental expectations and perspectives as they relate to their children with Special Education Needs during transition from early intervention/preschool to kindergarten, the cultural and linguistic barriers experienced during transition planning, and how well they believe schools support them during and through the transition process. This study will use a qualitative case study approach. All responses will be kept confidential, and the participants will not be identified by name. Only the members of my dissertation committee and I will have access to the records of information obtained directly from the focus group interviews. By participating in this study the researcher will be able to gain a greater understanding of the needs, perspectives, and expectations of parents during the transition planning process of their child with special needs. The study presents minimal risks to the parent participants involved, and participants will not experience any harm or discomfort and no interruption of the daily routine.

To participate in the study, each parent is required to give their informed consent, indicating that he/she understands the purpose of the study, and how the information shared by the parent will be used by the researcher. Please read Informed Consent Letter below. Your signature signifies that you agree to participate in this study.

Letter of Informed Consent
Dear Head Start Parent:

I am a Doctoral Student at Brandman University, who is conducting a study to identify and describe parental expectations and perspectives as they relate to their children with Special Education Needs during transition from early intervention/preschool to kindergarten, the cultural and linguistic barriers experienced during transition planning, and how well they believe schools support them during and through the transition process.

I am seeking your assistance in the study by participating in one-on-one interviews, which will take approximately 30 minutes and will be set up at a time convenient for you. If you agree to participate, you may be assured that it will be completely confidential. No names will be attached to any notes or records from the interview. All information will remain in locked files accessible only to the researcher. None of the Head Start faculty will have access to the interview/focus group information. You will be free to leave the session at any point and withdraw from the study at any time.

The research director, Arika Spencer-Brown, is available at XXX-XXX-XXXX or 1234@gmail.com, to answer any questions you may have. Your participation would be greatly valued.

Informed Consent

My signature below indicates my consent to participate in the doctoral research being conducted by Arika Spencer Brown. I agree to participate in the research interviews, and understand that the information I share can be utilized by the researcher. I also understand that any individual information identifying be will remain confidential.

I understand that I may refuse to participate in or I may withdraw from this study at any time without any negative consequences. Also, the investigator may stop the study at any time. I also understand that no information that identifies me will be released without my separate consent and that all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed I will be so informed and my consent obtained. I understand that if I have any questions, comments, or concerns about the study or the informed consent process, I may write or call the Office of the Vice Chancellor Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618 Telephone (949) 341-7641. I acknowledge that I have received a copy of this form and the Research participant’s Bill of Rights (Please see Bill of Rights below)

The one on one interviews will be documented using audio and video recording devices and field/observational notes. These recordings will only be reviewed by the researcher.
I, __________________ consent to participate in the research study conducted by
Arika Spencer-Brown

Signature of Participant ____________________________ Date ____________

I hereby agree to abide by the participants’ instructions.

Researcher’s signature ____________________________ Date ____________

Thank you for your participation.

Sincerely,

Arika Spencer-Brown, Brandman University Doctoral Student

**BRANDMAN UNIVERSITY INSTITUTIONAL REVIEW BOARD**

**Research Participant’s Bill of Rights**

Any person who is requested to consent to participate as a subject in an experiment, or who is requested to consent on behalf of another, has the following rights:

1. To be told what the study is attempting to discover.

2. To be told what will happen in the study and whether any of the procedures, drugs or devices are different from what would be used in standard practice.

3. To be told about the risks, side effects or discomforts of the things that may happen to him/her.

4. To be told if he/she can expect any benefit from participating and, if so, what the benefits might be.

5. To be told what other choices he/she has and how they may be better or worse than being in the study.

6. To be allowed to ask any questions concerning the study both before agreeing to be involved and during the course of the study.

7. To be told what sort of medical treatment is available if any complications arise.

8. To refuse to participate at all before or after the study is started without any adverse effects.
9. To receive a copy of the signed and dated consent form.

10. To be free of pressures when considering whether he/she wishes to agree to be in the study.

If at any time you have questions regarding a research study, you should ask the researchers to answer them. You also may contact the Brandman University Institutional Review Board, which is concerned with the protection of volunteers in research projects. The Brandman University Institutional Review Board may be contacted either by telephoning the Office of Academic Affairs at (949) 341-9937 or by writing to the Vice Chancellor of Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA, 92618.
APPENDIX H

Data Collection Chart

Area of Interest: _________________________________

Chart Started: _________________________________

Themes and Concepts: ___________________________

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<th>Questions</th>
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Data Collection Method

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PLANNING MATRIX

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APPENDIX I

Transcription and Coding Chart

1. What expectations do parents of preschool children with special education needs have regarding transition planning?

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<td>During transitioning, parents expect: ___________________________. (code)</td>
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2. What factors do parents perceive as important to the transition process out of preschool and into kindergarten?

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3. What supports and barriers do parents of children with special education needs experience during the transition process out of preschool into kindergarten?
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<td>During transitioning, parents feel satisfaction when:</td>
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<td>___________________________</td>
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4. To what extents do parents of preschool children with special education needs perceive that the early education program is meeting their needs during the transition process?

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APPENDIX J

Visual Chart

1. What expectations do parents of preschool children with special education needs have regarding transition planning?

Exemplary quotes:

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2. What factors do parents perceive as important to the transition process out of preschool and into kindergarten?
Exemplary quotes:

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3. What supports and barriers do parents of preschool children with special education needs experience during the transition process out of preschool into kindergarten?

Exemplary quotes:
4. To what extents do parents of preschool children with special education needs perceive that the early education program is meeting their needs during the transition process?

**Exemplary quotes:**

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Appendix H. Institutional Review Board Approval Letter

BRANDMAN UNIVERSITY INSTITUTIONAL REVIEW BOARD
IRB Application Action – Approval

Date: November 19, 2014

Name of Investigator/Researcher: Arika Spencer-Brown
Faculty or Student ID Number: B00413566

Title of Research Project:
Parental Expectations and Perspectives as They Relate to Their Children with Special Education Needs (SEN) During Transition from Early Intervention/Preschool to Kindergarten

Project Type: ☑ New ☐ Continuation ☐ Resubmission

Category that applies to your research:
☑ Doctoral Dissertation EdD
☐ DNP Clinical Project
☐ Masters’ Thesis
☐ Course Project
☐ Faculty Professional/Academic Research
☐ Other: 

Funded: ☑ No ☐ Yes

Project Duration (cannot exceed 1 year): One year

Principal Investigator’s Address: P.O Box Vallejo, CA

Email Address: __________________________ Telephone Number: N/A

Faculty Advisor/Sponsor/Chair Name: Dr. Patrick Ainsworth

Email Address: painswor@brandman.edu Telephone Number: 530-823-9542

Category of Review:
☑ Exempt Review ☐ Expedited Review ☐ Standard Review

Brandman University IRB Rev, 3.20.14 Adopted November 2013
I have completed the NIH Certification and included a copy with this proposal

☐ NIH Certificate currently on file in the office of the IRB Chair or Department Office

Signature of Principal Investigator: Arika Spencer-Brown

Digitally signed by: Arika Spencer-Brown
Date: 11-19-14

Signature of Faculty Advisor/Patrick Ainsworth

Digitally signed by: Patrick Ainsworth
Date: 11-19-14

Sponsor/Dissertation Chair:

Digitally signed by:
Date: 11-19-14

Brandman University IRB Rev. 3.20.14
Adopted
November 2013
BRANDMAN UNIVERSITY INSTITUTIONAL REVIEW BOARD
IRB APPLICATION ACTION – APPROVAL
COMPLETED BY BIIRB

IRB ACTION/APPROVAL

Name of Investigator/Researcher: Arika Spencer-Brown

☐ Returned without review. Insufficient detail to adequately assess risks, protections and benefits.

☐ Approved/Certified as Exempt form IRB Review.

☐ Approved as submitted.

☑ Approved, contingent on minor revisions (see attached)

☐ Requires significant modifications of the protocol before approval. Research must resubmit with modifications (see attached)

☐ Researcher must contact IRB member and discuss revisions to research proposal and protocol.

Level of Risk: ☐ No Risk ☐ Minimal Risk ☐ More than Minimal Risk

IRB Comments:

Application requires the following revisions: 1) the methodology/recruitment process for participants should be explained in the application rather than only outlined in your dissertation; 2) under Risks and Benefits, applicant needs to describe the less than minimal risks that exists in the study - collection of personal information, etc.; 3) in steps taken to minimize risks, applicant needs to describe plans to delete electronic/email research materials; and 4) applicant needs to discuss plans for protecting identifying information with the use of codes or numbers on the research materials rather than using participant names.

IRB Contact

Name: Laura Feren

Telephone: Email: feren@brandman.edu

IRB Certification Number: 12081402 Date: 12/11/14

Revised IRB Application

☑ Approved ☐ Returned

Name: Keith Larick

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Brandman University IRB Rev. 3.20.14 Adopted November 2013