Caregivers' Experience During Their Children's Transition Process from Early
Childhood Special Education Services to School-Aged Special Education Services

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Abstract

This study investigates caregivers' perceptions of the transition process for children transitioning from Early Childhood Special Education (ECSE) to School Age Special Education services (SA). Interest in this topic developed during the researcher's 18 years of experience as an Itinerant Early Childhood Special Education Teacher during which she continuously listened to parents' voice their frustrations with the transition process. The goals of the study were to review literature and conduct surveys from caregivers, concentrating on the following themes: examination of current transition practices, identification of the transition process from a caregiver's perspective, determination of best practice recommendations for Early Childhood Special Education in providing smoother transitions, integration of assessment and goal planning during the transition process and stress reduction during the transitions process.

Data were collected in the form of surveys and in-depth face-to-face interviews with 60 caregivers of children who transitioned from Early Childhood Special Education within two years. Thirty of the caregivers' children received interventions from the Preschool Disabilities itinerant program while the other 30 received interventions in Preschool Disabilities classrooms. The methodology undertaken for the analysis of the data was that of content analysis. Transcripts of responses were reviewed and responses were grouped into the themes listed above. This study examines current school transition practices and caregiver interviews, in order to evaluate the effectiveness of current transition practices and to make suggestions for the improvement of polices and reduction in stress for those involved in the transition process.

Key words: Early Childhood Special Education Services, Transitions, Caregivers

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Chapter 1

Statement of the Problem

Overall, there is a substantial body of literature which addresses transition processes, although few studies have examined the specific transition of children from Early Childhood Special Education services (Part B, ages three to five) to School Age Special Education services (ages 6 to 21).

Transitions have been defined as the movement from "one state of certainty to another with a period of uncertainty in between" (Schilling, Snow & Schinke, 1988, p. 2). A consistent theme in studies of early childhood transition processes is that transitions are not smooth for the families or the school professionals involved. When special needs students move from preschool to school-age special education services, for example, their parents reported to former teachers that they lacked sufficient knowledge about their child's new program. A gap in the continuity of services for their child is inevitable, but its impact should be minimized. If consistent collaboration and sound implementation procedures are put into place, there will be minimal disruption of a child's educational program, thus promoting success in the next phase of the child's educational journey.

An effective transition program should provide implementation of the best transition practices and therefore result in successful adjustment. It should involve systematic, individualized, timely and collaborative planning (Conn-Powers, Ross-Allen & Holburn, 1990). This study examines factors that contribute to inconsistency in service delivery from a caregiver's perspective. It also focuses on the transition period from age 6 to 21 years and the changes that occur during this period of development.

Significance of the Study

This study determined the stressors for caregivers during a transition period. The results will assist in providing a foundation for best practice development in the area of Early Childhood Special Education transitions, thus reducing the stress that families may experience during the process. This process will assist in easing the family adjustment and improving the transition process. Parental involvement and satisfaction with the transition process were assessed as well as related stressors, coping skills and supports. Caregivers were interviewed thoroughly in order to identify the data. The ideal transition process is one which is a "carefully planned, outcome-oriented process, initiated by the primary service provider, who establishes and implements a written, multi-agency service plan for each child moving to a new program" (McNulty, 1989, p. 159). Unfortunately, the transition experiences of many families do not meet this standard. The study examines current school transition practices and caregiver interviews in order to evaluate the effectiveness of current transition practices and to make suggestions for the improvement of polices and reduction in stress for those involved in the transition process.

Objectives of the Study

Research findings underscore the importance of collaboration as influential and essential in the transition process. Collaboration between professionals, and between families and professionals, has taken many forms and has occurred at different levels (Kemp & Carter, 2000).

Strategies must be adapted to address different types of services and systems and to meet the needs of the range of children and families served in terms of cultural, linguistic, ethnic, racial, and socio-economic backgrounds (Rosenkoetter, Hain & Fowler, 1994). In order to assist in this process, the goals of this study encompassed a review of literature and an analysis of surveys from caregivers which focused on the following themes:

- examination of current transition practices,
- identification of the perspective of the transition process from a caregiver's perspective,
- determination of best practice recommendations for Early Childhood Special Education transitions in providing smoother transitions, thus increasing optimal education for children with special needs and decreasing stressors for caregivers,
- integration of assessment and goal planning during the transition process,
- stress for children, families, and service providers during the transitions process.

The remainder of the study included an in-depth review of literature and data analysis of 60 surveys from interviews. Thirty of the caregivers' children received interventions from the Preschool Disabilities (Ps/D) itinerant program while the other 30 received interventions in Preschool Disabilities classrooms. The methodology undertaken for the analysis of the data was that of content analysis. Transcripts of responses were reviewed and responses were grouped into the themes listed above. The basic elements of each theme were called invariant constituents (Moustakas, 1994) since they represent the

most fundamental perception, thought, or experience of the participants. Invariant

constituents were grouped and ordered within the themes. The results are presented in

order of the progression of themes in the interview.

Definition of Terms

Caregiver	Anyone who is in charge of the primary care and well being of a child. This can be anyone who fulfils a parenting role for the child such as guardians, single parents, grandparents, surrogate parents, foster parents and/or other family members. It should not be interpreted to mean only the birth parent.
Coping	A collection of strategies used during the confrontation of a challenge (McCubbin & Patterson, 1982).
Individualized Education Plan (IEP)	A legal written document that identifies the unique needs of the child with a disability and the ways in which free and appropriate special education and related services will be provided through the public school system to meet those needs.
Individuals with Disabilities Education Act (IDEA)	IDEA is the landmark special education law in the United States. This was formally called Education of the Handicapped Act and includes (as Part B) PL.94.142, the Education of the Handicapped Act of 1975.
Part B Services	The part of IDEA describing how children with disabilities from ages 3 to 21 shall receive free and appropriate education through their local public school system.
Itinerant Teacher	This teacher travels from setting to setting (such as home or daycare) helping the child with special needs and acting as a consultant for the regular teacher and caregivers. (Dinnebeil, McInerney & Hale, 2006)
Part C Services	The state operated program created in 1986 for infants and toddlers with disabilities and their families. It is an early intervention program for children from birth to three years of age in concurrence with their families. These services are specified on an Individualized Family Service Plan known as an IFSP.
Perceptions	An awareness of one's own environment and ability to understand (Merriam Webster Dictionary, 2004)
Stressor	A life event that impacts the family unit that produces, or has the potential of producing, change in the family system. (McCubbin & Patterson, 1982)

Transition	The movement from "one state of certainty to another with a period of uncertainty in between" (Schilling, Snow, and Schinke, 1988, p. 2).

Chapter 2

Literature Review

This literature review includes six themes:

1. intent of the law in state and federal policies regarding transitions,

2. perceptions of the transition process,

3. models used in transitions,

4. perceptions of early childhood special education services versus school-age special education services,

5. best practices in early childhood transitions,

6. stressors, supports and coping mechanisms for families of children with special needs.

According to Rous, Hallem, Harbin, McCormick and Jung (2007), "over the past two decades, the number and types of programs available for young children have increased. As a result, the transition of young children with disabilities has become more complex, resulting in an increasing need for improved transition processes for both children and their families" (p. 136). Because of the importance of a successful transition and the lack of consistent strategies, this research identifies effective transition strategies for children with disabilities as they shift from Early Childhood Special Education to School Age Special Education services. The literature shows that for this population of children there is a paucity of research and evaluation of transition support models. Therefore, the initiation of studies that evaluate transition models and experiences designed specifically for this population of children as well as the examination of the

short and long-term outcomes becomes very critical. Identifying the types of support necessary to assist families and children with disabilities in maintaining goals and a continuity of services throughout their entire educational experience has been a significant contribution to the students, families and the field of education for children with disabilities (Rimm-Kaufman & Pianta, 2001).

As Kraft-Sayre and Pianta (2000) suggested, "school transition is not a 'one size fits all' program" (p. 4). The transitions between early intervention (birth to age three) and preschool services (age three to five), and later school age services (age 6 to age 21), are emotional for all parents as they contemplate the growth of their child. In the literature, the concept of transition has been tied closely to the concept of "readiness" (Pianta & Cox, 1999). A child living with a disability such as autism or impaired vision can magnify these emotions and bring more questions and tests of faith into the process (Lerner, Lowenthal & Egan, 1998). Parental issues associated with disabilities intertwine with the responsibility of making the right choices for the child's future and often result in a time of uncertainty that is exacerbated by a process that can seem overwhelming for all involved (Minke & Scott, 1995).

The continuity of parents' involvement in their child's education has proven beneficial to the children (Kemp & Carter, 2005) and renewed parents' sense of involvement in their child's education (Lombardi, 1992). Young children with special needs and their families often experience transitions across multiple environments in the early childhood years. Many transitions are identified as stressful for children and families. According to Rous, Myers and Stricklin (2007), "it is important that parents are informed of school expectations and teachers listen to parents' concerns and goals for

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their children" (Rous et al., 2007, p. 138). Studies have noted that parents should therefore receive sufficient information and opportunities to understand the new environment and to share it with their child (Mack, 1995).

The transition for children into school marks an important rite of passage for children and their parents and plays a critical role in academic success (Green & Kemp, 1999). Some of the positive consequences of successful adjustment to school have included development of positive peer relationships, cooperative relationships with teachers, and long-term social competence and academic achievement (Pianta & Cox, 1999). A number of studies show that individual school outcomes, especially academic achievement, remained very stable after the first two years of school (Pianta & Walsh, 1996). These findings reinforce the premise that effective transition strategies are needed to ensure that a child's years in public school are positive in order to enhance the probability of a successful experience. One primary goal of transition has been to develop positive relationships between children, parents, and caregivers during preschool and during the process of transition into various public school settings (Mahoney & Filer, 1996).

Findings from studies of children who do not have special needs have suggested that the emphasis on academic skills and the demands to interact with larger groups of diverse children are the most difficult aspects of transition (Rimm-Kaufman & Pianta, 2001). Children who have social and emotional problems in a childcare or preschool setting may have even greater difficulty when they enter the unfamiliar, varying environment of a public school kindergarten class. The transition to kindergarten disrupts the routines and patterns of interaction developed in preschool. Continuity associated

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with friends and the sense of belonging established in preschool is interrupted (Fowler, Schwartz & Atwater, 1991). The first experience for parents of children with special needs has previously set the foundation for future transitions (Agran, McDonnell, Mathot-Buckner & Ferguson, 1995).

Intent of Law with State and Federal Policies in Regard to Transitions

There are laws in place to protect children and their families who need Special Education services. Public Law 99-457, IDEA (Individuals with Disabilities Education Act) and amendments to the legislation have consistently identified transition as an integral component of the service delivery systems for young children with disabilities. (Retrieved from Ohio.gov) However, only a small number of systematically designed transition approaches have been evaluated and their findings disseminated (Rous & Hallman, 2000). They are the Sequenced Transition to Education in Public Schools (STEPS) model and the Transitioning into the Elementary Education Mainstream (TEEM) Project (Rous et al.,1999).

The passing of P.L 99-457 in 1986 created two programs for young children with disabilities, the Early Intervention Program for Infants and Toddlers with disabilities and their families (Part C formally Part H), which serves children from birth to age three and the Preschool Disabilities Program (section 619, Part B), which serves children ages three through age five in the State of Ohio. IDEA provides regulation and funding to states for infant/toddler services to children with disabilities from birth through age two under Part C and from age 3 through 21 under Part B, so this transition may represent a different funding and regulation authority as well as a move to a different agency or service delivery location. IDEA does not explicitly address the transition needs of children ages 6

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to 13. One of the most recent laws to appear is the *No Child Left Behind Act of 2001* (Public Law 107-110), which emphasizes coordination during transitional periods between Head Start, other early childhood programs and the public school system (US Dept. of Education).

When children move from Preschool Disabilities Special Education Services to School Age Special Education Services some components of the child's educational program may change. According to *The National Early Childhood Transition Center* (NECTC) funded by OSEP to investigate and validate practices and strategies that enhance the early childhood transition process and support positive school outcomes for children with disabilities, another major difference in programs may be pedagogical styles, such as the role of the teacher, related service provider and/or type of instruction provided to the student. According to Dr. Kristie Pretti-Frontczak (2002), the transition of children from one program to another is a process, not a single introverted event. The process of transitions from Preschool Special Education Services to School Age services proved beneficial, when it included a specific protocol and guidelines ensuring continuity of service and an optimal educational experience for the child and family involved (Rous, Hammeter & Schuster, 1994). Unfortunately, there are no legal mandates to guide this process from Preschool to School Age Special Education.

Conversely, the law does mandate transition procedures from Early Intervention (birth to age three) to Preschool Special Education services (ages three to five) and from age 14 into the community. In these instances, federal law defines several elements that must be included in transition planning. The state would benefit from implementing these various guidelines for all levels of transition since transitions are never stagnant.

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Carefully planned transition processes have benefited children with special needs and their families, facilitated the education of the child in the least restrictive environment, and put a team in place to direct this process (Head Start Bureau, 1989; Lazzari, 1991; Rosenkoetter, et al., 1994; Rous & Hallam, 2006). A team should consist of the caregiver, current teacher and support staff, as well as the receiving teacher and support staff. This team would then be responsible for meeting to canvas transition activities, organize the timeline for the process, and decide who will be responsible for which components of the process (Schotts, Rosenkoetter & Streufert, 1994).

Perceptions of the Transition Process for Children with Disabilities

According to the Merriam Webster Dictionary, "Perception can be defined as an understanding about a particular topic or process" (Merriam-Webster Dictionary, 2004).

With regard to transitions, there are various perceptions to consider. It is imperative for the educational system to consider the perceptions of the caregivers, current school personnel and receiving school personnel. Hain, Fowler and Chandler (1988) proposed that a smooth transition between services is important to young children with special needs and their families. As indicated from the research, well-coordinated transitions promote placements that meet individual needs, provide continuity of services, effective models for advocacy to empower caregivers, and avoidance of duplication in assessment and goal planning, in addition to reducing stress for all team members (Wesley, Buysse & Tyndall, 1997).

Hain and colleagues (Rosenkoetter & Fowler, 1991) have suggested a four-phase plan for supporting family involvement in transition planning. The phases include:

Phase 1. Professionals talk to families about transitions.

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Phase 2. Professionals discuss future planning and current IEP.

Phase 3. Professionals collaborate with one another and professionals from receiving school.

Phase 4. Families are interviewed about their perception of the transition process in the fall following the transition.

The establishment of a sound transition plan considers the perceptions of all current and future team members involved. This can be accomplished through an interview process. Research has indicated various studies that can assist with this process. A strategy for determining family concerns about the transition process is to interview caregivers following a transition. In an exploratory study of 19 parents whose children recently made a transition from Preschool Special Education to Special Education services provided in kindergarten, Johnson, Chandler, Kerns and Fowler (1986) found that 80% of the caregivers reported satisfaction with their child's transition. However, caregivers did report that the idea of change proved to be stressful.

Because of these findings by Johnson et al. (1986) in another study, Fowler, Chandler, Johnson, and Stella (1988) developed two interview protocols that assisted parents in planning the transition of their child from an early intervention preschool to elementary school. Two transition planners in the form of questionnaires contained categories that helped parents identify information they needed for their child's transition. This interview contained open-ended questions. Two items were rated very important by at least 80% of parents included the opportunity to participate in planning as well as in selecting and visiting the next program. In this same study 40% of the parents reported

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stress during the transition process and parents reported that 50 % of their children demonstrated signs of stress during the transition process.

As in previously cited studies, Hanson, Horn and Brennan (1997) also investigated parents' perceptions of the transition process. The children in this study were transitioning from Early Intervention (birth to age three) to Public School Preschool. A study based out of Canada by Janus, Lefort, Cameron and Kopechanski (2007) focused on satisfaction with the transition process, the importance of the service relationship, the support parents received by the families and the importance of their preparation for transition. The study by Janus et al. (2007) stated that "transition to elementary school is an important and complicated event in any child's life, but even more so for 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 this process" (p. 628). These children often require additional support in adjusting to the school environment and in functioning at an adequate level for learning. Frequently, these supports were not in place before children entered school (Fawcett & Roberts, 2003). It is, therefore, crucial to identify the issues that prevent a successful transition and adjustment.

Another way to collect data on perceptions of the transition process is to survey and interview the professionals who are involved in the process. For example, a study conducted by Jewett, Tertell, King-Taylor, Parker, Tertell, and Orr (1998) used a narrative inquiry technique on preschool and primary teachers, which described the process of assisting children with special needs to make the transition to kindergarten. Using an open-ended format, questions were provided to teachers as they wrote their

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perceptions in a journal. From these journals, themes were extracted and placed into categories.

The following categories were identified:

- the overwhelming sense of responsibility experienced by teachers,

- the understanding and implementation of laws and regulations, which protect children with disabilities,

- the preparation of families for a smooth transition,

- the development of the knowledge of the child with disabilities and their families' needs,

- the role of serving as a liaison within the transition process.

This study indicated that these teachers have concerns in dealing with transitions not addressed precisely in the literature. According to the study 80% of teachers interviewed felt that transition tasks were very demanding (Pianta & Steinberg, 1992). Recent descriptive research from the Early Childhood Research Institute on Inclusion (ECRII), a five-year multi-university federally funded research project, examined the transition process as children moved from Part C services to Part B services (Hanson, 1998; Hanson et al., 1997). The study focused on family choices and decision-making and service delivery opportunities for inclusive placements. Families and professionals (sending and receiving teachers, therapists and other related service personnel) were interviewed and observed during the transition process. Findings centered on families' and professionals' experiences and perceptions during the transition process, their expectations and concerns, and factors that affected or influenced the transition process and outcome (Vaishnav, 2000).

From the families' perspectives, the shift in service delivery systems (and often agencies) contributed to a challenging process in which they were forced to adapt to new rules, regulations, types of services, and often agencies (Hanson, 1998; Hanson et al., 1997). In this study, most families expressed expectations and concerns that their children receive quality learning/academic experiences, services for their children's special needs, and opportunities for independence building and social participation in settings with children without disabilities. This area of research was necessary. However, issues have been identified that highlight particular considerations for transitions from Preschool to School Age Special Education programs. These issues include 1) the shift from one service system or agency to another, 2) differences in eligibility requirements for services, 3) new demands for child participation, 4) differing expectations for child behavior and readiness, 5) new types and levels of staff involvement, 6) training and philosophical shifts in intervention models (Fowler et al., 1990; Hain et al., 1988; Shotts, Rosenkoetter, Streufert & Rosenkoetter, 1994). In Canada, the federal government has provided funding and support for specific program areas, and each province or territory developed the policy directing how each program will be administered. Early intervention and childcare services were located under separate jurisdiction from kindergarten and schools (Cleveland, Colley, Friendly & Lero, 2003).

These studies indicate that the overall perception of team members reveals satisfaction with the transition process from preschool to kindergarten, yet there are some reservations about the school experience after the transition is completed. There is limited research on the transition process from Preschool Special Education (ages three to five services) and School Age services (ages 6 to 21). The studies cited date back to 1986 and

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1988, when laws first passed for preschool intervention services primarily focused on the transition experience from birth to three years of age. The studies indicated the lack of clarification of transition procedures and assignment of responsibility for tasks. The literature reviewed also indicated caregivers' satisfaction with a family-focused model versus a child-centered model. Family involvement is increasing in the area of special education and early intervention, especially with the family-focused model that is used with all birth to age three programs in the state of Ohio. These studies also indicated that there is always a need for further research in the areas of families, service providers and educators with regard to the continuum of Special Education services.

Models used for Educational Transitions

According to Fowler and Ostosky, there are several models used in transitions. Models can be defined as guided procedures to steer the transition process. Models are often developed to assist families and to provide support as their children transition from one phase of education to another. Of equal importance is the need to ensure that guidelines are in place regarding models such as those related to defining and measuring student outcomes (Fowler & Ostrosky, 1994).

One model used in the transition process is called Project STIP (Supported Transition to Integrated Preschools). This program, piloted in the San Francisco area, focused on including sending and receiving programs in the transition process where resources and expertise are combined, therefore ensuring a smoother transition and comprehensive service for parents (Rous et al., 1994). This model included three phrases 1) preparation for the transition, 2) school district intake assessment, the educational meeting and placement and 3) follow-up. After the completion of the transition phases,

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parents were asked to assess the program using a Likert scale. Parents then rated their overall satisfaction. According to Rous et al., this model provided support prior to, during, and after the child makes transition to the preschool program (Rous et al, 1994).

Another transition model is called Project STEPS (Sequenced Transition to Education in the Public Schools). Project STEPS is a model project that is used in Kentucky to facilitate interagency collaboration at both the state and local levels. The STEPS Model focused not only on transition "best practices," but also on the interagency process of transition systems development (Rous et al., 1999). Through the demonstration project, a successful model for the transition of children between birth and age eight was developed. The four primary components of Project STEPS included 1) interagency and administrative issues, 2) staff involvement in the process, 3) family involvement in the transition process, and 4) child preparation for the new environment (Rous & Hallman, 2000). This model is used for teaming and collaborating among all team members by concentrating on all four areas and overall transition system development.

The Kids in Transition (KIT) project, located in Iowa, assisted in preparing children and their families' for transition from early childhood special education programs to elementary regular or special education programs and from home-based early intervention programs to preschool special education (Rous et al., 1994). This model contains two components: a guide for educators and a guide for families. The guide for educators includes a planning process for meetings, prescribed timetables, and conferences that should occur at specific times. The parents' guide gives guidelines for transitioning and a format with four specific meetings. Each meeting includes goals and outcomes. The meetings were related to the following topics: meeting parents' rights in

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the special education process, handicapping conditions and special education interventions, parental responsibilities and developing a cooperative home and school partnership (Rous & Hallman, 2000).

Project TEEM (Transitioning into the Elementary Education Mainstream) is a transition model that has empowered parents and staff from early childhood special education and elementary school programs to work together in establishing and implementing a system-wide transition process for planning the transition (Conn-Powers et al., 1990). This model, developed and implemented in Vermont, provides information and guidelines for teams. The goal of the project is "to develop a model that enables parents and staff from Early Childhood Special Education and elementary school programs to collaboratively establish and implement a system-wide transition process for planning transitions" (Conn-Powers et al., 1990). Like STEPS, the model is not prescriptive, but rather provides school systems with information to assist in the development of a system for providing transition services. The TEEM Model was designed to provide a framework for school districts and to develop and implement transition services for children identified as IDEA-eligible. One philosophy of the TEEM model is that, "if the transition from early childhood special education programs to the elementary school mainstream is planned and coordinated, the potential challenges that children, families, and professionals face will be addressed" (Conn-Powers et al., 106, 1990).

Inherent in the TEEM model planning process are practices which have been identified as critical for effective transition and educational planning. The critical elements for an effective transition as defined by the TEEM model are: establishing a

collaborative team approach, setting transition goals and outcomes, providing opportunities for family members to participate in the transition process, improving communication among relevant staff, and focusing on children's strengths and needs rather than on system requirements in promoting success for all children (Rimm-Kaufman, Pianta & Cox, 2000).

Although not a recent study, in 1988, Diamond, Spiegel and Hanrahan described an approach based on Brofenbrenner's (1979; 1986) ecological–developmental model. This model was used to plan a child's transition from a preschool special education program to a public school classroom. This model begins functioning in the fall prior to kindergarten and proceeds with 15 procedures over the course of the kindergarten year. This ecological approach to understanding child development posited interdependence among social systems at the parent, family, and community levels (Bronfenbrenner, 1979; Pianta & Walsh, 1996). According to Quin, in this social ecology model, treating a problem in isolation was of little benefit, since any change that occurs will likely not be supported in the larger contexts of the family and community environments (Quin, 1999-2000). This type of model could be used for virtually any type of transition conducted in the education arena.

Another model, the Capstone Transition Process, has provided clear guidelines for the transition process (Johnson, Cook & Yongue, 1990). The first activity initiates long-range planning by establishing a "Transition Timeline." This timeline serves as a guide for accomplishing transition activities and can be set up in chart form to track activities. The Capstone Transition Process has addressed specific activities beginning 12 months before the move to a new program (Johnson et al., 1990). The process includes

preparation, implementation, and evaluation activities. The initial steps of the process are designed to prepare participants for their role in the transition. Steps include notifying and preparing parents and teachers from both the sending and the receiving programs; collecting and updating data regarding the child's needs, and developing a profile of communication procedures, available services, prerequisite skills, and teacher expectations. The preparation phase of the process culminates with the development of an IEP by the transition team for use as the foundation of educational programming in the new setting. Following the IEP meeting, the timeline provides reminders for the transfer of information and records to the receiving program. The final step calls for an evaluation of the effectiveness of the process. This model has proven beneficial for families with special needs children because its use of familiar terminology (Johnson et al., 1990). Transitions occur over a lifetime. It is beneficial and imperative to have developmentally-appropriate, empirically-based models in place to ensure a continuity of services for children with special needs and their families. As stated by Dr. Prendeville (2000), "transitions are not static events. Rather they are dynamic and any plans must be continually monitored, evaluated, adjusted and updated" (Hearsay, Journal of the Ohio Speech and Hearing Association, vol. 13, No.2, 2000, p. 108). Planning for transitions must occur at the system-wide level. Policies and procedure for all parties, families, administration, or professionals need to be in place to ensure continuity of services during the transition process in all phases of the educational process (Agran et al., 1995). By ensuring the continuity of services for children with special needs, the goal of IDEA—assisting children as they become completely independent citizens—is accomplished. Schools and programs have, with little additional financial resources,

implemented a transition planning process that results in each school or program developing their own transition plan (Pianta & Cox, 1999).

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Perceptions of Early Childhood Special Education
Versus School Age Special Education

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While all children experience transitions in their early years, children with developmental challenges and their families often experience frequent and more intense transitions regarding necessary services. These transitions can be stressful for families. Family concerns during this process are typically heightened by changes in friendship and service delivery systems as the child moves from home-based and family-focused services to center-based and child-focused services (Hain et al., 1991). Perceptions about Early Childhood Special Education and School Age Special Education services have differed depending on the individual, such as caregiver versus school personnel. When children move from Early Childhood services to School Age services their service model shifts from a family-centered to a child-centered focus. Family-centered early intervention service models have an emphasis on enhancing and supporting the effectiveness of families caring for their children. The use of this family-centered model prompted federal early intervention programs to focus on specific goals for parent and family involvement (Filer & Mahoney, 1996).

Recent descriptive research from the Early Childhood Research Institute on Inclusion (ECRII), a five-year multi-university federally funded research project, examined the transition process as children moved from Part C services to Part B services (Hanson, 1998; Hanson et al., 1997). The study focused on family choices and decision-making and the service delivery opportunities for inclusive placements. Families and professionals (sending and receiving teachers, therapists and other related service

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personnel) were interviewed and observed during the transition process. The study's findings centered on families' and professionals' experiences and perceptions during the transition process, their expectations and concerns, and factors that affected or influenced the transition process and outcome. This shift in service delivery systems from the families' perspectives contributed to a challenging process in which they were introduced to new rules, regulations, types of services, and often agencies. Most families expressed expectations and concerns that their children receive quality learning via academic experiences, services for their special needs, and opportunities for independence building and social participation in settings with children without disabilities (Filemyr, 1999).

When children and their families' transition into programs that provide service for learners age 6 to 21, the issue of transition lacks empirical data. There is little emphasis placed on transition needs from the Preschool Disabilities program (age three to age five) to school age programming such as kindergarten or first grade (age six). There is an assumption that the family's needs are minimized because they have prior experience with the IEP process and program needs. Studies are beginning to suggest that there are many changes that await children and families as they move to kindergarten and beyond. Hamblin-Wilson and Thurman (1990) noted numerous differences between the preschool and school age settings:

- a reduction in adult/child ratio,
- an increase in the number of children in school and educational groups,
- a longer school day,
- new transportation arrangements,
- changes in perspectives of family involvement (time or type),

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- increased expectations for independent work,

- different curricular content,

- different service providers,

- assessment needs,

- issues of peer perspectives regarding inclusion and interaction with peers with special needs (Rosenkoetter, 1997).

The difference in service delivery for families must prompt school districts to have sound transition models in place in order to ensure continuity of services. As stated by Prendeville et al., "children with disabilities are often challenged by differences in program styles. Because of these differences it is imperative to develop formal, individualized and collaborative transition planning" (Prendeville & Ross-Allen, 2002). Development of such planning results in smooth transition for all involved, thus enhancing optimal education for special needs children and their families.

Best Practices in Early Childhood Special Education

As defined by Prendeville, "best practices are those practices that have been identified through a review of the literature and a process of field testing and revision to determine what activities potentially work [best] to promote practice in the field that goes well beyond the minimum required by the law" (Prendeville & Ross-Allen, 2002, p. 134). If school districts are going to provide a continuity of services during the transition process, best practices must be employed. Rous et al. (2007) supported the implementation of five best practices that should be utilized to assist with smooth transitions. These five best practices are as follows:

1. Family members are equal members on the transition team.

2. Planning should occur in a timely, systematic, individualized and collaborative manner.

3. There must be collaboration between the current and receiving school about the educational needs of the student.

4. Always plan for success.

5. Promote and support Inclusive Practices.

Research findings have underscored the importance of collaboration as influential and essential in the transition process. Collaboration between professionals and between families and professionals may take many forms and may occur at different levels (Bruder & Chandler, 1996). Best Practices must be adapted to address different types of services and systems and meet the needs of the range of children and families served in terms of cultural, linguistic, ethnic, racial, and socio-economic backgrounds.

A description of effective best practice strategies has been identified in the literature as follows (Rosenkoetter et al., 1994):

1. Interagency issues and policies: Since children often receive services from different agencies during transition, interagency coordination and cross agency linkages are crucial. These linkages establish lines of responsibility and coordinate all facets of the process including child-find, referral and assessment, eligibility requirements, Individualized Education Program (IEP) processes, and follow-up and evaluation services (Fowler & Ostrosky, 1994).

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2. Preparation, information exchange, and training between ending programs, receiving programs, and families. Prior to the decision-making and meetings about future placement, all participants (family members and professionals) must have information about the child, family concerns, and priorities. The development of a transition plan and an established means of communication between families, sending professionals, and professionals in the receiving program has facilitated the transition process (Hain et al., 1991).

3. Family support: Information has been provided to families in formats that match the needs of the family (written vs. oral, group vs. individual, video, etc.) and include opportunities for program visitation and options for supplemental services (Rous et al., 1994).

4. Child preparation: Several efforts have focused on assessing and teaching the skills needed by the child in the next environment (Byrd & Rous, 1991; Rous et al., 1994). These skills focus primarily on social-behavioral goals and functional skills for participating in the daily routine of the receiving preschool program. They include learning classroom rules, self-management related to activities such as eating and taking care of one's needs, and communicating one's own needs as well as communicating effectively with adults and peers in the program.

5. Staff training and collaboration: The training of personnel providing in-services may differ from those providing preschool services, which necessitates coordination and preparation (Fowler et al., 1990). Transition

team training for parents and professionals has helped ensure more successful transitions (Rous et al., 1994).

The benefits of early childhood programs can be diminished if there is not careful consideration of the issue of transitioning children from one classroom to another, from one type of program to another (such as pre-kindergarten to primary), or from one school to another (Fowler et al., 1988). Teachers who send children to another program or grade level need opportunities to communicate with the teacher who will be receiving the children. A procedure needs to be established for determining what information is appropriate and necessary to pass on. The TEEM model is an example of a planning process that promotes the implementation of best practices in transition planning. Planning which reflects best practice should support children, families, and related professionals to prepare for and successfully manage the transition caused by changing from a preschool to the public school setting (Wills, Blechman & McNamera, 1996).

Studies have indicated that time also must be made available for parents and children to learn about the similarities and differences between programs (Rosenkoetter et al., 1994). Arrangements need to be made for parents and children to visit the new classrooms so they can see the new environments and identify people within those environments who will be available to them. The more closely programs adhere to best practices in areas of teacher selection, environment, scheduling, and curriculum, the easier it will be for children and families to make the transition. According to Wilson, important practices that influence the ease of transition are continuity in developmentally appropriate practices, parent involvement, and support services for children and families.

These practices have proven to be important components for a smooth transition (Wilson, 1998).

Stressors, Supports and Coping Strategies
for Families with Children with Disabilities

In order for transitions to be successful, it is imperative to identify the barriers and support basis for all team members. Some studies have suggested it is not clear whether the increased stress for parents of special needs children is due to the disability of the child, the gender difference of the child or to parenting in general (Crosse, Kaye & Ratnotsky, 1993). Some studies also have suggested that having a child with disabilities causes varying degrees of stress for families. Available research has found that children with disabilities are more vulnerable to maltreatment than children without disabilities. The only national study conducted to date (Crosse et al., 1993) was completed in 1993, and found that children with disabilities are 1.7 times more likely to be neglected than children without disabilities. The factors that place these children at higher risk include factors that place all children at risk of maltreatment, in addition to other risk factors that are more directly related to disabilities. These include the following:

- societal attitudes about disabilities,

- people's reactions to disabilities, and their interaction with the child,

- factors that relate to the disability itself,

- program policies and procedures governing the care of children by others.

Primary prevention efforts can improve conditions for all families that have children with disabilities. Prevention strategies have improved many areas of the family dynamic including best practices during transitions. Trute (1990) conducted a study in which he

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surveyed a cross-sectional, random sample of 88 families containing children with special needs. These disabilities included multiple handicaps, physical disabilities and Down's syndrome. These interviews were conducted in the homes of mothers and fathers of such children. The Family Assessment Measure and Dyadic Adjustment Scale were given to both sets of parents. The data collected measured key aspects of family systems. Findings from this study suggested that family functioning has little to do with specific characteristics of a child with a disability. Additional findings suggested that families with children with special needs are not any more distressed or disorganized than families with children without disabilities (Seligman, Goodwin, Paschal, Applegate & Lehman, 1997).

Bennett, De Luca and Allen (1996) conducted a qualitative study using interviews with 12 parents of children with disabilities ranging in age from 15 months to 30 years. This study provided data sources from three networks. They were family and friends, parent groups, and professionals who were in different stages of the family life cycle. The study focused on the understanding of family adaptations and resources across the stages of the family life cycle. The findings showed that some of the most important informal resources for parents of children with special needs were family and friends, parent groups and professionals.

Many of the studies cited above found stressors, coping skills, and support systems for families of children with special needs. A number of investigators have found that families of children with disabilities have less support available to them as compared to families of typically developing children. Many studies indicated that stress was a

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major factor in the lives of families with a child with special needs, while others claimed little or no stress.

Conclusion of Literature Review

This literature review examined the current research about Early Childhood transitions and included six themes: intent of the law in State and Federal policies regarding transitions; perceptions of the transition process; models used in transitions; perceptions of Early Childhood Special Education services versus School-Age Special Education Services; stressors, supports and coping mechanisms for families of children with special needs children; and best practices in Early Childhood transitions.

The importance of transitioning has been addressed in state and federal legislation, federal funding initiatives, and professional literature. The literature reiterated on the premise that a successful transition is a series of well-planned steps that result in the placement of the child and family into another setting. Successful transitions are a primary goal of early childhood intervention. The type of planning and practices that are employed can influence the success of transition and satisfaction with the transition process.

Within the field of early childhood special education, intervention transition has been defined as "the process of moving from one program to another, or from one service delivery model to another" (Schilling et al., 1988, p. 2). In 2007, a study by Rous et al., noted that a series of focus groups involving administrators, practitioners, and family members held around the United States to identify transition practices implemented effectively for children, families, staff, administrators, and communities. This study emphasized the dynamic process of transition, as children with disabilities and their

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families will have repeated moves among different service providers, programs and agencies as the child grows. While a formal program transition for young children with disabilities typically occurs at age three (into preschool) and age five (into kindergarten), transition between services, providers, and programs also can occur throughout these early years. Part H of IDEA, the provision of early childhood intervention services, increases the potential number of transitions. For example, transitioning can begin for some children at the moment of birth if it is determined that health status requires transfer to a special care nursery.

The continuity of parents' involvement in their child's education has proven beneficial to children (Pinata & Cox, 1999) and renewed parents' sense of involvement in their child's education (Lombardi, 1992). It is important that parents are informed of school expectations, and teachers listen to parents' concerns and goals for their children (Mack, 1995). Parents should therefore receive sufficient information and opportunities to understand the new environment and to share it with their child (Mack, 1995).

According to the Education Commission of the States (2000), a transition should fulfill four goals: to ensure continuity of services, to minimize disruptions to the family system by facilitating adaptation to change, to ensure that children are prepared to function in the receiving program and to share information across the sending and receiving programs and involve the families. Transition procedures should assist families and their children in promoting collaboration between the program staff and the families who comprise the transition team.

A substantial body of literature exists which addresses transition processes, although there are limited studies which have examined the transition for children from

infant/toddler services to preschool education (Fowler et al., 1990; Hain et al., 1988; Shotts et al., 1994). However, issues have been identified that highlight particular considerations for this transition. These issues include the shift from one service system or agency to another, differences in eligibility requirements for services, new demands for child participation, differing expectations for child behavior and "readiness," new types and levels of staff involvement and training, and philosophical shifts in intervention models (Fowler et al.,1990; Hain et al., 1988; Shotts et al., 1994). However, more recently, there has been a growing consensus that the key to effective services for young children is less about bridging the gap between different types of programs and more about ensuring continuity during transitions.

It should be noted that while developing more effective transitions to establish continuity for children is strongly supported in the literature described above, there is little consensus on exactly how to go about it. While a substantial body of literature is emerging about continuity and the importance of transition practices in general, few studies have been conducted that link specific "best practices" to positive child outcomes This is, in part, attributed to the context-specific, i.e., ecological, nature of transition practice (Education Commission of the States, 2000).

The IDEA amendment helps to ensure a smooth transition for all involved, but it does not guarantee the best practices by all individuals. As the literature review has suggested, transitions are inevitable and a critical time for families and school personnel; stress will presumably occur. Caregivers who have children with special needs will likely encounter several transitions throughout their child's lifespan. Discussing issues with all

parties involved and establishing productive expectations at an early stage has assisted

individuals in making successful future transitions (Rous et al.,2007).

Chapter 3

Introduction to Methodology

Research Paradigm: The primary goals of this study were to identify the various stresses of caregivers working with special needs children, to provide strategies to assist everyone in the transition process and to share results to assist with future development of a series of guidelines that promote effective transition to school age programming.

These objectives were met through research activities which included identification and evaluation of current transition models, practices and strategies, identification of child, family, program and community factors that influence transition, identification of state level factors that influence transition and identification of the relationship between socially and empirically validated practices.

Methodology

Methodology has been defined as the science of method or arrangement (Fraenkel & Wallen, 2000). The simplest definition of qualitative research is to say it involves methods of data collection and analysis that are non-quantitative (Fraenkel & Wallen, 2000). The methodology undertaken for the analysis of the data was that of content analysis. Transcripts of responses were reviewed and responses were grouped into themes. The basic elements of each theme were called invariant constituents (Moustakas, 1994) since they represent the most fundamental perception, thought, or experience of the participant. Invariant constituents were grouped and ordered within the themes. The results are presented in order of the progression of themes in the interview.

Hypotheses

Transitions should be monitored for consistency throughout each change of placement. Research has shown that this monitoring only occurs at developmental milestones. Engaging in a more consistent monitoring process will ensure continuity of services and optimal education opportunities for children with special needs. This will alleviate stress factors for caregivers, empowering them to be better advocates for their child's special needs.

Participants

The target audience for this survey was caregivers of children who transitioned from the Cincinnati Public Schools Preschool Disabilities Itinerant Program at least a year ago but not more than two years ago.

Exclusion Criteria: For the purpose of experience, recall or memory, families who experienced the transition more than two years from the actual transition were also excluded from this study. Because the researcher is a practitioner in the Itinerant Preschool Disabilities Program, students from the researcher's caseload were excluded for the sake of objectivity. In addition, students who transitioned from preschool disabilities programs into regular education programs without any services required from an Individualized Education Plan (IEP) were also excluded from this study because the continuity of services is a stress factor for parents during transitions, according to the literature and the researcher's experiences as a practitioner in the field.

Inclusion Criteria: Caregivers of students who transitioned less than two years ago but more than one year ago from the Cincinnati Public Schools Preschool Disabilities into School Age Special Education programs were the target population for this study.

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Instrument

The instrument was a learner-made qualitative survey. This instrument was used to substantiate stressors of this population during transitions through a taped interview.

Design

The design of the survey was 20 open questions other than identification questions. These questions were designed for the purpose of surveying demographics.

Procedures

The survey was administered by the learner in a face-to-face format at the location of the participants' choice, or over the phone. The interview was estimated to take approximately an hour and a half depending upon the length of participants' responses. The interview was taped with the permission of participants.

Informed consent

Informed consent has been defined as "knowing consent of an individual or his legally authorized representatives situated as to be able to exercise free power of choice without undue inducement or any element of force, fraud, deceit, duress, or other forms of constraint or coercion" (Frankel & Wallen, 2000, p. 330). In this study, the informed consent consisted of permission to participate in a taped survey that examined caregivers' perspectives during the transition process of their child from preschool special education programming to School Age Special Education programs. The participants of this study had the right to withdraw from the study at any time. The participants also had permission to ask questions and had the results of the study shared with them. For the purpose of anonymity, names of participants were replaced with initials or numbers. The

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participants were privy to the fact that during the interview process if they felt uncomfortable or unsure, they could withdraw at any time for any reason. The informed consent was reviewed and renegotiated throughout the duration of the study. Before proceeding, this study was approved by two sources: Cincinnati Public Schools research department (Dr. Elizabeth Holtzapple CPS-District IRN 043752) and the IRB at the Union Institute and University (IRB 00151 on 5/2/05 Dr. Linda C Volkenburgh).

Data Analysis

The tapes of the interviews were analyzed for reoccurring themes. The themes were then text coded into categories of responses. The collected data were gathered by reviewing taped interviews. The researcher listened to the tapes and collected data demonstrating emerging themes and recurring events and then categorized them. This process is called content analysis. Content analysis is a technique for gathering and analyzing the content of text. The coding system then was used to reorganize the theme content. This is called manifest coding. Manifest coding is highly reliable because of the ability to train an objective party to do it, ensuring intercoder reliability. From there an objective method to count the number of times a theme occurs in the coding scheme was used.

Ethical consideration

Ensuring anonymity protected the confidentiality of the caregiver. This occurred by using abbreviated names, initials, or numbers instead of given names as identifying factors. The interview survey was recorded with participants' permission and the questions were read aloud in person or over the phone to the participants and answers

were recorded by the researcher. The rights of the participants were reiterated throughout the study's duration.

Chapter 4

Results

The transition process from Preschool Disabilities Programs (Preschool Disabilities) to School Age Programming (SA) entails many challenges for the child, the caregivers, and professionals assisting with the process, as well as the schools administering the process. As prior studies have found, not all transitions are smooth-sailing for those involved. Such situations call for the development and implementation of more effective practices to ensure the success of services for children with special needs (Conn-Powers et al., 1990).

This study aimed to identify the stresses and various experiences of caregivers during their children's transition process from Preschool Disabilities to SA. From the examination of current school transition practices and of caregiver evaluations, the researcher hopes that such findings will contribute to the improvement of policies, as well as the reduction of stressors for those involved.

The researcher conducted face-to-face and tape recorded interviews with 60 participants for this study. A section for demographic data as well as a set of open-ended questions comprised the instrument. This chapter presents the results of the interviews as well as a summary of the findings.

Participants' Demographic Background

The group of 60 interviewed participants is made up of caregivers of children who have transitioned from the Cincinnati Public Schools Preschool Disabilities to SA within the last two years. Thirty of the caregivers have had their children work with itinerant

teachers, while the other 30 have worked with classroom teachers. There were 48 female

participants (80%) and 12 male participants (20%), and their ages ranged from 21 to 56

years old. The researcher identified particulars such as the caregiver's relation to the child

as well as the caregiver's race or ethnicity. Details of the demographic data are shown in

Tables 1 to 3.

Table 1
Distribution of Participants According to Age

Age	Frequency	%
21–25	8	13.33%
26–30	15	25.00%
31–35	6	10.00%
36–40	16	26.67%
41–45	7	11.67%
46–50	2	3.33%
51–55	3	5.00%
56 and above	3	5.00%
Total	60	100%

Table 2
Distribution of the Participants' Relationship to the Child

Relation to Child	Frequency	%
Mother	36	60.00%
Father	7	11.66%
Grandmother	6	10.00%
Aunt	5	8.33%
Grandfather	3	5.00%
Uncle	1	1.67%
Sister	1	1.67%
Brother	1	1.67%
Total	60	100%

Table 3
Distribution of Participants According to Race

Race	Frequency	%
Black	31	51.67%
White	19	31.67%
Hispanic	4	6.67%
Bi-racial	3	5.00%
Asian	2	3.33%

Undisclosed	1	1.66%
Total	60	100%

Children's Demographic Background

Based on the interviews from the participants or caregivers, demographic data on their children was collected. These were children who transitioned from Preschool Disabilities Programs (Preschool Disabilities) to School Age Programming (SA) in the years 2005 (25 children, 41.67%) and 2006 (35 children, 58.33%). Of the children considered in this study, 31 (51.67%) were female and 29 (48.33%) were male. The children had ages ranging from six to eight years old at the time of the interview (see Table 4). Particulars such as the children's race or ethnicity (see Table 5) as well as their current educational placements (see Table 6) at the time of interview were also tabulated. Table 7 is a summary of the children's identified special needs.

Table 4
Distribution of Children According to Age

Age	Frequency	%
7 years old	28	46.67%
8 years old	27	45.00%
6 years old	5	8.33%
Total	60	100%

Note. Children had ages ranging from six to eight years old at the time of the interview.

Table 5
Distribution of Children According to Race

Race	Frequency	%
Black	32	53.34%
White	15	25.00%
Bi-racial	9	15.00%
Asian	2	3.33%
Hispanic	2	3.33%
Total	60	100%

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Table 6

Number of Children Belonging to Various Educational Placements

Current Educational Placement	Frequency	%
2nd grade	22	36.67%
1st grade	11	18.33%
Speech services	11	18.33%
CD (Cognitive Disability)	8	13.33%
MD (Multiple Disabilities)	7	11.67%
3rd grade	6	10.00%
OHI (Other health impairments)	6	10.00%
Autism	5	8.33%
Hearing impairments	2	3.33%
ED (Emotionally disturbed)	2	3.33%
PT and OT	2	3.33%
Vision impairments	1	1.67%
ADHD	1	1.67%
Sensory integration	1	1.67%
Private school	1	1.67%

Note. This table reflects the number of the children studied belonging to various educational placements at the time the interview was conducted. Some of the children studied may belong to more than one educational placement at that time.

Table 7

Number of Children According to Various Special Needs

Special Needs	Frequency	%
Speech	29	48.33%
Slow learner	10	16.67%
ADHD	6	10.00%
Autism	4	6.67%
None now	4	6.67%
OT	3	5.00%
Hearing	3	5.00%
Down syndrome	3	5.00%
Cerebral palsy	3	5.00%
MD (Multiple disabilities)	2	3.33%
Vision	2	3.33%
Behavior issues	2	3.33%
Needs access to nurse	2	3.33%
Seizure disorder	1	1.67%
Prader-Willi syndrome	1	1.67%
Cystic fibrosis	1	1.67%

Note. This table reflects the number of the children studied according to special needs. Some of the children studied may have more than one special need.

Data Clustering and Thematizing

This section presents the treatment of data based on the participant interviews. From the participants' responses to the 20 interview questions, 16 thematic categories have been identified. These thematic categories were grouped into four stages, based on the transition process as experienced by the caregiver and the child: (a) starting with the transition process from Ps/D to SA (b) evaluation of the transition process (c) coping with the transition process, and (d) perceptions of the new program, which is SA.

Data clustering is performed following the van Kaam method (Moustakas, 1994), which uses the frequencies of common statements (or invariant constituents) to arrive at an accurate label denoting the participant responses.

The first of the four stages, starting with the transition process, has three thematic categories: Theme 1 is the perception of Early Childhood Special Services; Theme 2 is the manner of explanation of the transition process; and Theme 3 is information found to be helpful. These themes were based on interview questions investigating the caregivers' personal evaluation of Preschool Disabilities, and how authorities such as schools and medical professionals introduced the transition process to them.

The second stage, evaluation of the transition process, is comprised of four thematic categories: Theme 4 is preparation; Theme 5 is documentation on the Individualized Education Plan (IEP) about the transition process; Theme 6 is benefits for the child and family; and Theme 7 is barriers for the child and family. The themes were derived from the caregivers' experiences while their children were transitioning from Ps/D to SA services.

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The third stage, coping with the transition process, is made up of four thematic categories: Theme 8 is being treated as a partner in the process; Theme 9 is major stresses experienced; Theme 10 is support systems; and Theme 11 is coping skills that helped. Themes were based on caregivers' responses to difficulties (if any) experienced during the transitioning from Ps/D to SA services, and how support systems and certain skills helped them get through the process.

The fourth and last stage, perceptions of the new program (SA services), has five thematic categories: Theme 12 is visiting the new school and reception by the new school; Theme 13 is effect on child and family; Theme 14 is comparison of old (Ps/D) and new (SA) program; Theme 15 is happiness with the new program, and Theme 16 is advice to other families. The five themes were obtained from the caregiver's findings of the new program, how well their child has transitioned so far, and their advice to other families who might be undergoing the same process.

The following sections will present the invariant constituents for each of the 16 themes, including the frequencies and percentage of responses. Invariant constituents with less than two responses are not included in this chapter.

Theme 1: Perceptions of Early Childhood Special Services

The first thematic category, perceptions of early childhood special services, was determined from eight invariant constituents (Table 8). The invariant constituents with the highest frequencies, which will be labeled as the central elements of the theme, were (a) good (36 out of 60 participants, 60.00%), (b) like it (10 out of 60 participants, 16.67%), and (c) staff was caring/concerned about child (10 out of 60 participants, 16.67%).

Table 8

Perceptions of Early Childhood Special Services

Perceptions	Frequency	%
Good	36	60.00%
Like it	10	16.67%
Staff was caring/concerned about child	10	16.67%
Love it	5	8.33%
Child and family focused	5	8.33%
Provided help	4	6.67%
More individualized	3	5.00%
Bonded with staff	3	5.00%

Note. Participants may have more than one perception. For example, participants who responded with "Good" included other perceptions such as "More individualized."

Participants who responded with "good" also included other perceptions of early childhood special services, such as more individualized services (Participants I25 and C3) and more family focused (Participant I30).

Ten participants mentioned that the preschool staff was caring and concerned about the child and his needs. To name a few, Participant C13 responded, "I liked it; they seemed to care about everyone in the family," and Participant C29 said, "seem to really care about my child."

Theme 2: Manner of Explanation of the Transition Process

The manner of explanation of the transition process is the second thematic category, and is determined from 10 invariant constituents (Table 9). The majority of the respondents (80%) mentioned that the transition process was verbally explained to them, while 18.33% said that they learned about the process through the "Whose IDEA Is This?" booklet. In terms of who explained the transition process to the caregiver, three central elements were found: (a) itinerant teacher

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(25 out of 60 participants, 41.67%), (b) classroom teacher (15 out of 60

participants, 25%), and (c) speech therapist (12 out of 60 participants, 20%).

Table 9

Manner of Explanation of the Transition Process

Manner of Explanation	Frequency	%
Verbally	48	80.00%
Itinerant teacher	25	41.67%
Classroom teacher	15	25.00%
Speech therapist	12	20.00%
"Whose IDEA is this?" booklet	11	18.33%
Psychologist	7	11.67%
Teacher	7	11.67%
In writing	3	5.00%
Good	2	3.33%
I don't remember	2	3.33%

Note. Some participants gave more than one input regarding the manner the transition process was explained to them. For example, some of those who reported that the transition was explained to them verbally said that it was done by a classroom teacher.

Other invariant constituents worth noting included the role of the psychologist

and the teacher in orienting the caregivers about the transition process, as each

element was mentioned by 7 out of 60 participants (11.67%).

Theme 3: Information found to be helpful

The third thematic category represents the kind of information the participants

found to be helpful as they were learning about the transition process of their

child. Aside from the "nothing in particular" response (18 out of 60 participants,

30%), there were eight invariant constituents that determined the theme (Table

10). The central elements were: (a) updating testing (17 out of 60 participants,

28.33%), and (b) child's progress (7 out of 60 participants, 11.67%). Participant

C3 for example, found both types of information to be helpful, stating "that she

got updated testing to update her MFE that showed us where she is at now and progress she made since being in the program."

Table 10

Distribution of Participants According to Information They Found to be Helpful

Information	Frequency	%
Nothing in particular	18	30.00%
Updating testing	17	28.33%
Child's progress	7	11.67%
Availability of help	4	6.67%
"Whose IDEA is this?" booklet	3	5.00%
Diagnosis	3	5.00%
Location of school and classes	3	5.00%
Everything	3	5.00%
Support groups	2	3.33%
Total	60	100%

Four participants (6.67%) said that the availability of help or the presence of help was important to them during the transition process. An instance would be Participant I16 saying, "that there are programs out there to help him," and Participant I19 responding by noting, "that he will have many services available for him mentally and physically."

Aside from the "everything" response, there were three other types of information that deemed helpful by 3 out of 60 participants (5.00%): (a) "Whose IDEA Is This?" booklet, (b) diagnosis, and (c) location of school and classes. With regard to the location of the school, participants positively stated that it was near the home or the workplace, and Participant I4 was specific in saying, "everything, and that her school is on the bus line." Lastly,2 participants out of 60 (3.33%) believed that the availability of support groups was the most helpful information they learned during the transitioning of their child.

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Theme 4: Preparation

The fourth thematic category defines the activities caregivers and their children underwent in preparation for transitioning from Ps/D to SA. While the majority (38 participants out of 60, 63.33%) responded under the "nothing in particular" invariant constituent, there were four central elements that were found for this theme (Table 11).

Table 11
Preparation for the Transition Process

Activities	Frequency	%
Nothing in particular	38	63.33%
Visiting the school/s	8	13.34%
Scheduling meetings	6	10.00%
Testing/exam for child	3	5.00%
Researching	2	3.33%
Other elements with <2 responses	3	5.00%
Total	60	100%

The four elements that garnered more than one response were the following: (a) visiting the school/s (8 out of 60 participants, 13.33%), (b) scheduling meetings (6 out of 60 participants, 10.00%), (c) testing/exam for child (3 out of 60 participants, 5.00%), and (d) researching (2 out of 60 participants, 3.33%). To be more specific about researching, Participant 116 stated that she did "homework and preparation activities."

Theme 5: Documentation on the IEP about the Transition Process

The fifth thematic category explains the presence (if any) of documentation on the Individualized Education Plan (IEP) about the child's transitioning. The invariant constituent with the highest frequency was the "no" response, given by 53 out of 60 participants (88.33%). Of the 6 out of 60 participants that answered "yes"

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(10.00%), three (5.00%) said that a behavior plan was indicated in the IEP (Table

12).

Table 12
Documentation on IEP about the Transition Process

Documentation	Frequency	%
No	53	88.34%
Yes	6	10.00%
- Behavior plan	3	5.00%
- Other information	2	3.33%
Undisclosed	1	1.66%
Total	60	100%

Note. Out of the six participants who responded "yes," three reported to have been given a behavior plan while two said that they were given other information.

Two other participants who said "yes" mentioned that their IEP included

information on transitioning and upcoming therapy, as well as a nursing care plan

for the child. To quote Participant I19, "the transition from preschool to school

age and what will be taught for the upcoming year and what therapy sessions that

he would have" and Participant C22 who said, "nursing care plan."

Theme 6: Benefits for Child and Family

The sixth thematic category is derived from nine invariant constituents describing

the benefits of the transition process for the child and the family (Table 13).

Twenty-nine out of 60 participants (48.33%) responded with "nothing in

particular." Many caregivers (6 out of 60 participants, 10.00%) believe that

updated testing and the child's progress were among the benefits they saw during

the transition process. Five out of 60 participants (8.33%) found three benefits

from the process: (a) a clear diagnosis, (b) a longer school day, and (c) finding out

what the child needs as mentioned by Participant C7, "new test results. She has made progress but still needs help."

Table 13
Benefits for Child and Family

Benefits	Frequency	%
Nothing in particular	29	48.33%
Updated testing	6	10.00%
Child's progress	6	10.00%
A clear diagnosis	5	8.33%
Longer school day	5	8.33%
Finding out what the child needs	5	8.33%
Support and services from school	4	6.67%
Understanding child's disability	3	5.00%
New goals	2	3.33%

Note. Some participants reported more than one benefit. For example, some participants considered the updated testing of the child and his or her progress as benefits.

Other invariant constituents under this theme include the following: (a) support and services from school (4 out of 60 participants, 6.67%), (b) understanding child's disability (3 out of 60 participants, 5.00%), and (c) new goals (two out of 60 participants, 3.33%).

Theme 7: Barriers for Child and Family

The seventh thematic category specifies the barriers experienced by the child and the family during the transition process. This theme was determined from seven invariant constituents (Table 14). The majority of the caregivers (37 out of 60 participants, 61.67%) claimed that they did not encounter any barriers. A central theme would be the barrier of the child adjusting with new teachers, as responded by 6 out of 60 participants (10.00%).

Table 14
Barriers for Child and Family

Barriers	Frequency	%
Nothing in particular	37	61.67%
Adjusting with new teachers	6	10.00%
Worried about medication	3	5.00%
Uncertainty of where child will go	3	5.00%
Worried about how child will adapt	3	5.00%
Existence of an IEP	2	3.33%
Child no longer qualifying for help	2	3.33%
Other Barriers with < 2 responses	4	6.67%
Total	60	100%

Other barriers that were mentioned included: (a) worries about medication, (b) uncertainty of where the child will go, and (c) worries about how the child will adapt. These invariant constituents each had a frequency of 3 out of 60 participants (5.00%). The following responses were each given by 2 out of 60 participants (3.33%): (a) existence of an IEP and (b) child no longer qualifying for help. To be more specific about the existence of the IEP as a barrier, Participant I2 stated, "at first his kindergarten teacher was reluctant because he had an IEP from when he got help in his preschool but then itinerant teacher help her to understand my child."

Regarding the invariant constituent of the child no longer qualifying for help, Participant I6 said that her child had "less speech services because he did not qualify for speech in first grade" and Participant C25 explained, "...since she was going to kindergarten she tested out of all special education services, she no longer qualified for help but I still felt she needed help in speech."

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Theme 8: Being Treated as a Partner in the Process

The eighth thematic category describes how the caregiver was treated as a partner by the schools during the child's transitioning. Eleven invariant constituents determined this theme (Table 15). More than half (33 out of 60 participants, 55.00%) said that they felt that they were treated equally and completely as a partner, and in everything about their child's transition.

Other elements in this category included: (a) getting answers to questions (7 out of 60 participants, 11.67%), (b) setting goals (6 out of 60 participants, 10.00%), (c) setting a convenient schedule (4 out of 60 participants, 6.67%), (d) feeling involved (3 out of 60 participants, 5.00%), and (e) feeling comfortable (3 out of 60 participants, 5.00%). The invariant constituents "feeling that the teachers cared" and "opinions about schools are valued" were given as responses by 2 participants out of 60 (3.33%).

Table 15
Being Treated as a Partner in the Process

Being Treated as a Partner	Frequency	%
In everything/equally/completely	33	55.00%
Getting answers to questions	7	11.67%
Setting goals	6	10.00%
Setting a convenient schedule	4	6.67%
Nothing in particular	4	6.67%
Not much/not really	4	6.67%
Feeling involved	3	5.00%
Feeling comfortable	3	5.00%
No, was not treated as a partner	3	5.00%
Feeling that the teachers cared	2	3.33%
Opinions about schools are valued	2	3.33%

Note. Some of the participants reported more than one description on how they were treated as a partner in the process of transition from Ps/D to SA.

Some caregivers (4 out of 60 participants, 6.67%) replied with "nothing in particular" and "not much/not really." Three out of 60 participants (5.00%),

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however, responded that they were not treated as a partner in the process. Participant I1 stated, "...I felt ganged up on. They (school psychologist) were pushing for a diagnosis. She stated the future of my child would not be good if I disagree. She then drew diagrams of IQ scores to show where my child was." Participant I6, on the other hand, "felt it was more procedure" speaking about the transition process and Participant I17 simply gave the statement, "No."

Theme 9: Major Stresses Experienced

The ninth theme identifies one of the major objectives of the study, which are the stresses experienced by caregivers as their children transitioned from Ps/D to SA. The category is determined by seven invariant constituents (Table 16). More than half (33 out of 60 participants, 55.00%) of the caregivers said that there were no major stresses or the process was not stressful for them. Seven out of 60 participants (11.67%) felt that adjusting with new teachers and the new school was a stressful factor, while four out of 60 participants (6.67%) said that the uncertainty of which school their child would attend was a stressor.

Table 16
Major Stresses Experienced

Major Stresses	Frequency	%
Nothing in particular	33	55.00%
Adjusting with new teachers	7	11.67%
Uncertainty of where child will go	4	6.67%
Worried about how child will adapt	3	5.00%
Meeting deadlines	3	5.00%
Child no longer qualifying for help	2	3.33%
Language barriers	2	3.33%
Other stresses with < 2 responses	6	10.00%
Total	60	100%

Three out of 60 participants (5.00%) said that meeting deadlines was stressful, specifically regarding appointments and diagnoses. Such were the responses of Participant I9, "...working with his private doctor to get appointments in time for MFE deadline, but it all worked out" and of Participant C20, "working with outside agencies to get diagnosis of Autism in enough time for school system's deadlines, so he could be placed in an AU unit."

In addition, 3 out of 60 participants (5.00%) felt worried about how the child will adapt or adjust to the new school. Participant I10 said, "just worrying about how my granddaughter would do in a regular classroom." Participant C16 mentioned, "...just worried that my child may not like the new school," and Participant C25 stated, "worrying about my child learning how to talk like all the other kids."

Two out of 60 participants (3.33%) felt stressed that the child no longer qualified for help when transitioning from Ps/D to SA. Participant I6 was particularly stressed about "realizing my child will not get speech services because they did not qualify so I use my private insurance for services." Similarly, Participant I14 responded with, "worrying if she still really needed speech even though they said she don't qualify for speech anymore."

There were also 3.33% of caregivers (2 out of 60) who found language barriers as major stressors during the transition process. Participant I2 specified, "having schools believe me when I said my child would do ok in foreign language school even though he did get speech in kindergarten and preschool." Participant I23

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specifically said, "language barriers, my family does not speak English very well."

Theme 10: Support Systems

Thematic category 10 describes the support systems that helped the caregivers and their children throughout the transition experience. Eighteen invariant constituents determined this theme (Table 17). The central elements to the theme were the following: (a) family (18 out of 60 participants, 30.00%), (b) itinerant teacher (12 out of 60 participants, 20.00%), and (c) none (11 out of 60 participants, 18.33%).

Table 17
Support Systems

Support Systems	Frequency	%
Family	18	30.00%
Itinerant teacher	12	20.00%
None	11	18.33%
Teacher/preschool teacher	7	11.67%
Classroom teacher	6	10.00%
School/preschool	6	10.00%
Child's grandmother	5	8.33%
Support groups	5	8.33%
Private doctor	4	6.67%
Child's grandfather	3	5.00%
Speech therapist	3	5.00%
School psychologist	3	5.00%
Church	3	5.00%
God	2	3.33%
Life partner	2	3.33%
Other parents/other caregivers	2	3.33%
Job	2	3.33%
School nurse	2	3.33%

Note. Some participants reported having more than one source of support. For example, some participants reported that both the classroom teacher and the school itself were a source of support.

Seven out of 60 participants (11.67%) mentioned teacher or preschool teacher as their support system. There were 6 out of 60 participants (10.00%) who believed that the classroom teacher as well as the school/preschool itself played an important role in supporting them during the transition process.

The participants also saw the contribution of other education and medical professionals as support systems during the experience, and named: (a) private doctor (4 out of 60 participants, 6.67%), (b) speech therapist (3 out of 60 participants, 5.00%), (c) school psychologist (3 out of 60 participants, 5.00%), and (d) school nurse (2 out of 60 participants, 3.33%).

To be more specific about support given by members of the family, some participants identified the following as support systems: (a) child's grandmother (5 out of 60 participants, 8.33%), (b) child's grandfather (3 out of 60 participants, 5.00%), and (c) life partner (2 out of 60 participants, 3.33%).

Other support systems named by participants included: (a) support groups (5 out of 60 participants, 8.33%), (b) church (3 out of 60 participants, 5.00%), (c) God (2 out of 60 participants, 3.33%), (d) other parents/other caregivers (2 out of 60 participants, 3.33%), and (e) the caregiver's job (2 out of 60 participants, 3.33%).

Theme 11: Coping Skills that Helped

Coping skills that helped during the transition process from Ps/D to SA denoted the 11th thematic category. It was determined from nine invariant constituents describing how the participants overcame major stresses during the transition (Table 18). Thirty percent (18 out of 60 participants) responded that they needed no coping skills or that the experience was not stressful for them. Aside from the

"none" response, it was found that communicating, networking, or talking helped 13 out of 60 participants (21.67%). Included under this response is reaching out to other parents or caregivers sharing the same experience, as stated by Participant I12, "networking with other single parents," and Participant C13, "networking with other parents who have kids with autism."

Table 18
Coping Skills that Helped

Coping Skills	Frequency	%
None/was not stressful	18	30.00%
Communicating/networking/talking	13	21.67%
Family	7	11.67%
Church	5	8.33%
Praying/faith in God	4	6.67%
Support groups	3	5.00%
Focusing on the child	3	5.00%
Taking everything in stride	2	3.33%
Consulting with teacher/professional	2	3.33%
Other coping skills with < 2 responses	3	5.00%
Total	60	100.00%

Seven out of 60 participants (11.67%) presented that their family helped them cope during the process, while 5 out of 60 participants (8.33%) believed that their church played a vital role. Similarly, 4 out of 60 participants (6.67%) said that praying and having faith in God allowed them to cope with the stressors of the transition process.

Three out of 60 participants (5.00%) believed that support groups and focusing on the child were coping skills that helped them. Taking everything in stride and consulting with the teacher/professional were other coping skills mentioned, by 2 out of 60 participants (3.33%).

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Theme 12: Visiting the New School and Reception by the New School

The twelfth thematic category provides an explanation of caregivers' experiences

of the new school where the child was transitioning to, for SA. The theme

consisted of six invariant constituents (Table 19). Of the majority (33 out of 60

participants, 55.00%) who said they did not visit the new school, six (10.00%)

replied that they were uncertain of which school their child was going to. There

were 6 out of 60 participants (10.00%) who explained that their child was moving

up to SA within the same school as his preschool.

Table 19
Visiting the New School and Reception by the New School

Visiting the New School	Frequency	%
No	33	55.00%
Yes	23	38.33%
Was the same school as preschool	6	10.00%
Uncertain which school the child will go	5	8.33%
School was receptive	4	6.67%
School was concerned/eager to help child	4	6.67%

Note. Some of the participants belonged to more than one category. For example, some did not visit the new school because they were still uncertain which school the child will attend.

There were a significant number of caregivers who did visit the new school prior

to their child's transitioning (23 out of 60 participants, 38.33%). Those who

visited the new schools found that the school and staff were receptive (4 out of 60

participants, 6.67%) and that the school was concerned and eager to help the child

(4 out of 60 participants, 6.67%).

Theme 13: Effect on Child and Family

Thematic category 13 describes the effect of the transition process and the SA

program on the child and the family. There were 16 invariant constituents that

determined this theme (Table 20). The three central elements of this category were the following: (a) good (17 out of 60 participants, 28.33%), (b) child receives speech services (17 out of 60 participants, 28.33%), and (c) child is in regular grade (13 out of 60 participants, 21.67%).

Table 20
Effect on Child and Family

Effect on Child and Family	Frequency	%
Good	17	28.33%
Child receives speech services	17	28.33%
Child is in regular grade	13	21.67%
School is near home/parent's work	8	13.33%
Child has tutor/one-on-one help	8	13.33%
Child/family likes it/loves it	8	13.33%
Child is with other kids/peers	7	11.67%
Child is in school all day	5	8.33%
It's OK/fine	4	6.67%
Child receives OT	4	6.67%
Child is in small class	3	5.00%
Child/family thinks about old school staff	3	5.00%
No IEP	3	5.00%
Teacher and staff are good/helpful	2	3.33%
Family better understands	2	3.33%
Child feels outcast/other kids talk about him	2	3.33%

Note. Some participants reported more than one effect.

Eight out of 60 participants (13.33%) responded with each of the following invariant constituents: (a) school is near home/parent's work, (b) child has tutor or receives one-on-one help, and (c) the child and the family likes it/loves it. There were 7 out of 60 participants (11.67%) who said that their child is with other kids/peers, while 8.33% (5 out of 60) stated that their child is in school all day. Caregivers found the new program to be OK/fine, while some mentioned that their child receives occupational therapy (OT). Each response was repeated by 4 out of 60 participants (6.67%). Three out of 60 participants (5.00%) said that their

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child is in a small class, there is no IEP, and that the child and family think about the old school staff. To be more specific about the latter, Participant C17 stated, "it's ok. We miss the old school and staff," while Participant C18 said, "I like it and he still can go visit his old teacher."

There were 3.33% of caregiver participants (2 out of 60) who found the effects of the new program as follows: (a) the teacher and staff were good/helpful, (b) the family better understands the child's disability, and (c) child feels like an outcast or other children talk about him. Regarding the third invariant constituent, it can be clearly specified through responses of Participant I1, "felt child thought he was an outcast because of service when they take him away from class for special help," and Participant C25, "It's fine but kids still sometimes say she talks funny."

Theme 14: Comparison of Ps/D and SA

In the 14th thematic category, participants were asked to give a comparison of Ps/D and SA, after the child transitioned to the new school. The theme was obtained from nine invariant constituents (Table 21). While 15 out of 60 participants (25.00%) claimed that they saw no difference, the other central elements of the theme included (a) SA has longer time of day (18 out of 60 participants, 30.00%) and (b) Ps/D is more family focused (12 out of 60 participants, 20.00%).

Another basis of comparison pointed out by 7 out of 60 participants (11.67%) was that Ps/D was more individualized. Four out of 60 participants (6.67%) found that teachers in SA seemed busier/inflexible/not as supportive, while the Ps/D staff seemed to be closer to the child and the family.

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Table 21

Comparison of Ps/D and SA

Comparison	Frequency	%
SA has longer time of day	18	30.00%
No difference	15	25.00%
Ps/D is more family focused	12	20.00%
Ps/D more individualized	7	11.67%
SA teachers busier/inflexible/not as supportive	4	6.67%
Ps/D staff was closer to child/family	4	6.67%
SA related services groups the children	3	5.00%
Ps/D diagnoses the problem and SA is the result	2	3.33%
SA has more activities	2	3.33%

Note. Some participants reported more than one comparison between Ps/D and

SA.

There were 5.00% of caregivers (3 out of 60 participants) who found that SA has

related services which group the children together. Participant I1 specified, "my

child is taken out with other children for his special help." Similarly, Participant

I3 said of their child, "all her related services are grouped with other kids."

Participant C9 also offered their opinion, "in school age program everything is in

a group, and I sometimes feel that his IEP goals are overlooked."

Two out of 60 participants (3.33%) believed that Ps/D has the role of diagnosing

the problem, and SA is the result of such findings. Participant I16 explained, "that

the Preschool Disabilities program is just for diagnosis, and school age is the

result of diagnosis and help from the staff who helped him first," while Participant

I19 said, "to me, preschool is where they locate the problem, and school age is

where they help solve the problem." And lastly, the same number of participants

(3.33%) responded that SA has more activities compared to Ps/D.

Theme 15: Happiness with New Program

Theme 15 describes the happiness of caregivers in the new program, including specifics on what it entails for the child. Nineteen invariant constituents determined this thematic category (Table 22).

Table 22
Happiness with New Program

Happiness with new program	Frequency	%
Yes	52	86.67%
Child receives speech services	14	23.33%
Child is happy/child likes it/loves it	10	16.67%
Child is in school all day	7	11.67%
Child is in regular grade	7	11.67%
Child doing well/with progress	6	10.00%
It's OK/It's good	6	10.00%
Child making friends	5	8.33%
Child is in small class	4	6.67%
School is near home/parent's work	4	6.67%
Child has tutor/one-on-one help	3	5.00%
Family/child misses Ps/D school staff	3	5.00%
Child receives needed help	2	3.33%
Child is with other kids/peers	2	3.33%
School cares about/likes the child	2	3.33%
Child took some time to adapt	2	3.33%
School is educated about the disability	2	3.33%
Parent feels blessed/relieved	2	3.33%
Ps/D services contributed greatly	2	3.33%

Note. Some participants reported more than one expressions of happiness with the new program.

Overall, most of the caregivers (52 of 60 participants, 86.67%) were happy with their child's new program. Other central elements were (a) child receives speech services (14 out of 60 participants, 23.33%) and (b) child is happy/likes it/loves it (10 out of 60 participants, 16.67%). Seven out of 60 participants (11.67%) responded that their child is now in school all day, and is also included in a regular grade. Some 10.00% of caregivers (6 of 60) described the new program

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as "It's OK/It's good," and added that the child is doing well and making progress. On a similar note, 5 out of 60 participants (8.33%) mentioned that their child is making friends in SA.

Theme 16: Advice to Other Families

The last thematic category, advice to other families, describes words of wisdom given by the participants for other families who will be undergoing the same transition process in the future. Sixteen invariant constituents determined the theme (Table 23). It can be noted that about a third of caregivers (19 out of 60 participants, 31.67%) said to ask questions or not to be afraid to ask. To name a few responses: Participant C1, "…ask questions as many times as you need to, to understand and do not feel bad about it," Participant C8, "do not be afraid of sounding stupid. Ask questions until your answers are clear," and Participant I30 added, "don't be afraid to ask questions and accept tough answers."

Table 23
Advice to Other Families

Advice to Other Families	Frequency	%
Ask questions/don't be afraid to ask	19	31.67%
Work/communicate with the school	9	15.00%
Be open/honest	8	13.33%
Stick to your beliefs/be firm in your beliefs	5	8.33%
Have patience/be patient	4	6.67%
Nothing in particular	4	6.67%
Stay involved in child's education/work with child	3	5.00%
Communicate/network with others	3	5.00%
Trust the teacher/school	3	5.00%
Visit the school often	3	5.00%
Get a good support system/support groups	2	3.33%
Remain calm	2	3.33%
Be informed of your rights	2	3.33%
Go to other resources if needed	2	3.33%

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| Faith in God | 2 | 3.33% |
| Stay focused | 2 | 3.33% |

Note. Some of the participants gave more than one advice or word of wisdom for other families who may be experiencing the same transition.

Nine of 60 participants (15.00%) recommended other families work and communicate with the school, such as Participant C5, who said, "…be partners with the school system, with one focus: your child." Furthermore, 8 of 60 participants (13.33%) advised being open and honest about one's concerns. Such is the advice of Participant C1, "be open and honest with professionals. Share your fears and concerns the best you can." Added Participant C21, "be open to help and stay close to God."

Textural-Structural Descriptions

As a summary of caregiver experiences gathered from the analyses of responses, this section provides a textural-structural synthesis. These descriptions will offer information on the experiences of participants based on the four stages of the transition process of their child from Ps/D to SA: (a) starting with the transition process from Ps/D to SA, (b) evaluation of the transition process, (c) coping with the transition process, and (d) perceptions of the new program (SA).

Starting with the Transition Process

Perceptions of Early Childhood Special Services. Sixty percent of participants viewed the Ps/D services as good. Many of the caregivers liked it and found that the preschool staff was caring and concerned about the child. There were a few who mentioned that Ps/D was family focused and individualized.

Manner of explanation of the process. Eighty percent of participants had the transition process verbally explained to them by authorities such as the itinerant teacher,

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classroom teacher, or the child's speech therapist. Some caregivers mentioned that the "Whose IDEA Is This?" booklet was a means for them to gather information about the process.

Helpful Information. Though 30% of participants did not find any particular information helpful, many found that updating their child's testing was vital knowledge. Knowledge of the child's progress and the availability of helpful programs were also useful to participants.

Evaluation of the Transition Process

Preparation. The majority of the participants (63.33%) said they did not do any preparation activities while their child was transitioning from Ps/D to SA. However, some caregivers stated that they visited potential schools and scheduled meetings with professionals on the matter.

Documentation on IEP about transition process. Fifty-three of 60 participants (88.33%) explained that there was nothing noted on the Individualized Educational Plan (IEP) about the transition process. For those caregivers who said yes, such documentation was mainly on a behavioral plan for the child.

Benefits for child and family. Twenty-nine participants (48.33%) said they found no particular benefits for their child or their family during the process. Some of them, however, believed that updated testing, a clear diagnosis, and their child's progress were among the benefits of the transition process.

Barriers for child and family. The majority of the participants (61.67%) said that there were no barriers for the child or family during the transition process. A few responded that the child's and family's adjustment to the new school and new teachers

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was a barrier, while some said it was new medication and the uncertainty of which particular school would be receiving the child in the following school year.

Coping with the Transition Process

Being treated as a partner in the process. It is interesting to note that more than half (55.00%) of participants felt that they were completely involved by school staff as a partner in the transition process, and that they were equally regarded when it comes to decision-making. Some found that getting answers to questions, setting goals for the child, and scheduling meetings were the steps that made them feel they were partners with the school. However, a few participants did not really feel that they were much involved as partners in the process, and some did not feel involved at all.

Major stresses experienced. There were also a majority (55.00%) of participants who claimed that they did not experience any major stresses during the transition process. Some of the participants gave similar responses to the barriers in the process which were also major stressors to them, such as the adjustment to a new school and the uncertainty of where the child will go.

Support systems. Thirty percent of participants acknowledged their family as their main support system throughout the experience. A significant number also mentioned the role of the itinerant teacher, classroom teacher, and preschool teacher during the transition process. There were 18.33% who said they had no support systems.

Coping skills that helped. Although 30% of participants said they did not need any coping skills because there were no stressors during the process, many believed that communicating, networking, and talking helped them cope better. At the same time, the role of the family was also reiterated.

Perceptions of the New Program

Visiting the new school and reception by new school. More than half (55.00%) of participants admitted that they did not visit the new school. About 38% responded that they did visit their child's new school, and were well-received by school staff that was genuinely concerned and eager to help the child.

Effect on child and family. Most of the participants said the new program was good and that their child is receiving speech services and was included in a regular grade. Participants also liked that the school was near home or work and that the child was making progress and liked the new school.

Comparison of Ps/D and SA. In differentiating between Ps/D and SA, many participants (30.00%) noticed that SA had a longer time of day compared to Ps/D. But particularly, the participants found that Ps/D was more individualized and family-focused than SA, where teachers are not as supportive as the participants had expected.

Happiness with new program. Overall, more than 86% of participants were happy with their child's new school and program. They were particularly glad that their child is happy with the transition, and that their child receives the additional help needed.

Advice to other families. When asked to give advice to other families who will be experiencing the same process, most of the participants encouraged them to ask questions and not to be afraid of doing so. At the same time, they recommended families work with the school and communicate honestly and openly during their child's transition process.

Summary

The transition process from Preschool Disabilities Programs (Ps/D) to School Age Programming (SA) entails many challenges for the child, the caregivers, professionals

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assisting with the process, as well as the schools administering the process. As prior studies have found, not all transitions are smooth-sailing for those involved. Such situations call for the development and implementation of more effective practices to ensure the success of services for children with special needs (Conn-Powers et al., 1990).

Chapter 4 presented the results of the face-to-face interviews of the 60 participants who have had their children transition from Ps/D to SA. The interviews explored the experiences of the participants as they were starting with the transition process, as well as their evaluation of the process. The findings also showed the major stresses that caregivers experience during the process, and the support systems and skills that helped them cope. Lastly, the chapter presented the caregivers' perceptions of the new program their child has transitioned to, including their recommendations for other families who might be having the same experience. With the van Kaam method, 16 thematic categories were found, providing a representative summary of the participants' responses and experiences. The following chapter will present the discussion of the results.

Chapter 5

Discussion

The previous chapter presented the results and data analysis from face-to-face interviews with 60 participants whose children have transitioned from Ps/D to SA. The interviews explored the experiences of the participants as they were starting with the transition process, as well as their evaluation of the process. The findings also showed the major stresses that caregivers experience during the process, and the support systems and skills that help them cope. Lastly, the chapter presented the caregivers' perceptions of the new program into which their child has transitioned, including their recommendations for other families who might be having the same experience. With the van Kaam method, 16 thematic categories were found, providing a representative summary of the participants' responses and experiences.

The transition process from Preschool Disabilities Programs (Ps/D) to School Age Programming (SA) entails many challenges for the child, the caregivers, professionals assisting with the process, as well as to schools administering the process. As prior studies have found, not all transitions are smooth sailing for those involved. Such situations call for the development and implementation of more effective practices to ensure the success of services for children with special needs (Conn-Powers et al., 1990).

This study aimed to identify the various stresses and experiences of caregivers during their children's transition process from Ps/D to SA. From the examination of current school transition practices and of caregiver evaluations, the researcher hopes that the findings will contribute to improved policies, as well as the reduction of stressors for

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those involved. Some 60 caregivers of children who have transitioned from the Cincinnati Public Schools Ps/D to SA within the last two years comprised the interview group. The children of 30 caregivers have worked with itinerant teachers, while the other 30 children have worked with classroom teachers. The group was made up of 48 female participants (80%) and 12 male participants (20%), and their ages ranged from 21 to 56 years old. The researcher identified particulars such as the caregiver's relation to the child as well as the caregiver's race or ethnicity. Details of the demographic data are shown in Tables 1 to 3 in the previous chapter.

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Limitations:

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- The results of qualitative research cannot be statistically projected across a target population so data analysis must be checked and rechecked for reliability and validity.

- The researcher's personal biases from being a practitioner in the field for 18 years could lead to a less than impartial evaluation.

- The data collection may not be accurate because participants may hesitate to be honest because of fear that this may jeopardize the quality of their child's education.

- The data collection may not be accurate because participants may not be able to recall the transition experience accurately.

- A face-to-face interview as a means of data collection may make participants uncomfortable, thus, prompting a telephone interview.

- Shortcomings of the data will have been addressed through triangulation with other methods of data collection in order to insure reliability and validity of the study.

Implications for Further Research

According to Fowler et al., a transition refers to the passage of the child and family from one service component or program to another. A transition consists of a plan, with the goal of moving smoothly from one program or provider to the next, and a process that includes preparation, implementation, and follow-up (Fowler et al.,1990; Hain et al., 1988; Shotts et al., 1994). The transition process from Preschool Disabilities Programs (Ps/D) to School Age Programming (SA) entails many challenges for the child, the caregivers, professionals assisting with the process, as well as the schools administering the process. As prior studies have found, not all transitions are smooth sailing for those involved. Such situations call for the development and implementation of more effective practices to ensure the success of services for children with special needs (Conn-Powers et al., 1990).

This study focused on the caregivers' perspectives and experiences as their child transitioned into School Age Special Education. There is still a huge segment of research that must occur to truly develop a complete understanding of this transition period. It will be important to address how contexts, as well as relationships, change over time as well as how change and stability in these relationships form key aspects of a successful transition to School Age Special Education.

Future Research on the topic of Early Childhood Special Education Transitions is recommended in the following areas:

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- Curriculum development as it relates to creating a "continuous classroom," between transitions in Early Childhood Special Education programs and receiving programs.

- Different perspectives of stakeholders, such as old and new teachers, principals or related service personnel including psychologists, and speech, occupational or physical therapists.

- The Early Childhood Special Education sector, since special education policy changes occurred prior to completion of this study-in Part B legislation, allowing transitions to occur at age five (versus age six) as long as the child is age five by October 1st.

- The development and implementation of more effective practices to ensure the success of services for children with special needs.

- Effect of how the amount of social support available to caregivers during the transition process affects their self-efficacy and relationships with staff at their child's School Age Special Education Program.

- The possible differentiation between the experiences for families of students served in the itinerant population verses the families of students served in the classroom population of the Preschool Disabilities program.

Conclusion

Transitions are crucial times for decision making about children's services. Wolery (1989) suggested that the transition process should ensure service continuity, reduce family disruptions, prepare children for their program placements, and meet legal

requirements. Collaboration between professionals and families about the respective roles of the child's family, the sending and receiving teachers, other personnel, and service agencies are crucial to a successful transition process.

Successful transitions promote (1) placement decisions that meet individual needs, (2) uninterrupted services, (3) non-confrontational and effective models of advocacy that families can emulate throughout their children's lives, (4) avoidance of duplication in assessment and goal planning, and (5) reduced stress for children, families, and service providers (Shotts et al., 1994).

The findings of this study indicated a number of general themes related to the transition process. Most evidently, it appeared that the uncertainty regarding placement has an effect on the caregivers. The uncertainty appeared to emanate from the fact that the children are placed, in part, based on the number of available spaces. As a result, their placement is later in the year and delays the certainty of knowing where the child will go. There were a large number of negative aspects mentioned regarding the process. Many participants disclosed that they did not see any benefits or barriers during the transition process. Some participants were not made to feel like partners in the transition process, while others were. Overall, mixed feelings regarding the process and general uncertainty were strong common themes discovered through the content analysis of participant responses.

The research findings of Pianta and Kraft-Sayre (2003) emphasized the importance of collaboration among all stakeholders as influential and essential in creating a successful transition process. The success of the transition process is determined by the child's adaptation to their new environment. The receiving teacher's attitude toward and

experience with children with disabilities may also be factors in the success of the child's placement. Some flexibility is required on the teacher's part in order to adjust expectations and adapt them to the child's special needs. The sending and receiving teachers will have the continuing role of acting as liaisons between programs and caregivers. Sound and consistent communication and clearly defined goals facilitate preparation for the child's move from Early Childhood Special Education services to School Age Special Education services.

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Appendix A

Interview protocol

Caregiver/Parent Interview Guide

Demographic:

Child's transition date:

Child's Current age:

Child's current education placement (LRE):

Race of Child:

Caregiver:

Race of Caregiver:

Age of caregiver:

1. Please tell me about your child's special needs?

2. When did your child transition from Preschool Disabilities to School-Age Special Education?

3. What were your perceptions of Early Childhood Special services?

4. How was the transition process explained to you?

5. Who explained the transition process to you?

6. What type of information would you have found helpful?

7. What were some benefits you saw for your child and family during this transition process?

8. Were there some barriers you saw for child and family during the transition process?

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9. What types of preparation activities did professionals assist you with during the transition process?

10. Is there documentation written on the IEP that states any transition activities? If so, how are they stated?

11. In what ways did you feel that you were treated as a partner in the transition process?

12. What were some of the major stresses (if any) that you can identify that occurred for your child and family during the transition process?

13. Who were your family's formal and informal supports during the transition process?

14. What were some of the coping skills that helped you move your child and your family through the transition process?

15. Did you have an opportunity to visit the receiving school? If so, how were you welcomed? What types of procedures took place?

16. Tell me about the new program and how it has affected your child and family?

17. Is there a difference between Preschool Disabilities and School–age Special Education? If so in what respect?

18. If you could share one piece of advice with a parent about the transition process what would it be?

19. Can you think of one person who was of great assistance during this process? Who?

20. Are you currently happy about your child's present program? Tell me about it.

Appendix B

Informed Consent Form

Prospective Research Subject: Read this consent form carefully. Ask as many questions as you like before you decide whether you want to participate in this research study. You are free to ask questions at any time before, during, or after your participation in this research.

Project Title: Caregivers Experiences during the transition process of their child from Preschool Disabilities to School Age Special Education Services.	
Principal Investigator: Linda Y Hicks	Organization[1]:Cincinnati Public Schools
Location of Study: participant's choice	Phone: 513-207-8720
Other Investigator(s):	University: Union Institute & University learner
Location:	Phone:

Purpose of This Research Study

The purposes of the study will be to identify stresses of caregivers with special needs children to assist everyone in the transition process. The end result will be a protocol of standard to help students with special needs achieve optimal learning.

The researcher will identify stressors of the transition process by utilizing an interview process to make recommendations for improvement of the identified. This will occur through an interviewing process and sharing my results with participants for recommendations to minimize or alleviate areas of identified concerns.

The study populations were caregivers' of students with special need who transitioned from the Preschool Disabilities program to School Age Special Education

services. The students were recruited from the Cincinnati Public Schools Early Childhood

student services office.

What you will be asked to do in this study: You will be asked to have a conversation with me, and I will audio tape record our conversation as we talk about your child's transition experience and how you feel about that experience.

Time required: The conversation that we will have will take about an hour to two hours, although you may take less, or more, time if you want to.

Risks: Our conversations about some issues regarding transitions may cause some uncomfortable feelings for issues related to our interview or any other topics.

Benefits: The risk is minimal in comparison to the benefits this study will contribute to the field of Early Childhood Special Education and the measurement of Best Practices in Transitions procedures for learners with special needs and their families.

Confidentiality: You will not be identified in any way, by name or any other kind of identifying information in any report, publication, or presentation. I may quote what you say in a report, but will not identify you. The only people who can listen to the tape or read the direct written transcript of our conversation will be my faculty advisors and me.

Voluntary participation: Your participation in this study is completely voluntary. If you do not want to be interviewed or if there are specific questions you do not want to answer, or if you want to stop being interviewed, you can tell me that. Your relationship with the Cincinnati Public Schools will not be affected in any way.

Termination: You may stop participation in this study or interview at any time or at any point without penalty, further questions or obligations from you or your child.

Right to withdraw from the study: You can withdraw from the study any time you want to. If you choose to withdraw, all information you have given me will be destroyed right away.

How to withdraw from the study: If you want to withdraw from the study, you may tell me that at any time during our conversation, and then you may leave.

Payment or Cost: There is no cost to you of any kind for your participation in this study or interview.

Any questions you have about this study will be answered by:

Linda Y. Hicks
2001 Baltimore, Cincinnati, Ohio 45225
Cincinnati Public Schools
513-207-8720
513-363-9964

Any questions you may have about your rights as a research subject will be answered by:

Linda Y. Hicks
2001 Baltimore, Cincinnati, Ohio 45225
Cincinnati Public Schools
513-207-8720
513-363-9964

In case of a research-related emergency, call

Linda Y. Hicks
2001 Baltimore, Cincinnati, Ohio 45225
Cincinnati Public Schools

Subject and Researcher Authorization

I have read and understand this consent form, and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate. I understand that I may withdraw from this study at any time without penalty

Signatures:
Participant Signature:
Date:
Principle Researcher's Name (printed): Linda Y. Hicks
Principle Researcher's Signature:
Date:
Person Obtaining Consent, if other than principal investigator (printed):
Signature: Date: