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This is a qualitative study that is interpretivist in nature and is designed to understand the complexities of early childhood transitions from the point of view of the study participants. This type of research also is used to further understand how participants' points of view influence their behaviors and interactions with early childhood professionals, both during and after transition processes are implemented (Maxwell, 2005). The knowledge gained from inquiring and exploring participant points of view allows researchers to focus on the meaning of particular behaviors and processes, in this case early childhood transition processes. The purpose is to answer this question: What are families' perceptions of current transition practices?

Eleven families of children experiencing transition from a Part C program in the southeastern United States were interviewed about their preparation for and experience during transition. These transition activities occurred after their child was two years, six months of age and before the age of three. Results revealed there is a systemic lack of information provided to families by early childhood professionals. Families were not aware that transition is not just a one-time event, but is a continuous process that occurs over time. Families were unclear as what types of and when activities should occur during the transition process. However, study results indicated that families were, in general, satisfied with early intervention (Part C) services.

TRANSITIONS IN EARLY CHILDHOOD: A LOOK
AT PARENTS' PERSPECTIVES

by

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This dissertation is dedicated to my husband, Jerry and to my children Kendi and Amir, for their unwavering support, encouragement and love as I pursued my dream. Thank you for expecting excellence and for helping me keep my eye on the prize.

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of
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CHAPTER I

INTRODUCTION

Overview and Rationale

Transition, defined as the process of change in service delivery systems and life circumstances (Lovett & Haring, 2003), has been identified as one of the most stressful stages of life for individuals. The importance of successful transitions to families of children with special needs is paramount to educational goal attainment. Successful transitions for children with special needs and their families have been linked to children's future outcomes (McIntyre, Eckert, Fiese, DiGennaro, & Wildenger, 2007). There are many studies that have been conducted that describe the importance of early childhood transitions. Further, policies and best professional practices have been developed in order to address this importance. The literature, however, has contained few studies that emphasize the family perspective when it comes to the implementation of such policies and best practices touted to be indicators of successful early childhood transitions.

In the lives of children, transitions also have been described as points of change that may include changes in professionals who work with children and their families (Rice & O'Brien, 1992). As these typical points of change occur in the lives of young children, their intensity and frequency for children with disabilities and their families tend to differ. Their experiences have been noted to be magnified by the changes that

occur with developed friendships, familiarity with service delivery systems, and a change from family-centered philosophy to one that is more child-focused (Hains, Rosenkoetter, & Fowler, 1991). Transitions for these families and children tend to involve more professionals, agencies, and policies (IDEA and state/agency), which increase the complexity of the process. Thus, making these necessary changes can be difficult for both parents and children, and appropriate planning can help alleviate some of the angst associated with this process (Reiss, 1994). This study examined the implementation of transition processes and best practices from parents' perspectives in defining what successful early childhood transitions look like in the current early care and education climate.

Conceptual Framework

Families do not operate in society as isolated entities. They are interconnected with each other and with their environment. This study approached the transition of children out of Part C programs from the perspective of both Family Systems Theory and the Social Systems Theory. The study explored the relationships between families of children with special needs and community providers, both early interventionists and local school system representatives (see Appendix A). Examining how family centeredness, which is grounded in the family systems theory, is used as the foundation for transition and how the interconnection between family systems and social systems impact families' perceptions of transition processes provides valuable information to the field of early care and education. This information, in turn, may influence how best practices during transition could be implemented more effectively.

Each family and surrounding professionals have defined characteristics and roles that dictate their relationships to each other. The family systems and social systems theories suggest that families cannot be fully understood in isolation from their communities. Learning about the function of families in relation to their environment, the diverse nature of families, the employment of family-centered practices, and the development of meaningful relationships with families can lead to improved transition outcomes for children and increased competence of professionals (Kidd, Sanchez & Thorp, 2008).

Methods and Results

Theoretically, the child with special needs and his family are at the center of transition processes. Influencing the implementation and effectiveness of transition are environmental issues such as: federal regulations, community support, and professional best practices. In order to identify parents perceive the delivery of transition activities in their local communities, the following research question was used: what are parents' perceptions of current transition practices?

To respond to this question, it was important to obtain a clear picture of what transition practices families were experiencing and how they interpreted their relationship with community providers. A qualitative study was developed that was designed to gain clarity of this phenomenon by inquiring and exploring families' points of view and focus on defined transition behaviors and processes. This particular study design lends itself to movement between information that is already known by researchers, such as transition

best practices, what the study results reveal, and taking appropriate action based on results.

In this study, families answered interview questions that were developed from the *Transition Practices Survey* (Rous, 2008), and were designed to garner parents' perception of the delivery of nationally validated best practices. Interview responses were coded, based on best practices, and compressed to formulate themes. These themes were derived from authentic responses from parents and their desire to share their transition experiences. The themes also provide the opportunity for early care and education professionals to understand how their implementation of identified best practices affects parents' overall perception of transition.

Data analysis between and across cases revealed several constant themes: (a) communication from Part C providers with families is critical to their understanding of, preparation for, and participation in early childhood transitions; (b) explicit explanations of Part B criteria from Part B providers helps families understand the interconnection and differences between Part B and Part C programs; and (c) families tend to separate satisfaction with Part C service coordination from their perceptions of transition processes. These results suggest there is a connection between families and their Part C service provider that transcends disappointment with their transition experiences. However, families did recognize and verbalize the need for more efficient sharing of information.

Recommendations for areas of future study are provided. The information learned from this study provides a more in-depth understanding of families' experiences during

transition and provides the field with an opportunity to alter service delivery accordingly.

The theoretical context of the provision of community services to families based on their levels of need encompasses refining and defining *how* those services are delivered.

Higher education and professional development providers may use these result to better prepare students and professionals to engage families in authentic participation in transition activities.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Transition, defined as the process of change in service delivery systems and life circumstances (Lovett & Haring, 2003), has been identified as one of the most stressful stages of life for children with special needs and their families, and may set the stage for future transition interactions throughout the child and family's interaction with community education systems (Chandler, 1993). In fact, transition out of early intervention involves changes in service delivery system, location, and oftentimes provider (Brandes, Ormsbee & Haring, 2007, Branson & Bingham, 2009). Assisting families in reducing stress by recognizing and including families in planning and decision-making, understanding and respecting family resources and goals, and supporting families in meeting the needs of their children can lead to joint efforts to ensure optimal future educational experiences (Rosenkoetter, Hains, & Dogaru, 2007). Thus, the importance of successful transitions to families of children with special needs can be critical to educational goal attainment in that negative early transition experiences can lead to distressing future transitions with new programs or schools (O'Brien, 1991). Successful transitions for children with special needs and their families have been linked to children's future outcomes (McIntyre et al., 2007), and research conducted by the early childhood experts, including the National Early Childhood Transition Center describe the

importance of early childhood transitions (Dogaru, Rosenkoetter, & Rous, 2009). Further, policies and best professional practices have been developed in order to address the importance of transitions in children's and families' educational and life experiences.

Historically, it has been noted that transitions can be difficult for both parents and children during early childhood, and appropriate planning for transitions has demonstrated that anxiety and unease associated with transitions can be eased for children and families (Reiss, 1994). Transitions for families of children with special needs may be more complex in that these children's transitions tend to involve more professionals, agencies (sending and receiving), and policies (federal, state, and agency) that require specific steps to demonstrate completion. The specific requirements are outlined in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). When did the discussion of transition for children with special needs begin and what was the impetus for legislating transition activities? In order to examine the implications of transition practices in early childhood, a historical look at the development of parent advocacy groups and other legislation pertaining to special education is appropriate to establish the foundation for the requirements of IDEA regarding early intervention services and, consequently, transition practices.

The review of literature will begin with a brief history of education services to children with special needs, including the historical significance of IDEA as it relates to transition. It will be followed by a discussion of family participation in early childhood development and successful education experiences. This particular discussion will include early intervention and roles of both families and professionals. Finally, as they

approach school age, children and families receiving early intervention services need to be prepared to encounter new possibilities for growth and development through appropriate educational activities. This preparation to move along the education continuum is the underpinning of transition activities, and will be discussed in terms of current research including barriers and best practices.

History

Over the past six decades, there have been major changes in the care and education of children with special needs (Gallagher, 2006). These changes are reflected in policies regarding service provision to children with special needs in their schools and communities. Policies of the past influenced and continue to influence the delivery of education services to children identified as having a disability. These policies not only influence the delivery of special education services, they also influence research and personnel preparation. To this end, policies mandating and delineating how to provide education services to all children have provided guidance to professionals, families, and communities in the implementation of transition practices.

Historically, children with special needs were excluded from accessing public school services despite the assumption that a public education is a right for the children of our country, and laws stating such were established by all states of the union by 1918 (Yell, 2006). Schools were allowed to exclude students with special needs if their presence was disruptive, offensive, time consuming, or caused a perceived negative effect on others' ability to benefit from public school. Today, these compulsory education laws

vary from state to state, but all require some form of school attendance from elementary school thru high school.

Advocacy

Based on the systemic discrimination in regard to education, local advocacy groups began when parents of children with special needs decided to address the issues of exclusion from and access to education services for their children (Gallagher, 2006, Yell, 2006). These families worked together to support each other and provide local decision-makers with information regarding appropriate access to public education for all children. Groups such as these developed across the United States and began to communicate with each other on a national level with the formation of The National Association for Retarded Citizens (Arc). Established in 1950, this organization of parents and others interested in the humane treatment and education rights of children with special needs, began meeting to discuss how to: (a) demand and enforce equal access to services, (b) monitor the quality of those services and (c) influence policy regarding the rights of individuals with disabilities and their families, and is one of the largest interest groups/organizations in the country (Arc, 2009). They provide services and supports to families through more than 850 state and local chapters. Along with the Arc, other advocacy groups, such as, the Association for Persons with Severe Handicaps, the United Cerebral Palsy Association, and others have worked together to support the development of legislation that protects the educational rights of individuals with disabilities (Gallagher, 2006; Yell, 2006).

Legislation

Head Start. The Head Start Act of 1965 initiated a national program that promoted school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services for enrolled children and families (Head Start, 1989, Reid, Webster-Stratton, & Bayder, 2004). The Head Start program provided grants to local public and private non-profit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school (Head Start Act of 1998). In 1973, Head Start led the way for inclusion in early childhood by mandating that ten percent of its enrollment must consist of children with disabilities. Each Head Start program must provide an inclusive approach to child development and education for all children, with at least 10% of the total number of enrollment opportunities in each program made available to children with disabilities (Head Start Program Performance Standards, 2008).

Head Start began the earliest discussions about transition for young children and their families (Rosenkoetter, Whaley, Hains, & Pierce, 2001). In that programs participating in Head Start must include children with special needs, Head Start initiated training programs for staff that included collaborative efforts between Head Start, community agencies and the education system. As an extension of this collaboration, activities were developed to involve families in their children's transitions to preschool as well as kindergarten (Head Start, 1989). However, there still weren't any formal policies

regarding transition for young children, but the need to overcome obstacles related to transition activities were noted and began to prompt interest of policy makers (Rosenkoetter et al., 2001).

EAHCA, EHA, and IDEA. In 1975, the Education for All Handicapped Children Act (EAHCA/P.L. 94-142) was passed (EAHCA, 1975). From this act, states gained access to federal dollars to assist with the education of students with disabilities. In order to receive the funding, however, states were required to develop specific plans delineating how they would serve students. In 1986, P.L. 99-457, the Education of the Handicapped Act Amendments was enacted. These amendments reauthorized the Education of the Handicapped Act (EHA) and included provisions to provide more and better services to young children special needs and their families, recognizing the importance of early life experiences (EHA, 1986). P.L. 99-457 recognized the unique role of families in the development of children with special needs, and services were expanded to include infants and toddlers, and preschool children (Sass-Lehrer & Bodner-Johnson, 1989). During the Congressional session of 1990, the name of the Act was changed to the Individuals with Disabilities Education Act. Included in the IDEA, are guidelines that provide parents with avenues to provide input into the delivery of public educational services to their children. During this time, Free and Appropriate Public Education (FAPE) rights were extended to children aged 3 through 5 in Part B, Section 619 and required transition planning for children enrolled in Part C of IDEA.

Part C. Part C of IDEA provides all states with the opportunity to receive grants for early intervention services for children birth to three who are developmentally

delayed, or at risk for substantial risk or delay because of diagnosed factors and conditions (and their families). The children's needs are addressed through the use of a comprehensive Individualized Family Service Plan (IFSP). With this plan, parents are in the lead and along with professionals, help guide services provided to eligible children. The IDEA amendments of 1997 (Section 303.167(c)) required states to ensure that, to the maximum extent appropriate, early intervention services to infants and toddlers under 3 years of age are provided in natural environments, such as the home and community settings in which children without disabilities participate.

As a consequence of technical assistance projects funded by the U.S. Department of Education's Office of Special Education Programs, a growing research base of best practices had come out of demonstration and outreach projects to support development of model programs that support transition activities (Fowler, 1988). The goal of improving transition practices for young children with special needs was the focus of these projects, in addition to providing policy makers with information to implement appropriate legislation regarding transition. Out of these efforts, transition strategies for assisting children exiting Part C programs emerged and were disseminated across states. Professional organizations, such as the Division for Early Childhood (DEC) developed recommended practices and specific strategies supporting improved transitions for young children, which include language used in future legislative and regulatory transition policies (DEC, 1993, Rosenkoetter et al., 2001).

With the reauthorization of IDEA in 1991, the IFSP was expanded to include specific transition planning for families exiting Part C programs and required early

intervention programs to hold transition planning conferences at least 90 days prior to the child's third birthday in order to plan appropriate transition strategies for the child and family (Rosenkoetter, 1992). Children and families were now to participate in the planning process to discuss developmental and educational opportunities that were available to the child in the local education system and community. This revised policy required states' adherence to timelines, the outlining of specific state regulations for transition out of Part C programs at age three, and the development of state policies and procedures to support transition. Part C programs were also required to include Interagency Coordinating Councils to advise both Part C programs and state education lead agencies regarding transition and, were to provide personnel development activities for professionals coordinating transition for children enrolled in Part C programs who may be eligible for special education Part B-619 preschool programs. In 1997, IDEA extended transition activities to require schools to send representatives to transition planning conferences and to include children who did not meet Part B eligibility guidelines (Rosenkoetter, 1992).

Family-centered Philosophy

Family-centered service delivery is the framework for early intervention programs in which the child and family's concerns, priorities, and resources drive intervention services (Brinker, 1992). In such instances, the family, in addition to the child, is seen as the recipient of services (Branson & Bingham, 2009). Focusing on the family is a requirement of IDEA, which recognizes that families are critical influences on children's skill development. Respecting, strengthening, and supporting the family are cornerstones

of family-centered philosophy, and is used to empower families in the development of parenting skills, problem-solving skills, and advocacy skills (Fox, Dunlap, & Cushing, 2002). With this approach, families actively participate in the assessment of children's strengths and abilities and the development of a system of supports and services to assist families in meeting the developmental needs of the child and identified family needs (National Child Welfare Resource Center for Family-Centered Practice, 2002). Early intervention program participants have input and control over what services and supports their children receive; thus, IFSPs are family-centered plans that are comprehensive and individualized for each child and family. Family-centered plans incorporate families' beliefs, values, and desires for their children. Family involvement at this level serves to help build the family's ability to support their child in future decision-making activities. Through this process, parents are provided the opportunity to learn how to facilitate children's learning and increase children's social and communicative skills (DeVore & Russell, 2007). Families also are awarded learning opportunities through this process by partnering with early interventionists in developing, implementing, and evaluating chosen strategies and specific interventions.

Family-child Relationship

Children's development is an outcome of continuous interactions between child and care-giving environment and the provision of developmentally appropriate stimulation to support the exploration of environmental surroundings (Newman, 2005; Pridham, Becker, & Brown, 2000). The development of supportive relationships between infants/toddlers and their parent or primary care-giver is the foundation for children to

begin developing expectations of their environment, trusting parental action/reaction, and reaching developmental milestones (NICHD, 2006). These milestones are factors in determining whether children are at risk for developing delays, and are addressed through the receipt of early intervention services by children with special needs and their families.

Skill development and support. Early intervention professionals, whose primary goal is improved development for children, focus on developmental stages when assisting families to develop outcomes for their children. However, during the process of determining risks for developmental delays, and outlining intervention strategies, families' ability to provide positive, supportive learning opportunities for children can be enhanced in that early intervention services have been shown to improve intellectual and social competence of eligible children, as well as, improve the quality of parental interaction with their children (Bradley, Burchinal, & Casey, 2001). Consequently, families' ability to actively participate in children's development has a direct impact on the continued develop of skills, and academic and social development as children grow, and affects the success of early intervention practices on children's developmental outcomes. In an effort to facilitate skill development in this area, strategies are offered to families during the receipt of early intervention services that assist in building their skill level including:

1. Activities to assist parents/caregivers in teaching their children when the early interventionist is not there. Children spend the majority of their waking hours with parents and only a few hours per week/month with early interventionists.

It makes sense to encourage parents to be the primary interventionists in children's lives.

2. Child development, behavior management, appropriate expectations, and the provision of a wide-range of learning opportunities/ experiences; and
3. Social support to facilitate learning to problem-solve and develop effective parenting skills. Families and children benefit more from early intervention services when the intervention offers support that complements and/or supplements available resources within the child's home.

Through the emphasis on family development and empowerment, early intervention provides specific strategies that help families create solid foundations to sustain families' and children's development from infancy to school entry. Such elements promote family involvement in children's development and are deliberate in their efforts to ensure parents have the opportunities, relationships, and support to be successful (Bradley et al., 2001). Ideally, families are able establish firm foundations upon which to build skills to aid their children, leading to better preparation for transition into educational services due to the emphasis on family-centered practices during the receipt of early intervention services.

Family-centered practices allow families to receive support that helps facilitate the development of parental skills in the areas of communication, decision-making, collaboration, and advocacy (Thomaidis, Kaderoglou, Stefou, Damianou, & Bakoula, 2000). Skill development in these areas provide parents with the tools to gain an understanding of the impact of their role in the academic success of their children, the

basics of what is happening within their children's learning environments, and to interact with academic professionals (teachers and administrators) to address concerns regarding academic performance of both children and schools.

Collaborative development or enhancement of parental skills by early intervention professionals interacting with parents influences the quality of family involvement (Barlow, Kirkpatrick, Stewart-Brown, & Davis, 2005). Parental skills and expectations are often developed through societal dictation, and societal expectations may not be attuned to individual needs of children. Thus, the perceived role of the mother directly influences how she interacts with her children (Bor, Brennan, Williams, Najman, & O'Callaghan, 2003). According to Bor et al., mothers' attitudes and behaviors regarding parenting and interactions with their young children, which is often gained from social cues, affect the development of children's neural pathways and eventual social emotional competencies. Support may be needed to help families actively participate in their children's development by encouraging a broadening of expectations, responding to a child's experiences and needs, and reinforcing the positive relationship needed to maintain current skills and to develop new ones. Conversely, negative attitudes have been shown to predict behavioral outcomes when children enter school-aged education programs.

Another benefit of participation in early intervention, is the development of new or enhancement of previous parenting skills. By receiving resources and modeling of appropriate interaction, parents are able to improve child rearing skills such as setting limits and discipline. An example of such improvement occurred in a study of the

Incredible Years early intervention program. The program provided 8-9 weeks of training for parents of toddlers that helped improve parents' positive parenting skills (Webster-Stratton, Reid, & Hammond, 2004). Parents used less punitive discipline strategies, changed to less critical language, and commands. Early intervention also can help facilitate parents' identification of opportunities for parent-child interaction and relationship development. Parents improve their ability to recognize and engage in developmentally appropriate activities, which allows for more opportunities for families to connect. These activities can be embedded in structured or free play, talking and communicating, family routines such as dinner time, and family activity time. Reinforcement of positive, loving behaviors and relationship development and connectedness occur during these activities, which helps parents build the confidence needed to engage in decision-making activities that direct children's interaction with education programs. The concepts focused on families, such as: family support, family development, and collaboration with families have shifted early intervention services to a family-centered model.

Family-professional Relationship

The development of family-professional relationships is a direct by-product of using a family-centered approach to the delivery of early intervention services to children and their families. Early intervention efforts are centered on families' identified needs and preferences; however, input of professionals working with families provides the technical assistance needed to enhance the development of intervention strategies to meet child and family outcomes. Families are the experts on their children and can provide

information regarding routines, activities, abilities, relationships, and other familial events that may affect children's development. Oftentimes, families have difficulty identifying and accessing needed services and supports if a reciprocal, information-sharing relationship with early intervention professionals hasn't been developed to assist in providing families opportunities to enhance their child development knowledge base and information about community resources (Pianta & Kraft-Sayre, 2003).

Reflecting on the needs identified by families, early interventionists are able to provide support to families who may experience frustration and stress associated with children with developmental delays. The family unit may need guidance to obtain information, knowledge, resources, and support to become empowered and comfortable with directing care for their children (Fox et al., 2002). Through the emphasis on family-centeredness, family development, and empowerment, early intervention provides specific elements of support that help families create solid foundations to sustain themselves as their children move from infancy and their relationship with early intervention to school-aged and educational relationships. Such elements promote family involvement in children's development and are deliberate in their efforts to ensure parents have the opportunities, relationships, and resources to be successful as they transition to other community supports (Bradley et al., 2001).

Transition

Transition of young children with disabilities occurs in a multitude of areas: hospital to home, entry into early intervention services, early intervention to preschool, and preschool to kindergarten (Rosenkoetter et al., 2001). The process for transitioning

children enrolled in early intervention programs into community preschool programs is one that can be the foundational underpinning for future transitions for children with special needs and their families (Rous, Hallam, Harbin, McCormick, & Jung, 2007).

Recognizing the importance of transition, one of the major elements of early intervention is the process of exiting Part C services and moving into community education services, including special education preschool services, which is evidenced by the inclusion of specific language in IDEA to facilitate states' transition activities. For example, children enrolled in early intervention services as indicated in Part C of IDEA, are required to have a service coordinator to coordinate all services indicated on their Individualized Family Service Plan (IFSP). In addition, there are 18 additional services that must be available to children and families who qualify and have demonstrated need of the service through assessment. Each of these services could potentially provide input during transition out of early intervention. The potential for confusion, miscommunication and alienation of families increases as the number of individuals and agencies increase (Rous, Hallam, et al., 2007). These additional requirements are unique to children with special needs and their families, and are outlined in the IDEA of 2004.

Transition, defined as the process of change in service delivery systems and life circumstances (Lovett & Haring, 2003), and has been identified as one of the most stressful stages of life for individuals. The importance of successful transitions to families of children with special needs can become a building block to future educational goal attainment. Successful transitions for children with special needs and their families have been linked to children's future outcomes (McIntyre et al., 2007, Schulting, Malone, &

Dodge, 2005). There are many studies that have been conducted that describe the importance of early childhood transitions, and policies and best professional practices have been developed in order to address this importance. The literature, however, has contained few studies that emphasize family perspectives when it comes to the implementation of such policies and best practices that are touted to be indicators of successful early childhood transitions. The question is “Are parents’ perspectives considered during the development of transition policy, agency definitions, and best practices for successful transitions for young children with disabilities?”

Barriers

Transitions in early childhood tend to represent major milestones in young children’s lives, such as a child’s first day in preschool, and are typically met with family celebrations. For children with special needs and their families, transitions can be the cause of stress as new situations and education settings are introduced (Ankeny, Wilkins, & Spain, 2009). Successful transitions, as described by Rosenkoetter et al. (2007), require adequate time to plan and a commitment to the process from all parties involved. As discussed in the following section, barriers can interrupt the transition process, hindering efforts of both families and professionals to meet the needs of the children involved.

Policy implementation. In the recent past, federal legislation, IDEA, shifted regulatory responsibilities that impeded the ability to invest appropriate amounts of time to transition processes. Transition planning must: (a) begin no later than 90 days prior to the child’s third birthday, (b) discuss what “transition” from early intervention means, (c) explore preschool special education services, as well as, other community program

option, (d) send specified information to special education preschool (Part B of IDEA), (e) convene a transition planning meeting with all parties to develop a transition plan and steps for completion, and (f) help the child begin to learn new skills needed to participate in a new setting/help the child and family prepare for changes. These new required outlined steps must be taken and individual states must develop processes to implement such requirements. States are evaluated on compliance with transition requirements through State Performance Plans (SPP) and Annual Performance Reports (APR) that are submitted to the Part C funding agency, Office of Special Education Programs (OSEP). Thus, early intervention programs may meet the letter of the law as indicated in IDEA, but does this lead to parental satisfaction with children's transition out of these programs? How do these transition requirements mesh with and meet the needs of the children and families as defined by parents?

Communication. Both families and professionals have intimated that they are not adequately prepared to engage in successful transitions for young children (Dogaru et al., 2009). According to Brandes and colleagues (2007), effective transitions can be successful with adequate planning and communication. Planning involves preparation of the child, family and professionals for the upcoming changes, and a minimum of 6 to 12 months is suggested. Communication is the conduit that facilitates planning and information sharing and keeping families involved in their children's education services.

Communication, in a variety of formats, can minimize stress and maximize continuity of services before, during, and after transition occurs. Family-professional partnerships can be developed by professionals communicating with families and

discussing their priorities and concerns. Ideally, professionals acknowledge families' experiences, recognize the value of such experiences, and encourage active involvement in transition processes (Fox et al., 2002). Conversely, professionals are able to provide information regarding transition processes, resources, and available options to meet identified child and family needs. Communication among professionals regarding the needs of the child and family also is important in that families often rely on professionals to share information about available services and supports and assist with gaining access to resources, which provides families with support in preparation of transition (Rous et al., 2007). Although the importance of communication in managing transition processes is acknowledged, Ankeny and colleagues suggest a significant gap between the recognition of communication's importance and its practice during transition.

Integration of expectations. Exploring how the current transition process hinders or facilitates early childhood transitions can help the field develop more preservice and in-service opportunities that enhance the knowledge and skills of all individuals involved with children with special needs. Do the current processes integrate research findings that have demonstrated successful transitions from organizational and familial points of view? What are the expectations of families and professionals in regard to transition and do the current practices meet those expectations? There are various studies that have been completed from the perspective of the professional in terms of successful transitions and the best practices associated with such transitions (Rous, 2008). The gap in literature stems from a lack of description of successful transitions from families' perspectives. Do families' definitions of successful transitions look different from current practice? Are

there areas of intersection between the two that could lead to successful transitions from both the family and professional perspective?

Implementation

The term transition, by definition, means to change. In the context of early childhood, transition takes on various meanings, which all lead to some form of change. Policies that guide transition practices can be in the form of a vertical (a change in the child and family's participation in a particular service system) or a horizontal (change in agency leadership, location, or provider) transition (Kagan, 1992). In this context, transition from Part C to Part B would be considered a vertical transition in that families are moving from one service delivery system to another. The discussion will focus on the systems that are developed and guided by IDEA. The 1997 reauthorization of IDEA revised transition to include the participation of both early intervention (Part C) and special education (Part B) representatives during the transition of children enrolled in early intervention programs. Families are included as integral parts of the transition process. However, the professionals, who understand the federal and agency requirements, are the directors of the transition. These individuals make sure the regulation is interpreted and implemented on state and local levels. Policy regulations, in turn, drive development of state policies that often encounter difficulties when attempting to keep the child and family the main focus of the policy (Duda & Minick, 2006). The following sections will describe grassroots efforts of families and advocates to effect transition legislation and eventual policy dissemination to local agencies.

Local voices. Interestingly, the development of federal transition policies evolved from grassroots efforts of stakeholders, advocates and especially families of children with special needs. The concerted actions of families and other advocates lend a loud, powerful voice to issues that impact service delivery to young children receiving federally supported intervention services. These voices typically have been from individual families, groups of families, and other advocates who have had unfortunate experiences with current practice and want change to occur that would ensure more effective service delivery (Turnbull & Turnbull, 1996). Out of these efforts, leaders emerge that are articulate, convincing and influential to policy makers that can advocate for new or revised policies. In our country, this change occurs by legislative action, the dissemination of new regulations, interpretation of these regulations by state and local agencies, and finally, implementation with children and families.

Dissemination. During the process of top-down dissemination, the original intention of the legislation can get lost in the mechanisms of implementation. Families provide input on the front end of the policy, and even recommend practices to professional organizations such as the Council for Exceptional Children's Division for Early Childhood (Rosenkoetter et al., 2001). Oftentimes, the stamp of approval from professional organizations justifies practice and lends support to legislative agencies determination of fund allocation for compliance with policies. The difficulty occurs when interpretation and implementation of policies divert from the intent and spirit of the law. This has occurred in the case of transition where the measurement of success as measured

by state SPP and APR submissions exclude the parental interpretation of best practices for the transition process.

Best Practices

Professional agencies, such as the Division for Early Childhood and the National Association for the Education of Young Children (NAEYC), have developed guides for working with children with special needs and their families. These identified best practices were developed to assist professionals and parents to attain the shared goal of improved development and outcomes for children (Sandall, Hemmeter, Smith, & McLean, 2005). Successful transitions between early intervention and special education preschool is a vital part in continuing the learning process and can be linked to preparing children for success in formal school systems by reducing the academic gap that may exist for children with special needs (Edmonds, O'Donoghue, Spano, & Algozzine, 2008). The transition planning process for families and children encompasses several phases that should assist professionals in addressing the identified needs of children and their families. This process also facilitates parents' involvement in the early learning opportunities for their children. Further, appropriate planning can offer parents some relief of the stress associated with dealing with new environments, philosophies, professionals and agencies. In the professional's role, there are particular points that should be remembered and used to guide the transition process: (a) transition is not static, but is a process that takes a considerable amount of time to plan, (b) transition requires planning prior to the child leaving early intervention and follow-up after then child has changed programs, (c) transition planning involves all parties associated with the move

such as sending and receiving programs and parents, and (d) transition lends itself to the development of individualized service programs that support the identified needs of the child and is less about a particular place the child receives services (Rosenkoetter et al., 2007).

Professional Role

As discussed earlier, professionals involved in planning transitions have responsibilities that stem from the identification of best practices that lead to successful transitions. Their role entails helping parents to overcome some of the challenges experienced during transition, such as understanding the process of transition. Oftentimes, parents are not prepared due to the lack of professional support needed to be active participants (Stormont, Beckner, Mitchell, & Richter, 2005). Thus, the requirements identified in IDEA have been met, but has the spirit of the law been met in terms of true family involvement in planning activities?

Information gleaned from the *OSEP Early Childhood Transition FAQs: SPP/APR indicators C-8 and B-12* outlines the specific agency requirements for transition. These steps include: 1) a discussion of what transition means, 2) exploration of preschool special education services and other community program options, 3) provide information to Part B or other community programs, given parental consent, 4) convene a transition planning conference, and 5) help the child and family prepare for changes in services. However, the regulatory requirements do not specify activities that should occur during each of the outlined steps. Therefore, each state must develop and utilize policies and procedures that address these requirements and ensure smooth transitions for children

enrolled in Part C programs. These transitions can be to Preschool (Part B) or other appropriate services.

Typically, early intervention (Part C) professionals are responsible for sharing the specific steps of transition to parents of children enrolled in early intervention programs. Most Part C programs have developed written information, such as transition handbooks to distribute to families. The service coordinator is charged with explaining this information in the most appropriate manner for individual family units. Supplemental information, such as internet training modules, is utilized by some states to help families gain an understanding of transition activities. However, service coordinators are the primary source of information for families.

Family support. Participation in early transitions can be either smooth or can lead to unpleasant experiences for children, families, and professionals. The role of providing support to families during transition processes is critical to carrying out transition plans that lead to more pleasant experiences (Rous, Hallam, McCormick, & Cox, 2010). Birth to three early intervention professionals often develop strong relationships with children and families during these critical developmental stages of children with special needs. Families and professionals may have developed very mutually satisfying relationships that are likely to change, the very definition of transition. Professionals must provide families with emotional support during this period when parents are confronted with the prospect of developing new relationships with unfamiliar service providers (Rosenkoetter et al., 2009). In addition, support can be

offered to receiving programs in the form of strategies that were successful in developing positive relationships with transitioning children and families (Rous et al., 2010).

Another avenue of support that families need from professionals is information (Hill, Murray, Woodall, Parmar, & Hentges, 2004; Rosenkoetter et al., 2007; Rous et al., 2010). There are distinct differences between early intervention programs and early childhood special education programs. First, the focus of service delivery changes from one of family focus to one that is child focused (Brandes et al., 2007). In receipt of early intervention services, families are asked to identify their own strengths, priorities, and resources that are used to help develop the families' service delivery plan (McCormick, Stricklin, Nowak, & Rous, 2008). Thus the development of plan goals is driven by this input from families. In the development of the federally mandated Individualized Education Program (IEP) for children receiving early childhood special education services (ECSE), the focus of goal development becomes mainly the child's needs in relation to education. Families must be provided the information needed in order to understand these fundamental programmatic differences. Otherwise, are we placing families at a disadvantage by not preparing them properly and setting the stage for a more unpleasant transition experience?

Children who are the recipients of transition services often do not understand the changes that are occurring in their lives (Lam & Pollard, 2006). The challenge is to assist young children in adjusting to new environments, agencies, rules, teachers, therapists, etc. In that professionals oftentimes serve as the link between early intervention and ECSE programs, their role requires providing assistance to families and receiving

programs on ways to facilitate children's psychosocial well-being during transition (Rosenkoetter et al., 2007, Rous, Myers, & Stricklin, 2007). As indicated in the transition requirements documented on children's IFSP, one way to assist children is to arrange transition activities such as visiting receiving programs, introducing new professionals to children in familiar settings such as their home or in the sending program, or arranging visits during children's play (Malone & Gallagher, 2008, 2009). Parents' anxiety associated with change may be reduced by engaging children in their own transition process (Lovett & Haring, 2003). Does overlooking the role of child involvement in transition processes perpetuate feelings of anxiety and dissatisfaction with early childhood transitions?

Collaboration. Finally, movement between early childhood programs does not occur in a vacuum. They are orchestrated and directed by professionals who should be trained to facilitate this process. However, this role is heavily impacted by multiple barriers that prevent the use of previously described supportive transition practices. A variety of administrative issues impede effective support and systematic planning during transition (Rous, Schroeder, Stricklin, Hains, & Cox, 2008, Stormont et al., 2005). Transition between programs often involves several agencies and the coordination of opportunities to participate in the transition planning process (Harbin, Rous, Gooden, & Shaw, 2008). Complications also can occur during the identification of roles and responsibilities associated with transitions. Administratively, the professionals involved may not be in decision-making positions and others must be consulted to determine which responsibilities belong to which agency. The involvement of multiple agencies

may complicate the completion of required paperwork, meeting identified timelines, and adherence to federal mandates. Variables such as time, funding, caseloads, and limited availability of services can significantly impede the ability for professionals to dedicate the time required to plan, implement, and follow-up on transition plans (Rous et al., 2008). Specifically, lack of follow-up with families and programs makes it difficult to determine families' perspectives on their children's transition. These complications and lack of support for professionals not only create problems for sending and receiving programs, they tend to exasperate parental feelings of anxiety.

Community Support

According to IDEA, there is a need to ensure seamless transitions for children and their families as they leave Part C and enter early childhood programs, so they have timely access to appropriate services (Harbin et al., 2008). Families need to move smoothly from one program or system to another. State and local structures, policies, interagency agreements, personnel development processes, and other mechanisms must be in place to support the transition process. Part C of IDEA requires the development of a "statewide, comprehensive, coordinated, multidisciplinary, interagency system" of services which includes the development of interagency agreements, inclusive of parents, with other agencies that provide services to young children with disabilities (Branson & Bingham, 2009). The goal is for the transition process to provide uninterrupted provision of appropriate services, including planning and decision-making with families that occur well in advance of the child's third birthday (Branson & Bingham, 2009, Harbin et al., 2008).

Conclusion

Transition is ongoing and requires the processes of planning, implementing, evaluating and balancing parents' lives and responsibilities with the needs of their children to achieve the best outcomes for children with special needs and their families (Ankeny et al., 2009; Stoner, Angell, House, & Bock, 2007). As such, the current focus on family-centered service delivery places families in a critical role in terms of decision-making and professionals have the responsibility of providing support and assistance to families that facilitates meaningful participation in transition activities. Legislative acts have transformed transition activities to be more family-centered, but suggest there is a gap between the recognized importance of transition and the implementation of appropriate practices.

Transition has been discussed from many perspectives in this paper, addressing the factors involved in determining successful transitions for children with special needs and their families. However, there has been limited research to record parents' perceptions of the transition process. One of the few available studies, conducted by Lovett and Haring (2003), had the following results describing parent's comfort level with transition out of early intervention services. Comfort was defined by: 1(a) early intervention staff prepared the family for transition and were helpful in setting up meetings with receiving program staff, (b) parents felt involved in the development of the child's IEP, (c) parents were given opportunities to make decisions regarding services and were provided with alternate choices, and (d) families were pleased with placements. The results were as follows: 43% of families reported they were uncomfortable with the

transition from early intervention. They felt unprepared and anxious and complained that they had been abandoned by the early intervention staff they had relied on. Families also stated that they did not feel like full participants in transition process, they had to make major changes to their lives to access appropriate preschool or community early childhood settings, and described the difficulty of getting all participants to engage in active dialogue.

In another study conducted by McIntyre and colleagues (2007) examining the experiences and involvement of parents in their children's transition, findings suggested that parents would like more information about transition, expectations, and receiving program information. The majority of families expressed concern about their children's transitions; however, they wanted to be active participants in the transition planning process. The authors of this study recommended that transition strategies need to be child and family-specific and that professionals need to receive training that addresses the importance of well-planned transitions, implementation of best practices, and meeting transition guidelines. As previously noted, there are barriers to overcome that require support from agency administrators, early interventionists, early childhood educators, and families, which could lead to collaboratively addressing obstacles that prevent successful transitions as defined by all participants. As professionals working with children with special needs and their families, how can we further explore families' perceptions of current transition practices and more meaningfully incorporate these findings into the development and implementation of federal regulations, best practices policies and procedures, and community support of early childhood transitions?

Transition from early intervention services into early childhood special education services involves many changes and adjustments for both the child and family. The importance of early transition for children with special needs is demonstrated by its potential to impact later academic and social success, mental health vulnerability, adjustment problems, and difficulty with peer relationships (Entwisle & Alexander, 1998). Based on a review of relevant research, this paper has documented the various definitions of successful early childhood transitions from the perspective of federal regulation and best practices as identified by professional organizations. Factors that direct the transition process were also discussed. Given the complexities of transition and the importance of its success to families and children, it is important to align the needs and expectations of parents and children experiencing transition with the organizational definitions of successful transitions. Focusing on this alignment of parental and organizational definitions of successful transitions will require the field to view transition through the lens of the family and develop measures to incorporate all of the perspectives delineated in this paper to more adequately define success. In doing so, methods to evaluate success of transitions would include measures more meaningful to children and families. Finally, and most importantly, the formation of transition policies and procedures that are sensitive to perspective of parents would lend themselves to better outcomes for children.

Given the gap in literature stemming from a lack of description of successful transitions from families' perspectives, this study explores how families *experience* the

current transition process. The study seeks the answer the research question of: What are parents' perceptions of current transition practices?

CHAPTER III

DESIGN

This was a qualitative study that was interpretivist in nature, designed to understand the complexities of early childhood transitions from the point of view of the study participants. This type of research is used to further understand how participants' points of view influences their behaviors and interactions with early childhood professionals, both during and after transition processes are implemented (Maxwell, 2005). The knowledge gained from inquiring and exploring participant points of view allows researchers to focus on the meaning of particular behaviors and processes, in this case early childhood transition processes. The purpose is to categorize interview data into small units of meaning that were sorted, resorted, and direct the researcher toward particular themes that may or may not recur with each study participant (Ferguson & Ferguson, 2000). Further, this type of research lends itself to the contextualizing of data. That is, moving back and forth between what is known as researchers, what the study data reveals, and how this information may assist in increasing the ability to recognize and act based on research findings (Ferguson & Ferguson, 2000).

Interpretative research designs typically utilize small sample sizes that are explored in great depth. In this study of early childhood transitions, the sample size is relatively small and consisted of 11 families. Each family participated in one 30-90 minute interview that occurred during their transition process (beginning or end). The

study consisted of two (2) different sets of interview questions. The first set of questions was administered to six (6) families that are at the beginning of the transition process and addressed their *preparation* for participation in transition activities. The next set of questions was administered to five (5) different families that were at the end of the transition process and had already participated in transition activities. They were asked questions regarding their *experiences during* transition activities. The size of the sample allowed for more attention and time to be spent with each participant to export information that was relative to the study and led to themes that were both expected, based on previous research, and unanticipated (Shank, 2006). Finally, this research design allowed for specific and probing questioning of participants to help in shedding light on the research questions and participant answers to those questions based on their personal experiences with early childhood transitions. While professionals working in the early intervention field can conceptualize and implement transition processes based on federal regulations, state policies and procedures, only families who have experienced transition can provide their unique perspectives on how agencies have adhered to best practice guidelines and met the needs of children with special needs and their families.

Research Team

The research team consisted of a lead researcher and one assistant researcher. The lead researcher has 12 years of experience working with children with special needs and their families. She received her undergraduate degree in psychology and her masters in health administration from the University of Missouri-Columbia. She is presently a PhD candidate in special education at the University of North Carolina at Greensboro. She is

employed with the North Carolina Department of Health and Human Services, Division of Public Health, Women's and Children's Health Section, Early Intervention Branch. She works with the Resource and Information Unit, which oversees the Infant-Toddler Program's certification process and provides technical assistance to Children's Developmental Services Agencies in western North Carolina.

In her employment with the Part C program in NC in a regional specialist capacity she does not have direct contact with families. She works primarily with early intervention professionals and program supervisors. Participants were informed of this information during the consent for participation process. It was explained that this study is being done outside of her responsibilities as a Part C employee, their individual responses are confidential, and will not be shared with their local service coordinator. Finally, families were assured their participation in the study will not affect their receipt of Part C services.

The research assistant is employed as Chair of Early Childhood Education Humans Service Technology, Forsyth Tech Community College. She received her undergraduate degree in kindergarten primary education and her masters in special education from Worcester State College, Worcester Massachusetts. In addition, she had completed course work in Educational Leadership and presently a doctoral in Specialized Education at the University of North Carolina, Greensboro. She has been an instructor and Department Chair of Early Childhood Education Human Services Technology for 16 years. Currently she is Co-Chair of the Learning College Steering Committee on campus. She has worked with the Hispanic Community in offering education classes in Spanish.

She is a board member of Smart Start of Forsyth County, Work Family Resource Center, Salem College Education Advisory and Winston-Salem State University Child Development Center. Recently, she was the Supervisor for the North Carolina Community College Systems Early Childhood Curriculum Improvement Project. She has written more than five grants bringing an estimated \$600,000 to Forsyth Tech in the past eight years. She is an advocate in the community.

Participants

Sample Selection and Recruitment

All families enrolled in Part C programs must participate in transition planning activities as their children approach 30 months of age, or sooner, if necessary (IDEA, 2004). The researcher sought the assistance of the state Part C program to identify English-speaking families whose children were aging out of the Part C (at least two years, six months old and less than three years of age) and were about to begin the transition process. The state Part C program administrator completed a data run based on the identified criteria, and provided the researcher a list of potential study participants of two regional program lead agencies' catchment areas to identify families with children who met the age criteria. The families were categorized into either residing in a rural or urban area. The researcher notified the regional Part C program director which families in the catchment area were potential participants, who informed the respective early intervention service coordinators (EISCs). The EISC for each family, using the EISC script (see Appendix B), contacted the identified families on their caseloads and briefly explained the purpose of the research study and provided instructions on how to

volunteer to participate in the study. The EISC also provided each family with a letter from the state Part C program director (see Appendix C), explaining the study. In addition to this introduction letter, each family received a response card (see Appendix D) and self-addressed, stamped envelope. Families interested in participating were asked to return the response card to the researcher.

Once the response cards were received from potential participants, they were separated into families residing in urban or rural areas, and who were at the beginning or end of the transition process. Based on the list generated from families who returned the response card, the researcher used purposeful sampling techniques to select study participants, which provided the opportunity to understand the transition process within the identified regions. Five (5) families from rural areas and six (6) families from urban areas were selected. The U.S. Census Bureau defines an urban area as areas that have a population density of at least 1,000 people per square mile and surrounding areas that have an overall density of at least 500 people per square mile. Conversely, rural areas comprise open country and settlements with fewer than 2,500 residents; areas designated as rural can have population densities as high as 999 per square mile or as low as 1 person per square mile.

Regional Part C staff was asked to assist in the recruitment of potential study participants. Prior to engagement in recruiting potential study participants, the regional Part C program director and all participating EISCs were required to sign and submit a confidentiality form.

The first families identified, at the beginning and at the end of the transition process were contacted to schedule an interview at a time and location that was convenient for them. If any of the initial participants had elected not to participate, other potential participants were contacted. When less than an optimal number of families were identified, opportunistic sampling was used by asking the respective EISCs to suggest families who may be contacted for participation and that may be amenable to participating if they had additional contact from the researcher. Using this process, 11 families were selected to participate in the study. The eleven families were divided into four cases based on the location of their residences (rural or urban) and where they were in the transition process (beginning or ending), which became the units of analysis: rural beginning, rural ending, urban beginning and urban ending.

Participant Descriptions

With the assistance of the state and regional Part C programs, there were 14 families that returned the response card agreeing to participate in the study. Out of these 14 respondents, one did not meet the criteria of being English-speaking, and two families did not respond to attempts to schedule interviews. Of the 11 remaining respondents, interviews were scheduled and completed. The families were from various walks of life, from raising their great-grand child to young, single mothers. All study participants were assigned coded names to protect their confidentiality. For example, RB1 refers to a family from a rural area that was at the beginning of the transition process (see Table 1).

RB1. This is the family of a little boy with some speech delays and behavioral issues. They are Caucasian and appear to be middle to upper income. He is being raised

in a multi-generational family, but his primary caregiver is his 66-year-old great grandmother. He has contact with his mother, who lives in a separate dwelling on the family's property. The family was new to Part C services, in that it was not available when they were raising their children.

Table 1

Participant Demographics

Family	Date enrolled	Beginning /End	Urban/Rural	Race	Income Level*	Marital Status
RB1	4/23/10	Beginning	Rural	Caucasian	Middle	Married
RB2	7/21/10	Beginning	Rural	Caucasian	Middle	Married
RB3	2/12/10	Beginning	Rural	Caucasian	Low	Single
UB1	7/14/10	Beginning	Urban	African American	Middle	Married
UB2	11/16/09	Beginning	Urban	African American	Low to Middle	Married
UB3	1/25/10	Beginning	Urban	Caucasian	Middle	Married
RE1	5/13/10	End	Rural	Caucasian	Middle	Married
RE2	6/16/09	End	Rural	Caucasian	Middle	Married
UE1	9/24/10	End	Urban	Caucasian	Upper Middle	Married
UE2	6/17/09	End	Urban	African American	Low	Single
UE3	11/5/09	End	Urban	Asian American	Middle	Married

*Based on report from Pew Research Center (2008)

RB2. The family's main concern with their child was speech, which is why he was referred for Part C services. The family is Caucasian and resides in a developing neighborhood that appeared to be middle to upper income. The child lives with both

parents and has two elementary aged siblings. The mother had some knowledge about transition from family members and friends.

RB3. RB3 is a blended family of the mother's friend and current partner. The child is bi-racial, but all others presently living with him are Caucasian. The family lives in low income housing, and the mother works as a convenience store clerk. This family was new to services and was unaware of the availability of other community resources.

RE1. The child lives with both parents and her older sister. The family is Caucasian and are lower to middle income. The mother, a former preschool teacher, felt she was knowledgeable about most Part C activities, including transition.

RE2. The mother stayed at home with her children, both of whom have special needs. She formerly worked in a mental health setting. The two-parent family is Caucasian and is a middle income household. The parents are staunch advocates for their children.

UB1. This is a middle income African American two-parent household. They have three children, two of which are adopted and have special needs. The mother is a cosmetologist and the father works for the school system.

UB2. These parents are African American and they have five children, two of which have had some developmental delays in speech. They live in low income housing, but both parents work outside the home.

UB3. This participant, from a two-parent, middle income family is Caucasian. They have two children, and the youngest one has speech delays. The mother is a social

worker and has had experience with Part C as a referral source for the families she works with.

UE1. This family is two-parent, Caucasian, and lives on a lake. They are upper middle income and have four children. The child receiving Part C services has a twin sister. They recently relocated from another southeastern state.

UE2. Mom is an African American, single parent with two children with developmental delays. The family had experienced some instability in their home life, but recently secured a low income apartment. The child's older sibling also had received Part C services.

UE3. This family is Asian American and lives in a middle income neighborhood. The mother stays home with their only child. The mother was familiar with Part C from family and friends who had been either providers of or participants in the program.

Study Location

Participants completed one interview in the location of their choice (i.e., their homes, churches, community settings, etc.). They were welcome to select locations where they felt comfortable and safe in sharing details of their early intervention transition experiences. It was important that the families not feel intimidated in the interview setting in that they needed to be comfortable and willing to share honest responses to the questions without feeling their early intervention services or relationships were at risk. Each interview took approximately 30-60 minutes, but families were encouraged to take as little or as much time as they needed to complete the interviews.

Methods of Data Collection

Data collection in qualitative research involves seeking the perspective of research participants using data collection methods that are less structured than in typical quantitative research studies. Qualitative studies allow participants to express their views on topics without being constrained by quantitative research designs (Savenye & Robinson, 2001). There are various methods for documenting participant views, including: observations, interviews, document observation, and audio-visual materials. Utilization of qualitative research designs also involves spending extensive time with data collection in order to gather information that assists in studying the phenomenon in question.

Interviews

This study utilized the qualitative method of interviewing for collecting data, allowing for the collection of data that is rich in content and context. Measures for this study consisted of interviews with families to discuss their experiences with transition out of Part C services. The interview protocol (see Appendixes E and F for protocol) was adapted from the *Transition Practices Survey* (National Early Childhood Transition Center, 2008), and the interview questions were designed to reflect transition best practices that were validated nationally by the National Early Childhood Transition Center (NECTC). There were two interview protocols: (a) parents were asked to share their perspectives regarding their *preparation* for the transition process as their children prepare to leave Part C services and enter preschool or other community services, and (b) families were asked to describe their *experiences* during transition out of Part C services.

If needed, the interviewer probed further by asking families about specific aspects of their *preparation* such as: explanation of Part B eligibility criteria, coordination of assessments, and roles of individuals/programs participating in their transition process. The same process was used when interviewing families regarding their *experiences* during the transition process.

The intent of the interview at the beginning of transition was to identify, from families' perspectives, the utilization of best practices as Part C professionals *prepare* families to exit services. In addition, specific practices identified as leading to successful transition out of Part C services focus on specific transition *experiences* of families. Participants at the end of the transition process were asked questions addressing these practices. The use of best practices provides both professionals and families with accountability measures in the use of evidence-based transition practices that are deemed best practices for children and families experiencing transition activities (Rous et al., 2008). Such practices incorporate both the expertise of the professionals and the experiences of the families in determining how to employ specific strategies that lead to successful transitions.

The researcher scheduled interviews with families as they participated in the transition process. The interviews were designed in a semi-structured format, which allowed the researcher to ask specific questions regarding transition practices, and provided the flexibility to *probe* further if needed. According to Schensul, Schensul, and LeCompte (1999), semi-structured interviews “combine the flexibility of the unstructured, open-ended interview with the directionality and agenda of the [interview

questions] to produce focused, qualitative, textural data” (p. 146). Utilizing this type of interview structure would allow researchers to truly look at the identified problem through an interpretivistic lens in that the researcher is trying to understand the transition process from the point of view of the interviewee (Schram, 2006). Each interview was recorded using a digital audio recorder for later transcription by the researcher.

Prior to beginning each interview, the researcher engaged the family in conversational discussions regarding common activities, such as: weather, school, work, interests, etc. in an attempt to help the individual to become comfortable with the researcher. The researcher used this time to explain the purpose of the study and answer any questions the participants had regarding the study and interview process. Two consent forms (see Appendix G) were provided for the participant to read and sign. One copy of the signed form was given to the participant and the other was kept by the researcher. Participants were allowed to take as much time as necessary to read, understand, ask questions, and sign the form. Researcher explained that participation in the study was voluntary and consent to participate can be withdrawn at any time. Upon completion of the paperwork, researcher reminded the participant that the interview will be recorded by a digital audio recorder, and would be listened to by the researcher for transcription purposes. The interview was then completed. At the conclusion of the interview, the audio recorder was stopped and the researcher answered any additional questions the participants had and provided assurances of confidentiality of all responses. The researcher thanked each participant.

Field Notes

As described by Shank (2006), human beings are programmed to observe. In everyday life we observe what is occurring in our environments. Information gained from focused observations can assist with defining and describing roles of study participants. For this study, the researchers will take observational field notes of families as they participate in the interviews. Field notes assist researchers to record important information and help capture impressions and observations that are missing with audio recordings (Creswell, 2002). *Descriptive* field notes were used to record actual observations during the interview and *reflective* field notes were used to record the researcher's personal thoughts, insights, or ideas related to the observation (see Appendix H). The researcher explained to each family that she was taking field notes in order to help fully capture the essence of the interview.

Methods of Data Analysis

Analysis of qualitative research data can take many forms and often depends on the research question, types of data to be analyzed, and the overall approach of the researcher (Creswell, 2002). In that an interpretivistic approach was used in this study, the researcher's analysis was interpretive in nature and results were derived from the interaction between the researcher and the study participant. According to Savenye and Robinson (2001), qualitative data analysis consists of: data reduction, data display and data interpretation. The process of reducing data gives researchers the opportunity to explore the data and develop themes in relation to the phenomenon being studied. Data display is the representation and reporting of findings in response to the research

questions. Finally, the researcher interprets the findings and draws conclusions, which allows the researcher to formulate meaning about the phenomenon based on study results.

Throughout the data analysis process, triangulation methods were used to ensure proper interpretation of collected information. Triangulation is a technique often used by researchers to validate data by cross checking data interpretation utilizing a combination of research methodologies. In this study, *methodological* triangulation was used, in which more than one method of data collection was used: interviews and field notes. The researcher interviewed 11 families and transcribed each interview. Field notes taken during each interview was reviewed during data analysis to remind the researcher of each family's situation and other environmental observations. In addition, *investigator* triangulation also was utilized. During the phase of data interpretation and coding, a research assistant read the transcripts and coded the data independently of the researcher. The researcher and research assistant discussed their findings regarding categorizing, coding, and theme development from collected data in order to reduce subjectivity and increase inter-rater reliability. The use of triangulation as a research analysis technique enhanced the trustworthiness of the study and provided confidence in the study findings.

Data Reduction

The interviews were recorded using a digital audio recorder. Data was be gathered from the recorded interviews and transcribed as quickly as possible by the researcher. Once transcribed, the researcher engaged in exploratory analysis to get a general sense of the data. This exploration consisted of reading the transcripts several times in an attempt to gain an overall understanding of the data prior to separating it into parts. In addition to

providing a general sense of the data, the researcher had an opportunity to think about how to complete the content analysis (Creswell, 2002).

Categorizing/coding. The data was separated into broad categories, which are defined as themes of basic information and are used to gain further understanding of the phenomenon (Creswell, 2002). The process of categorizing continued until no new categories were developed from the data. Once the data was categorized, the researcher was able to scan for distinct patterns to assist in describing parents' perspectives, and began to analyze the meaning of transition from their point of view.

Developing themes. Themes were developed by clustering ideas that cut across collected data (interviews). Clustering consisted of making a list of all identified codes and grouping similar codes, as well as, looking for and discarding redundant codes. The reduced list of themes were taken back to the interview transcripts to check for accuracy, the emergence of new themes, and revised as needed. The objective for developing themes was to aggregate the data to provide detailed information about the study phenomenon (Savenye & Robinson, 2001).

Data Display

After information is coded and themes developed, the researcher will summarize and validate the data. The typical format for displaying qualitative research is by constructing a narrative, and charts and tables also may be used to augment the narrative (Creswell, 2002). Using the themes developed from the data, the researcher will summarize the findings from the analysis.

Data validation. The process of validating the findings of the analysis refers to checking for the correctness of the interview information (Lincoln & Guba, 1985). To do this, the researcher used the member check method. A summary of each interview was shared with families for accuracy of the description of their transition experience. Each family was given the opportunity to clarify, correct, or expand upon their responses as reported by the researcher. This step lends credibility to the summary in that it assures the true representation of families' experiences.

Data interpretation. The final step in this process occurred when the researcher utilized the identified themes explicated from the data and developed general meaning about a particular phenomenon based on study participant experiences (Creswell, 2002). In this step, the results were interpreted, conclusions drawn and the research questions were answered. Finally, implications for practice and further research were drawn.

Trustworthiness

Establishing trustworthiness in qualitative research involves insuring data is auditable by checking that all interpretations are credible, transferable, dependable, and confirmable and worth the attention of readers (Lincoln & Guba, 1985). This approach differs from typical quantitative research in that the ultimate goal is not to show validity or significance.

Credibility

Credible reporting of research findings indicates the report represents accurate interpretation of families' original interview data (Gorski, 1998). To achieve credibility, the researcher accurately transcribed each family's interview in its entirety. After

summarizing each interview, the researcher shared the summary with families to member check for accurate representation of their experiences (Lincoln & Guba, 1985). Since there were two data sources, interviews and field notes, triangulation of data was possible, and the use of member checking added more credibility.

Transferability

This step verifies the provision of a roadmap to how the study was conducted and the degree to which it can be applied to similar studies (Gorski, 1998). To address transferability, all data analysis documents were saved and will be on file for the next three years and essentially provide others the ability to repeat the procedures of this study.

Dependability

The determination of how well the study process flows from data collection and data analysis to the generation of theories is the definition of dependability. The processes utilized to complete the study were monitored and reviewed by the faculty advisor. This individual has years of experience in qualitative designed studies and is an early childhood expert.

Confirmability

Finally, study results need to reflect the collected data. The researcher reviewed all processes, from transcripts to data analysis with her faculty advisor. The advisor was able to determine the degree to which the study findings are supported by auditable documents.

Ethical Issues

Confidentiality and Deception

The researcher is employed by the Part C program in her state in a regional specialist capacity and does not have direct contact with families. She works primarily with early intervention professionals and program supervisors. Participants were informed of this information during the consent for participation process. It was explained that this study was being done outside of her responsibilities as a Part C employee, their individual responses are confidential, and will not be shared with their local service coordinator. Finally, they were assured their participation in the study will not affect their receipt of Part C services.

Risks

There were minimal risks to study participants. Families may have perceived there may be risks associated with their receipt of Part C services. However, all individual interview responses are confidential and will not be shared with their local Part C program. Interview responses were recorded directly by the researcher, and data was be aggregated for analysis.

Benefits to Participants

There are no direct benefits for families' participation in this study. However, as a participant, families will have the opportunity to help enhance the field of early intervention regarding transition practices. Families will become familiar with best practices for transition activities and identify the level of implementation they

experienced and their level of satisfaction with their transition process. It will assist families in future transition activities for their child and family.

Benefits to Society

This study provided early interventionists and early childhood professionals with parents' perspectives regarding implementation of identified best practices regarding transition activities. This information will assist early childhood service providers to evaluate service delivery, identify professional development needs and offer opportunities to early childhood professionals to improve and enhance aptitude regarding knowledge, skill and ability in the area of early childhood transition practices.

Summary

The use of interview data gathered from a qualitatively designed study provided the information needed to determine how professionals can more meaningfully incorporate parents' perceptions of transition practices into the development and implementation of federal regulations, best practices policies and procedures, and community support of early childhood transitions.

CHAPTER IV

RESULTS

Overview

The purpose of this study was to explore families' perceptions of current transition practices as implemented by professionals employed by a Part C program that meets the federal regulations for transition as described in the IDEA of 2004. Utilizing a multiple layer analytic approach, the study was guided by the following question:

What are parents' perceptions of current transition practices?

Four case studies were used to gather information, with each case being categorized as either urban or rural to describe their surrounding communities and either beginning or end to describe their position along the continuum of transition activities.

From a list generated by the state Part C program, each family from two regional Part C programs that met the criteria of being in the transition process were contacted by their assigned early intervention service coordinator as potential study participants. Each family was provided the following: 1) letter of support from state Part C Director; 2) information about the study; and 3) response card and self-addressed, stamped envelope. Of the fourteen families that volunteered to participate, two did not respond to attempts to contact them and one was not English-speaking.

The eleven participating families were divided into the four-case categories for analysis (rural beginning, rural ending, urban beginning, and urban ending). One case

was comprised of two families; however, the information garnered from these two participants was rich in content and allowed for appropriate examination. The other three cases each contained three participant families. Each of the interviewees was asked questions from interview protocols (Appendixes D and E), based on their experiences either at the beginning or end of the transition process.

Using an interpretivist approach, families' responses were coded, based on nationally verified best practices derived from the National Early Childhood Transition Center's *Transition Practices Survey* (Rous, 2008) to identify themes for each case that were not recognized as best practices. Using Hyper Research Software, themes were derived from the process of coding, combining codes, and clustering of data based on the frequency count of the indicated practices. In addition, new codes were developed to describe activities experienced by families that were not specifically indicated in the codes.

Once themes were established for each case, the cases were compared to each other based on commonalities to determine similarities or differences. For example, both cases from each demographic area (rural or urban) were compared to each other, and the cases experiencing the same activities (beginning or end) were compared. The purpose of this step was to determine if there were themes specific to particular classifications. Finally, an overall comparison was made for themes across cases to develop an overall composite of transition experiences and emerging themes.

Rural Beginning Case Analysis

Demographics

Three families were interviewed for this case. They resided in rural areas and provided information about their experiences at the beginning of the transition process, and their children were at least two years, six months of age. Each family elected to be interviewed in their home and was amenable to being recorded. Socioeconomic statuses ranged from low income to upper middle. One family was raising their great grandson, one was a single mother, and one was a two-parent household with multiple children. Their discussions of transition varied from having little to no knowledge of the process to having some understanding of upcoming events along with support from knowledgeable family members (see Table 2).

Table 2

Themes for Rural Beginning

Theme 1: Families were confused about who was responsible for each transition activity

Theme 2: Families indicated that Part B eligibility criteria was not discussed or explained and transition resources to help them understand and expect from the transition process were either not provided or not explained

Theme 3: Families indicated satisfaction with how their service coordinator guided them through the transition process

Themes

During the analysis of this case, three themes emerged indicating some confusion about the transition process and associated activities. Table 2 depicts the three themes identified in this case. Each theme will be described in more detail.

Theme 1. *Families were confused about who was responsible for each transition activity.* One of the major components of service coordination is clear communication between the service provider and family, which provides the foundation of trust and understanding. This foundation is built by the relational experiences between provider and recipient through reciprocal information sharing. Without clear communication, families have difficulty identifying the steps of the transition process in general and are not confident in the steps that lead to successful transitions. When asked to describe what they know about transition, families shared that their service coordinator handled the planning and told them they would have a meeting to discuss what would occur once their children exited the Part C program. Out of this discussion, several areas of confusion were noted and will be discussed in greater detail.

Families expressed uncertainty regarding transition activities. During the interviews with families from rural areas at the beginning of the transition process, parents shared that their knowledge of transition was limited and that they relied heavily on their service coordinator to handle all aspects of the process. However, as discussed by Ankeny and colleagues (Ankeny, Wilkins, & Spain, 2009), professionals may be aware of the importance of communication, but practice of open, reciprocal communication is

lacking. When RB1 began to describe her knowledge of transition, she was confused about who the individuals were and what their role in transition was.

Well, with the speech? There's speech and then we had a behavior specialist too that came out with him. And that wasn't just but a few weeks, though. What is she? She always participates in whatever we are doing, and she's tried to help in any way that she could. She would always call, or you know, maybe when they were even here . . . she would come by and check on everything to see if everything was going ok. Or she would call to see if everything was going ok. She told me that they [Part C] couldn't do it any longer than 3 years of age. And then the other ladies that [were] over the speech therapist, I don't know. I don't remember their names.

When asked about resources she had been given, RB1 replied, "she gave me all kinds of literature on the program, [but] I can't remember what I read." This family member was a great-grand parent raising her granddaughter's son. She was very dependent on the information provided to her by her service coordinator, but was not involved in the planning and delivery of services.

During the interview, another parent (RB2) asked for clarification on the definition of transition in the context of Part C. Her discussion of transition appeared to be more in descriptive terms of Part C regarding transition activities versus the process of transition. Once she was able to understand the question, she responded by saying:

Well, I know that he's going to be tested the month before he turns three to see how much progress he's made and to see what needs to be done from there. [Our service coordinator has] from the very get-go, she's let me know what the process is and what will happen when he turns three. [She's] given me, you know, paper work and just recently we set up a meeting with the preschool representative. I mean she's just kept me informed all along the way with everything that's gonna happen.

When RB3 was asked what she knew about transition simply stated that she did not know “a whole lot. The only thing I know is he won’t have the same therapists. They brought me a brochure of him starting Headstart, maybe. It was something like that.” This parent was confused about the process and was asking the researcher to explain who the professionals were in her child’s life. When asked who had spoken to her about transition she was unable to identify neither the individuals nor their specific roles.

Well [my service coordinator] spoke to me about it once and that was around his birthday. She told me that other ladies would be meeting with me and that’s when they came in to give me my brochures. I think one of them had Headstart in it. I really can’t remember. But they did come in and talk to me about it.

Families were unclear about the roles and responsibilities of Parts B and C for evaluations and final decisions regarding transition, and reported uncertainty when asked whether they knew the specific roles of each program. They understood that evaluations would take place, but were not clear on who would complete the evaluation and how it would be used in the final placement decision. RB2 was asked about the coordination of assessments and role responsibilities, she responded:

At the last meeting with the preschool representative, she said that he would go in for some testing and determine how much progress he had made and they would also take the notes from his speech and play therapists and look at those and get their opinion.

RB2’s understanding of how final placement decisions are made was based on service delivery methods and not on the identified needs of her child. However, she indicated that the final placement decision “should be my decision.”

Well, I mean, I think the main difference is that right now, you know, they come to our house and it's more specific like speech and play therapy. Whereas, when he goes to preschool it would be, I mean he could qualify for a whole preschool day or they said that he could qualify just for speech where he'd go in like an hour a week or . . . you know, and he wouldn't have one specific therapist. He might be in with a group of children.

While RB2 had some idea of differing programmatic roles, RB3 was very confused about the roles of professionals during the transition process, other than her service coordinator providing some information “about the transition and everything, and that we would be getting started soon. But that's all I know so far.” RB3 goes on to discuss how the evaluation process had been described to her.

They told me he would have to be evaluated again [because] whenever we first started with CDSA, they did an evaluation. That's how we got our therapist and everything else. But they did tell me they would have to re-evaluate him. I think the way she told me is, I won't be working with CDSA anymore. It would just be the preschool or Headstart or whatever he's going to next and he won't be with CDSA anymore.

The role of professionals is to assist families in handling some of the obstacles associated with moving from one program to another—transition. However, if there appear to be limitations regarding the sharing of pertinent information, families may not be prepared to successfully navigate the transition process. RB1 was dependent on the service coordinator and trusted that the family would receive what was needed to serve their child because “she's the one that helped me with the behavior specialist because we were having problems with him with his little behaviors. She keeps on her toes with everything.”

Though there were varying levels of disclosure by professionals, all three of these families experienced some sort of disconnection from the transition process. Overall, they were willing to allow the professionals to inform them of how the process worked without true engagement through active dialogue.

Theme 2. *Families indicated that Part B eligibility criteria were not discussed or explained and transition resources to help them understand and expect from the transition process were either not provided or not explained.* These families did not enter into the transition from Part C or Part B with a clear grasp of each program and the associated responsibilities. They relied on professionals to provide information regarding transition processes, resources, and available options to meet their needs. When asked about their family's knowledge of criteria for Part B services, two main topics were illuminated: they mentioned that criteria were not discussed or explained and/or transition tools/resources were either not provided or not explained.

Families indicated Part B criteria was not discussed or explained. RB2 explained that she was not informed of the qualification requirements of Part B services and stated that in reference to her service coordinator "she hasn't said. She has not told me that." She goes on to explain that her past experiences with her other children and family support has helped her be more at ease with not knowing.

At the last meeting with the preschool representative, she said that he would go in for some testing and determine how much progress had made and they would also take the notes from his speech and play therapists and look at those and get their opinion.

Although RB2 said she was comfortable with not knowing, she went on to express her concern with the potential results of the evaluation and their interpretation based on how the evaluation might be completed. She was concerned that the evaluators would capture a snapshot of her child instead of his overall abilities.

I guess maybe one thing is they said they were going to look at what his therapists' notes were. But . . . one concern I might have is if they're just going to test him for one day. You know like what if he's having an off day? Or what if he's you know, like what if the testing doesn't go like I think it should have gone, then that might be . . . I don't, I didn't ask that.

RB3 was not aware of the criteria for Part B services and expressed concern about whether she would get the help she needed with her child. She was nervous about the immediate future and wanted to get definitive answers from professionals. Not only was RB3 unsure of eligibility criteria, she was anxious about what results he needed to have in "order for him to be approved for the transition." She wanted to know if she could "go ahead and set up like when his evaluation would be and what I need to do."

Transition resources were either not provided or not explained. The families reported they had completed lots of paperwork regarding transition and had received handout, booklets, and pamphlets that they were to read. When asked if they could recall what was contained in the information received, they indicated they either had not read the handouts or they could not remember what they had read. RB1 recalled that "yes, she gave me all kinds of literature on the program. I can't remember what I read. But, it was a lot of different things, you know."

RB2 offered that she had been given “lots of paperwork . . . on the different things that will happen. I’ve got a whole folder if you want to look at it.” However, she could not recall specifics and became more concerned with exploring the contents of her folder after the interview. She stated that we had discussed things she was not aware of, such as her right to question or dispute evaluation results and team recommendations.

The provision of handouts to RB3 without explanation left her confused and apprehensive about what was going to happen to her child’s services once he exited Part C. She asked the researcher “will they have therapy after he’s 3? It just won’t be the same therapist?” She had concerns about arranging childcare and what community resources were available to her. Headstart was what she could remember, but she wanted assistance getting into another child care center that she had heard was “pretty much good with behavioral problems. And problems like he has and I would like to be helped to get in there, really.”

All of these families were in different places regarding their understanding of options available to them after Part C. However, it was very clear that each of them was left with questions about community resources and access. They were provided written information that was not explained, and thus, was not useful to families.

Theme 3. *Families indicated satisfaction with how their service coordinator guided them through the transition process.* The early intervention service coordinator is responsible for the facilitation of the development of the child and family’s Individualized Family Service Plan (IFSP), including a transition plan for children transitioning to pre-school or other community programs. These rural families, at the

beginning the transition process, all expressed satisfaction with the services they had received from their service coordinator. There was appropriate monitoring of services as indicated on the IFSPs. According to RB1, her service coordinator not only arranged for the delivery of services from community providers, she also came by to help “keep [them] on [their] toes with everything.” She went on to state that “everybody’s done so good. I mean everybody’s been so good and helpful.” RB1 further mentioned, “But you know, she’s my mind, my strength and everything.”

RB3 also expressed satisfaction and gratitude for her service coordinator. She indicated that her coordinator was one of the “only people that help” her with her child. In this case, service coordination had become a lifeline for the parent, who appeared to trust her explicitly based on her previous experience with other community providers.

RB2, who is the main caretaker for her children, was comfortable with early intervention “because I also had a friend who’s gone through the same thing, and she kind of told me, you know, what to expect.” This support helped her feel satisfied with how her service coordinator assisted her with transition.

I feel like . . . she always said that if I had any questions, I could come to her. I felt like with the paperwork and with her, you know, the very beginning meeting that I had with her, everything was explained really well and everything’s gone according to that plan.

Summary: With the families in this case, there seemed to be some acceptance of not knowing about specifics of transition. During the interviews, however, they began to question whether their role should be more of a team member versus a recipient of services. This revelation came with an understanding that the transition activities were

unclear to them, but they felt their service coordinator was providing the guidance they needed to complete the process. As the service coordinators have been trained to facilitate the transition process, parents are being left on the perimeter attempting to understand. It is the responsibility of the professionals to ensure that families receive the information and resources they need to participate effectively in their children's transition (Ankeny et al., 2009).

Rural Ending Case Analysis

Demographics

Two families with daughters at least two years, nine months of age who had older siblings, were interviewed for this case. They both were lived in the same rural community and had completed activities at the end of the transition process. Their economic statuses would be considered middle. The mothers participated in the interview, but are married and live with their spouses. One interview was conducted in the family's home and the other was completed at a local coffee house due to an older sibling's diagnosis of an autoimmune disorder. They both have some experience working with children and families with special needs. RE1 was a former employee of Headstart and RE2 was a former employee of an area mental health center.

Themes

After completion of the data analysis for this case, three themes became apparent regarding their transition experiences. Table 3 represents those themes, and each will be discussed in more detail.

Table 3***Themes for Rural Ending***

Theme 1: Families had strong positive relationships with their service coordinators.
Theme 2: Families' past work experiences affected how they perceived and interpreted the transition process.
Theme 3: Parents felt that advocacy was a very important component of the transition process.

Theme 1. *Families had strong positive relationships with their service coordinators.* Service coordination, defined as the linchpin of early intervention, is a process intended to ensure services are delivered to children and families enrolled in Part C programs, can be difficult to describe because of its various interpretations (Bruder & Dunst, 2006; Spike, Hebbeler, Wagner, Cameto, & McKenna, 2000). Though provision of this service is mandated by IDEA, families and professional tend to have different expectations of service coordination. Based on these two families' expectations, they were very satisfied with their service coordinator and the other Part C services their child received.

Both of these families indicated they felt supported and encouraged by their service coordinators. Their priorities and concerns were included in all discussions concerning their children and they felt their views and opinions were heard.

RE2 stated she was there every step of the way. She has been great. She came out and met with us. Of course she coordinated the meeting with the school system. She showed up for the meeting, came to the meeting. She's been to everything.

An area of documented concern with service coordination has been the inability of some services coordinators to provide the support and regular contact with families in order to ensure seamless service delivery from all providers (Harbin et al., 2004). The families in this case did not experience this phenomenon. In fact they both did not want to lose their coordinator. RE1's service coordinator "would come out and assess her goals and development and assess her you know, where she was on her meeting her goals."

Well we've kind of been talking about it for a while now cause we knew she was getting close to transitioning out of her PT. Her goals were being met and we were having, you know, we were having, we were all kind of hesitant to, cause you know you get, you spend so much time with someone, you don't want them to not be there anymore. We were all kind of hesitant to stop the services cause you know you get close to people.

In the reauthorization of IDEA in 1990, case management terminology was changed to service coordination to reflect the specific responsibilities of working with children with special needs and their families in a capacity to assist them with accessing services provided under Part C (Dunst & Bruder, 2006). A critical aspect of assisting families to access services is the ability to identify and link families with community resources to meet children's identified needs. RE2's child was diagnosed with visual impairments and was referred to specialized vision services as part of her IFSP. Ultimately, the service coordinator arranged for the vision specialist to complete a transition evaluation.

The vision test went really good. She was very thorough. Very, very thorough. She spent a lot of time with her. Because the problem is not with [her] eyes, it's with her brain and the interpretation between the eyes and the brain, so I think she was very thorough to look and make sure that, you know what she could do and

what she couldn't do. I mean even with the developmental testing, I think that they did what they should do. I mean, I believe in the testing. I think it went well.

RE1 recalled her pleasure with physical therapy services arranged by her service coordinator. She did not want to stop services even when it was obvious her child no longer needed them. She said “and you're just reaching because you know you don't want to lose the company of your PT and I mean, we love [her]. And I know it wasn't like we weren't going to never talk to her again.”

These families appeared very nostalgic when describing their relationships with both the service coordinator and the service providers. The professionals were able to relate to the families, provide support, and encourage families to guide their intervention, which was a demonstration of competency in the key area of family-centeredness.

Theme 2. *Families' past work experiences affected how they perceived and interpreted the transition process.* Two of the essential elements of transition are preparation and information exchange. The satisfactory completion of these steps can help families and professionals have rewarding transition experiences. Characteristics of each family dictate its ability to receive and process information shared when preparing for transition. Characteristics such as the child's diagnosis, the family's socioeconomic status, educational attainment, and other challenges the family may be facing impact how much a family is able to understand and engage in transition activities (Pang, 2010).

When answering the question about their knowledge of the transition process, both of these families were able to outline the steps according to their understanding of

the information that had been shared with them. RE1 described how she came to the conclusion to not pursue preschool services.

[I knew] that they have to meet each one of the goals in order to progress to the next or in order to transition out. With her, I knew we were working toward meeting those goals so that once she met them we would transition either into the school system or she would transition out of the program. So I was aware of what goals needed to be met and once they were met I was aware of the fact that we were going to have to transition out of the program because she doesn't . . . because of her development. I knew there wasn't going to be a lot of service that could be offered beyond the physical therapy which was the final frontier for us.

RE1 had worked with Head Start, so she was aware of her child's abilities based on her professional experience. "I was a preschool teacher too, and I know kind of what her goals should be and where she should be at this stage in age." Her comfort level with the process was supported by personal familiarity with working with children with varying abilities. RE1 felt confident that she knew how to access the system again if circumstances changed and warranted additional intervention services.

RE2 had a similar description of transition. Her portrayal was reflective of information that had been provided for her child and family. She was pleased with how her service coordinator shared information to prepare for her transition planning conference with Part B.

I know that once we approach the 3rd birthday, that we have to begin the transition process and we have to have it done in a certain amount of time. But I'm not sure the certain amount of days. I know that [Part C] initiates the process with us and they talk about transition. I know that we're supposed to have an initial meeting with EC coordinator. Then after that, we're supposed to have a meeting which they gather information. Then we're supposed to have the testing by the school system. Then we're supposed to meet and have the IEP to determine eligibility.

Unfortunately, RE2 did not describe the completion of her transition process in glowing terms. She indicated the first meeting with the Exceptional Children's Coordinator "went bad." This set the tone for the remainder of her child's transition. This parent also was educated and had spent some time working for an area mental health center until her family determined it was best for her to remain home with her children. In fact, she home schools her oldest child. RE2's account of her experiences support the notion that sometimes families with higher education tend to require more from service providers and are more disapproving (Pang, 2010).

What happened was, [our service coordinator] planned the meeting and faxed it in and [she] and I waited and no one showed up. And so [our service coordinator] made a phone call from her house and asked why and was told [the EC coordinator] was with someone else. And so my meeting ended up being during a fire drill at [an elementary school] in the parking lot for about 2 minutes to say - Sorry I didn't show up. Do you have any questions?

RE2 did not feel the events of her transition planning conference were excusable, especially in the manner in which it was handled. She was still very angry and unforgiving of Part B. She felt the apology was insincere and unprofessional. This parent's reaction illuminates the importance of being sensitive to how interactions and mishaps are managed.

Both of these families cognitively understood the steps of transition and felt they were prepared to participate. Their opposite experiences, however, draws attention to the various mitigating factors that influence how families handle the difficult challenges that sometimes occur during transition. RE2's recounting of her child's transition is supported

by the belief that transition was dreaded and seen as a stressful event by both parents and professionals, mainly due to poor communication (Hanson et al., 2000).

Theme 3. *Families felt advocacy was a very important component of the transition process.* Advocacy in early childhood can be described as the act of building support for particular issues by sharing information with others about pertinent topics, attending conferences, and helping children get needed services. In the case of transition, the families in this case have decided to use their knowledge, skills and abilities to help other families with children with special needs to understand and participate fully in the transition process.

When asked to describe any opportunities to meet with other families, both families indicated that they would have benefited from being able to share some of their concerns with parents who had been through the process. They were both motivated to learn more about advocacy and becoming a parent advocate. RE2 described her experience by saying that she did not have any occasions where she was able to discuss her concerns with another parent.

None. None. When things, when things got to the point that I needed questions answers, I called the [Exceptional Children's Assistance Center] ECAC. I even talked about, to them, about learning more about the IEP process from them because I don't like not to know. And you feel very vulnerable. Because who do you ask at that point? I mean, Part C helps you up to that point and then you're turned over to the system and not everything is always good that you hear. I felt like I was caught between a rock and a hard place, and I had nobody to help me. I even looked for a parent advocate, which I could not find. So I turned to ECAC, and I asked to be trained as a parent advocate. I'll help somebody else who feels like this.

RE1 also was motivated to become an advocate for parents with children with special needs. Her experiences were very different, but she felt she could help other families and that assistance would be therapeutic for her. She indicated that “it would be beneficial for me too. Because I think it’s good to be able to tell your story too.” She went on to describe her thoughts about becoming a parent advocate.

I think that the parent thing would be something that would be a good idea because having prior, having somebody to continue with like an emotional support system beyond—is something that could be offered to people who transition out of the program. It doesn’t have to be something that you do every week or even every month. It’s just access to [it] if you choose to have it. And I think that would be something that would be beneficial to all parents exiting the program as you have that support system.

Family support during times of uncertainty, which may be filled with anxiety producing activities, can be the bridge that prevents families from getting lost in the process of transition. Families need information in formats that fit their needs and ability to process the complexity of transition. Other parents who have previously participated in transition activities may provide the best opportunity to convey information, reduce stress, and provide families with models of advocacy for them to use in future interactions (Shotts, Rosenkoetter, Streufert, & Rosenkoetter, 1994).

The families in this case seemed to be more versed in the transition process, and took active roles in trying to guide their children’s services. Interestingly, the outcome of their experiences, though vastly different, motivated them to pursue advocacy as a means to assist other families with transition. The skills they developed while seeking

appropriate services for their children will now be beneficial to others as these mothers become part of the resources that help families design their own transition plans.

Urban Beginning Case Analysis

Demographics

These families that participated in the study are from densely populated areas that are close to one of the major metropolitan areas in the country. They are all two-parent families with more than one child. Two are African American and one is Caucasian. All appear to have obtained some level of higher education. Their socioeconomic statuses are in the low to middle range and both parents work outside the home. Their children were at least two years, six months old when they began the transition process.

Themes

The analysis of the transcribed interviews for this case produced information to formulate themes. Each specific theme is outlined in Table 4, and will be explored further in the following discussion.

Table 4

Themes for Urban Beginning

Theme 1: Parents expressed frustration and anxiety associated with not knowing the specific activities of transition process.
Theme 2: Families desired more information about eligibility criteria for Part B and how it relates to the needs of their children.
Theme 3: Parents wanted further explanation of the specific the roles and responsibilities of Parts B and C.

Theme 1. *Parents expressed frustration and anxiety associated with not knowing the specific activities of the transition process.* Prior to beginning transition planning, the preparation, exchange of information between Part C, Part B, and families is paramount (Hains et al., 1991). This provides all parties with an opportunity to become familiar with the families' concerns, priorities, and resources and families have a chance to gain an understanding of how transition activities are connected to meet the needs of their children. The families in this case expressed frustration because they did not have a clear understanding of transition activities.

The interviews began by asking parents to share what they know about the transition process. UB2 responded by saying "nothing." She appeared to be very frustrated and went on to describe how her service coordinator had shared transition information with her. "Well, [our service coordinator] basically came here and got the paperwork done."

Another parent described her knowledge in terms of what she had been told. Her information was ambiguous at best as she tried to grasp how the process worked. UB3 hesitated, and then shared her thoughts.

Essentially, what I know is that my son will be turning three, so [Part C] will no longer be sort of the lead driving force behind his services and the school department will be picking him up for services, or assessing him to see whether or not he is eligible for services. And if he is, they will be taking the ball and running with it at that point.

UB1's son had been in foster care when he was referred to the Part C program. He had been receiving services from an agency arranged through the Department of Social

Services. Once the referral was made and he was determined eligible, he began receiving services from the same provider in his child care center. Thus, this mother was confused by the litany of individuals she encountered and was unsure who worked for which agency.

Though these families were describing their knowledge of the transition process, they were unsure of their responses and sought affirmation from the interviewer. In fact, they asked the interviewer to provide some clarification as to what to expect to occur during transition.

Theme 2. *Families desired more information about eligibility criteria for Part B, and how it relates to the needs of their children.* According to the study completed by the National Early Childhood Transition Center, one of the validated best practices is for program eligibility and timelines to be clearly delineated (Rous, 2008). Clearly, this was not completed for the families in this case. Not only were they unsure of the process, they were unsure of the eligibility criteria for Part B. UB2 recounts her knowledge of eligibility.

I think, if I'm not mistaken, they just, they told dad that they would test him and see where he was weak on, the areas. And if [he] met the certain range, with the numbers, then you know, he needed extra help. I guess it's based off those numbers.

UB2 shared that she had no idea what that meant and received no further explanation from her service providers or Part B. She went on to explain what would help her and other families to gain a better understanding as they enter transition. She

indicated that not knowing what you don't know inhibits families' ability to ask questions for clarification.

I would say an outline of the testing itself. What to expect. Like what areas are you going to be looking at? What are you going to be testing him on? That would have been good. But they never gave me any paperwork. So I guess that's why I didn't really focus on it so much. It would have been good to have some information on what type of testing they were going to issue out to him, for him. I guess, that and a little heads up on what level, how he would need to score to be able to say ok he's going to be eligible for [preschool].

UB3 explained that she had a basic understanding, but the more she talked, the more she came to realize that she did not really have a grasp on eligibility determination for Part B. The complexity of transition is compounded when families do not have the information they need to actively participate in transition planning.

I know, sort of throughout this process how he's qualified. You know when they do their tests of him; they'll go over how they score him. So up to this point, I've gotten a good understanding. and I'll be honest, I don't know if there's going to be a change in how he's tested from going from the school department or going from [Part C] to the school department, I don't know what they're actually going to be doing.

Using a family-centered model in early intervention should be extended to the transition process as well. Utilizing this philosophy may help reduce families' feelings of dissatisfaction, disappointment and stress associated with transition. Transition is more than completing paperwork, getting consent forms signed, and asking families to attend meetings, it means working with families to design a plan that is responsive to their needs (Pang, 2010).

Theme 3. *Parents wanted further explanation of the specific roles and responsibilities of Parts B and C.* Naturally, families' fears and anxiety are heightened when approaching a change in service delivery systems for children with special needs. These fears can be exacerbated by not having clear definition of the roles and responsibilities of the programs involved in transition, in this case Parts B and C. Communication gaps between families and programs can lead to feelings of not being supported and frustration.

UB2's situation became so frustrating for her that she said "that's why I let dad do a lot of these because if I go in these meetings, I'm going to put it down." She was upset about being informed about preschool at the last minute.

We didn't even know anything about the preschool until [his] dad came from picking him up one day. And he said, you know, [the service coordinator] called - I said, what did he want? He said they're going to see if [he] can get into preschool. I said preschool? He said yeah, he said that he can try to get him in at that age of three since he's here. So it was a last minute. We didn't know anything. He said, well he's getting tested. They're going to do his ears. It was a last minute. We didn't even know anything about it. But if we would have known from the beginning, then we would have been able to...it was the last minute. I wasn't expecting to hear that. I was just thinking that he was going to get a little extra services for his speech and stuff and then when he turned 3, no more services. I knew that much.

In another scenario, UB3 had not sat down with all of the players at one time to discuss who was doing what, how the assessments were being completed and how the final decision regarding preschool would be made. She participated in a transition planning conference with her service coordinator and speech therapist, but Part B did not attend. As time progressed, she became anxious and shared her perspective.

I think it would be beneficial to have everybody together because we'll get, you know, little weekly write-ups that are in our son's little cubby at school. We're kind of piecing all of these players together. I mean, my whole thought - even thinking about this meeting on Friday, I knew about it in January. My thought is ok you all knew about it in January so I'm expecting everybody to show up at the table on Friday because this is my child we're talking about and I hold you accountable for providing services to him. So I'm just kind of hoping that everybody will be there because I feel like it needs to be a joint decision. So I just, I think for me it's important that everybody's talking, and there's a very clear picture of my son.

Families rely on the professionals working with their children to share pertinent information about services, including transition. Clearly defined roles and responsibilities help families to understand how each person's or agency's role fits into their transition process. UB1 expressed her confusion when describing what she was told during a meeting with professionals.

The school is going to do it. I don't know, if all or part of it, but the part that he's doing now, the therapy he is in now, a lot of that I think is going to be turned a loose. Because she said that it was a whole different part; where they have one group of people that does 0, birth to 3. So I think they'll probably be practically out of it? I don't know if [our service coordinator] will be because I don't know if she would be setting up this stuff for them, but I don't know.

Transition is not a onetime event and it's done. It is a process that is implemented over a period of time that involves a multitude of individuals and agencies. Each person and agency has specific responsibilities that will make the process smoother. It is imperative that each participant understand each role and how it fits into successful transition planning.

Urban Ending Case Analysis

Demographics

Families in this case lived in heavily populated urban areas that have been expanding over the past several years. Their socioeconomic statuses varied from living in low income housing to owning a house on the lake. One family was African American and two were Caucasian. Two of the families had two parents in the home. However, all of them had multiple children living with them. These families, whose children enrolled in Part C, were at least two years, nine months of age, described their experiences at the end of the transition process. Each of these families was interviewed in their home. Three themes were identified that reflected the views of these families as they prepared to exit Part C services.

Themes

The final case analysis of parents' interviews also yielded three themes addressing perceptions of transition after participating in transition planning conferences and prior to eligibility determination for Part B. Each theme, depicted in Table 5, will be discussed in more detail.

Theme 1. *Parents were unsure of specific activities associated with the transition process, as well as the availability of support for children and families going through transition.* The conceptual framework for this study posited the child and family in the center of the transition process surrounded by community support. Communication has been identified as a major component to successful navigation of transition. The sharing of information between families and community providers helps establish the foundation

for acquiring new skills that can transcend transition into other familial and professional relationships. However, lack of sufficient and appropriate sharing of information can lead to uncertainty and unease.

Table 5

Themes for Urban Ending

Theme 1:	Parents were unsure of specific activities associated with the transition process as well as the availability of support for children and families going through transition.
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Theme 2:	With not knowing specific eligibility criteria for Part B, families' anxiety levels were heightened as their children approached three years of age.
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Theme 3:	Families expressed overall satisfaction with how their service coordinators guided them through the transition process, and with Part C services in general.
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Families participating in this case were experiencing or had experienced the last few weeks of enrollment in the Part C program. During this transition period, placement decisions are made and the need for open communication appeared to intensify. Each member of this case discussed the uncertainty of their placement along the transition continuum. From their interviews, recurring topics emerged, which will be described in the following paragraphs.

Uncertainty of the transition process was a major concern. UE1 stated that she was unsure of who the individuals were that met with her about her child's transition. She

was not prepared to participate in a meeting and did not see the value that was added by attending her transition planning conference.

[I] was surprised because I thought that they were coming over to like tell me exactly what was going to happen in greater detail than what I already knew. And she didn't really. Everything that she told me, I already knew. And I was kind of expecting to hear more detail about it when this other woman came over, but I didn't really get anything more. She just asked me if I had any questions, but it's like if you don't know, then you don't know what to have questions about. You know. So, I was like well no. It was a very short meeting. They were here for like 10 minutes.

UE1 elaborated further by discussing her uncertainty of what was to occur next.

“As far as I know the next . . . wait yeah, they said that there's, at some point there's meetings where I go to their office . . . before she turns 3. That's like when we're getting closer to the actual process. But I don't really know why or what or . . .” Following a discussion about Part B eligibility determination and the Individualized Education Program (IEP) meeting, UE1 stated “is all that done before she turns 3? Ah, see I didn't know that.”

UE2 had previous opportunities to engage in transition activities in that her oldest child also received Part C services. Due to her unstable environment, she was not able to complete the process. However, now that UE2 was experiencing transition with another child, the discussion about what to expect during transition led UE2 to respond that she was unsure of what was to come.

Honestly, I didn't know what to expect because I didn't even know about the program until later on. Until I found out what it was all about and, what exactly everything that was going on and what was supposed to happen and what's not supposed to happen.

UE3 shared that although she felt comfortable with receiving services for her child, she was unsure of the specific steps regarding how the transition process would be implemented. She explained how she was contacted by Part B.

I think they had gotten our number or I guess [our service coordinator] had given them our information because he's going to be coming of age to go to Part B to the school for services so they wanted to start ahead and call me and see him and kind of test him a little bit and see kind of where he fell.

Families reported they were unaware of the availability of family support. During the interviews, parents discussed how they could have benefitted from support from or conversations with families who had experienced transition processes in the past. In fact, UE3 relied primarily on personal friendships.

I knew other parents that had gone through it before I even started it. I didn't know, you know, how to start. My pediatrician was the one that got me involved, but I had another parent that lived here in our subdivision and she had gone through it and her son is [in preschool] right now. And so off of what she's told me about you know the program and everything, she loves it. And I know of another boy that is going through his, the same speech therapist we have, just by chance really. But yea, they don't, you know, tell me of other parents really that have gone through it or anything.

UE1 shared that it would have been helpful to have other parents or families to discuss their concerns about transition. When asked if the concept of family support had been discussed at all, she responded "no." This parent thought she would have to engage in conversations with others at community play areas in order to identify support families.

There's a place downtown that there's like a play area that I don't know if like, how many, you know, families in the program go there or whatever. If I had gone, would I have met parents to talk to? Maybe. I don't know, but I wasn't given any numbers or emails or anything to communicate with parents about it.

Another perspective provided was one of assisting other families by sharing their personal stories. UE2 was not provided the opportunity to engage in dialogue with other families about her transition, but she shared her experiences with another parent who was concerned about her child's development. UE2 explained how it was "just very good to know that there is help out there, and that you don't have to be alone."

Theme 2. *Without knowing specific eligibility criteria for Part B, families' anxiety levels were heightened as their children approached three years of age.* During this final stage of transition, anxiety tended to set in. Families became concerned about the possibility of their children meeting the eligibility criteria. However, the criteria were not explicitly explained, leaving parents to wonder about the availability of services once the children exited Part C. One parent described what she knew about preschool eligibility as limited.

I know [that] we see the see the psychologist to get tested to see if there's enough of a delay to see that he needs more services after the age of 3. I had asked her how far behind delay would he have to be to qualify. She said well, I think she said something like 3-4 months. I can't remember how much, but it was a certain amount of delay. Or it was a percentage?

During the conversation about eligibility, UE1 recalled that her transition planning conference was not what she expected. She indicated that she did not know "who she was. I don't remember. She was somehow linked with the schools, but I don't

know.” UE1 went on to describe how the Part B eligibility requirements were explained to her.

I don't think I remember anything. I just remember that for each time that she like you know graduates or starts preschool and she has to start with the public school system, they have to test her. And then when she starts kindergarten, they test her again. I don't really remember any sort of points where you know specific points of what she has to meet or pass or fail to get continue. I don't remember anything being told about that specifically.

UE3 was told that “I need to call [preschool] and get an evaluation done for her as far as her speech. You know just all her fine motor skills, and all the other skills that need to be tested.” She was told that “there may be a possibility where she won't qualify. But she thinks there's a 90% chance that she will because of her speech.” Again, the family was not provided clear guidelines regarding eligibility and was left to ponder the meaning of evaluation results as they pertain to Part B services.

Theme 3. *Families expressed overall satisfaction with how their service coordinators guided them through the transition process, and with Part C services in general.* Though there were some concerns about the implementation of transition processes, families were compelled to express their satisfaction with their service coordinator. One parent stated that her service coordinator “was very thorough about getting the whole package ready and together before he moved on the next level and doing their part to make it easier for the transition.” She indicated that her experience was made easier because she was not required to find out the next steps for herself. She went on to express her satisfaction with services arranged through service coordination.

She did actually explain it very well. My role in the whole process of sitting and learning with the therapists was great because I thought they allowed me to be involved with it. And so I was glad you know they worked with me. If I suggested well he does better this way, they would use that. If I had suggestions, they were open to it. It always felt like an open door. It didn't feel like a one way kind of a teaching. So I felt good about that. My role, their role, and the whole entire process.

UE1's satisfaction with Part C services came from a different perspective. This family had relocated from another southeastern state and described their early intervention services as lacking. She was surprised and delighted to learn that there were opportunities to receive services in her home.

I just thought it was great that I didn't have to bring her anywhere, that they'd come to the house. So that was like the primary reason why I liked this program, and if it wasn't in the home I don't know if I would have used it. So I'm definitely pleased with you know the situation here. I don't know if I would have tried to get involved with any program like this in [the state we came from]. So this is much better.

Another mother wanted to make sure she conveyed her pleasure with her service coordinator. "Her role has always been just to make sure things are in order." She indicated that she was kept abreast of activities that needed to occur and she was able to intervene if she did not feel comfortable with particular events. UE2 also expressed satisfaction with Part C service delivery.

There's also something else that I like about [Part C services] and the early childhood and things, is that they come out to you. Because I don't have a vehicle, it was just really nice that they came out to my house and was able to do those types of things. So far, everybody that I've run across as far as the coordinator of the service and all that stuff, you know, everybody's done their job.

Satisfaction with services rendered is a barometer of success in many industries, including early childhood. In fact, as part of Part C, programs must participate in activities to gauge child and family outcomes. Interestingly, in this case, the families were not satisfied with the sharing of information about Part B eligibility criteria and the availability of family support during transition. During their interviews, it became apparent that some of the activities associated with transition were unclear to them, but they were able to separate that feeling of uncertainty from the provision of service coordination.

Cross-Case Analysis: Beginning Transition

For this phase of the analysis, the cases that discussed their preparation for transition activities (up to and including their transition planning conferences) from both rural and urban locales were paired with each other in order to compare the themes that emerged from each case. Table 6 illustrates the similarities and differences for this case comparison. Understandably, the families in both of these cases had difficulty differentiating the roles of Part B and C providers in that they were unfamiliar with the transition process, and how each program works together to ensure a smooth transition out of Part C into preschool or other community services (IDEA, 2004).

In addition, these families were concerned about the assessment process to determine eligibility for Part B services. The specific criteria either had not been shared with families at all or the description was too vague for them to comprehend the specifics and how they relate to their children. None of the families in either of these cases knew the exact requirements for Part B eligibility. Interestingly, the families from rural areas in

this analysis were satisfied with their service coordinator and Part C services, though the responsibility for sharing pertinent transition information falls under the responsibilities of service coordination.

Table 6

Cross-Pair Analysis of Cases Beginning Transition

Themes	Rural Beginning	Urban Beginning
Families were confused about who has responsibility for each transition activity.	X	X
Families indicated that Part B eligibility criteria was not discussed or explained and transition resources to help them understand and expect from the transition process were either not provided or not explained.	X	X
Families indicated satisfaction with how their service coordinators guided them through the transition process.	X	
Parents expressed frustration and anxiety associated with not knowing the specific activities of the transition process.		X

Cross-Case Analysis: Ending Transition

The pairing of the two cases that experienced the end of the transition process (after the transition planning conference up to eligibility determination for Part B) yielded very different results as referenced in Table 7. One similarity was in the general area of satisfaction with their service coordinators. Families in both cases were either pleased

with their service coordinator's facilitation of transition or had developed strong positive relationships with their service coordinator. All other themes were vastly different. The families in the rural cases seemed to have gained more confidence in their ability to navigate transition; however, both of these parents had some experience with working with children with special needs which may have affected their expectations of the process. The urban families were still struggling with the process. Notably, both cases praised their service coordinator for guiding them through the process.

Table 7

Cross-Pair Analysis of Cases Ending Transition

Themes	Rural Ending	Urban Ending
Families had strong positive relationships with their service coordinators.	X	
Families' past work experiences affected how they perceived and interpreted the transition process.	X	
Parents felt that advocacy was a very important component of the transition process.	X	
Parents were unsure of specific activities associated with the transition process as well as the availability of support for children and families going through transition.		X
Without knowing specific eligibility criteria for Part B, families' anxiety levels were heightened as their children approached three years of age.		X
Families expressed overall satisfaction with service coordination and with Part C services in general.		X

In addition, these families were concerned about the assessment process to determine eligibility for Part B services. The specific criteria either had not been shared with families at all or the description was too vague for them to comprehend the specifics and how they relate to their children. None of the families in either of these cases knew the exact requirements for Part B eligibility. Interestingly, the families from rural areas in this analysis were satisfied with their service coordinator and Part C services, though the responsibility for sharing pertinent transition information falls under the responsibilities of service coordination.

Summary

The overall analysis of the themes was completed by compiling the frequency counts of the themes that emerged from each case analysis. Four major themes surfaced: (a) families were confused about who was responsible for each transition activity; (b) families indicated that Part B eligibility criteria was not discussed or explained and transition resources to help them understand and expect from the transition process were either not provided or not explained; (c) families expressed frustration and anxiety associated with not knowing the specific activities of the transition process; and (d) families were satisfied with their service coordinators and Part C services.

The occurrences of each of these themes were closely clustered, which reinforces the findings from each case, indicating some overlap between cases. Families tended to enter and leave the transition process with uncertainty and questions. The constant in the process, involvement of service coordinators, was seen as favorable, though addressing families' questions and relieving their uneasiness falls under the service coordination

umbrella. Further discussion and exploration of these themes as they relate to the contextual framework of the study will be discussed in Chapter V.

CHAPTER V

DISCUSSION

The overall purpose for this study was to examine parents' perceptions of transition activities considered best practice according to the National Early Childhood transition center. Qualitative research methods were used to explore the following question:

What are parents' perceptions of current transition practices?

Interviews were conducted with families who had recently participated in transition activities as their children approached the age of three. Each interview was transcribed and coded based on identified best practices. The participants were categorized based on location (rural or urban) *and* stage of transition (beginning or end). The themes that emerged from each case were analyzed and compared to the case that experienced the same transition activities. Finally, overall themes were established based on the frequency of codes associated with particular practices.

This chapter will revisit the conceptual framework for the study and discuss the themes in terms of this structure. The four overall themes that became apparent from parents' interviews all fit into one of the pieces of the theoretical framework, and will be discussed specifically. Finally, limitations of the study and implications for future research will be shared.

Conceptual Framework

As discussed in Chapter I, this project was framed by a combination of two theories, Family Systems Theory and Social Systems Theory. The study was developed to explore parents' perspectives of their experiences during their children's transitions out of Part C to Part B or other community providers. Given the complexities of the transition process, professionals must not lose the foundational concepts of early childhood services, family-centeredness and interagency collaboration.

Family Systems Theory

Early intervention, from the passage of Public Law 99-457 in 1986 until now, has embraced the concept of family-centeredness, which has its origins in family systems theory, emphasizing the interactions within and among family members and how those interactions determine how the family interacts with service providers and society as a whole. Due to the perceived complexity of completing transition activities and meeting required timelines, the guiding principle often change from a family-centered focus to one of solely meeting regulatory mandates. Services may be disguised as being family-centered by inviting parents to participate in transition activities to inform them about already determined transition plans that tend not to consider families' concerns, priorities and resources as well as their cultural affiliations (Cho, Bryan, Burstein, & Ergul, 2006). Many families may express an interest to know more about transition processes and to be more involved in the planning and implementation of transition activities; however, the difficulty associated with completion of transition tasks may become more compelling. This line of thinking, though unintentional, leaves parents to the periphery of the process,

being guided through transition rather than assisting in the development of the transition plan for others to follow. The provision and sharing of information is paramount to this philosophy and promotes a sense of ownership for families that allows them to make informed decisions about their children's lives and services. The opposite also is true in that when families are given instructions regarding their participation in transition rather than a reciprocal sharing of information. Information sharing such as this can lead to feelings of anxiety, confusion, and frustration with the transition process. Further, tangential to ownership of their transition plans, parents' satisfaction with services is impacted as described by Trivette, Dunst, Boyd, and Hamby (1995) and Applequist and Bailey (2000), and the feelings of accomplishment in these early childhood transitions may lead to feelings of competence in future educational decisions that require parent participation.

For this study, the child and family are the center of a complex transition process that supports families and children with special needs as they move from one system into another. The acknowledgement that transition is a process that occurs over a period of time (Rous, Myers, et al., 2007) must be explained to families to assist them in understanding how the process works. In addition, establishing collaborative partnerships with other professionals that take into account families' strengths, needs, and desires provides the foundation for recognizing and incorporating families' identified needs into transition activities. Consequently, when transition practices truly are family-centered and focused on knowledge sharing and building, families experience more favorable outcomes and feelings of satisfaction *and* professionals meet their regulatory obligations

and agency requirements. Though family-centeredness focuses on families, successful accomplishment of this guiding principle reinforces professionals' intrinsic need as help-givers and builds competence in transition skills.

Social Systems Theory

Social systems theory is grounded in the work of Niklas Luhmann and his theory of social systems, which asserts that society consists of communications among established subsystems (King, 2007). Transition, as a process, can be described as a manifestation of social systems theory, requiring each component of the process to communicate planning needs, agency requirements, and other matters that influence transition to all participants. Transition team members must work together to form an environment of interconnectedness where each family's experiences are a function of communication between the members. In the case of early childhood transitions, the transition components that surround families are reflective of: federal regulations, individual agency rules (policies and procedures), available community support, and established professional best practices. Sharing information with families about each of these components and how they relate to each other facilitates an overall understanding of team interactions and requirements. For example, explaining information such as eligibility criteria for Part B services is important to families in that ambiguity and speculation regarding children's need for continued services is clarified. Lapses in communication between transition components, families in particular, about such significant information can lead to the development of antagonistic relationships regarding transitions, and positions families to be concerned about future transitions.

Successful transitions should not be measured only by implementation of regulatory standards and practices, but also by parental satisfaction with their experience. As such, successful transitions necessitate sharing of information that is cyclic among all participants, including parents. It is not efficient and does not lead to parental satisfaction when families are excluded from the system's communication flow. Communication without substantial understanding of the content is unproductive in that true communication occurs when the receiver of information understands the intended message. As evidenced in this study, the provision of information in the form of handouts and handbooks without adequate explanation leaves families with unanswered questions and feelings of frustration and confusion. Taking the time to translate professional jargon families may encounter and to explain confusing aspects of transition can lead to demystifying a process that is intended to guide children, families and professionals to achieving successful transition outcomes.

The combination of these two theories underpins the framework of this study, and are reflective in the Part C transition requirements which include: discussion of what transition from early intervention means, exploration of preschool and other community options, sharing of information with Part B or other community providers, conduction of a transition planning conference with all parties to develop a transition plan, and helping the child and family prepare for changes in services (IDEA, 2004). Completion of these steps allows the family's beliefs and practices to be incorporated in any transition activities *and* recognizes the importance of the interaction and communication between families and professionals (Dunst, 2002). The presence and implementation of principles

from both of these theories supports families in guiding their children's transitions, increases feelings of competence and accomplishment, and meets regulatory requirements.

Overall Themes

From the analysis of data collected from parent interviews, four overall themes were illuminated. What follows is a discussion of these themes in terms of parents' experiences and perspectives as they relate to the themes: (a) communication from professionals did not explain the roles and responsibilities of Parts B and C, leaving families confused about who was responsible for each transition activity; (b) families indicated that Part B eligibility criteria was not discussed or explained and transition resources to help them understand and expect from the transition process were either not provided or not explained; (c) families expressed frustration and anxiety associated with not knowing the specific activities of the transition process; and (d) families expressed overall satisfaction with how their service coordinators guided them through the transition process.

Families Were Confused about Who Was Responsible for Each Transition Activity

As discussed in Chapter IV, families were confused about the process for transition. In particular they expressed concern about not understanding which agency responsibilities as they relate to children's transitions. The requirement of families to participate in a structured transition process dictates that families are informed that the entitlements afforded under Part C will end when their children turn three years of age. While these professionals appeared to follow the required policies and procedures, the

inclusive spirit of the process was lost. The discussion of what transition means should occur throughout their enrollment in Part C services, allowing time for parents to gain an understanding of what transition means and how it impacts their family. The participants in this study were all from two regional Part C agencies that provide services under the umbrella of the state Part C program, and their delivery of services was very similar, possibly due to the requirement that all Part C professionals across the state participate in an *Orientation to Early Intervention*, professional development training developed by the state program, which provides instruction and guidance regarding the roles and responsibilities of Parts B and C. The content of professional development opportunities that are technical in nature can lead to implementation strategies that are more directed toward meeting regulatory standards and are not family driven. Inclusion of why particular standards are required and how to incorporate policy into practice has to become part of the transition landscape if professionals are to become proficient at meeting both agency and family expectations. It seems that the disconnect occurs when practitioners implement strategies and lose the balance between the technical and human aspects that are present in all transition activities.

Families Indicated That Part B Eligibility Criteria Was Not Discussed or Explained and Transition Resources to Help Them Understand and Expect from the Transition Process Were Either Not Provided or Not Explained

As mentioned in Chapter II, parents of children with special needs may experience typical transitions in early childhood differently than parents with typically developing children, provoking feelings of anxiety as they leave the security of familiarity and face uncertainty. To help ease some of the angst caused by uncertainty,

service providers and service coordinators, in particular, should function as the bridge and conveyor of information to families regarding the specific roles of sending and receiving programs, and an optimal occasion to share and explain vital information is during the required transition planning conference. Family participation in this conference is not simply an opportunity to paperwork completed, but it is an occasion for families to assimilate of various bits of information and build relationships with team members.

Lack of specificity in the federal regulations and state policies and procedures about how the function of service coordination translates to transition practices effects how professionals interact with families. This notion is supported by Harbin et al. (2004), in which some state Part C coordinators indicated they were not sure about the specificity of how service coordinators are to perform tasks. Clearly, if federal regulations and state policies and procedures do not provide specifics that guide professional development opportunities, translating best practice research to practice is problematic. Focus needs to be placed on insuring professionals understand what activities need to occur and *how* to effectively implement them.

In addition to communication with families about transition, professionals must communicate with each other to become aware of the functions of each social system that families encounter as they exit Part C. For transition, interagency issues and policies that are not clearly defined and disseminated to professionals involved with assisting families to navigate complex systems can lead to negative impressions and stifle collaborative efforts. Some practitioners are not aware of the roles and responsibilities of their own

program and are not equipped to disclose this information to others, leading to potential misunderstandings and negative communication. Agencies experiencing this type of breaks in communication may need to engage in interagency activities to redefine transition for their community and work on developing amicable relationships and collaboration. Interagency coordination across agencies can help reestablish the lines of responsibility that facilitate smooth transitions (Hanson, 1999). Effectively, collaboration and communication could reduce competition between agencies and develop a sense of cooperation and interdependence, which is critical to successful collaboration and implementation of family-centered transition practices.

Families Expressed Frustration and Anxiety Associated with Not Knowing the Specific Activities of the Transition Process

Preparation for transition planning takes various forms, depending on the knowledge and competence of service providers regarding their ability to exchange information with families and colleagues about the child, the family's priorities and concerns, and the availability of community resources. The convening of a transition planning conference does not automatically result in clarity and information exchange. This assertion is supported by families reporting throughout their transition that they were not made aware of specific eligibility guidelines. Consider the unfair advantage others around the table have over families when discussing options for children enrolled in Part C programs. Most professionals at least have had an opportunity to understand what the process entails, while families are left to be invited to attend a meeting in which they should be directing. Expecting families to actively engage in conversations about topics

presented to them for the first time during transition planning conferences or eligibility determination meetings, is not only unfair, but it borders on unethical behavior.

The nurturing nature of most early childhood professionals guides them in providing services to children and families and may unintentionally exacerbate families' feelings of anxiety, stress, and confusion that are associated with transitions. The tendency to handle all situations and relieve families from experiencing the intimate interfaces between service providers denies them the opportunity to learn specific details about transition and decide for themselves their desired level of involvement. Unfortunately, this interaction often does not take place and parents enter into planning meetings not knowing what to expect, and are totally dependent on professionals to make the decisions. Granted, options may be provided, but also are limited to what professionals bring to the discussion. To eliminate the unbalanced nature of these encounters, professionals providing services to families must be sensitive to families' needs and establish collaborative relationships in order to plan and implement transition goals and strategies (Pang, 2010) that reflect parity in decision-making.

To further complicate matters, families experience varying degrees of difficulty when progressing from a familiar service delivery system (Part C) to one completely foreign to them (Hanson et al., 2000), leading to feelings of frustration and isolation while trying to make the necessary connections to gain understanding. For families who are able to gain an understanding of the process, learning to be advocates for their children and families is essential to their transitions. Having an active voice in what happens during and after transition leads to positive and lasting impressions on parents,

children and professionals. When families perceive relationships with Part C and other service providers were guided by their families' needs, the experiences are reported as positive due to the collaborative nature of the process. Some families may be compelled to share their experiences with others in the form of family advocacy, participation as faculty in the professional development arena, or as becoming early childhood professionals. Thus, adequate attention has to be dedicated to sharing knowledge about transition activities, and can either help programs enhance service delivery or potentially alienate families by preventing true collaborative efforts if not done appropriately.

Families Expressed Overall Satisfaction with Service Coordination and Part C Services

Service coordinators are the connectors throughout transition that are intended to facilitate the delivery of a cohesive set of services to children with special needs and their families, including transition. Families tend to develop very intimate relationships with services coordinators, who are often referred to very fondly. In fact, families experience a sense of loss associated with losing their service coordinators at the end of transition. Unfortunately, these relationships tend not to include providing families with information they desire to help them become skilled at discussing and engaging in transition activities. Further, service coordinators do not acknowledge their role in the uncertainty parents experience. By limiting their perceived involvement to giving out handbooks and handouts, getting paperwork signed, and coordinating meetings, service coordinators separate themselves from parents' dissatisfaction with transition. Not surprisingly, when families perceive they have positive relationships with their service coordinator, they also are able to separate these tangible components of transition from the intangible one –

emotional support provided by service coordinators throughout the process. The dichotomy of this relationship between service coordinators and families is shared by most families, even the ones who have some knowledge and past experience with service delivery systems. By providing guidance on appropriate service coordinator duties and responsibilities, agencies can ensure service coordinators acquire the skill necessary to extend their roles beyond the emotional support provided to families and delve into making the connections required for successful transitions.

Limitations

The nature of qualitative research is to attempt to understand the experiences of study participants from their viewpoint. This qualitative study explored parents' perceptions of their transition experiences through the use of interviews. The use of qualitative methods for examining parents' points of view warrants discussion of study limitations.

Researcher Role

Qualitative researchers become part of the research by their presence during the study. In this case, the method of discovery was through the use of structured interviews and open-ended questions that allowed for further probing if needed. A limitation of this method is the richness of the data collected depends entirely on the judgment of the interviewer. The researcher tried to reduce the possibility of bias by structuring the interview questions as well as scripting the additional probes.

Another limitation was the interaction between study participants and the researcher. As an early childhood professional with intimate knowledge of transition best

practices, the researcher may have shown bias by voice inflection and or facial expressions during the interview process. In an effort to remain neutral, the researcher remained acutely aware of her biases and thoughtful as she related to parents. In addition, a research assistant was used to blind code interview transcripts to minimize bias.

Finally, the researcher's role in the Part C program was disclosed to families during the recruitment process and prior to beginning each interview. The knowledge of the researcher's relationship with their current service provider may have influenced parents' responses to the interview questions. The assurance of confidentiality of their responses and the use of aggregate data was explained to lessen the fears of negative reactions to their participation.

Sample

The small sample sizes associated with qualitative research allow for the in depth case analysis that was the reason for the research. However, determining whether the sample size was large enough to provide adequate information for theme development is a matter of judgment regarding the quality of information collected and the potential use of the information (Sandelowski, 1995). In this study, similar themes emerged from cases which are reflective of the Part C program's implementation of transition practices across the specific regions. However, since all regional Part C providers are required to follow the same policies and procedures established by the state Part C administrator, study results may be generalizable across the state. There is no plan to generalize the findings of this study beyond this state's boundaries. However, based on these findings, other

states may determine the need to explore research to practice implementation of their transition activities.

Another limitation of this particular sample is the demographic representation. The state's Part C program's demographic grouping was: 51% Caucasian, 27% African American, 18% Hispanic, and 4% other. The requirement that all study participants be English-speaking eliminated a significant number of potential participants, and resulted in the following grouping: 64% Caucasian, 27% African American, and 9% other. A sample representative of all the large groups may have yielded different results.

Finally, participation in the study was voluntary which raises the issue of uniqueness of those willing to be interviewed. Are these individuals fundamentally different from those families that did not volunteer? If so, are the differences significantly varied from the general Part C population of this state, and did they impact study results?

Subjectivity

Research that is not easily coded into numbers and focuses on words and feelings describes this type of study. Each case was coded and categorized into themes by the researcher, understanding that the entire process was subject to the researcher's interpretation of participant responses. The utilization of nationally validated best practices for transition clearly defined the specific practices that shaped the interview questions, eliminating some of the subjectivity.

Reactivity

An often raised problem associated with qualitative research is the researcher's potential influence on the study participants. Trying to control for researcher variability

can be difficult *and* is impossible to totally eliminate (Maxwell, 2005). It is important for the researcher to recognize how her presence in the research environment impacts the participants and try to avoid compounding the potential for bias by using a structured interview technique. The researcher also made conscience efforts to remain interactive, while not leading the interviewee in any particular direction.

Conclusion

Preparation of families for transition does not begin at the transition planning conference. Service providers have the responsibility to discuss and educate families about transition throughout their participation in Part C services. This phase is ongoing; thus, being attuned to how families process information and determining what format of communication works best is critical for ensuring that parents understand why transition activities are being implemented. Part of the preparation to formally meet with transition team members should include the specific eligibility criteria for Part B services so that families are prepared to discuss their children's needs as they relate to preschool services.

In theory, all of the elements for transition were made available and presented to parents. If these elements are provided in separate pieces that appear to be unrelated, families may not have the ability to assemble the transition puzzle and make sense of a complex service system. Somewhere in the process of meeting the mandated requirements regulations and agency policies and procedures, family-centered practices are lost. Further, without shared and reciprocal communication between team members and program representatives, the efficacy of a service delivery system based on social

interactions also is lost. The result of these two losses is confusion and frustration for families.

By utilizing a family-centered approach to service delivery and identifying how to best address families' needs regarding information, the transition process can be demystified. Starting and continuing to discuss eventual transition and the associated activities from enrollment in Part C services will bridge the gap that often occurs when changing programs. Secondly, the sharing of knowledge and availability of resources about Part B presents families with opportunities to develop questions and engage in mutually beneficial dialogue with team members. Communication remains vital to successful transition experiences. From the family systems perspective, communication should be individualized and based on family needs. As previously discussed, successful social systems are totally dependent upon communication. Finally, providing families opportunities for reflection on their participation in transition planning throughout the process may lessen their feelings of stress and anxiety, allowing for continuous growth for both families and professionals.

According to Friend and Cook (1990), conditions that need to be in place for collaboration to work include: mutual goals, parity, shared participation and accountability, shared resources and voluntariness. With joint engagement in professional development activities and the development of interagency agreements, collaborative efforts may lead to improved transition experiences for children and families. The contribution of Parts B and C to the development of specific plans for transition allows all parties that have specific needs and obligations for transition to voice their opinions

and to be heard by their collaborative partners, which honors and respects the input of others, and is essential to successful transitions of children and families from one program to the next.

Implications for Future Research

This research explored and described parent's perceptions of their experiences during transition out of a Part C program potentially into Part B preschool services. From their interviews and reflections, parents articulated how their participation in transition activities were or were not reflective of professional best practices. Their responses explained previous antidotal observations and illuminated future research topics, including: (a) examining early childhood professionals' perception of transition activities in the context of best practices; (b) examining early childhood professionals' knowledge and implementation of best practices during transition; (c) exploring the implications of professional development activities designed to promote collaboration efforts between Parts B and C providers; (d) exploring whether the type of disability a child has affects family's knowledge and engagement in transition activities; (e) examining the affect of videos depicting best practices during transition on parents' perceptions; (f) exploring perspectives from families from the Latino/Hispanic population.

One of the most important conclusions drawn from this study is based on parents' perceptions, early childhood professionals have difficulty translating research to practice in terms of transition activities. In addition, though families may not be aware of specific practices in particular professional realms, they are able to describe their experiences and needs concerning their children. The overall themes of this study are reflective of parents'

desire to be intimately involved in the planning and implementation of their children's education. The IDEA mandates the delivery of Part C services utilizing a family-centered approach. It is important to note that the service coordinators in this study implemented their version of family-centered practices by insulating families from the specific activities of transition, thus leading to families' confusion and uncertainty regarding transition practices. Service coordinators and other Part C providers may think they are engaged in best practices by removing families from potential conflict during the transition process, which left families to participate from the periphery instead of as the center of the process.

How do we as professionals working with children with special needs and their families more meaningfully incorporate the study's findings into the development and implementation of federal regulations, best practice policies and procedures, and community support of early childhood transitions? The importance of providing families with solid foundations regarding transition is critical to future experiences with transition during children's educational careers. Exposing parents to the specific activities that encompass transition and providing them with the tools they need to navigate the process will help with the development of communication and collaboration skills. Fortunately, the gap that exists between what families need in order to guide their child through subsequent transitions and adhering to Part C regulatory requirements can be minimized through education and professional development.

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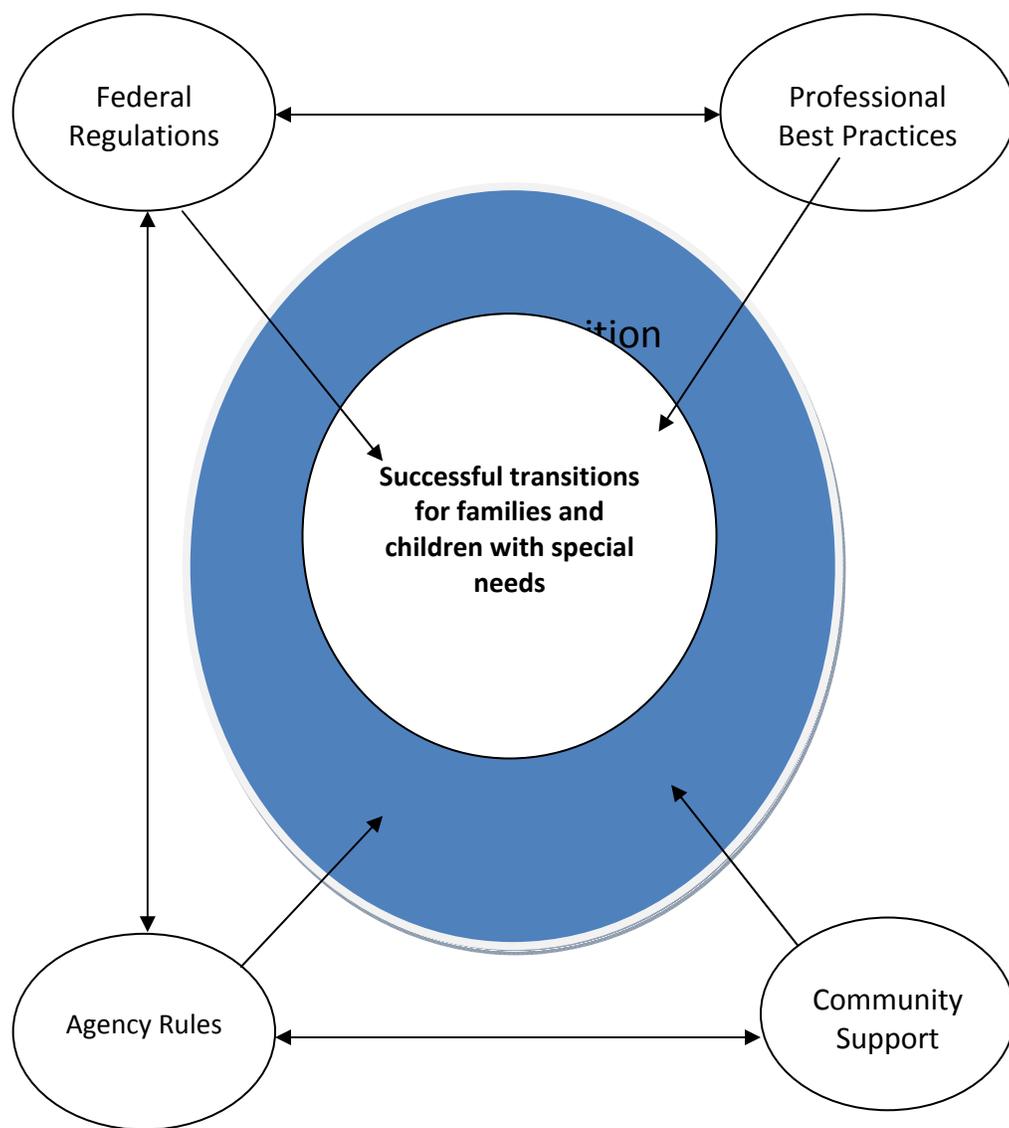
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APPENDIX A
CONCEPTUAL FRAMEWORK



APPENDIX B**EARLY INTERVENTION SERVICE COORDINATOR SCRIPT****Early Intervention Service Coordinator Script**

Hello (_____),

I am contacting you to let you know about a study by a student from the University of North Carolina at Greensboro. Sometimes we are asked to let families know about research studies. Harriette Bailey, an employee of our program, has asked us to let you know about a research study so that you can participate if you would like to. Your participation is up to you, and you can stop at any time.

This study involves a one 90-120 minute interview with Harriette. She will ask you about your experiences with transition. This information will help provide feedback about our program and help us to continue to provide excellent service to children and families. Your individual answers will not be shared with others, and will not affect your services.

Send this card to Harriette if you would like to participate. If you have any questions, please contact Harriette at 704-450-3346.

Thank you for the time and effort to tell us your story.

APPENDIX C

PART C LETTER OF SUPPORT



North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section
Early Intervention Branch
 1916 Mail Service Center • Raleigh, North Carolina 27699-1916

Beverly Eaves Perdue, Governor
 Lanier Cansler, Secretary

Jeffrey P. Engel, MD
 State Health Director

November 15, 2010

Dear Parent,

The Early Intervention Branch's Children's Developmental Services Agencies (CDSAs) are the lead agency of the early intervention program under Part C of the Individuals with Disabilities Education Act. Our program is called the NC Infant-Toddler Program and the Part C early intervention program.

We are often asked by researchers in the field of early childhood/early intervention to help families know about possible participation in research studies. Harriette Bailey, one of our staff members and a doctoral student at the University of North Carolina at Greensboro, has asked us to let you know about a research study, so that you can participate if you are interested. Your participation is entirely voluntary, and can be withdrawn at any time by you.

This study involves an interview regarding transitioning from our program. A response card is enclosed. If you would like to participate, please complete the enclosed self addressed response card and send to Harriette. If you have any questions, please contact Harriette at 704-450-3346 or hnbailey@uncg.edu.

Thank you for considering this request. If you have any other questions about this study or about our program, please do not hesitate to contact me. I can be reached via telephone at 919-707-5520 or via email at deborah.carroll@dhlhs.nc.gov.

Sincerely,

Deborah E. Carroll, Ph.D.
 Early Intervention Branch Head

CC:
 Denise Mbani, Resource and Information Unit Manager, Early Intervention Branch
 Sherry Franklin, Part C Coordinator and Quality Improvement Unit Manager, Early Intervention Branch



Location: 5605 Six Forks Rd. • Raleigh, N.C. 27609-3811
 Telephone: 919-707-5520 • Fax: 919-870-4834 • Visit us on the Web at www.ncei.org

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APPENDIX D
RESPONSE CARD



Response card to participate in the following study:

Transitions in Early Childhood: A Look at Parents' Perspectives

Name: _____

Address: _____

Phone: _____

Best time to call: _____

Email: _____

If you have questions or concerns regarding your participation in this study, feel free to contact me, Harriette Bailey, at 704-450-3346.

APPENDIX E

BEGINNING OF TRANSITION INTERVIEW PROTOCOL

Interview Protocol

1. Tell me what you know about the transition process.
2. Describe how your EISC prepared you ahead of time for the transition process.
 - a. How were Part B preschool services eligibility criteria, processes, and timelines explained to you?
 - b. How was the coordination of assessments explained to you?
 - c. How were program roles and responsibilities explained to you?
 - d. Describe the tools that were provided to you to help you better understand the transition process and timelines.
3. What information was provided to prepare you r child and family to exit Part C services?
 - a. What key questions did you have about Part B services and how were the answers explained to you?
 - b. What information has the preschool representatives provided to you during your transition planning meeting(s)?
 - c. Describe the transition resources you have access to.
4. What information do you need to actively participate in transition planning for your child?
 - a. Describe the strategies your EISC provided to you for active participation in transition planning for your child.
 - b. Describe the information, links, resources have been provided to you to help you meet your child and family's needs.
5. Describe your expectations of the transition process.
 - a. Describe your role.
 - b. Describe the team's role.
 - c. Describe how final decisions should be made.
6. Is there anything else you think is important that I should know?

APPENDIX F

END OF TRANSITION INTERVIEW PROTOCOL

Interview Protocol

1. Tell me what you know about the transition process.
Before the decision was made concerning your child's potential move to preschool services:
2. Describe how you were prepared for your child's transition to Pre-K.
 - a. How did your EISC prepare you for transition?
 - b. Did you participate in transition planning meetings with your EISC and preschool providers?
 - c. How were preschool eligibility guidelines explained to you?
 - d. What information did you receive in advance of the transition?
 - e. Describe the choices you were given about placements.
 - f. What information did you receive about visiting potential preschool programs?
3. Describe your transition planning meeting/conference.
 - a. How did your EISC prepare you ahead of time for the transition planning conference?
 - b. What were your choices between different options for preschool and/or other services?
 - c. What information did you receive to help you understand the decision about how your child's services would change?
 - d. What opportunity did you have to visit different preschools before a final decision was made?
4. Describe the decision-making process.
 - a. What was your role in the assessment process?
 - b. How were your child's interests and abilities included in the assessment?
 - c. How did you gain access to your child's record?
 - d. Describe how the results were reviewed with and explained to you.
 - e. Describe opportunities to talk with other parents about the experiences they had during the transition from Part.

- f. How was the final decision made regarding preschool placement and what was your role in making the final decision?
5. What were your expectations of the transition process?
 - a. Your role?
 - b. Team's role?
 - c. How were your expectations met?
 - d. Describe how the transition process met or did not meet your expectations.
6. Is there anything else you think is important that I should know?

APPENDIX G**CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM**

Project Title: *Transitions in Early Childhood: A Look at Parents' Perspectives*

Project Director: Judith A. Niemeyer, PhD

Participant's Name: Parent

What is the study about?

Transitions in Early Childhood: A Look at Parents' Perspectives is a research project targeting the process of transition out of Part C services into other community services, including Special Education provided under Part B 619. The research will focus on the implementation of activities identified as best practices for transition in current research and literature from the perspective of parents/families that are beginning to experience transition activities and parents/families that have already completed the transition process.

Why are you asking me?

You are being asked to participate in the study because your child(ren) are currently enrolled in Part C services (North Carolina Infant-Toddler Program) and has reached the age of 2 years, 6 months, which begins the process of transition planning.

What will you ask me to do if I agree to be in the study?

If you agree to participate in this study, you will be asked to complete two face-to-face interviews about your transition experiences. The interview consists of questions pertaining to your early intervention service coordinator's transition activities and your

participation in those activities, and will take 45-60 minutes of your time. If you want further information, you are free to contact me at 704-450-3346 or hnbailey@uncg.edu or Dr. Judy Niemeyer at 336-334-3447.

Is there any audio/video recording?

Face-to-face interviews will be recorded using a voice digital recorder. Because your voice will be potentially identifiable by anyone who hears the tape, your confidentiality for things you say on the tape cannot be guaranteed although the researcher will try to limit access to the tape as described below.

- The interviewer (Harriette Bailey) and the primary investigator (Dr. Judy Niemeyer) will be the only ones to have access to the recordings.
- The digital recording will be stored on a password protected computer.
- The recording will be deleted after 3 years.

What are the dangers to me?

There are minimal risks to you. You may perceive there may be risks associated with your receipt of Part C services. However, all individual interview responses are confidential and will not be shared with your local Part C program. Interview responses will be recorded directly by the researcher. Data will be aggregated for analysis.

If you have any concerns about your rights, how you are being treated or if you have questions, want more information or have suggestions, please contact Eric Allen in the Office of Research Compliance at UNCG at (336) 256-1482. Questions, concerns or complaints about this project or benefits or risks associated with being in this study can be answered by Harriette Bailey who may be contacted at 704-450-3346 or hnbailey@uncg.edu or Dr. Judy Niemeyer at 336-334-3447.

Are there any benefits to me for taking part in this research study?

There are no direct benefits for your participation in this study. As a participant, you will have the opportunity to help enhance the field of early intervention regarding transition practices. Families will become familiar with best practices for transition activities and identify the level of implementation they experienced and their level of satisfaction with their transition process. It will assist families in future transition activities for their child and family.

Are there any benefits to society as a result of me taking part in this research?

This information will assist early childhood service providers evaluate service delivery, identify professional development needs and offer opportunities to early childhood professionals to improve and enhance aptitude regarding knowledge, skill and ability in the area of early childhood transition practices.

Will I get paid for being in the study? Will it cost me anything?

There are no costs to you or payments made for participating in this study.

How will you keep my information confidential?

The audio recordings will be stored on a password protected computer. All of the surveys are confidential and data will be combined and reported in aggregate form. All information obtained in this study is strictly confidential and unless disclosure is required by law.

What if I want to leave the study?

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state.

What about new information/changes in the study?

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:

By signing this consent form you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By signing this form, you are agreeing that you are 18 years of age or older and are agreeing to participate, or have the individual specified above as a participant participate, in this study described to you by Harriette Bailey.

Signature: _____ Date: _____

APPENDIX H
FIELD NOTE PROTOCOL

Research question:

As professionals working with children with special needs and their families, how can we further explore families' perceptions of current transition practices and more meaningfully incorporate these findings into the development and implementation of federal regulations, best practices policies and procedures, and community support of early childhood transitions?

Role: Interviewer

Time of Observation:	Reflective Notes:
Place:	
Setting:	
Participants:	
Discussion:	