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Entering Preschool: Family and Professional Experiences in This Transition Process

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Important changes in services occur for children with disabilities at age 3. A qualitative cross-site approach was used to investigate the experiences of families of these children and their service providers as they made the transition from Part C to Part B programs. Issues investigated were families' and professionals' experiences and expectations for the transition process, and the process of decision-making related to service selection. A sample of 22 families was followed as they entered, participated in, and exited the transition process. Results indicated that families and professionals experienced this transition as an event, not as a process. The shift in service delivery models from infant-toddler services to preschool services was often problematic, and information exchange and communication was crucial to family involvement and decision making. In general, families were given limited choices with respect to preschool programs; Only few programs offered inclusive service models. Families' and professionals' strategies facilitating the transition are reported.

The school conference room is filled with people: the school district preschool coordinator, Katie's service coordinator, a preschool teacher, an infant-toddler early intervention teacher, a physical therapist, a vision specialist, a speech-language pathologist, and Katie's

mother. Katie's mother sits down and puts a large photo of Katie on the table. The district official explains the purpose of the meeting—to review Katie's development and goals, and to discuss and plan for her needs in preschool. The professionals each begin to describe their

observations based on the assessments they have conducted of Katie's development, and Katie's mother describes the family's goals and perspectives. Each participant at the meeting has a rather sizable file of information to share regarding Katie's developmental disabilities. Katie is 2.5 years old, and the purpose of this meeting is to develop Katie's plan for making the transition from her infant-toddler program to preschool.

Unlike other young children, children with developmental challenges and their families might experience the need for educational, medical, or social services during the early days and years of the child's life. As a result, families encounter a series of transitions in services over these early years. These transitions have been defined as "points of change in services and personnel who coordinate and provide services" (Rice & O'Brien, 1990, p. 2). The educational transition process has been described further as a "carefully planned, outcome-oriented process, initiated by the primary service provider, who establishes and implements a written multi-agency service plan for each child moving to a new program" (McNulty, 1989, p. 159). This process is seen as crucial in ensuring service continuity, reducing family disruptions, preparing children for their program placements, and meeting legal requirements (Wolery, 1989). Parent and professional goals for these transitions include: "(a) placement decisions that meet individual needs; (b) uninterrupted services; (c) non-confrontational and effective models of advocacy that families can emulate throughout their children's lives; (d) avoidance of duplication in assessment and goal planning; and (e) reduced stress for children, families, and service providers" (Shotts, Rosenkoetter, Streufert, & Rosenkoetter, 1994, p. 395-396).

Transitions are a fact of life for families and children and the professionals who provide services for them. For families of children with disabilities, these shifts between services occur early and involve many choices and decisions and the acquisition of new knowledge. These transitions exert additional and new demands on both families and professionals.

Service transitions for young children who are disabled or at significant developmental risk, occur at a number of crucial developmental points as well. Important transitions involve changes in the ongoing services from (a) the hospital to the family's home, (b) home care to infant-toddler early intervention services, (c) infant-toddler intervention services to preschool services, and (d) preschool services for children ages 3 to 5 years to kindergarten and elementary school education.

This study focuses on one important transition: the transition from infant-toddler supports and services to education services offered at the preschool age level. Although a body of literature addresses transition policy and processes, few research studies have centered on the transition from infant-toddler services to preschool education for children and their families. This transition period is marked by a change from services that are generally home based and family focused to services that are more center based and child focused. Issues that are salient during the transition from infant-toddler to preschool services include, differing eligibility requirements for services in these two age periods, new demands on the child for interaction and group participation in preschool, new expectations for child behavior in preschool, the type and level of staff involvement and training, and potential philosophical shifts in intervention models from more family-oriented to more child- and school-oriented models (Fowler, Hains, & Rosenkoetter, 1990; Hains, Fowler, & Chandler, 1988; Hains, Rosenkoetter, & Fowler, 1991; Noonan & Ratokalau, 1991; Shotts et al., 1994).

The literature is limited with respect to families' experiences during the transition process, although these transitions represent critical decision points for families as well as developmentally important changes in the context of children's lives (Rice & O'Brien, 1990). Parents of children who are transitioning into preschool must make decisions about the educational and social goals for their children and about the types of programs that best meet their children's needs. The array of options might be considerable or very limited,

depending on the community in which the child resides (Fowler et al., 1990). Very little is known about the process of choice and decision making during transitions into preschool services, particularly from the family's point of view. It has been suggested that parental beliefs about the importance of their child's interactions with typically developing children and the family's resources and supports during the period of decision making, might influence these choices (Winton, 1990). The availability of preschool programs and the implicit or explicit discussion of inclusive options as they are presented during IEP (Individualized Education Plan) and transition planning seem likely to be factors in the choices parents make.

This investigation is part of a series of research studies conducted by a national early childhood research institute, which focused on examining barriers and facilitators to preschool inclusion. The preferences, perceptions, information exchange strategies, and decisions parents and professionals make as children enter preschool might be pivotal factors in determining children's options for and experiences in preschool inclusion. The purpose of this study, therefore, was to provide a qualitative description of this transition process and the families' choices and participation in decision making when their children were entering preschool services. This description was designed to contribute to our understanding of options presented to families, the relative importance of inclusion in the process of decision making, the rationale parents and professionals used to decide for or against inclusion, and the nature of the transition experience for both families and professionals.

METHODS

Sample

This study was conducted through four national research sites in the northeast, southeast, northwest, and West Coast of the United States. Twenty-two family participants were identified (5 or 6 families per geographical region) and recruited for this study through Part C service providers and service coordinators in local communities. These professionals

were asked to refer the first 5 families in their caseloads that were about to undergo this transition. In two areas, 6 families were referred and, therefore, they were all included in the study. In an attempt to select a diverse range of families, referring professionals were instructed to maximize variation with respect to type and severity of child's disability, gender, ethnicity and race, primary language spoken in household, and socio-economic status of family, in so far as possible. Referring professionals nominated and contacted families to ascertain families' interest in study participation. Research staff members then contacted them; all families agreed to participate in the study. The demographic characteristics of children and families in this sample are presented in Table 1.

Attempts were made to identify a range of school systems or local education agencies across the geographic regions into which children would transition for preschool services. Variability in sampling was sought in terms of location, size, and types of preschool options or services predominating in that area or region. A major criterion for selection was the availability of both inclusive and noninclusive preschool options within those systems. In addition, to enhance the ability to follow families in a cost-effective manner, service systems were selected within several hours driving distance of the research sites. A description of the seven service systems that were sampled is provided in Table 2.

Data Collection

Data were collected through structured interviews, participant observation in transition meetings, and document analysis. Interviews were conducted with the child's primary caregiver(s), with the service provider(s) from the "sending program" identified by the family as most involved with the child (e.g., family service coordinator, teacher, therapist), and with school system representatives and other people involved in the planning and transition process. A semi-structured interview protocol was tailored to each role group (i.e., parent, service coordinator, teacher, and related services professional). Research investigators de-

Table 1.
Demographic Characteristics of Children and Their Families (N = 22)

Demographic Characteristics	<i>n</i>
<i>Children</i>	
Type of Primary Disability	
Developmental Delay	8
Mental Retardation	6
Speech and Language	2
Physical	3
Autism	2
Blindness	1
Ethnicity	
African-American	8
Anglo-European	6
Latino	2
Asian	1
Native American	1
African	1
Biracial	3
Gender	
Male	14
Female	8
Infant-toddler Service Model	
Center (segregated)	9
Center (integrated)	1
Home & Center (inclusive)	4
Home & Center (special education)	3
Home (special education)	2
Inclusive Child Care	1
No Services	2
<i>Families</i>	
Family Constellation	
Two Parents	15
Single Parent	6
Foster Parent	1
Siblings	9
No Siblings	13
Family Income	
Low	10
Middle	11
High	1
Primary Language Spoken	
English	20
Spanish	1
Thai	1

veloped protocols through a series of conference call discussions. Biweekly conference calls were held during the course of the study, to ensure consistency in data collection procedures across sites. During interviews, fam-

ilies were asked about their child and the current services the child received, their hopes and expectations for their child and for the future program, transition information and support received, and recommendations for improving the transition process. Service providers were asked about the nature of their contact with the family during transition, the information and support they provided, and their perceptions of how the transition meeting and process worked. Their recommendations for enhancing the transition process were sought as well. All interviews were tape-recorded and verbatim transcripts were prepared. Families were paid a small honorarium for their participation. In total, 114 interviews were conducted with families and service representatives during the course of this study. Of these interviews, 50 were conducted with family members, 33 with service coordinators, 26 with teachers or therapists, and 5 with other professionals.

Researchers attended the transition meetings (with parent permission) as well as additional planning meetings. A total of 26 meetings related to transition were observed. During these meetings the researcher observed and recorded field notes. Interactions were minimal and consisted primarily of introductions. In addition, the following documents were reviewed: the transition plan on the child's Individualized Family Service Plan (IFSP), assessment information presented during the planning meeting, written information on school policies and procedures, and meeting notes and placement information. Thus, multiple data sources were examined for data triangulation.

Data Analysis

Data analysis was conducted both within individual research sites and across the four sites in an iterative manner to build "grounded theory," including common themes while preserving valuable individual contextual information (Strauss & Corbin, 1990). To facilitate the analytic process, researchers produced a series of matrices for data reduction, transformation, and display within and across

Table 2.
Characteristics of School Systems Housing Preschool Programs

Site	Location	District Preschool Options
1	Northwest Large urban district in a major metropolitan area (thriving downtown, diverse population, pockets of poverty).	Self-contained special education classes and some integrated or inclusive options (mixed groups with ECSE teachers, team-taught Head Start, itinerant services in child care and community preschools).
2	Northwest Large suburban district adjacent to a major city (area is fast growing, middle-class, diverse population, no city center or hub).	Self-contained special education classes, integrated or inclusive options (mixed groups with ECSE teachers, team-taught Head Start, itinerant services to Head Start).
3	Northwest Medium-sized suburban district adjacent to a major city (predominantly upper middle class, white, English-speaking, high parent involvement).	Primarily self-contained preschools.
4	West Coast Large urban district in a major metropolitan area (thriving downtown, diverse population, pockets of poverty).	Primarily self-contained special education classes located in elementary schools, few inclusion options (inclusion for selected children through itinerant services in community preschools and Head Start, integrated activities with state ECE preschools).
5	West Coast Large suburban district (diverse population, includes several small cities/towns, includes range of socio-economic groups).	Self-contained special education classes located in elementary schools, Head Start for children with mild delays or children who are Spanish speaking.
6	Northeast Large urban district in a major metropolitan area (diverse population, includes large portion of families from lower socio-economic groups).	Primarily self-contained preschools linked with infant-toddler programs, some combined opportunities for participation in Head Start and child care programs for select children.
7	Southeast Large urban school district in a major metropolitan area.	Full range of options including inclusive ECSE/ECE classes, Head Start, community-based child care, itinerant teaching and team teaching models, integrated activities, and self-contained. Many opportunities for parental choice.

sites (Miles & Huberman, 1994). The steps in the analytic process are displayed in Figure 1.

The research teams within each site coded the interview transcripts and developed a set of initial coding categories. The researchers shared this initial coding schema and agreed to a set of common categories they called "universal markers." These common categories or universal markers were: parents' hopes and dreams for their child, the family's concerns regarding their child's educational services, professional's concerns, the family's

and professional's expectations for preschool, factors influencing the nature of the transition process, factors influencing the family's preferences and choices, factors influencing the family's preference for inclusive or noninclusive preschool placements, and strategies that facilitated the transition process. In the next iteration of within-site analysis, site research teams prepared a matrix of the common categories for each child. Using the constant-comparative method (Denzin, 1978), the site teams looked for patterns in the data across

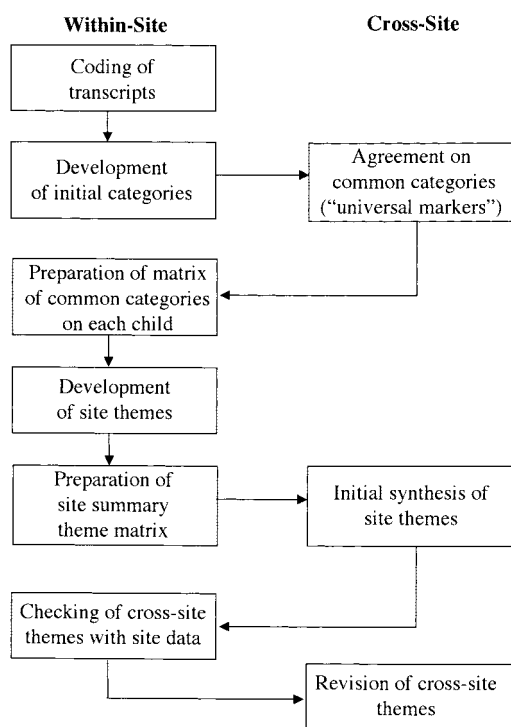


Figure 1.
Steps in cross-site data analysis process.

cases and began developing interpretations or apparent themes. These emerging themes were tested on other cases within the site and were refined further. The themes were displayed in a site summary theme matrix for sharing with the other sites.

At a cross-site meeting, the constant-comparative method was applied to an initial summary and synthesis of individual site themes. The researchers explained their site findings and looked for common patterns across sites. When discrepancies became apparent, researchers looked deeper into the data for possible explanations. For example, families' choices in the transition process appeared highly dependent upon a combination of family, program, and service provider characteristics that varied widely across sites. The researchers developed a working list of cross-site themes, which were subsequently checked in a systematic manner by data at each site. Finally, researchers revised the cross-site themes to reflect the common patterns that

were found, while offering sufficient explanation to reflect the complexity of the transition process and the multiple perspectives of families and service providers.

RESULTS

This study examined the choices and decisions of families and professionals as children made the transition from infant-toddler services to preschool services. Specifically we examined, the nature of the transition process, information and options presented to families, and preferences and choices related to inclusive preschool services. Families' and professionals' experiences while planning and undergoing this transition process were gleaned from multiple data sources: structured interviews, participant observation, and document analysis. Thus, these results represent a broad analysis of the transition process, including the perceptions and expectations of both families and professionals during this process, as well as how transitions were conducted and how information was exchanged. Key themes were identified through this data analysis process. Primary themes represented by at least 90% of the cases are presented next.

Transition Is an Event Not a Process

Part C and Part B of the Individuals with Disabilities Education Act (IDEA) include the transition process as a major component of early intervention services. Ideally, this process includes the exchange of information between families and professionals, service coordination, and active family participation in the entire transition process. For the families in this study, considerable variability was noted in the way the process was defined and implemented.

For many of the families, transition was a discrete event or task to be completed or in some cases just a formality, rather than a process. For the families in one system, the transition from infant-toddler to preschool services was a formality, because the infant-toddler programs from which the children were making the transition informed families of the next steps, and the transition meetings and docu-

ments were merely a convention. For the families in the other systems, this transition was often a marker event because families were aware that major decisions would be made in this transition phase about their children's placement options and the nature of the children's services. The recognition that important decisions would be made and the uncertainty of the transition requirements left many parents worried. One fretted, "I don't know, this is my first time going through this. I don't know what to do. . . ." Another expressed her anxiety this way, "I'm not sure exactly what is gonna happen. I feel a little nervous. You know, it's a big change. . . . That's kind of scary because I have never done it before. That is very stressful."

From the standpoint of the families, most saw these decisions regarding the child's transition in services as pre-ordained. Whereas they knew in general that a transition was occurring, they lacked specific knowledge of the tasks or components of the process. One parent related,

But what the teacher did was she just rang me up. She said, "We need it. We're going to do a transition meeting. Can you make Thursday afternoon?" And I said, "Yes." And, you know, I never thought to say, "Oh, what does that exactly mean?" . . . So, I didn't know what it [the meeting] was about.

Professionals too saw transition as an event or formality. They often spoke of the importance of meeting legal requirements, meeting local criteria for eligibility, and establishing roles for both parents and the professionals. The issue of paperwork was mentioned frequently as well. One service coordinator lamented, "transition is paperwork." A teacher reflected on these requirements when she stated, "How do they expect us to do our job when we have to do all of this paperwork, and . . . a caseload before was 54, 56 hours, well, I'm at 67 . . . you have no time to plan." Another service coordinator related,

I only see that there's the law. It's what has to be done legally. Like, the procedural part has to be done. . . . But then there is the emotional aspect of it, and the two things are so hard to integrate.

Thus, for both parents and professionals, the "transition" represented a specific event or meeting rather than an extensive, mutual process of planning for the child and family.

Impact of Shifting Systems on Families and Children

Families often expressed concern not only with the nature of the transition, but also with the shift in service agencies and orientation. Many families expressed their anxiety about moving from one system to another service delivery system. They reflected on the move from the "known" to the "unknown." For some, this move to preschool was filled with dread. One mother agonized about moving into "the black hole of special education." Another mother lamented, "I'm going to miss the program. Because it's like meeting someone and—and spending all that time with them, and then knowing that you're not going to see them anymore."

For families this transition often meant a shift from family-centered services to child- and school-centered services. This system shift represented different values and different emphases on service delivery. One parent described the process as shifting from a "person to a system." One mother said, "I wish I could just keep her in the program, because I've gotten to know all the people there. And they've been a real good supportive team for—it's not just me, but the whole family as well." A father echoed this concern with the change in systems, "They [early interventionists] don't question your motives like the school system would. . . . They'll tell you things that you don't even know. . . . The school system won't do that. . . . You have to find out on your own."

Families noted that the team model employed in early intervention and the support they received was central to their experiences. They expressed concerns that this same focus would not be carried over into the preschool experiences. For instance, one mother described the support she received from the early intervention staff, "The communication that I had with the teacher and her affiliates—the eye lady, the speech lady—they were

there. They were available. They made the time. . . . And I always felt reassured always through the whole program.”

Professionals too reflected concern about the shift in service models and requirements. One service coordinator stated,

Because there are discrepancies between Part H [now Part C] and Part B. . . . I think that's part of the transition problem where the laws don't coincide very well. Like having to write an IFSP and IEP is very confusing to a parent. The transition document is silly. I don't know why we can't just write an IFSP for [all] the younger services.

Other professionals voiced their concern over differences in service delivery models.

Part H [now Part C] seems to be a lot more flexible than Part B. Just from my understanding, which I think is important because again for this mom, who is a working mom, it is important to juggle our schedules so that I could continue to see the child on a regular basis and work it out with mom. . . . I think it is still a challenge to continue with that flexibility. To be able to meet parents and their children, whatever their needs are.

The shift in service delivery systems and models as children moved from infant-toddler services to preschool, thus, was problematic for many parents and professionals.

Importance of Information Exchange and Communication

For some families, information was exchanged and discussed between families and professionals prior to the transition meeting where decisions were made. For other families, the transition meeting was the first time that professionals (e.g., service coordinators or receiving program professionals) and families had even met. Both came to this meeting with their goals and expectations, but each was unfamiliar with the perspective of the other. One mother reflects this issue,

Like today we went for a meeting. We're talking about the goals for Steve, with the teacher and this therapist, who never even met Steve, so I would like them to have met Steve and been familiar with him, and then said "OK, now let's make these goals." I don't think they know him as a child yet, but yet they're deciding what's best for him.

The parent of another family was unaware of the purpose of the meeting. This mother was a single mother, and her mother (the child's grandmother) was an active decision maker and caregiver in the family. The service coordinator and school district personnel had never met the family before and all questions were addressed to the mother during the process. The grandmother, though present, was ignored. For yet another family, who was well-to-do and much admired by the professionals at the transition meeting because the father was a famous sports figure, the lack of information exchange prior to the meeting negatively influenced the collaboration of the parent and professionals in determining future goals for the child. For instance, the school district's speech-language pathologist informed the mother at the transition meeting that she thought a goal for the child should be "saying hi." The mother related that her child did this all the time, even to strangers! When the mother was asked how many words the child spoke, she responded that she had never counted them. She also reported that the child knew more words in Spanish (the language of his *au pair*) than in English. Given that both parents were English speaking, the professionals were unaware of this issue until the transition meeting, yet they wrote the child's IEP at that meeting.

On the other hand, some professionals took great care in preparing families for the transition. This service coordinator reflected on the necessary preparation and the documentation,

I have just spent parts of my home visits going over some of that paperwork with the parents and trying to describe the process. And I have just done it a little at a time. You know, there are so many pieces of paper that need to be signed and need to be reviewed.

For parents who received prior information and preparation, the experience was positive. One mother described her experience this way:

It went really well. They were very informative. They answered questions, little concerns that I had. I was very impressed . . . they took the time to explain everything to me. They

didn't just throw out the information and I'm looking at them like what does it mean. They broke everything down for me where I could understand.

The coordination and merging of Part C and Part B services was mentioned also. One service coordinator related,

Because you have so many people coming into your home, you have so much two-way communication. . . . I think parents expect that. Personally, I think they ought to have service coordinators until age five. I really do, because I think it would help the communication factor.

The involvement of the "receiving program" in the transition process was viewed as positive for information exchange. This was reflected by this teacher's comments, "Maybe it would be easier if the preschool itself was more involved in the transition process rather than just being involved with that child just that 1st day. I think that would make a difference to the parents."

In general, most parents expressed their strong desire to participate and be heard, and most parents deemed the need for information exchange crucial. One mother captured these needs when she related, "I need somebody to listen to me and talk to me and let me know something about the program, and that's what I need and they haven't told me."

Family Choices Were Limited

When interviewed, families often indicated that they were given no choices or few options for the type or location of their children's preschool services. All but two families pointed out, however, that they cared whether or not they were given a choice in their child's preschool placement and services. These data showed that for these 22 families, 10 felt they had been offered choices in preschool services, whereas 12 felt they had not been offered any choices. For 4 families, the preschool service alternatives consisted of the full spectrum of preschool options, including full inclusion. A limited set of alternatives (with some or no inclusive placements) was presented to 7 families, and 11 families were given no options for preschool placements and services.

The children in this study were transitioned

into a wide range of preschool program placements. From the 22 families in the study, 6 of the children went on to full inclusion preschools, 3 were placed in integrated placements or inclusion for part of the day, and 9 were placed in self-contained or segregated placements. Two children were found no longer eligible for services, 1 child remained in the infant-toddler early intervention program after turning 3, and 1 child moved to another state and was unreachable. Children who had participated in inclusive infant-toddler services tended to stay in inclusive options. However, children from infant-toddler placements serving only children with disabilities were placed in a variety of preschool settings seemingly irrespective of early intervention placement.

When asked to report who was responsible primarily for the decision regarding preschool placement, 8 families reported that they were responsible for the choice and 14 reported that the professionals or school district officials made the choice of services. One parent related, "I am not really sure who was involved in the placement decision. A lady called and gave me his placement. Whether she made the decision or not, I really don't know. I was not involved in making decisions."

The availability of service options in the school district appeared to play a major role in the process. This factor is reflected in the following statement from a service coordinator, "They can go and visit all the schools they want to, but depending on openings and everything else, in the end it seems like it doesn't make that much difference sometimes." Some service coordinators and teachers wanted to help families find inclusive placements but the options weren't available, "I always feel caught in the middle, because I want to tell them, yes, your child should be in an inclusive [setting]. . . there's not one out there that I can offer them."

Further, in some cases when placement options were discussed, new terms and labels for the preschool classrooms were introduced to families. These terms included "severe impairment" versus "non-severe impairment" classes and "limited intellectual functioning"

classes. At the transition meetings families were told that these were possible or appropriate placements for their children. For some families their children were labeled for the first time (e.g., mild mental retardation) during the transition meeting to establish placement eligibility. Most families came from non-categorical early intervention settings and these terms and labels were startling and frightening. In these cases, the families' ability to participate in decision making regarding placements was compromised by their lack of prior knowledge of program options or professionals' preferences for the children's placements.

Child Characteristics and Readiness

Child behavior and developmental level often played a key role in discussion and decision making during the transition process, particularly when issues of inclusion were raised. Both families and professionals were keenly aware of "readiness" variables. For instance, during one meeting an infant teacher said to the father, "He needs to be walking before September, because he's gonna go to preschool." One mother describes her concerns regarding her daughter's motor development,

I have been taught that, you know, to put them in a preschool setting, to get them adjusted and ready for school whether they are disabled or a normal child. . . . And they emphasized—the school district in charge emphasized that—and the teacher as well. . . . I asked her how she felt about having Chloe in the class if Chloe was not exactly walking yet. And she felt that she—there would be no problem because of the . . . types of disabilities that they had.

This family was given the choice of several segregated models based on the child's motor development level. Another mother echoed this concern about a child's physical development. When she raised the issue of her son needing some assistance while walking, the preschool teacher responded, "We don't allow kids to crawl in the classroom."

Parents too were concerned about issues of their children's readiness and their abilities to participate in preschool, particularly in inclusive placements. For example one mother related,

If he's going to be able to go into a regular school versus does he still need to go into some kind of special school. . . . I feel if he can talk, I would feel very comfortable sending him to a regular school. But until he does, I mean, how would they send him to a preschool with normal kids and he can't talk? That would be a question that would be something for them [other children] to tease him about everyday. You know, that's unfair to him.

Language and cultural issues also played a role in preschool placements. For example, for Mali, a child from Thailand, the school district personnel admitted that they simply did not know if she was delayed or if her language issues were related to learning a second language. She was found "not eligible" for preschool services although she had been enrolled in early intervention, had epilepsy, and showed speech and language delays. When asked about her hopes and goals for this child, Mali's mother responded, "I think she—she'll go to school like a—another children. . . . But I don't want her to go to the special school. Because I think she—she look like a normal children." Her mother wanted her to receive assistance for her speech delays as well as schooling with typical children, but this child did not continue to receive services or follow-up of any kind.

For some families, the child's type of disability influenced their ability to find the preschool model they desired. For instance, Adam was diagnosed with pervasive developmental disorder at age 2. His parents expressed their "hopes for placement with typical children, that he'll be able to function in that environment." His parents worried, however, about finding a program that would accept him. His mother relayed, "As soon as you say autistic. . . Well, I've gone where I say speech and language disorder."

Another family alluded to the importance of role models in challenging their child to perform at higher levels. The mother stated, "We want a class where he's at the bottom of the heap . . . where he has others in class he can aspire to—can have role models." The parent never mentioned the term inclusion but the speech-language pathologist replied, "Inclu-

sion isn't appropriate for everyone. It's not always an option. It depends on the child." This child was subsequently placed in a segregated preschool class.

In some instances, professionals and parents appeared to have preconceived notions about child behaviors that were prerequisites to participation in preschool. When inclusive educational options were considered, these child characteristics and readiness variables were particularly evident.

Facilitators in the Transition Process

Factors that facilitated the transition process for families or professionals emerged from this study. Several were noted in the previous discussion: (a) viewing *transition as a process and starting the preparation early*, and (b) *information exchange* between families and professionals prior to the transition meeting (includes all participants getting to know one another). One system held *pre-transitional informational meetings*, where families were invited to attend and receive basic information about the system and the transition process. Many families also wanted to have the *opportunity to visit preschool programs* and get acquainted with the personnel and the service delivery model.

Another major factor influencing the family's participation and role in decision making was the participation of a *key person or guide*. For many families this pivotal person was the sending (infant-toddler) teacher. For others it was the service coordinator. And yet for others, it was another parent, an acquaintance, or parents from a parent support network. One system facilitated a *parent-to-parent buddy system*. A teacher explained this support as,

... having a buddy system so that when we have parents who've just transitioned into preschool and have gotten adjusted that they can serve as mentors to parents that are coming in, and even if possible to be a mentor to a family ... as to what to expect.

The sending early intervention teachers appeared particularly instrumental in facilitating the transition when they spoke with families early on about this transition. They informed parents of the options in the community,

helped families gather appropriate information, and helped families understand the law and school system. Service coordinators too fulfilled this role. One parent related, "We don't really know how each different school is, which is why it was great that she [service coordinator] came with me." Another stated, "She's given me contact people ... she's done her job above and beyond the call of duty in my eyes because she was very helpful." This support was echoed by a service coordinator who commented, "I'm there for support ... for the parents to have a familiar face ... kind of hold their hand ..."

For several families, the *continuity of settings or services* was helpful in easing the transition. This continuity is demonstrated by one parent's experience when her son's infant-toddler program was located on the same site as the new preschool program, "There would be sort of continuity for Jimmy. This is a program that he has been in since he was 7 weeks old. We know the people and know the principal here and have some manner of familiarity."

Finally, several parents commented on the need to "*bring the child to the process*." One mother, for example, started every meeting by alluding to her daughter as she placed a photograph of her child on the table. She reminded the people in the room that they were there to discuss her daughter. This mother also effectively used videos of her child to provide more information to professionals regarding the child's level of development. She said,

But after talking to the teacher—the classroom teacher—and after her observing the tape of Chloe that I had recorded an hour and a half of her at home, as well as seeing her in person and speaking with me, she gave me the confidence that she [Chloe] would do fine in the classroom and that there would be no problem.

The need to focus on the purpose of these meetings and processes also was captured by a service coordinator who related,

Sometimes we get caught up in the logistics. We fail to realize that this is a child that we are discussing and we're determining a program for a year for a child and they sometimes help bring everybody back down to earth ...

so that we can realize that we're actually talking about a little, little child.

These strategies demonstrate the supports that professionals can provide families as their children are transitioned to preschool services. The experiences and "tips" from parents too point to strategies that optimize this transition event.

DISCUSSION

This study provided a qualitative description of the experiences of families and the professionals with whom they worked as children made the transition into preschool services. A broad range of issues emerged from these data regarding factors that influenced the nature of the transition experience, as well as families' and professionals' experiences with this process. This description of the process contributes to our understanding of the rationale parents and professionals use in deciding for an inclusive setting, and the relative importance of parents' inclusion in the process of decision making. It also affords us a better understanding of how options are presented to families.

For both families and professionals, transition was typically seen as an event rather than a seamless process of moving from one service to another. For most families it was an emotional time as well as a task to be completed. Many parents and some professionals expressed how stressful and difficult this transition was. Given that transitions in life (e.g., moving, changing jobs, marriage, divorce, death, childbirth, and so on) are by their very nature challenging and potentially stressful, it is not surprising that this transition would be fraught with similar emotional challenges. This particular transition is undoubtedly complicated by issues of the child's young age and disability, as well as the desire to "do the right thing" for the young child. During the course of this study, legislation was shifting from Part H to Part C of IDEA. While substantive changes were not made, some regulations were changed and service delivery systems sometimes were still attempting to understand and address the spirit and requirements of this legislation.

The shift in service delivery systems (and often agencies) as children moved from infant-toddler services under Part C to preschool services under Part B, contributed to the challenges arising from this process. Families were required to shift to new rules, regulations, types of services, service models and styles, new personnel and philosophies, and often different agencies as their children transitioned into preschool. Although "seamless" services are often cited as goals for these systems, this expectation might be unrealistic. This is a transition and transition means a change. A more fruitful pursuit might be the identification of strategies facilitating and supporting this change. Strategies and supports that emerged from this study were preparing families for the transition, exchanging information between families and professionals, providing families opportunities to visit preschool settings, providing support to families from a key person or guide (professional or another parent), ensuring continuity between services, and focusing on the child ("bringing the child to the process") through reminders and specifically addressing her or his individual needs and concerns. These strategies are in line with recommendations addressed in previous policy and demonstration models (e.g., Fowler et al., 1990; Hains et al., 1991; Hamblin-Wilson & Thurman, 1990; Hanline & Halvorsen, 1989; Rosenkoetter, Hains, & Fowler, 1994; Rous, Hemmeter, & Schuster, 1994, 1999; Shotts et al., 1994).

The most troubling finding of the study was the degree to which decisions surrounding the transition were driven and dominated by "the system" and the professionals employed through these service agencies. Although the vast majority of the families in this study indicated an eagerness to be involved in decision making and choices, over half felt they had no choice in terms of their children's preschool placements and over half indicated that the professionals were the primary decision makers in the transition. When choices or options were offered, the options or models were limited in most cases. As witnesses to this transition experience, we did not come away with an impression that transition is a process

where parents and professionals join together as equal partners in decision making related to the young child. Rather, the regulations, time constraints, professional training or lack thereof, lack of preparation and information exchange, and in some cases, cultural and linguistic differences, greatly influenced the experiences and perceptions of the families undergoing this transition. These factors served to limit the opportunities and voices of families in the process.

A related issue was the lack of information and discussion related to inclusion. Although many parents alluded indirectly to the issue of inclusion (e.g., "I want my child to be with regular children"), the issue of inclusion typically was not openly addressed during transition meetings. In some cases, as was reviewed earlier, children were considered inappropriate candidates for inclusive services based on their disability or lack of readiness (e.g., ability to ambulate). From this study, it appeared that families were offered choices based on what was available in that district. Other types of services simply were not described to them, thus, limiting their abilities to match services to their perceived needs for their children.

Families often expressed expectations and concerns related to opportunities for their children to receive quality learning or academic experiences in preschool, services for special needs, and opportunities for independence building and social participation. Although some parents requested options that combined inclusive opportunities with specialized services, many parents did not mention inclusion during these meetings. From our analyses, it appeared that these parents were most interested in procuring specialized services for their children (amount or type of special assistance such as physical therapy) rather than inclusive services. Most children in the sample had substantive disabilities and had been served through infant-toddler programs for children with disabilities, and this might have contributed to this finding. Many parents talked about their desires for their children to function "higher" or more normally, but they appeared to concentrate on the service choices

that were offered or available and directly addressed the children's special needs.

Generalization of these findings to the experiences of other professionals, children, and families making the transition into preschool services is limited by the small sample size. Attempts were made in this study, however, to reflect different regions of the country, different types and sizes of infant-toddler services and school systems, as well as a range of families in terms of family constellation, socio-economic status, culture and language, and child's disability. Further, these professionals, children, and families were followed as they entered this transition, met regarding the transition, and exited and were placed in preschool services. The goal of the study was to reflect this process from the vantage points of all major participants: family members and the range of professionals involved in this process.

Recommendations for Practice

Transition means change. For families, this change is often fraught with emotional challenges, as well as the challenge of engaging in an information exchange process with the professionals responsible for child services. Our findings suggest that crucial decisions related to preschool transition are often made solely by the professionals in the system, which might exacerbate the stress associated with this process for families. As such, these findings underscore the need for a thoughtful preparation process that ensures information exchange between families and service professionals, and the active participation of families as informed consumers in this process. Further, given the changes associated with this transition, the "layers" of transition must be addressed. This transition process can be viewed as consisting of two components (see Figure 2): (a) an emotional component that accounts for the differences among families in terms of child and family backgrounds, experiences, needs, and responses to the service system; and (b) a procedural or task component that addresses regulations and legal mandates, paperwork, meetings, information exchange, and so on. Findings from this study

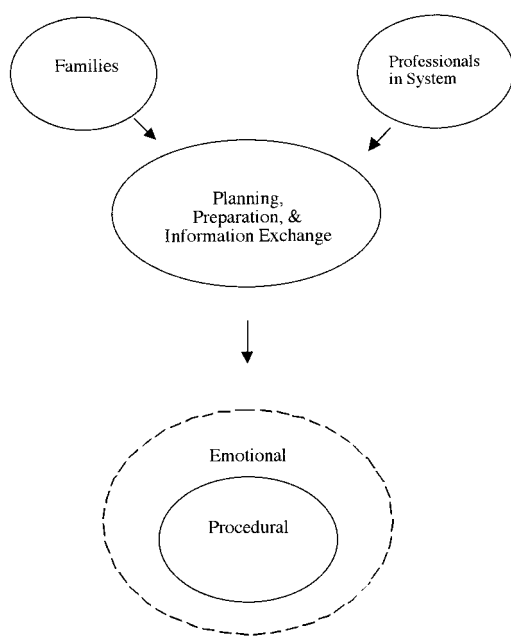


Figure 2.
Conceptual model of transition process into preschool service delivery system.

suggest that the match between family preferences, child needs, and preschool services is enhanced and families are more active partners in decision making, when this process is conducted in a context in which multiple service delivery options are available with an infrastructure that supports the delivery of these options. The conceptual framework of a seamless system of service delivery for children and their families is predicated on the legislative and regulatory structures of IDEA. To realize these ideals and mandates, the gaps in service delivery must be addressed through closer links with families, so that their voices can be heard and they ultimately can influence the service paths their children will traverse.

CONCLUSION

Few families welcomed this transition or change. Several questioned why it was necessary. One parent commented, "What's the big deal with her 3rd birthday? We like her teacher. We like her therapist. She's doing well. Why do we have to change?" All fam-

ilies, however expressed definite hopes and expectations for their children in this transition and all attempted to actively participate in the process. The degree of participation in choice and decision making was greatly affected by the possibilities that were offered to them by professionals and service agencies. Family members played a more active role in determining the course of events for their children, where active planning and family involvement were sought, information was collected and exchanged, and strategies were employed to provide support for children and families as they made this shift. Professionals are in a powerful position to enhance the involvement and input of families in this process. As one mother stated, "I love the early intervention service coordinator to death. She's the one that introduced me to everything and has made me aware of everything that I could possibly need for Tasha." Whereas some families experience this support during the transition process, many others do not. Although legislation and "best practices" in the field stress family-professional partnerships, opportunities abound for improving existing services.

A wise man will make more opportunities than he finds (Francis Bacon, 1903, pp. 1625).

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