

Supporting Families in Transition between Early Intervention and School Age Programs

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The transitions between early intervention and preschool services, and later preschool and kindergarten, are emotional for all parents as they watch their little ones grow. Add a disability such as hearing loss, and these emotions are magnified. Issues associated with the disability intertwined with the responsibility of making the right choices for their children's future often results in a time of uncertainty that is exacerbated by an education process that can seem unwelcoming.

Part C to Part B Transition

Most difficult for families is the change from the family-focused services of early intervention (Part C) to the child-centered education programs of Part B. In Part C, family involvement is mandatory and parents are expected to be the decision makers for their child's services. Throughout the Part C years, families are taught and encouraged to provide and advocate for their children's needs. Then when they enter Part B programs at age 3, the school assumes the primary educational responsibility. During this time, the values and priorities of the parents may not match those of the educational team. The chart accompanying this article provides a comparison between Part C and Part B requirements under the Individuals with Disabilities Education Act (IDEA) including details of the provisions that pertain specifically to hearing loss.

The IDEA requires a minimum 6 month transition period from early intervention to preschool. This period is filled with the evaluations and meetings that are required by the law, and families often feel rushed to make decisions. As a result, parents frequently feel the need for additional conversations to answer questions about their child's potential services. *The extra time not only helps to ease some of the feelings of uncertainty but also begins to build a positive relationship with the school personnel.*

Making the Transition Process Family Friendly

What can schools and parents do to make the transition process and preschool experience meaningful and productive? The first and most essential step is to build strong partnerships between families and schools. Successful outcomes are most likely to be reached when both the school and family are working together toward the same goals. Some additional steps to support a transition into preschool are suggested below.

1. Prepare for the IFSP/IEP transition meetings.

Families should visit preschools and meet with the preschool teachers and other staff prior to the transition meeting. It is often helpful for parents to bring along another parent or family member or the family's early intervention specialist so that there is someone with whom they can discuss their visit. The preschool teacher may be willing to meet with the



family members in the home. Parents may also want to bring another person to support them at the transition meeting. Parents should be familiar with their rights as well as service obligations for their child under Part B of IDEA prior to the transition meeting.

2. Think of preschool as transition.

Another consideration is to recognize that transition doesn't have to

happen in 6 months. If we think about the entire preschool experience as the transition between early intervention and school-age programs, we can combine the benefits of family-focused services with the language and social experiences of early education programs.

3. Maintain consistent and effective communication.

Families need to feel that their input is valued. Schools should listen carefully to what families are saying. Weekly written information and follow-up phone calls from the school help maintain open communication. Parents should be encouraged to ask questions and seek clarification of information.

4. Establish roles and expectations together. Families need a game plan. They need to know what to expect from school as well as what is expected of them. Discuss this relationship with your child's school so that everyone is clear about respective roles and responsibilities.

5. Continue home visits. Home visiting is the hallmark of early intervention programs. Why should they end with the transition to Part B? Home visits give teachers and parents an opportunity to maintain consistent, effective communication. It also gives the teacher an opportunity to support and provide information to parents, to view the child in the familiar environment of the home, and to observe the communication styles used in the home.

6. Flexible programs and schedules. Young children entering preschool for the first time may not be ready for the same preschool experience as that of older preschool children. Parents can discuss with the school the amount of time that their child will attend preschool. For some children, a combination of home-based support and preschool may be most effective.

7. Use the Communication Plan. The methodology biases of professionals have caused parents perhaps more

consternation than any other aspect of raising and educating a child with hearing loss. It is **communication**, not the method, that is critical to the child's development. Families and school professionals should use the Communication Plan to determine how the child's communication needs will be accommodated and supported.

8. Establish a parent support group. Parents benefit from getting together to share and learn from one another's experiences. Elicit the help of a "seasoned" parent to assist the school to organize the support group and to plan the activities. Child care, carpooling, other transportation options, and snacks help with attendance.

Establish a calling tree to communicate with parents and to remind them of events. Provide interpreters to accommodate deaf/hard of hearing or non-English speaking family members.

9. Facilitate kindergarten visitations. Begin kindergarten visitations in the winter and spring prior to

entrance into kindergarten to develop a rapport with the teacher and familiarity with the school and classroom. Be sure that the kindergarten teacher has all pertinent information and understands the child's IEP needs, goals, and services.

Moving into Kindergarten

For many families, navigating the formal education programs of kindergarten and school-age services and the legal process of IEPs seems overwhelming. Just as the transition from early intervention to preschool needs attention, the transition to formal education requires preparation as well. As children are ready to enter kindergarten, there are specific transition activities which make the process run smoothly. The United States Department of Health and Human Services (1987) reported the following benefits of transition planning between preschool and kindergarten:

Benefits of Transition Planning		
<p>For Children:</p> <ul style="list-style-type: none"> • Continuity with earlier education experiences. • Increased motivation and openness to new experiences. • Enhanced self confidence. • Improved relations with other children and adults. • A greater sense of trust between teachers and children. 	<p>For Parents:</p> <ul style="list-style-type: none"> • Increased confidence in their children's ability to achieve in the new setting. • Improved self-confidence in their own ability to communicate with educational staff and to effectively influence the education system. • A sense of pride and commitment in their ongoing involvement in the education of their children. • A greater knowledge and appreciation of early childhood programs and staff. 	<p>For Teachers:</p> <ul style="list-style-type: none"> • Increased knowledge of the children and enhanced ability to meet individual needs. • Increased parental and community support. • More resources and a larger network of professional support. • Increased awareness of the preschool program in the community. • A renewed sense of professionalism and pride in their efforts to reach out to young children and their families.

A strong dynamic parent and professional partnership is critical if we are to achieve a positive outcome for our children. Schools cannot educate children alone. We recognize the value of parent support and involvement and that with one another's support, our children's educational experience will be enhanced. Let us do everything in our power to cement and sustain this commitment so that our children may have every opportunity to become successful contributing members of our communities.

References:

US Department of Health & Human Services. (1987). Easing the Transition from Preschool to Kindergarten. US Government Printing Office.

Colorado Department of Education, Early Childhood Initiatives. (2000). IDEA Part C – Part B Side by Side Comparison. Colorado Department of Education.

For a Detailed Comparison between Supports and Services provided by IDEA Parts C and B turn to page 3.

A Comparison between Infant/Toddler Supports and Services and Preschool/School Age Special Education IDEA Parts C and B

	Part C: Infants and Toddlers Birth—3 years	Part B. Children with Disabilities 3 - 21 years
Responsible Agencies	Colorado Department of Education (CDE)	Colorado Department of Education, Local Education Agencies (LEA)
Governing Laws	Individuals with Disabilities Education Act (IDEA) Part C, Public Law 105-17, Colorado Revised Statutes Title 27, Article 10.5	IDEA/Part B, Public Law 105-17, Rules for the Administration of the Exceptional Children’s Education Act, Article 20 of Title 22, C.R.S. (ECEA)
Ages	Children, Ages Birth through two, inclusive.	Children, ages three through twenty-one, including those who have been suspended or expelled from school.
Goals	The focus is on supporting the family to meet the developmental needs of the child with a delay/disability.	The focus is on the child and his/her educational needs.
Child Find	LEA has the responsibility to design a process to inform the public and to identify locale, and evaluate children ages birth –21 who may be eligible to receive special education services. Once a child is identified, a referral must be made to the local Part C agency within 2 working days. In most states, a community-wide interagency process is often used to meet this requirement.	LEA has the responsibility to design a process to inform the public and to identify locale, and evaluate children ages birth to 21 who may be eligible to receive special education services.
Referral	Referral may be initiated directly by a parent or other interested persons. Upon receipt of any referral, a public agency will appoint a service coordinator, who will as soon as possible and within 45 calendar days complete an evaluation and assessment and hold a meeting to develop an Individualized Family Service Plan (IFSP).	Referral may be initiated directly by a parent, school, or other interested persons. Upon receipt of a written parental permission to assess, assessment, planning, determination of disability, and if disabled, Individual Education Program (IEP) development shall be completed within 45 school days.
Evaluation	A multi disciplinary team of qualified professionals completes an evaluation that must include comprehensive, formal and informal information from multiple sources in the following domains: cognitive, physical, communication, social/emotional. Adaptive and family-directed voluntary assessment of resources, priorities and concerns, and must be conducted in the family’s native language.	A multidisciplinary team of qualified professionals completes evaluation. Must include formal and informal measures, from multiple sources in the following domains: cognition, physical, communication, social/emotional, and education and must be conducted in a family’s native language.
Eligibility	An eligible child is one who is under age 3 who meets the criteria of significant delay in development in at least one of the following domains: cognition, communication, physical (including vision and hearing), social or emotional development and adaptive behavior, OR who has a condition associated with significant delays in development.	An eligible child is one who is 3 through 21 and by reason of one or more of the following conditions, is unable to receive reasonable educational benefit from regular education; physical impairment, vision and or hearing impairment, significant limited intellectual capacity, emotional disability, perceptual or communicative disability or speech/language disability

A Comparison between Infant/Toddler Supports and Services cont...

	Part C: Infants and Toddlers Birth—3 years	Part B. Children with Disabilities 3 - 21 years
Eligibility cont...		OR may qualify as a child with a disability if multiple sources of information are utilized and such a child meets the criteria specified in the state special education plan
Family Involvement	Families must be involved in the IFSP process. An IFSP meeting may not be held without the parent or surrogate parent's participation. Written parental consent is necessary for a child's evaluation and delivery of services. An assessment of the family's resources, priorities, and concerns are a voluntary part of the evaluation/assessment process. Parents may refuse any service offered and maintain their right to any services they choose.	Part B of IDEA advocates strengthening the role of parents in the special education process and ensuring that parents of eligible children have meaningful opportunities to participate in the education of their children at school and at home. Families must be involved in the IEP process. The LEA must take steps to ensure that they are afforded the opportunity to participate,. Written parental consent is necessary for a child's evaluation and delivery of services. LEAs must ensure that the parents are regularly informed of their child's progress toward annual goals.
Type of Plan	An IFSP is a written plan that is used to document desired outcomes for the infant or toddler's developmental growth and learning and the services to be provided to the eligible child and family. IFSPs are reviewed at least once every six months with the service coordinator and rewritten annually. IFSPs must include a statement of the child's present level of development, statement of the family's resources, priorities and concerns, a statement of the major outcomes expected and the criteria, procedures, and timelines used, a statement of necessary early intervention services, a statement of the natural environments in which services will be provided, the projected dates for initiation and anticipated duration, the identification of the service coordinator, and the steps to be taken to support the transition of child to preschool or other appropriate services.	An IEP is a written document that includes a statement of the child's present levels of educational performance, a statement of measurable annual goals,. Including benchmarks or short term objectives, a statement of program modification or supports, an explanation of the extent to which the child will not participate in the regular class, the projected date for beginning services, anticipated frequency and duration, statement of how the child's progress toward the goals will be measured and how the child's parents will be regularly informed of the child's progress. The IEP must also contain a completed transition plan if applicable.
Service Coordination	Each eligible infant or toddler and their family must be provided with one service coordinator. The designated service coordinator should be the person who is most immediately relevant to the infant or toddler's or family's needs. That person is responsible for: coordinating all services across agency lines, facilitating connections between families and potential supports and serving as the single point of contact in helping parents obtain the services and assistance they need. Service coordination is an active, ongoing process that involves assisting parents in gaining access to the early intervention services and supports, coordinating the provision of services and supports, facilitating the timely delivery of services and continuously seeking all services and supports necessary	Under special education law, there is no requirement that a service coordinator be designated for a child and their family. As listed in IDEA, child find coordination includes many components which are a part of service coordination. These are planning and development in the areas of public awareness, community referral systems, screening and evaluation, service coordination and staff development. Also listed are coordination and implementation in the areas of interagency collaboration, screening procedures, including vision and hearing, and referral procedures to parents and children about all public and private resources that can meet identified needs.
Services	These services are designed to meet the developmental needs of each child and the family's needs related to enhancing their child's development. They are pro- <i>(continued on next page)</i>	Special education means specially designed instructions; related services means developmental and other supportive services required to assist a child with a <i>(continued on next page)</i>

A Comparison between Infant/Toddler Supports and Services cont...

	Part C: Infants and Toddlers Birth—3 years	Part B. Children with Disabilities 3 - 21 years
Services cont...	<p>vided by qualified personnel in conformity with the IFSP and to the maximum extent appropriate are provided in natural environments, including the home and community settings where children without disabilities participate. Services included are:</p> <ul style="list-style-type: none"> • Assistive technology devices and services • Audiology • Family training, counseling and home visits, and special instruction • Health services (necessary to enable the child to benefit from early intervention) • Medical services (for diagnostic and evaluation purposes only) • Occupational and physical therapy • Psychological services • Social work services • Speech and language pathology • Service coordination • Transportation • Vision services 	<p>disability to benefit from special and regular education . Services included are:</p> <ul style="list-style-type: none"> • Assistive technology devices and services • Audiology • Counseling services • Early identification and assessment • Medical services (for diagnosis and evaluation) • Occupational therapy • Orientation and Mobility • Physical therapy • Psychology services • Recreation • School health services • Social work services • speech language pathology • Transportation
Service Delivery	<p>Early intervention services and supports are to be provided in the child and family’s natural environments, to the maximum extent appropriate, including home and community locations where infants and toddlers without disabilities participate. Services are developed in conjunction with the family to meet their own identified needs and priorities and are respectful of their unique culture, customs and daily routines, and are delivered in the family’s</p>	<p>In special education, to the maximum extent appropriate, children with disabilities are educated with children who are not disabled. Preschool service opportunities vary as to location and characteristics, which impacts the intensity of services and the level of personnel involvement.</p>
Transition between Part C and Part B	<p>Transition planning begins at least six months, but preferably between 9 and 12 months prior to the child’s third birthday for all children eligible under Part C, or begins as soon as possible for children who are newly identified and are over age two. The process needs to include parents and personnel from the child’s current, past and future settings or service providers, including representatives from the LEA, if the child is transitioning into LEA services. If a child is not eligible for Part B preschool services, the transition team will discuss options of other appropriate services with the family.</p>	<p>A representative of the LEA will participate in the transition process, beginning at least six months but preferably between 9 and 12 months prior to the child’s third birthday. Children transitioning into preschool services must meet the state eligibility criteria. In the case of a child who may not be eligible for preschool services, the transition team will discuss options of other appropriate services with the family. NOTE: In the case of a child with a disability, age 3 through 5, LEA may choose to have IFSP serve as IEP. (See IDEA P.L. 105-17 Section 636 and Federal Register 34CFR Part B, Section 300.342.)</p>

Comparison of IDEA Parts B and C Specific to Hearing Disabilities

	Part C: Infants and Toddlers Birth—3 years	Part B. Children with Disabilities 3 - 21 years
Definitions	<p>[(303 12 (b)(2)]</p> <p>(I) Identification of children with impairments using at risk criteria and appropriate audiological screening techniques.</p> <p>(i) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;</p> <p style="text-align: right;"><i>(continued on next page)</i></p>	<p>[300.24(b)(1)]</p> <p>(i) Identification of children with hearing loss; Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;</p> <p>(iii) Provision of habilitation activities, such as language habilitation, auditory training, speech reading,</p> <p style="text-align: right;"><i>(continued on next page)</i></p>

A Comparison between Infant/Toddler Supports and Services cont...

	Part C: Infants and Toddlers Birth—3 years	Part B. Children with Disabilities 3-21 years
Definitions cont...	<p>(ii) Referral for medical and other services necessary for the habituation or rehabilitation of children with auditory impairment;</p> <p>(iii) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;</p> <p>(iv) Provision of services for the prevention of hearing loss, and</p> <p>(vi) Determination of the child's need for individual amplification, including selecting, fitting and dispensing of appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.</p>	<p>(lipreading), hearing evaluation, and speech conservation:</p> <p>(iv) Creation and administration of programs for prevention of hearing loss;</p> <p>(v) Counseling and guidance of pupils, parents, and teachers regarding hearing loss;</p> <p>(vi) Determination of the child's need for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.</p>
Communication	<p>Note: Language regarding communication has been proposed in the IDEA reauthorization.</p>	<p>(34CFR300.346[a])</p> <p>(2) Consideration of special factors.</p> <p>(iv) Consider the communication needs of the child and in the case of a child who is deaf or hearing, consider the child's language and communication needs, opportunities for direct communication with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode, and</p> <p>(v) Consider whether the child requires assistive technology devices and services.</p>
Placement	<p>[303.341(a)] Policies and procedures on natural environments.</p> <p>(1) to the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.</p> <p>(2) As used in paragraph (b) (1) of this section, natural environments means settings that are natural or normal for the child's age peers who have no disabilities.</p>	<p>(300.130) Least restrictive environment.- Placement occurs so that, to the maximum extent possible, children with disabilities are educated with children who are not disabled. Removal to special classes occurs only when the nature or severity of the disability prevents successful education in regular classes, even with the use of supplementary aids and services. A continuum of alternative educational services from more restrictive to less restrictive is provided by the public agency. Placement decisions are determined by the goals and objectives of the student's IEP and are reviewed annually.</p>

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