

Effective Transitions to Kindergarten for Children with Disabilities



Caroline Gooden and Beth Rous

Abstract This chapter examines the transition process to kindergarten for children with disabilities, from those who are medically fragile to those who have language delays. Overall, while transition process and practices for children with disabilities are similar as for their typically developing peers (Rous. (2008). *Recommended transition practices for young children and families: Results from a national validation survey* (Technical Report No. 3). Lexington: University of Kentucky, Human Development Institute, National Early Childhood Transition Center. Available at <http://www.hdi.uky.edu/nectc/NECTC/Publications/papers.aspx>), the transition experience is often more intense and varied (e.g., (Daley, T.C., Munk, T., & Carlson, E. (2011). *Early Childhood Research Quarterly*, 26, 409–419); (Dockett, S., & Perry, B. (2004). *International Journal of Early Years Education*, 12, 217–230); (Hanson, M.J., Beckman, P.J., Horn, E., Marquart, J., Sandall, S.R., Greig, D. (2000). *Journal of Early Intervention*, 23, 279–293); (Janus, M., Kopechanski, L., Cameron, R., & Hughes, D. (2008). *Early Childhood Education Journal*, 35, 479–485)). Transitions to kindergarten often require the cooperation of persons from multiple programs and diverse early care settings; the need for specialized services for children with disabilities can significantly increase the number and nature of staff who are involved in this process. This chapter examines four components of kindergarten transition processes for children with disabilities. We begin by considering the outcomes of successful transition practice: positive outcomes for children, families, and teachers. To undergird this discussion, we present an expanded conceptual model for transition and review key transition elements and barriers to those elements that continue to be problematic. Based on the latest research, we present evidence-based practices to inform improved transitions and conclude with an examination of resultant policy implications.

C. Gooden (✉)

Human Development Institute, University of Kentucky, Lexington, KY, USA

e-mail: Caroline.gooden@uky.edu

B. Rous

Department of Educational Leadership Studies, University of Kentucky, Lexington, KY, USA

This chapter examines the transition process to kindergarten for children with disabilities (CWD) for the full range of children from those who are medically fragile to those who have language delays. Transitions for young CWD have been studied in considerable detail since national legislation was passed in 1976 (Education of the Handicapped Act, 1975), with subsequent mandates (IDEA, 1990, 1991, 2004) and practice changes (Copple & Bredekamp, 2009; Sandall, Hemmeter, Smith, & McLean, 2005). This chapter focuses on recent research for effective transitions to kindergarten for CWD, as barriers to this process continue to be a concern. The overarching message for professionals who work with CWD is that the transition to kindergarten is similar in both process and practice as for typically developing peers (Rous, 2008). However, CWD often experience *more intense and varied* transition challenges (Daley, Munk, & Carlson, 2011; Dockett & Perry, 2004; Hanson et al., 2000; Harbin, McWilliam, & Gallagher, 2000; Janus, Kopechanski, Cameron, & Hughes, 2008; Kemp, 2003). Transitions to kindergarten often require the cooperation of persons from multiple programs and diverse early care settings. For CWD and their families, the need for specialized services and supports significantly increases the number and nature of staff who are involved in this process.

This chapter examines four components of kindergarten transition processes for CWD. We begin by considering the outcomes of successful transition practice: positive outcomes for children, families, and teachers. To undergird this discussion, we present an expanded conceptual model for transition. Within that model, we review key transition elements and barriers to those elements that continue to be problematic. Based on the latest research, we present evidence-based practices (EBPs) to inform improved transitions and conclude with an examination of resultant policy implications.

Outcomes

To begin with the end in mind (Covey, 1989), our discussion of transitions for CWD considers the outcomes for key persons in the process—children, families, and teachers. Prior research has identified outcomes for children and families in transition (Harbin, Rous, Peeler, Schuster, & McCormick, 2007; Rous, Hallam, Harbin, McCormick, & Jung, 2007a). We have added outcomes for teachers, as one of the key drivers of the transition process for young CWD.

Child Outcomes

Prior research and recent legislation have identified outcomes that measure child growth, which can indicate whether transitions for CWD are successful. These outcomes range from goals in specific developmental domains (i.e., social, cognitive, language, self-care, motor) to global child functioning. Measurement of broad outcomes for CWD has received considerable attention in recent years. The Office

of Special Education Programs (OSEP) instituted child outcome measurement for CWD aged birth to 5 years in 2005 (Early Childhood Outcomes (ECO) Center, 2005). OSEP's child outcomes were developed through an iterative stakeholder process and include (1) social skills with self, peers, and adults, (2) the acquisition of knowledge and skills (cognition, communication, math, literacy), and (3) the child's ability to meet his/her own needs (ECO Center, 2009). While this child measurement approach is controversial (Rosenberg, Elbaum, Rosenberg, Kellar-Guenther, & McManus, 2017), it is the current national model and informs our expanded framework. In addition, research indicates that child outcomes need to be assessed within a specific window of time (Harbin et al., 2007; Pears et al., 2014) ranging from 12 weeks (Rous, Hallam, et al., 2007a) to 1 year (Prigg, 2002) before, during, and after the transition.

While relatively few studies have measured child outcomes in relation to transition practice, evidence indicates that children's social and cognitive skills, including their abilities to adapt to new structures and cultures, are important to success in kindergarten. Children's cognitive and adaptive skills in preschool and at the beginning of kindergarten predict positive school adjustment in kindergarten (Geva et al., 2009; McIntyre, Blancher, & Baker, 2006). Teaching CWD specific behavioral, social, and cognitive skills prior to kindergarten improved kindergarten outcomes (Kemp, 2003; Kemp & Carter, 2000; Pears et al., 2013; Pears, Kim, Healey, Yoerger, & Fisher, 2015). Instruction in preparation for the next setting, including engagement and communication skills, also facilitated children's adjustment (Gamel-McCormick & Rous, 2000; Prigg, 2002).

Family Outcomes

The Individuals with Disabilities Education Act (IDEA, 1990) recognized the importance of family involvement in early education (Bailey & Bruder, 2005); family empowerment theory (Turnbull, Turbiville, & Turnbull, 2000) provides the foundation for transition practice that respects and supports family values. Consistent with Harbin et al. (2007), our model supports four key family outcomes for successful transition: knowledge, facilitating child development and readiness, adaptation and meaningful participation, and self-efficacy.

First, family knowledge includes an understanding of their child's needs (Harbin et al., 2007); such knowledge empowers families to make informed decisions for their child's transition to kindergarten. Second, families need a variety of skills to help their child feel prepared for and supported during transition (Harbin et al., 2007; McConnell et al., 1998; Prigg, 2002). Effective parenting is one such skill, as families who participated in a parenting intervention program were more involved and their children had increased readiness for kindergarten (Pears et al., 2015). The third family outcome, adaptation and meaningful participation in the transition process, sets the stage for children's adaptation (Hanson, 2005; Hanson et al., 2001; Pianta & Cox, 1999), while family resistance can hinder progress (Rous & Hallam, 2006). Family adapta-

tion is facilitated by knowledge of kindergarten culture and services, as well as effective communication, advocacy, and problem-solving skills. Family engagement in the transition includes family-professional partnerships for planning, active exploration of the most appropriate kindergarten placement, and communication about assistance needed for family and child (Turnbull & Turnbull, 1997a). Finally, family self-efficacy, or the belief in their ability to be successful in the face of challenges (Bandura, 1977, 1994; Des Jardin, Eisenberg, & Hodapp, 2006; Rosenkoetter et al., 2009), allows families to have confidence in their abilities to obtain needed information, skills, and services for their child (Dunst, 1999; Dunst, Trivette, & Deal, 1994). As with child outcomes, family outcomes need to be addressed within a specific window of time (Harbin et al., 2007; Pears et al., 2014; Rous, Hallam, et al., 2007a). In summary, when families adapt to change in their children's services and actively participate in the transition process, their children have transitions that are more effective.

Teacher Outcomes

Given the increasing emphasis on the use of EBP by teachers (Buisse & Wesley, 2006; Early, Pianta, & Cox, 1999; Rosenkoetter et al., 2009; Wesley & Buisse, 2003), and to improve transition practice for CWD, we added outcomes for teachers to the expanded framework. Four teacher outcomes are posited: knowledge of and implementation of EBP, effective relationships, and self-efficacy. First, knowledge of EBP is essential to effective instructional practice (Buisse & Wesley, 2006; Copple & Bredekamp, 2009; Rosenkoetter et al., 2009; Wesley & Buisse, 2003). Teachers and families recognize the need to teach specific skills prior to entering kindergarten (Kemp, 2003). The use of developmentally appropriate practice (DAP) in Head Start related positively to children's adjustment in kindergarten (Mantzicopoulos, 2005). Focus group discussions with preschool and kindergarten teachers highlighted the importance of using DAP and increased scientific rigor in studies of CWD (Buisse & Wesley, 2006; Wesley & Buisse, 2003).

Second, the improvement science (IS) framework (Langley et al., 2009) suggests that implementation of EBP requires individualized knowledge that is facilitated through training and coaching (Hamre et al., 2012; Kemp, 2003; Kemp & Carter, 2000; LoCasale-Crouch, Mashburn, Downer, & Pianta, 2008). Many studies indicate positive effects from individualized EBP prior to and during the transition to kindergarten. After a 14-week course, teachers more accurately identified effective teacher-child interactions and more effectively implemented emotional and instructional interactions (Hamre et al., 2012). The National Center for Early Development and Learning (NCEDL) Multi-State Pre-Kindergarten survey found improved kindergarten teachers' perceptions of children when specific curricula or children were discussed with preschool teachers (LoCasale-Crouch et al., 2008), suggesting a need for increased personalization of transition practices (Early, Pianta, Taylor, & Cox, 2001).

Third, teachers' abilities to establish meaningful, respectful relationships with families and staff in all stages of the transition process underlie effective transitions

(Kemp, 2003; McIntyre, Eckert, Fiese, DiGennaro Reed, & Wildenger, 2007; Pianta & Kraft-Sayre, 1999; Prigg, 2002; Rosenkoetter et al., 2009). Families and teachers indicate that positive relationships are the most important factor to successful transitions and are developed over time (Kemp, 2003; McIntyre et al., 2007; Pianta & Kraft-Sayre, 1999). Communication with other staff (such as CWD’s preschool teachers) is important, as non-collaborative relationships between sending and receiving staff have been shown to hinder effective transitions (Prigg, 2002).

Lastly, teacher self-efficacy for transition (Bandura, 1977, 1994; Pajares, 1992) indicates the degree to which teachers have the confidence and persistence to engage in all phases of the transition process. While preschool and kindergarten teacher general self-efficacy has been studied (e.g., Gooden, 2016; Guo, Justice, Sawyer, & Tompkins, 2011; Guo, Piasta, Justice, & Kaderavek, 2010; Hamre, Pianta, Downer, & Mashburn, 2008), no known studies have examined teacher self-efficacy specifically in relation to the transition process.

With these targeted outcomes in mind for the children, families, and teachers involved in the transition to kindergarten, we next examine an expanded framework for understanding transitions to kindergarten for CWD. We discuss the contexts that affect transitions (and thus outcomes), the elements that must be in place to reach the outcomes, and the practices that may be put in place. We also examine barriers in reaching those outcomes that continue to persist.

Expanded Conceptual Framework and Related Barriers

Based on recent review of the literature and to address continuing barriers to effective transitions for CWD, we frame this discussion with our expanded version of Rous, Hallam et al.’s (2007a) conceptual model; see Fig. 1.

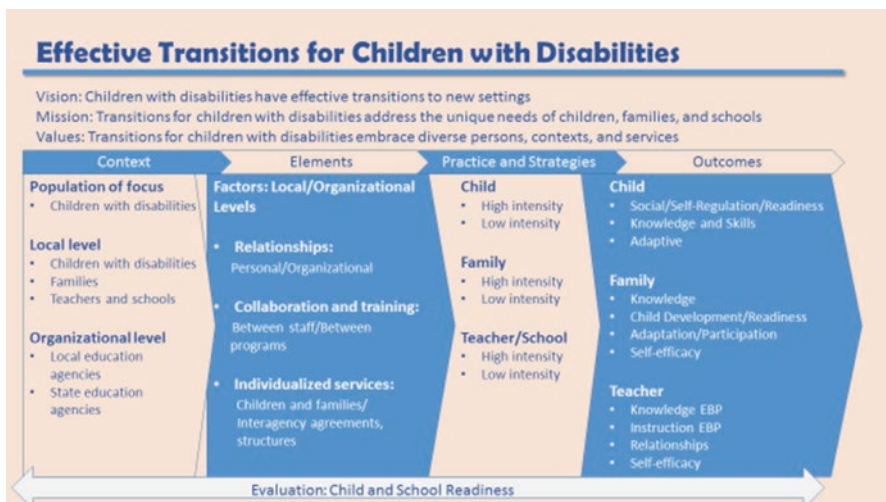


Fig. 1 Transition conceptual framework with child, family, and teacher outcomes

Theoretical Background

While our expanded framework supports transition processes across the early childhood years, this chapter focuses on its specific application to kindergarten. A number of theories undergird this framework, including bioecological (Bronfenbrenner, 1986; Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 1998), organizational (Shafritz, Ott, & Jang, 2004), systems (Lambert, Collay, Dietz, Kent, & Richert, 1997), family empowerment (Dunst et al., 1994; Turnbull et al., 2000) theories, and the IS framework (Langley et al., 2009). Bioecological models recognize the role of the locations within which transitions for CWD occur, including child, family, community, and state contexts (Rous & Hallam, 2012). Contexts for CWD, ranging from families' abilities to advocate, community attitudes about access to education, and state policies for special education services, influence children's access to specialized services. Dynamic interactions occur between microsystems, including child and family variables, and macrosystems, including community and larger societal factors (Bronfenbrenner, 1986; Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 1998; Pianta, Rimm-Kaufman, & Cox, 1999; Rimm-Kaufman & Pianta, 2000). When these systems do not work in concert for the individual needs of each child and family, disjointed services result. Organizational frameworks assist in understanding structures and change within complex organizations such as school systems (Shafritz et al., 2004). Systems theory proposes a shift from a bureaucratic to an ecological approach with an emphasis on relationships and partnerships (Lambert et al., 1997). Family empowerment theory (Dunst et al., 1994, Turnbull et al., 2000) advocates respect for diverse family values and empowerment of families through education. For families of CWD, awareness and education in the legal rights of their children in kindergarten is essential for securing appropriate services. Since effective transitions require change within and across systems, the IS framework (Langley et al., 2009) is well suited to providing mechanisms for addressing transitions. IS identifies sources of knowledge that can facilitate change in action, including basic (i.e., pertaining to specific tasks and strategies) and profound (i.e., pertaining to systems, psychology, and growth) knowledge. While transitions to kindergarten for all children benefit from communication between diverse programs, transitions for CWD require specialized knowledge by an array of sending and receiving staff.

Our expanded framework includes four components of the transition process: context, key elements, practice, and outcomes, as illustrated in Fig. 1. Child, family, and teacher outcomes have been discussed above. Below, we outline the remaining three model components.

Context

Children live in families located within distinct communities and cultures; they attend schools that fall under the jurisdiction of state and federal educational agencies. It is important to consider each contextual factor that influences the

transition process (Baughan, 2012; Bronfenbrenner & Morris, 1998; Pianta, Rimm-Kaufman, et al., 1999; Rimm-Kaufman & Pianta, 2000). The microsystem (i.e., child and family characteristics) influences educational choices for children as they enter kindergarten. Children with significant or multiple disabilities may challenge school systems with limited resources. Family attitudes and knowledge of transition options are critical to informed participation in the transition process (Harbin et al., 2007). The macrosystem, including state educational resources and larger societal attitudes, influences the transition process as local, community, and state educational personnel and policies shape available kindergarten services (Shonkoff & Phillips, 2000). In our model, consistent with bioecological and systems models (Rous, Hallam, et al., 2007a), two contextual levels are considered: local and organizational. Interactions among entities at each level affect transitions. Therefore, ensuring successful transitions to kindergarten for CWD requires collaboration between persons and programs from multiple, varying contexts.

Key Elements and Related Barriers

The second component of our framework—the key elements of the transition process—is examined with reference to persistent barriers related to each element. Based on prior conceptual models (Harbin et al., 2007; Pears, Kim, & Fisher, 2012; Pianta, Rimm-Kaufman, et al., 1999; Rimm-Kaufman & Pianta, 2000; Rosenkoetter et al., 2009; Rous, Hallam, et al., 2007a), we identify three critical elements for transitions that occur at both local and organizational levels: relationships, collaboration and training, and individualized services.

Relationships The first key element includes relationships between people, within and across programs, in the transition process. Local teacher-specific factors influence relationship building and maintenance, as do organizational policies that support within and across program communication. Communication within and across programs sets the tone for transition planning and implementation (Dunst, Hamby, Trivette, Raab, & Bruder, 2000). Organizations that have the infrastructure to ensure designated staff time for transition facilitate relationships that support the varied needs of CWD. This infrastructure can include specific transition policies, staff roles, interagency agreements that define transition responsibilities, and clear mechanisms for cross-program communication and support (Harbin et al., 2004; Harbin & Salisbury, 2000). These infrastructures are especially important for planning individualized services (e.g., therapeutic, medical, nutritional, transportation). Respectful relationships are foundational to effective service delivery during transitions (Harbin et al., 2000; Pianta & Kraft-Sayre, 2003; Pianta, Rimm-Kaufmann, et al., 1999; Rimm-Kaufman & Pianta, 2000; Rosenkoetter et al., 2009; Turnbull & Turnbull, 1997b). Characteristics of the children (e.g., nature of disability, social skills), families (e.g., financial, educational, social), teachers (e.g., knowledge, skills, attitudes), and communities (e.g., values, economics) all influence the nature of relationships that are fostered (Hanson et al., 2000; Kemp, 2003).

When transition team members communicate effectively, utilization of the entire team's expertise results in improved transition processes for each child and family.

Barriers to Effective Relationships Since kindergarten transitions for CWD involve complex arrays of staff from multiple programs, the lack of positive program-to-family relationships may present barriers to effective transitions (Harbin & Salisbury, 2000; Kemp, 2003; Rosenkoetter et al., 2009; Rous, Myers, & Stricklin, 2007b; Rous, Schroeder, Stricklin, Hains, & Cox, 2008). CWD may require consultation between specialized support staff (such as medical, behavioral, or communication specialists) and family members (Janus et al., 2008; Rous et al., 2008; Wolery, 1999). Individualized family support is necessary to build relationships, plan services, provide education for advocacy, and address family fears (Janus et al., 2008; Pianta, Cox, Taylor, & Early, 1999; Rous, Myers, et al., 2007b; Rous et al., 2008). However, program-to-family relationships can be difficult to initiate and maintain. Preschool and kindergarten staff may not understand individualized child services, especially when staff changes occur (McLeskey, Tyler, & Flippin, 2004; Rous, Myers, et al., 2007b; Rous et al., 2008; Turnbull & Turnbull, 1997a). Staff shortages (such as in rural areas, for therapies, or in children's native languages) may result in inconsistent relationship building or teachers who are inadequately prepared to collaborate. Further, personalized family support (e.g., home visits, flexible meeting times, communication in family's language) may be lacking in some programs for families who work, live in poverty, are from diverse cultures, or have children with significant disabilities (Rous et al., 2008).

Collaboration and Training The second key element of our framework is collaboration and training within and across programs, which facilitates continuity and alignment of services from sending to receiving programs (Rous, Hallam et al., 2007a). Sending programs include prekindergarten (pre-k) public and private agencies that serve CWD, such as preschools, therapy offices, and homes. Receiving programs include public and private kindergarten classrooms. At the local level, collaboration involves multiple methods of communication (i.e., personal contact, meetings, training) to support continuity of services during transition. Cooperative training and cross-program visitation (i.e., pre-k teachers visit kindergarten classes) increases opportunities for program alignment and continuity (Pianta & Kraft-Sayre, 2003; Wesley & Buysse, 2003). Knowledge of sending and receiving program staff is especially important for CWD, so that sending teachers have accurate information about kindergarten practices and receiving teachers have realistic expectations of the strengths and needs of their incoming children. At the organizational level, collaboration and training are most consistent when written policies and procedures ensure EBP for transition. Memorandums of agreement between sending and receiving programs facilitate the implementation of EBP for transition. While programs do not have to adopt the same curricula, it is important that they align their practices so that sending staff teach skills that promote success in kindergarten (i.e., navigating hallways, eating in cafeterias) and that receiving teachers implement EBPs that are effective for CWD.

Barriers to Collaboration and Training Barriers that hinder collaboration and training for kindergarten transitions persist at both local and organizational levels. Factors impeding collaboration include shortages in staffing, preparedness, curricular alignment, and funding. Staffing barriers include a lack of designated transition staff from sending and receiving programs, as well as shortages of specialized personnel (Harbin et al., 2000; Pianta, Cox, et al., 1999; Rous et al., 2008; Valeo, 2003). There may be fewer kindergarten staff who are trained to work with children with diverse needs or have access to child information before the start of school (Early et al., 2001; Harbin et al., 2000; Pianta, Cox, et al., 1999; Turnbull & Turnbull, 1997a; Rous et al., 2008; Wolery, 1999). Especially for children with complex medical needs, inadequate collaboration may result in duplicate assessments, inadequate family support, failure to make appropriate referrals, or misaligned curricula (Harbin & Salisbury, 2000; Janus et al., 2008; Rous, Myers, et al., 2007b; Rous et al., 2008; Troup & Malone, 2002). Successful transition planning requires specialized staff who can implement needed services in kindergarten (e.g., tracheostomy care). Funding barriers related to collaboration include inadequate funds for staff to prepare for CWD over the summer, to attend meetings, or to complete necessary paperwork (Early et al., 2001; Janus et al., 2008; Pianta, Cox, et al., 1999; Rous et al., 2008; Rous, Hallam, McCormick, & Cox, 2010; Wolery, 1999).

Barriers related to training include inadequate pre- and in-service sessions that address the range of educational needs of incoming children. Many regular education kindergarten staff report that they do not receive training in transition processes or methods to prepare them to teach CWD (Early et al., 1999, 2001). Staff from sending and receiving programs benefit from training sessions that describe transition procedures, designated transition staff in all programs, and available special education resources (Early et al., 1999, 2001; Rosenkoetter et al., 2009; Rous et al., 2008). Cross-program trainings (i.e., trainings attended by sending and receiving staff) allow staff to meet, develop relationships, align curricula and expectations, and build transition services together. Without such collaboration, discontinuity of services often results (Rous et al., 2008; Wolery, 1999).

Individualized Services The third key element for effective transitions for CWD is the provision of individualized services. Unlike planning for children without disabilities, uniform transition goals are not appropriate; planning must address the specific needs of each child and family. Individualized services involve the preparation of children and families before a change in setting as well as adjustment after transition (Pears et al., 2012; Prigg, 2002; Rous, Hallam et al., 2007a). Locally, preparation may include visits to the receiving school, structured time in the kindergarten classroom, room arrangements that allow for easy movement of wheelchairs, and time for family members to meet other families and staff. Adjustment activities after transition may include weekly family-teacher calls, labeled photographs of children and staff, posted visual schedules, and storyboards of special events. At the organizational level, written policies and agreements that stipulate the roles and responsibilities of persons involved in the transition process

support individualized services. Written agreements ensure the rights of each team member and program, including program policies that specify that confidential child information is kept according to Family Educational Rights and Privacy Act (FERPA, 1974) regulations.

Barriers to Individualized Services A critical barrier to effective transitions is local and organizational lack of preparedness to provide individualized services. Locally reported barriers include inadequate services for children with significant disabilities, family beliefs about disability that differ from those of educational systems, large kindergarten classes, and changes in the frequency and intensity of services (Early et al., 2001; Janus et al., 2008; LaParo, Pianta, & Cox, 2000; Rosenkoetter, Whaley, Hains, & Pierce, 2001; Rous et al., 2008, 2010). For local staff, providing individualized services is difficult when few are trained to serve children with significant disabilities and specialized needs (Rous et al., 2008). Local staff also report not having information on children prior to the start of school, which prevents advance planning for special needs such as augmentative communication systems, adaptive equipment, and modified room arrangements (Early et al., 2001; Pianta, Cox, et al., 1999; Rous et al., 2008). At the organizational level, barriers to transition for children with complex needs include inadequate district planning for individualized services, inflexible meeting schedules, inadequate staffing, and inadequate support services (Early et al., 2001; Janus et al., 2008; Pianta, Cox, et al., 1999; Rous et al., 2008). When organizations do not provide mechanisms to provide individualized support for children's needs, responsive programming is limited.

Effective Transition Practice

The third component of our framework, and the heart of improved services for CWD, is the implementation of EBP for children who are entering kindergarten. The mandate for accountability emphasizes the need for EBPs that are supported by rigorous research (Buisse & Wesley, 2006; McLean, Snyder, Smith, & Sandall, 2002; Rosenkoetter et al., 2001; Rous et al., 2010). Educational practice includes policies, approaches, and activities that achieve positive changes in children's attitudes or academic behaviors (Arendale, 2016). We use the term "practice" to denote a broad, global element of transition planning and "strategy" to indicate specific activities used to implement a practice (Rous, 2008). IS provides a framework for the successful selection and implementation of EBP as children transition to kindergarten. As Langley et al. (2009) describe, effective educational practice includes the identification of basic and profound knowledge of transition processes. Basic knowledge includes the timelines and persons for transition planning, whereas profound knowledge may include curricular materials to support children with visual impairments in kindergarten.

Transition practices first may be considered according to whom they apply: children, families, or teachers (Rous et al., 2010). These practices include child prepara-

tion and adjustment, family needs and skills, and sending and receiving teacher knowledge and skills (Rous, Myers, et al., 2007b; Rous, 2009). Unlike transitions for children without disabilities, staff may need to implement EBP for children with a range of varied needs such as sensory, cognitive, motoric, or language impairments. Staff also need to work with children's families to address multiple needs and to ensure consistency between home and other settings (Rous et al., 2008).

Secondly, EBP and strategies may be considered in terms of their intensity. High-intensity practices involve greater time and effort to address individual needs, while low-intensity practices are less specific and used with groups of children and adults (Baughan, 2012; Daley et al., 2011; Pianta, Cox, et al., 1999; Rous et al., 2010; Rous & Mawdsley, 2016). Program intensity is a critical factor in ensuring that services improve long-term outcomes for CWD (Ramey & Ramey, 1998). Most studies found that low-intensity strategies were used more frequently (Daley et al., 2011; Markowitz et al., 2006). Using nationally representative Pre-Elementary Longitudinal Study (PEELS) data, Daley et al. (2011) examined teachers' use of practices for each CWD who entered kindergarten during 2003–2004. The most frequently reported practices were all low-intensity: receipt of previous records, encouraging families to meet staff, having the child and family visit kindergarten, and providing parents with information. Children in special education classrooms received significantly more high-intensity practices than did children in regular education classrooms. Similarly, in the NCEDL (1996), teachers most often used the low-intensity strategies of reading individual child records and contacting preschool teachers for information rather than using individualized, high-intensity approaches for CWD (LaParo et al., 2000).

Studies specifically targeting CWD were more likely to find use of high-intensity practices. In a social validation study of administrators, teachers, and families, the most frequently validated practices included establishing interagency relationships, having guidelines for transition, ensuring family participation in meetings, and conducting program visitations (Rous, Myers, et al., 2007b). Highly valued practices included providing teachers with information on the transition process, gathering teachers' input in the development of special materials, and listening to families' concerns (Tepe, 2012). Surveys of public preschool teachers of CWD in the USA and Ghana found the use of individualized practices prior to transition and more coordinated practices to address children's complex needs (Denkyriah & Agbeke, 2010; Rous et al., 2010). Structured kindergarten classrooms represented a greater barrier for CWD; while kindergarten teachers valued individualization, they often did not implement individualized, high-intensity practices (Troup & Malone, 1999, 2002).

To facilitate improved implementation of EBP, we now present recommended practices according to the agent of the process (i.e., child, family, teacher or school) and the intensity of the practice, including research-based sources for each practice; see Table 1. We also list sample high- and low-intensity strategies to support implementation of each practice. We recommend the use of IS principles to develop additional individualized strategies that develop basic (i.e., specific practices) and profound knowledge (i.e., program-level policies) in a systematic, intentional manner.

Table 1 Transition practice and strategies by category and intensity of implementation

Practice and strategies for children
1. <i>Develop social competence (peer relationships, follow rules) for kindergarten</i> (Daley et al., 2011; Kemp & Carter, 2000; Prigg, 2002; Rous, 2008, 2009; Troup & Malone, 1999)
High-intensity strategies:
Children receive developmentally appropriate assessments to assess social skills needed for kindergarten
Children attend pre-k programs with developmentally appropriate curriculum that support social skill development for kindergarten
Low-intensity strategies:
Children attend public group events (story hour, gym classes, play groups) to practice social skills needed for kindergarten
2. <i>Develop functional survival skills (follow directions, work independently, participate in groups, use variety of materials) for kindergarten</i> (Daley et al., 2011; Kemp & Carter, 2000; Pears et al., 2014, 2015; Prigg, 2002; Rous, 2008, 2009; Troup & Malone, 1999)
High-intensity strategies:
Children attend summer enrichment programs
Children participate in pre-k intervention programs
Low-intensity strategies:
Children attend public group events (story hour, gym classes, play groups) to practice survival skills needed for kindergarten
3. <i>Develop familiarity with the next environment</i> (Kemp & Carter, 2000; Quintero & McIntyre, 2011; Rous, Myers, et al., 2007b; Tepe, 2012; Wolery, 1999)
High-intensity strategies:
Children visit kindergarten individually with family or providers
Low-intensity strategies:
Children attend group school visitation days in spring prior to kindergarten
Practice and strategies for families
1. <i>Actively participate in the design of transition processes</i> (Early et al., 2001; Pianta, Cox, Taylor, & Early, 1999; Rous, 2008, 2009)
High-intensity strategies:
Families participate in school-based meetings to determine transition services, policies, procedures, timelines
Low-intensity strategies:
Families attend school-based meetings where transition policies and procedures are reviewed
2. <i>Participate in family-school partnerships</i> (Janus et al., 2008; McIntyre et al., 2007; Rous, Myers, et al., 2007b; Wolery, 1999)
High-intensity strategies:
Families actively participate in decision-making for individual child and school-based policies
Low-intensity strategies:
Families attend school-based meetings with school staff and administrators
3. <i>Have information needed to participate in development of transition plans</i> (Denkyriah & Agbeke, 2010; LaParo et al., 2000; Prigg, 2002; Quintero & McIntyre, 2011; Rosenkoetter et al., 2001; Rous, 2009; Rous, Myers, et al., 2007b; Tepe, 2012; Wolery, 1999)

(continued)

Table 1 (continued)

High-intensity strategies:
Families actively participate with their child’s school team to gather information for individual child transition planning (i.e., assessment, IEP development)
Families attend informational sessions to learn about the legal rights of their child in kindergarten
Low-intensity strategies:
Families attend public meetings on transition to kindergarten
Families attend public meetings on legal rights related to transition
Families visit websites that address child and family needs for transition
4. Develop familiarity with next environment (Denkyriah & Agbeke, 2010; LaParo et al., 2000; Rous, 2009; Rous, Myers, et al., 2007b)
High-intensity strategies:
Families visit kindergarten individually with their child
Low-intensity strategies:
Families attend kindergarten open house
Families attend group visitation days in spring prior to kindergarten
5. Assess and address transition needs (Nieves, 2005; Rous, 2009)
High-intensity strategies:
Family needs and fears for transition assessed individually by kindergarten staff
Family needs and fears for transition addressed in child’s individual transition plan
Low-intensity strategies:
Families attend school information sessions on transition processes
Families attend kindergarten open house
Practice and strategies for teachers and schools
1. Connect with families and children before and after kindergarten starts (Baughan, 2012; Denkyriah & Agbeke, 2010; LaParo et al., 2000; Quintero & McIntyre, 2011; Rous, 2009; Rous et al., 2010; Tepe, 2012)
High-intensity strategies:
Make individual phone calls to families and children
Send individual emails to families and children
Make home visits with families and children
Actively participate in individual transition meetings
With parental consent, connect pairs of children and families prior to school starting
Low-intensity strategies:
Attend kindergarten open house with families and children
Read sending and receiving program websites
Send group electronic “back pack” to incoming children and families (in native language) including welcoming information, teacher names, school pictures
2. Connect staff from sending and receiving programs (Early et al., 2001; Janus et al., 2008; LaParo et al., 2000; McIntyre et al., 2007; Rosenkoetter et al., 2001; Rous, 2008, 2009; Rous et al., 2010; Rous, Myers, et al., 2007b; Tepe, 2012; Troup & Malone, 1999)
High-intensity strategies:
Designate transition contact person at each sending and receiving program
Meet individually with staff within and across sending and receiving programs

(continued)

Table 1 (continued)

Make phone calls and email staff within and across sending and receiving programs
Participate in cross-program transition planning meetings
Participate in cross-program training on transition processes and individual child needs
Visit community pre-k settings
Participate in community-wide teacher exchange week, with designated days for pre-k teacher visits to kindergarten and kindergarten teacher visits to pre-k
Low-intensity strategies:
Send group emails about transition to staff within and across sending and receiving programs
Attend open houses at sending and receiving programs
Send electronic “back pack” to sending and receiving programs including welcoming information, teacher names, school pictures
3. <i>Be informed about children’s history and needs</i> (Division for Early Childhood, 2014; LaParo et al., 2000; Rous, 2009; Rous et al., 2010; Tepe, 2012)
High-intensity strategies:
With family consent, send written records on individual transitioning children
Meet with staff and family to discuss individual child strengths and needs
Develop and send “Meet Me” books on individual children’s strengths and needs
Low-intensity strategies:
Read written records on incoming children
4. <i>Develop children’s readiness for kindergarten</i> (Daley et al., 2011; Kemp & Carter, 2000; Pears et al., 2015; Prigg, 2002; Rous, 2008, 2009; Troup & Malone, 1999)
High-intensity strategies:
Teach developmentally appropriate skills to each child entering kindergarten
Implement readiness intervention programs for at-risk children who are entering kindergarten
Low-intensity strategies:
Teach developmentally appropriate social and pre-academic skills in pre-k settings
Distribute fact sheets on developmentally appropriate child milestones and readiness materials at open houses and community events
Send group electronic “back pack” to incoming children and families including kindergarten readiness information
5. <i>Align curriculum and child expectations in a collaborative, transparent manner</i> (Ahtola et al., 2011; LaParo et al., 2000; Quintero & McIntyre, 2011; Rosenkoetter et al., 2001; Rous, 2009; Rous, Myers, et al., 2007b; Troup & Malone, 2002; Wolery, 1999)
High-intensity strategies:
Meet with staff from sending and receiving programs to study and select developmentally appropriate curriculum and child expectations for all programs
Develop memorandums of agreement (MOAs) outlining selected curriculum
Low-intensity strategies:
Attend cross-program meetings and training on curricula
Send cross-program group emails with curricular ideas and updates
6. <i>Develop and implement individualized transition plans for each child/family</i> (Daley et al., 2011; Early et al., 2001; Quintero & McIntyre, 2011; Rous, 2008, 2009)

(continued)

Table 1 (continued)

High-intensity strategies:
Develop individualized transition plans for every entering child
Implement individualized transition plans for every child
Make adaptations in kindergarten rooms (i.e., mobility, materials, augmentative communication methods) to accommodate every child
Low-intensity strategies:
Attend trainings on development of appropriate transition plans
<i>7. Establish cross-program infrastructure to support transition planning and implementation</i> (Denkyriah & Agbeke, 2010; Quintero & McIntyre, 2011; Rous, 2008, 2009; Rous, Myers, et al., 2007b)
High-intensity strategies:
Allocate staff time to plan and prepare for transitions, including summer work
Designate transition point persons in all programs
Delineate all staff roles relative to transition activities
Develop MOAs outlining transition responsibilities and deliverables for all programs
Low-intensity strategies:
Attend trainings on transition policies and procedures
Send group emails with updates on infrastructure updates
<i>8. Identify clear referral, eligibility, enrollment processes and timelines</i> (Rous, 2008, 2009; Wolery, 1999)
High-intensity strategies:
Sending and receiving staff plan and prepare transition policies for referral, eligibility, and enrollment
Cross-program staff ensure that established policies minimize disruptions in service before, during, and after transition
Low-intensity strategies:
Distribute electronic fact sheets on each program’s referral, eligibility, and enrollment policies
<i>9. Actively participate in the design of transition processes</i> (Rous, 2009; Tepe, 2012)
High-intensity strategies:
Staff actively participate in meetings to determine transition services, policies, procedures, timelines
Low-intensity strategies:
Staff attend trainings on transition policies and procedures
<i>10. Develop and implement transition EBP</i> (Pianta & Kraft-Sayre, 2003; Quintero & McIntyre, 2011; Rosenkoetter et al., 2001; Rous, 2008, 2009; Rous, Myers, et al., 2007b)
High-intensity strategies:
Staff actively participate in meetings to develop transition practice and strategies
Staff participate in training to learn individual approaches for incoming children
Teachers receive coaching from experienced staff in transition policy and specific child needs
Low-intensity strategies:
Staff attend cross-program training on transition practice and strategies
Send group emails with EBP updates

Conclusions

We conclude this discussion of transition to kindergarten for CWD with considerations for future policy and practice. Based on our review, three targeted areas for improvement in transition policies and practice emerged. These critical areas include increases in collaborative practices to address decreased funding, further identification of best practices, and the need for engaging training in both general and specific transition practices.

First, it is important to note that state spending on pre-k programs has recently declined despite increased enrollment of preschool children (Barnett, Epstein, Friedman, Sansanelli, & Hustedt, 2009; Barnett, Hustedt, Friedman, Boyd, & Ainsworth, 2007; Rous et al., 2010). Programs that were already hard-pressed to provide comprehensive transition services have increasing numbers of children in need of such services. In addition, programs that have finite enrollment capacity may be serving less than the full population of eligible at-risk children or CWD; for example, Head Start serves fewer than 60% of all eligible children nationally (Barnett et al., 2009). With declining resources and growing enrollment, collaborative practices are critical to provide needed transition services for CWD entering kindergarten.

IS (Langley et al., 2009) offers specific strategies to address the second critical area for improvement: identifying and implementing best practices (Daley et al., 2011; Rosenkoetter et al., 2009; Rous & Hallam, 2012; Rous, Hallam, et al., 2007a). Sending and receiving programs need to identify basic knowledge of EBP for the children in their programs, including practices that assist children's movement from pre-k to kindergarten. Local pre-k and kindergarten programs may implement increased numbers of low-intensity EBPs, such as participating in teacher exchange days, emailing welcoming messages before and after school starts, and sending electronic backpacks to all incoming kindergarteners. Further, local programs need to determine individualized procedures for each of these practices. For example, a local district may schedule the first week of April for teacher exchange days in all sending pre-k and receiving kindergarten classes. The schedule for when teachers visit other programs (e.g., Head Start to kindergarten on Monday, kindergarten to state-funded preschool on Tuesday) and the procedures for staff contacts and coverage at each program need to be established. The use of IS has great promise to implement improvement in transition practice, with its emphasis on the development of basic and profound knowledge for the most effective practice (Lewis, 2015).

Lastly, there is a critical need for improved training in both general and individualized transition practice for CWD (Rosenkoetter et al., 2001; Rous et al., 2010). Training in specific transition practices must reflect the needs of local programs. Designated staff with dedicated time for transition activities are prerequisites for the development of effective training materials (Rous, Myers, et al., 2007b). Training sessions in areas such as augmentative communication, mobility and orientation, and auditory amplification are essential for successful transitions. As diverse transition needs increase, and as available funding streams decrease, innovative stakeholder-based solutions are critical for CWD as they enter kindergarten.

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