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SUPPORT FOR YUKON CHILDREN WITH SPECIAL NEEDS DURING THE  
TRANSITION TO KINDERGARTEN

by

Heather Alton

B.Sc. (PT) The University of Alberta, 1980

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF  
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## ABSTRACT

Over the last decade, a transition process has supported Yukon children with special needs who are starting school. Although the Transition Protocol Agreement is generally considered to work well, there are indications it is not meeting the needs of all children with special needs. In order to understand the process with a view to identifying ways to improve it, a qualitative descriptive study of the experiences and perspectives of different people involved in the process of transition to kindergarten for children with special needs was completed. These people include parents, kindergarten and special education teachers, school administrators, rehabilitation specialists, and program coordinators.

Data were collected through interviews and focus groups at the end of the 2002 – 2003 school year. A variety of themes emerged from the data analysis. These themes were collaboration, continuity, flexibility in the process, advocacy, evaluation, transition practices for typically developing children, family-school relationships, community involvement, and resources.

The study revealed how people in a small northern community draw on personal community connections to support children and families going through the transition to kindergarten. Gaps in the process related to involvement of First Nations families, the need for adequate parent and teacher support, resources allocation, and expansion of the evaluation of the process. The study suggests that transition models, which include community, are well suited to smaller communities such as those found in the Yukon.

## TABLE OF CONTENTS

ABSTRACT	ii
TABLE OF CONTENTS	iii
List Of Tables	vi
Acknowledgements	vii
CHAPTER 1	
INTRODUCTION	1
Kindergarten transition in the Yukon	3
Purpose of the Research	5
Research Question	6
The Study	6
Outline of Remaining Chapters	6
CHAPTER 2	
LITERATURE REVIEW	8
Introduction	8
General trends in the literature	8
Early intervention Perspective	9
The Perspective of Parents	15
Canadian parent perspective	18
The Perspective of Educators	20
Special education perspective	20
Head Start perspective	23
Transition for typical children and readiness to learn	25
Community and the transition to kindergarten	27
Transition and Culture	28
The Child's Perspective	29
The Canadian Perspective on Transition	30
Summary	31
Sensitizing concepts and gaps in the literature	32
CHAPTER 3	
RESEARCH APPROACH	34
Research Framework	34
Research Design	36
Method	37
Participants	37
Parent recruitment	38
School recruitment	40
Specialist recruitment	41
Program coordinator recruitment	41
Data Collection	43

Data Analysis	44
Ethical Considerations	46
Conclusion	47
 CHAPTER 4	
EXPLORATION OF PERSPECTIVES	48
The Current Kindergarten Transition Process	48
The Experiences of Those Who Support Children with Special Needs	53
Parent experiences	53
Emotions	53
Collaboration	55
Continuity	57
Advocacy	58
Community supports	58
Resources	59
Flexibility	60
School experiences	61
Resources	61
Collaboration	63
Continuity	65
Community involvement	66
Transition for typical children	66
Flexibility	67
Evaluation	67
Specialist experiences	69
Collaboration	69
Evaluation	71
Continuity	71
Flexibility	72
Resources	73
Advocacy	74
Coordinator experiences	75
Collaboration	75
Continuity	77
Evaluation	78
Flexibility	79
Resources	79
Community involvement	80
Conclusion	80
 CHAPTER 5	
A GOOD PROCESS AS FAR AS IT GOES	82
Collaboration	82
Personal connections	83
Extending transition supports	84
Professional practice models	84
Parent and school collaboration	85
Continuity	88
Flexibility	89
Evaluation	91

Transition of Typically Developing Children	93
Family-School Relationships	94
Community Involvement	94
Advocacy	96
Resources	97
Conclusion	98
 CHAPTER 6	
DRAWING A WIDER PICTURE	99
Summary	99
Recommendations	101
Community involvement	101
Culture and transition	101
Parent and teacher support	102
Evaluation	104
Suggestions for Future Research	105
Conclusion	106
 References	108
 Appendix A   Transition Protocol Agreement	113
Appendix B   Interview and Focus Group Questions	116
Appendix C   Example of Data Coding Process	119
Appendix D   Participant Information Sheet	120
Appendix E   Informed Consent	121
Appendix F   Participant Suggestions for Improvements	122



## List of Tables

Table 1	Data Collection Approach	42
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## CHAPTER 1

### INTRODUCTION

Every year in the Yukon between 30 - 40 children with identified special needs start kindergarten. Prior to starting school, the majority of these children receive services from the Child Development Centre (CDC), a non-governmental organization that works with Yukon children with special needs. In the early 1990's, the Yukon Department of Education and the CDC developed a transition process to assist in the transition of children with special needs into kindergarten. The Transition Protocol Agreement (see Appendix A) is intended to ease the transition for Yukon children with special needs as they start kindergarten.

There are many people involved in the education of Yukon children with special needs. In addition to their family, the teachers, school administrator, and the rehabilitation consultants from CDC and schools, all play an important role in ensuring a successful transition to kindergarten. These people are identified in the Transition Protocol Agreement as participants in the kindergarten transition. However, there are others involved in the transition to kindergarten that provides support for children and families, which are not identified in the agreement e.g. community organizations. Together, all of these people provide support for children and families as they enter the school system.

At the time of this research I worked in separate jobs as a physiotherapist for the Child Development Centre and the Department of Education, Special Programs. Both of the jobs involve participation in the transition process for children with special needs throughout the territory on behalf of either the 'sending' or 'receiving' institution. I have observed children when they are in pre-school, throughout the formal process of transition to school and in the kindergarten setting. This experience has given me a multi-faceted exposure to the transition process from the clinical 'front-line'.

In the 2001 - 2002 school year I was a program co-coordinator for the Child Development Centre. Part of my job was to manage the transition process, which involved organizing and administering transition for all children involved with the CDC. This experience helped me develop an understanding of the administrative perspective of kindergarten transition. During this time I was also involved in completing a Masters of Science in Community Health. As part of my qualitative research methods course work I completed an interview and focus group, which examined the parent perspective of the transition to kindergarten.

Given my varied exposure to the process of transition to kindergarten – clinical, administrative and parental – I heard expressions of support for the existing process from those involved with it. There were also expressions of concern. Individuals from the CDC, schools and families suggested the present process did not meet the needs of some children. Families were not adequately prepared to understand how schools supported children with special needs. Schools did not provide enough support for children and families during the transition.

The problem we have is knowing why the existing process, as outlined in the Transition Protocol Agreement, is not meeting the needs of some special needs children in the Yukon. In order to do this we must first understand who all is involved with children with special needs and how they work together to support Yukon children and families during the transition to kindergarten. The creation of a picture of the existing kindergarten transition process will allow us to compare the Yukon kindergarten transition experience to that outlined in the Transition Protocol Agreement and those described in the literature. This comparison will increase our understanding of the support provided for special needs children in northern communities as they start school and provide directions for improving the process.

### *Kindergarten Transition in the Yukon*

The Yukon is one of three northern territories in Canada. It has a population of approximately 30,000 people – 22,000 people live in the capital city of Whitehorse and 8,000 live in one of the fourteen outlying communities (Yukon Territorial Government, 2004). The combination of demographics and geographical isolation of communities in the Yukon, the challenging climate, and the coexistence of two cultures – native and non-native – creates the need for services unique to a northern setting.

The CDC and the Department of Education, through the Special Programs branch, provide services for Yukon children with special needs. The CDC is mandated to provide services throughout the Yukon to children with special needs and their families from birth to school age. Their services promote optimal development from the earliest stages to help the child reach their greatest potential and are delivered using a family focussed approach. The child's needs are considered in the context of the family.

The CDC is the only service provider in the territory for First Nations and non-native children with special needs. In 2003-2004, the CDC saw approximately one third of Yukon preschoolers for screening, assessment and/or treatment (Yukon Child Development Centre, 2004). The CDC caseload in rural communities is 40 % of their total caseload, which means that First Nation children utilize CDC services since most rural Yukon communities have a predominantly First Nation population. Within Whitehorse, the CDC provides services to the local First Nation through a program offered in the First Nation daycare. The children on this caseload are all First Nation.

The Child Development Centre has 24 staff from different disciplines (occupational therapists, physiotherapists, speech language pathologists, developmental therapists, pre-school teacher and program assistants). Service delivery can include direct and/or indirect therapy services, consultation or screening according to family

needs. Child: staff ratios are low in comparison with services provided through the Department of Education, Special Programs.

Special Programs in the Yukon Department of Education provides services to special needs students from the age of 5 to 21. Special Programs services are inclusive in nature as territorial legislation regarding education mandates the placement of a child in “least restrictive and most enabling environment” (Yukon Education Act, 2002). Service provision is based on identified student needs rather than diagnosis. The Special Programs branch is based in the capital city, Whitehorse, and personnel travel to all Yukon communities. For the most part, the staff from Special Programs parallel that those of the CDC. The services provided by Special Programs are occupational therapy, physiotherapy, a resource teacher consultant, speech-language pathology and educational psychology. The majority of services provided by Special Programs are consultative in nature instead of direct treatment as provided by the CDC. Child: staff ratios are high in comparison with CDC.

When children with special needs leave the CDC to enter kindergarten they are supported by the Transition Protocol Agreement between the CDC and Department of Education. The protocol outlines a timeline of activities and the roles and responsibilities of parents and the two institutions during the period of transition to kindergarten. The timeline commences in September of the final year at the CDC and finishes 14 months later when kindergarten starts. The Transition Protocol Agreement outlines the transition process for children who live in Whitehorse and communities outside of Whitehorse. In February 2003, 4,189 children attended schools in Whitehorse and 1,209 students attended schools in thirteen of the communities outside of Whitehorse.

The transition process outlined in this agreement is meant to deal with all children with special needs regardless of their level of need or where they live. Children with significant complex needs that require the services of several professionals are

considered to have a high level of need. Children are considered to have a low level of need when their needs are neither severe nor complex and consequently are involved with one, or possibly two professionals. Each year approximately 6 - 8 children with high level needs transition to kindergarten. The others, approximately 20 – 22 children per year, are considered to have low-level needs. The transition process varies according to the child's level of need. The majority of parents of children with special needs choose to participate in the activities outlined in the Transition Protocol.

This research will focus on the Whitehorse kindergarten transition process. The decision to concentrate this study on kindergarten transitions in Whitehorse rather than in other Yukon communities was done for several reasons. The majority of students with identified special needs reside in Whitehorse, so focusing the research in Whitehorse would impact more students. Schools in communities outside of Whitehorse are different from the schools participating in the current research because of the presence of different cultural groups. In ten of fourteen Yukon communities outside of Whitehorse, the percentage of people of aboriginal identity is over 50 percent of the total population (Yukon Territorial Government, 2003). Cultural differences can impact many aspects of a child and family's interaction with the school system. The time frame of the study did not allow appropriate community liaison or development of partnerships to occur, and the time and the costs associated with travel between communities and Whitehorse, where I reside, limited my access to them. It is hoped the community kindergarten transition experience will be studied at a future point.

#### *Purpose of the Research*

The purpose of this research is to describe the experience of the people involved in the process of transition to kindergarten for children with special needs in order to understand how children and families are supported during transition. The secondary purpose is to use the process of conducting the research as an opportunity for the staff

of the CDC and the Department of Education to reflect on and be educated about the present process in an attempt to improve it.

### *Research Questions*

The research questions considered in this study are:

What is the nature of the transition process for Yukon children with special needs as they enter kindergarten?

Specifically, what is the experience of the different people involved with special needs children's transition to kindergarten?

How do they describe and characterize their interactions with others during the transition process?

What facilitates or hinders the transition process for children?

What elements of the Yukon transition process are consistent with the literature and are there elements that appear unique to the northern experience?

### *The Study*

In the current research, I used a qualitative descriptive approach (Sandelowski, 2000), to gather information during interviews and focus groups about the experiences and perspectives of different people involved in the transition to kindergarten for children with special needs. These people include parents, kindergarten and special education teachers, school administrators, rehabilitation specialists and program coordinators. The goal was to provide a picture of the support for children with special needs and their families living in a northern community as they transition to kindergarten. The study was conducted during the 2002 - 2003 school year.

### *Outline of Remaining Chapters*

A review of the literature identifying elements of the transition to kindergarten process is contained in the second chapter. The research literature from the early intervention field provides an initial perspective and an overview of themes common to



literature about transitions. Literature from the perspective of parents' role in schools and transitions in general follows. Educational literature, in both the special education and general education fields, is reviewed. Finally, Canadian literature and research about transition is discussed.

The third chapter describes the research approach and research methods. The sampling and participant recruitment procedures are reviewed as well as the data collection and analysis. The chapter concludes with a look at the ethical considerations and resources used in the research.

Chapter Four starts with a description of my perspective of the transition process based on my personal experiences. The perspectives of parents, school staff, specialists and coordinators on the transition to kindergarten are followed by an examination of the unique aspects of each perspective.

The fifth chapter considers the themes of the present process found through exploration of the experience and perspectives of the people involved. The themes are collaboration, continuity, evaluation, flexibility, transition for typical children, family-school relationships, advocacy, community involvement, and resources and they are considered in light of current literature.

Chapter Six presents a summary of the Yukon transition to kindergarten process. The unique aspects of the Yukon transition process, in particular the involvement of community, are examined. Recommendations on directions for change are proposed. These suggestions relate to consideration of the role community plays in transition, the influence of culture on the transition process, the need for teacher and parent support during transition, and evaluation of the transition process.

## CHAPTER 2

### LITERATURE REVIEW

#### *Introduction*

Early transitions such as the transition to kindergarten are important. From the perspective of the child, a smooth transition creates a positive start to school. Less successful starts in school or difficulties making friends in kindergarten may lead to adjustment problems in future settings (Kagan & Neuman, 1998; Ladd & Price, 1987).

The literature about the process of transition to kindergarten comes from different sources. The field of early intervention for children with special needs has looked at transition from the perspective of service providers such as physiotherapists, early childhood educators and speech language pathologists. There is Canadian and international research literature regarding parental roles in and perceptions of transition. Educators discuss transition from the perspective of special education teachers, classroom teachers, and administrators. Their work derives from the American Head Start program, the study of readiness to learn, the role of the community in education, and the influence of culture on education in general and transition in particular. The voice of the child who goes through a transition is also present in published literature. Canadian research literature and government policies and programs related to kindergarten transition exist. It is important to consider the information from all of these perspectives to gain a broad understanding of the transition process.

*General trends in the literature.* A general examination of published literature about the transition to kindergarten reveals trends related to time periods. The topic of early intervention dominates the research literature on transition from 1960's to the mid 1980s. After this point until the mid 1990s, the research literature draws from the American Head Start program's focus on the transition to kindergarten for children at risk. For the past ten years and blending with the time period of the Head Start literature, the

transition to kindergarten has been examined as part of the school readiness literature. This research literature has focused on models for transition that place the child and family in the context of community.

The majority of research literature about the transition to kindergarten uses a quantitative approach, which examines pre-set variables based on specific assumptions. There are only a few qualitative studies on kindergarten transition. The qualitative approach encourages a variety of perspectives to be expressed and creates an in-depth understanding of different perspectives. In this literature review, I examine two qualitative studies from the United States, three from Canada and one from Australia. Furthermore, almost all of the transition to kindergarten literature in this literature review is American. There are a few studies from Canada and Australia.

#### *Early Intervention Perspective*

In the 1960's and 70's early intervention services were child-centred. This means services focused on the abilities or more precisely, the disabilities of the child (Schmid, 1993). As such, transition plans focused on the skills a child could not do and how the child would fit into a kindergarten setting with his/her limited skills. In a child-centered practice, the family was considered to be a non-participant in planning for their child's transition to kindergarten. The family needs during the transition were not formally considered. Historically, transition plans guided by a child-centered model of practice used a deficit approach to guide their recommendations for children and did not involve parents in planning the recommendations. Subsequent research found that early intervention services that did not include families were limited in their effectiveness (Guralnick, 2001).

Transitions in the early intervention literature were identified as either vertical or horizontal. Vertical transitions describe transitions between one system and another. Horizontal transitions look at movement between programs that occurs concurrently

(Kagan & Neuman, 1998; Rosenkoetter, Whaley, & Hains, 2001). For example, a horizontal transition occurs when a child goes to childcare in the morning, to kindergarten in the afternoon and to grandparents until the parents finish work. The transition plans considered in this review are vertical transitions.

The evolution of the early intervention philosophy from a child-centred to family-centred practice has occurred over the last twenty-five years. Family-centred practice grew from years of research and clinical practice aimed at promoting and enhancing child development and parent involvement with their child. Family-centred practice strives to have the family identify their own strengths and areas of need. Families are considered to have the capacity for growth and change, which promotes better outcomes for the child and better interactions with professionals. Family-centered practices recognize the value of both formal and informal sources of support for families and closely consider how these supports are provided. The efficacy of this service delivery model is well established (Atwater & Orth-Lopes, 1994; Guralnick, 2001; Rosenkoetter, Hains, & Fowler, 1994; Rosenkoetter et al., 2001).

The early intervention research and literature about transition in general and the transition to kindergarten in particular, has led to the identification of important tenets of transition planning. The elements of successful transition plans are that they are collaborative in nature, establish continuity for the child and family and are evaluated on a regular basis (Atwater & Orth-Lopes 1994; Rosenkoetter et al., 1994; Rous, Hemmeter, & Schuster, 1994; Shotts, Rosenkoetter & Streufert, 1994).

Transitions require collaboration between parents, service providers, teachers, and other professionals. Successful collaboration is based on trust, sharing information and effective communication, and problem solving (Atwater & Orth-Lopes, 1994; Conn-Powers & Ross-Allen, 1990; Rosenkoetter et al., 1994). When groups of people work together, their collaborative efforts are more effective when they have a common

philosophy and shared goals. The collaborative process that occurs during planning for the transition to kindergarten allows the development of a holistic and comprehensive transition plan.

Transition plans create a link between one program and another for the child and family. The linkages create continuity in people and programs through specific activities of families and children at the end of the preschool year, such as visiting the new school, meeting the staff, or playing in the school playground. Continuity in developmental principles creates consistent curricula and teaching pedagogies. Continuity for children and families in supportive environments establishes connections between children and supports in the community, and between parents and programs (Kagan & Neuman, 1998; Mangione & Speth, 1998).

Good transitions empower parents to advocate for the needs of their children. An important component of family-centered practice is the emphasis on empowerment of families as an outcome of intervention (Dunst, Trivette, & Deal 1994). Promoting the families' ability to acquire skills and knowledge that increase the ability to deal with the demands created by daily events in a positive constructive way is a component of empowerment. The ability to be an advocate for their child is an avenue for empowering families. For the family that has the capacity and interest to advocate for their child, the transition to kindergarten is an opportunity to learn advocacy skills. Advocacy skills can promote parent confidence and influence positive outcomes for their child in their new program and in future transitions (Atwater & Orth-Lopes, 1994; Conn-Powers & Ross-Allen, 1990; Jawa & Brophy, 1996; McWilliam, Maxwell, & Sloper, 1999; Rosenkoetter et al., 1994).

Transition plans need to be evaluated in order for them to improve and be successful in the long-term (Conn-Powers & Ross-Allen, 1990; Love, Logue, Trudeau, & Thayer, 1992; Rosenkoetter et al., 1994). Evaluation of the success of a transition plan

from the perspective of all those involved – teachers, parents, and specialists – is important, as is understanding the participants' views of the process. Rosenkoetter et al. consider the evaluation of a child's behaviour in the new educational setting as critical to evaluation, as appropriate data collection and analysis enriches the transition planning process.

Kagan and Neuman (1998) report that transition processes are difficult to evaluate. A variety of factors contribute to this difficulty. The validity of many empirical studies is limited because of incomparable treatment groups and poor control groups. Transition projects are often short-term, making long-term evaluation difficult. Ongoing changes and modification of transition programs makes evaluation of their effectiveness problematic. Kagan and Neuman suggest that researchers employ new methodologies when evaluating transition plans. For example, the involvement of key participants within the education field (parents, teachers, principals) is suggested rather than using outside evaluators.

A number of proponents from the early intervention approach suggest continuity, collaboration, the promotion of parental advocacy and evaluation as essential for a successful transition (Atwater & Orth-Lopes, 1994; Jawa & Brophy, 1996; Rosenkoetter et al., 1994). Transition models developed in the 1980's incorporate these basic ideas. One such model was developed by Conn-Powers in Vermont (Conn-Powers & Ross-Allen, 1990). The model was called TEEM (Transition into the Elementary Education Mainstream) and was a model for planning the transition of young children with handicaps from early childhood special education in to kindergarten and elementary school mainstream. The philosophy was inclusive in that it is considered important for all young children to have equal opportunity to a quality education provided within the local elementary school mainstream. The TEEM model was field tested in five school districts across Vermont.

The TEEM model was collaborative in nature involving parents, teachers and specialists from both the sending and receiving programs. The promotion of continuity of program plans and of skills a child needs to function in a kindergarten program are an integral part of the TEEM program (Conn-Powers & Ross-Allen, 1990). However, continuity in teaching pedagogy and familiarity with facilities and staff are not mentioned as a part of the model. The TEEM project identified five emerging best practices related to the development of transition plans.

First, transition plans should be systemic, individualized, timely and based on collaborative planning with parents, and staff from the sending and receiving institution. The second best practice is support and empowerment of the family should be a major focus of the transition plan. Third, the transition plan should focus on preparing the child for the new environment by focusing on skills the child needs to be successful in the new environment. Fourth, integration and education of the child with their peers, with appropriate support, should be a focus of the transition plan. Finally, the provision of necessary service to promote and support placement, integration and education once the child has started kindergarten should be considered (Conn-Powers & Ross-Allen, 1990).

Program evaluation was done at all demonstration sites. The process was considered successful when the child was placed in an integrated setting and parent and professionals were satisfied with the process. The evaluation utilized quantitative data. No children (0/62) were placed in a segregated program and the majority transitioned into kindergarten classes. On a 5-point Likert scale, parents and professionals expressed a high degree of satisfaction with child's placement and the planning process. Evaluation did not include information on the child's behaviour in the kindergarten class nor examination of the process except in terms of satisfaction.

Another model for transition of children with special needs developed in Kentucky in 1985 was the Sequenced Transition to Education (STEPS) (Rous et al., 1994). In the early 1990's, STEPS was expanded to five different states. The model had four basic components that dealt with effective practice in transition models and recommendations for implementation of the transition process. The four areas were family involvement, child preparation for the next environment, staff involvement and interagency and administrative issues. These four areas dealt with methods for collaboration – defining staff and family involvement and the creation of continuity for the child and family- through the identification of staff and parents' training needs and addressing child preparation for kindergarten. The model also provided technical assistance to the communities to meet the needs identified by them as they plan, implement and evaluate their programs.

Rous, Hemmeter and Schuster evaluated the STEPS model in 1999. Their research sought to evaluate the effects of the long-term training and technical assistance provided through the model in terms of their effectiveness in establishing collaborative policies and procedures between community agencies. Long-term effects on children and families were not evaluated. The evaluation concluded STEPS was effective in establishing the policies and procedures through training and technical assistance. STEPS was not effective in increasing family involvement. The lack of training on family-centred practice for school staff contributed to the lack of family involvement. This evaluation concluded that developing a transition process takes time, and participants must be aware of this and committed to developing the process. They also need training and materials to implement a process they are responsible for developing.

Research evaluating the TEEM and STEPS models for transition to kindergarten provided a base for further investigations of transition models in both the early intervention field and in the field of special education. The evaluation of these models



identifies important elements common to both models: systemic, individualized, timely, and collaborative planning; family involvement, support, and empowerment; child preparation for the next environment; education that integrates the child with appropriate support; identification of staff and parents' training needs; and the need to deal with interagency and administrative issues.

The perspective of the early intervention field on the process of transition to kindergarten relates to several key areas. The use of family centred-practice is important for successful transitions. Programs must be collaborative in nature and promote continuity in a variety of areas. Programs must be evaluated to be successful in the long-term. Models for the transition of children with special needs to kindergarten developed in the 1980's, based on these principles combined with other literature of the period, are the core of the early intervention perspective on kindergarten transition.

#### *The Perspective of Parents*

There has been a large amount of American research on the subject of how parents get involved in transition and school activities in general. The literature is based on research with parents of children with special needs and parents of typically developing children. Researchers from a variety of disciplines suggest parents must be involved in planning the transition to kindergarten (Wolery & Wilbers, 1994). Fowler, Schwartz & Atwater's (1991) research suggests that while parents must be involved in the transition, this involvement must be based on the capacity of the family. Advocacy training for parents is acknowledged as important (Seefeldt, Denton, Galper, & Younoszai, 1998).

The transition to school for parents of children with special needs is often an exciting yet stressful event (Bentley-Williams & Butterfield, 1996; Fowler et al., 1991; Diamond & Spiegel-McGill, 1988). Rosenkoetter & Rosenkoetter (1993) investigated parental attitude towards their children starting school, contrasting parents with special

needs children and parents with typically developing children. Parents from both groups were excited about their children starting school but parents of challenged children were less eager. Involving the family in the transition helps parents deal with a stressful situation while making the transition more successful.

Australian parents also worry about their child's transition to kindergarten (Bentley-Williams & Butterfield, 1996). This qualitative study found that parents had a strong desire to be involved in their child's transition to school. Parent perceptions of their child's needs were shaped by past experience, the influence of family and friends, and the level of acceptance of their child by the larger community. Bentley-Williams and Butterfield's research suggests a need to consider the role community plays in a child and family's transition to kindergarten.

Parents of children with disabilities face challenges interacting in a positive way with schools. Wolery (1998) and Schuster, Ault & Hemmeter (as cited in Wolery & Wilbers, 1999) state that many parents of children with disabilities report the following concerns: minimal ongoing communication with school staff; an inability to participate fully in their child's education planning; little knowledge of their child's progress; and not feeling welcome in the school. These authors suggest remedies for the challenges faced by parents, which are similar to recommendations found in the early intervention literature for parental support during transitions. These include pre-transition meetings and visits, the provision of comprehensive information about the transition process and elementary school, and promoting strong support systems for parents during the pre-school years. Ideas for parental support more specific to schools involve identifying a single school contact person for the family, connecting parents with other parents of older children with disabilities, the use of simple communication tools to connect parents and school staff, and providing some social support from pre-school staff after transition.

Parents of children with special needs created the need for research into ways of promoting family involvement with schools, which has been beneficial for promoting research about the involvement of parents of typically developing children with the school system. Research about the involvement of parents in schools is framed in the concept of family-centred practice in schools (Burton, 1992; Comer & Haynes, 1991; Gettinger & Guetschow, 1998; McWilliam et al., 1999).

Family-centred practice looks at the context of the child's life and sees the family and school as the two most important influences that must work together to help the child succeed in school. There is much evidence to support family involvement in education as a means of increasing a child's likelihood of success in school. Christenson (1999) cites the multiple benefits for students that come from parent involvement (pg. 152). The challenge is how to best involve parents in their child's education. There is evidence that while parents and teachers support the idea of working together, this is difficult to accomplish (Burton 1992; Comer & Haynes, 1991; Fantuzzo, 1999).

Gettinger and Guetschow (1998) contrasted teacher and parent perceptions in terms of roles, efficacy and opportunities of parents to be involved with schools. This quantitative study was done using a homogenous sample, which limits its generalizability. The findings were that both parents and teachers valued parent participation in schools but actual levels of parent involvement were less than ideal. McWilliam et al.'s (1999) research on family-centred practice in schools used several measures to gain an understanding of the perspective of parents and teachers on the implementation of family-centred practice in schools. The measures were the Family-Centred Elementary School Practices Scale, Help-giving Practices Scale and a context questionnaire. The researchers found that educators and parents supported the concept of family-centred practice but there was a discrepancy between reported family-centred practice by teachers and perceived practice by families.

Christenson (1999) found parents and schools work best together when a supportive partnership is present. Successful partnerships are based on four principles. The first principle is the use of a no-fault model, where blame is not placed on family or school. Second, it is essential to consider the influence school and family context have on each other. A strength-based approach is emphasized. An individual's strengths rather than deficits are focused on. Finally, family empowerment through active decision-making must be an integral aspect of the partnership. Supportive partnerships between family and school are the basis of family centred practice, which support the child transitioning to kindergarten whether they have special needs or are typically developing.

The literature on parents and the transition to kindergarten focuses on the need for the two groups to work together in order for the child to be successful. The importance of considering the context of the child's life specific to the two most significant influences on the child – family and school – is essential. To realize a child's potential, a supportive partnership must exist between school and family.

*Canadian parent perspectives.* There is Canadian research in the area of parents' perspective on the transition to kindergarten that is general in nature. This research looks at the transition to kindergarten from the perspective of parents of special needs children and parents of typically developing children.

Using a case study approach Schmid (1993) examined parents' perspective on the role that supporting agencies played with their family. This thesis work was done in southwest Ontario with three families of special needs children who had started school. Parents identified concerns about insufficient communication between day care and school, and difficulty arranging meetings with rehabilitation consultants (e.g. speech-language pathologists) working with their child. These Canadian parents felt the need for

involvement in their child's transition and identified these factors as barriers to their involvement.

Goddard, Lehr, and Lapadat (2000) support this finding. While their research does not directly relate to kindergarten transition, they suggest parents of children with disabilities in British Columbia often find their perspectives and priorities contrast with those of the institutions (i.e. schools) and the professionals who work in them. Using a narrative therapy approach, parents involved in this research told stories of professionals' lack of understanding of their family's situations and context, and how bureaucracies were impersonal and hierarchical. Parents' more positive interactions with professionals were those relationships where parents felt equal with the professionals.

Templeman-Barnes (1996) used a survey to examine the needs of parents in Newfoundland concerning the supports and services they desired during the transition to kindergarten for their special needs child. Templeman-Barnes compared the needs of rural and urban parents and considered the difference in expectations depending on whether or not the child attended pre-school. The researcher found that urban parents were interested in home-school communication and in-school support, whereas rural parents were concerned with instructional aspects of their child's education such as the amount of teacher attention and availability of day-care learning environments. The difference in urban and rural parents' perception of their needs for a successful transition for their child is important to consider in northern transition practices, given that many families live in rural settings.

In a qualitative exploratory study, Jawa and Brophy (1996) examined the perspectives held by parents of typical children, regarding the transition to kindergarten. The families participating in the study were all from an urban setting in southwest Ontario. Parents found transition to be an emotional and intense experience. Families

with experience in day-care had less apprehension and different needs than families with no pre-school experience.

Generally Canadian research on the parental view of the transition to kindergarten raises concerns similar to the parents participating in American research. Parents found the transition to kindergarten to be an emotional experience, and parents of children with special needs felt barriers existed to their involvement with their child's education. However, differences between the types of information Canadian parents need for kindergarten transition, depending on whether they live in a rural or urban location, is brought forth in the literature.

### *The Perspective of Educators*

The educational literature on the transition to kindergarten comes from three streams of educational research. Special educators have long been involved in research related to kindergarten transition. The second source of literature comes from research into American Head Start transition projects. More recently, educators have examined the transition to kindergarten for typically developing children.

*Special education perspective.* Research on the transition to kindergarten in the field of American special education grew from legislation that required transition plans. In 1986, American federal legislation regarding special education encouraged the development of early intervention programs. Sections of this legislation required transition planning for children with special needs as they moved into programs for 3 year-olds. The intention of the law was for a transition process to follow through with families as they moved into special education programs in schools. This intent was realized when legislation was revised in 1991 as the Individual with Disabilities Education Act (IDEA), which required each state to develop transition policies and procedures for children as they started school (Kagan & Neuman, 1998; Rosenkoetter et al., 2001; Shotts et al., 1994). The legal requirement for transition plans led to American

research on the subject of transitions in general and in particular, the transition to kindergarten.

Several themes emerge from the research literature in relation to special educators' perspectives on transition. Some of these themes are similar to those reported in the early intervention research literature. The issue of continuity is stressed in both areas. Continuity of services for the child and the family is considered important (Wolery 1998). Continuity in terms of the use of developmentally appropriate curricula in the preschool and the early elementary setting is raised in the literature (Lombardi, 1992). Collaboration between all groups involved in the transition process is mentioned frequently (Raffaele & Knoff, 1999). Examples of collaborative activities are meetings to share reports and exchange information and ideas, informal discussions about children, and observations of the child in the pre-school environment.

A theme that is not brought up as frequently in the early intervention literature as it is in the special education literature is the need to identify skills a child with special needs requires in order to be successful in the mainstream classroom. Atwater & Orth-Lopes (1994) highlight why children should be taught skills to prepare for the transition to kindergarten and which skills they should be taught.

La Paro and Pianta's (2000) investigation of transition practice specific to special needs children is somewhat unique in the special education literature, as the majority of research literature from the late 1990's to the present focuses on transition in terms of the general population. Their findings show that although over 80% of teachers with a special needs child in their class use some type of transition practice, most of those practices are not unique for children with special needs (e.g. generic class newsletter). If educators do use practices specific for children with special needs, these are usually ones that occur before school starts or that involve community coordination (e.g., a home visit in August).

La Paro and Pianta (2000) suggest teachers need to be cognizant of how important the transition period is for children with special needs and urges consideration of other perspectives on transition practice. The researchers suggest their survey tool captured only the teacher's perspective, which precludes a broader perspective of transition. La Paro and Pianta think it important to consider the view of administrators, parents, special education teachers and other professionals such as speech language pathologists who may be involved in a variety of activities related to transition.

Other research into effective teacher transition practice can be found in special education research by Jewett and Tertell (1998). One of the few qualitative studies on transition, this study looked at teachers' reflections on the experience of helping children with special needs and families during the transition to kindergarten. Using written reflective journals of four experienced pre-school and kindergarten teachers, Jewett and Tertell used narrative inquiry to gain an understanding of how they viewed the transition process. Teachers identified five themes: stress and an overwhelming sense of responsibility experienced during transition; understanding legal issues; developing knowledge of children and families; preparing children and families for transition, and serving as a liaison within the collaborative process. The stress of the whole process speaks to a need for supporting teachers as they go through transition with special needs children.

The research literature from the field of special education arose in a response to American federal legislation on transition planning (Kagan & Neuman, 1998; Rosenkoetter et al., 2001; Shotts et al., 1994). The research literature identifies many elements of transition that are similar to those listed previously from the early intervention literature. In addition to these basic ideas, the special education literature identifies the stress teachers face when they have children with special needs transitioning into their class as an important factor.



*Head Start perspective.* The American Head Start program also has influenced educators' perspective about transition. The implementation of Head Start in many locations is documented in the practice literature and, as well, many researchers have evaluated the effectiveness of this approach (Kagan & Neuman, 1998; Rosenkoetter et al., 2001). Head Start is a federal program supporting children from families living in poverty from birth through to school age. Head Start legislation stipulates that at least 10% of the children in the program must be children with special needs (Rosenkoetter et al., 2001). Some of the literature from Head Start research contains information about the transition of children with special needs to kindergarten and about children considered "at risk". American Head Start programs influenced notions about transition in three phases.

The first phase went from the 1960's to the mid-1980's. As early as 1967, Head Start had a goal of continuing support for former Head Start children as they started school (Kagan & Neuman, 1998). The Head Start program has been responsible for extensive projects and studies directly related to transition of children from Head Start programs to school. In the mid-1980's, the Head Start Transition Project was launched. This project was in response to concerns that the effects of Head Start programs in the area of cognitive and emotional development were not sustained into school. Hubbell's research in 1987 (as cited in Kagan & Neuman, 1998) on the Head Start Transition Project demonstrated positive effects of transition programs on a child's resilience during the start of school and on teachers' use of effective transition strategies. This research strengthened the argument that the transition to kindergarten is vital to a good start to school.

The second influence on transition perspectives related to Head Start came in 1988 when the U.S. Department of Education conducted the National Transition Study (Love et al., 1992). This study collected data from over 1,000 public school districts, with

an over-sampling of high-poverty districts, regarding school-led transition activities. This research provided extensive information on the educators' perspectives about transition related to typically developing children and children at risk for delays.

Love et al. (1992) report three major conclusions from the study about early childhood policy and practice. The first is that there is and should be variation in how schools implement transition activities to allow for practice appropriate to their school. Second, schools in areas of low income may need new strategies to create continuity between pre-school and kindergarten. Finally, kindergarten teachers report a need for training in developmentally appropriate practice and how to achieve it.

The National Head Start/Public School Early Childhood Transition Demonstration Project, legislated by the United States Congress in 1990, was the third influence on educational research about the transition to kindergarten. This project facilitated collaboration between Head Start programs and education agencies for all young children, including those with disabilities. It examined family involvement, transition plans for each child, inclusion of children with disabilities, and appreciation of cultural and linguistic diversity as means of fostering collaboration (Kagan & Neuman, 1998).

This demonstration project ran from the 1992 -1993 school year to the 1997-1998 school year and included 31 sites and more than 8400 former Head Start families and children in more than 450 schools. Each site utilized evaluation from two sources – their own local self-assessment and assessment by the national research team. The results of this project, issued in 2000, were extensive and detailed (Ramey et al., 2000). The common elements of the 6 most successful projects were the strong positive relationships between public schools and the Head Start Program; committed, competent, and respected leadership; and a successful history of strong partnerships working together to implement and evaluate large programs. These identified elements –

the need for collaboration, continuity and evaluation – are similar to those identified in other educational research in the field.

Ramey et al. (2000) found that the component of transition most challenging for the projects to implement was what they termed “Educational Enhancement.” Educational Enhancement referred to activities meant to ensure classrooms offered developmentally appropriate and individualized instruction, such as transition meetings with parents and sending/receiving teachers, transfer of written records, transition plans for each child, and implementation of developmentally appropriate curricula and teaching practice. Teaching practices that are developmentally appropriate were reported to be the most challenging area for teachers to implement. This study suggested the need for extensive teacher support in these areas. This could be done through professional development in the area of understanding theory and practice of developmentally appropriate practices, teacher collaboration time, and the provision of classroom materials and support through staffing.

The research and practice literature deriving from investigations of the American Head Start program established early on that transition plans are essential. From there, the research literature grew to identify essential components of transition plans. These components have much in common with directions suggested in early intervention and special education. The need for collaboration, continuity and evaluation are stressed, as is the need for teacher support especially in the area of developmentally appropriate practice. The Head Start literature identifies the need for strong leadership when developing and implementing transition plans and cites the importance of flexibility in transition plans to meet unique needs of schools and communities.

*Transition for typical children and readiness to learn.* Educational research from the mid-1990's emerging from American education policy tied to the concept of school readiness was the third influence on educational research on the subject of transition to

kindergarten. Readiness to learn was first on the list of the American National Education Goals in 1991: "By the year 2000, all children will start school ready to learn" (National Education Goals Panel, 1991, Goal 1 section, ¶ 1). In this context, readiness to learn was viewed as a broad set of skills children needed in order to be adequately prepared to begin at school.

The desire to understand the concept of readiness to learn served as a starting point for a great deal of educational research on transition for typically developing children. Initially, from these investigations, researchers highlighted principles for kindergarten transition that echo the ideas in the early intervention and special education fields. For example, Mangione & Speth (1998) emphasize the importance of involving the family in transition, and that continuity between programs is promoted through knowledge of child development, comprehensive and appropriate service and communication, shared leadership, culture and language use consistent with the home and evaluation. Rafaelle & Knoff (1999) mention the importance of meeting the professional development needs of teachers in understanding the importance of collaboration with families and how to collaborate effectively.

However, the readiness-to-learn research evolved to include more complex approaches to transition. This was seen in Pianta's (1999) examination of transition practices of teachers for typically developing children and barriers to their use. His analysis of a survey completed by general education kindergarten teachers focused on 21 suggested transition practices and barriers to their utilization. Pianta reports teachers felt many (16 out of 21) of the transition practices suggested in the survey were good ideas but there were barriers to implementing them. Many of these barriers were administrative in nature; class lists were late or pay for teachers during summer was not available. Other barriers related to feeling that parents were not interested or that transition practices took too much time. He concluded that teachers' practices are not

getting schools ready for children because the practices do not emphasize the creation of connections between the home, school, and other contexts that create continuity in a child's life. Pianta's research marked a shift in the readiness-to-learn literature by expanding the National Education Goals to include child, school, and community. It was not enough for the child to be ready for schools; schools had to be ready for children.

*Community and the transition to kindergarten.* The inclusion of community as a partner in kindergarten transition appears in the research literature concurrent with the shift to school readiness. The National Education Goals Panel (1998) identified ten ways schools could facilitate the child's start to school that focused on positive connections between home, school and community. The role of community in the transition to kindergarten is articulated in three of these ten goals: One goal relates to the idea that ready schools serve children in communities. Second, ready schools smooth the transition between home and school. Finally, ready schools strive for continuity between early care and education programs and elementary schools. In this sense the community is seen as having a role in a child's transition to kindergarten.

The traditional context of school readiness "was severely flawed by a disproportionate focus on the child's skills per se .... [and] needed to be replaced with a transition-to-school framework that viewed the child within a broader contextual and developmental perspective" (Pianta & Cox, 1999, p. 218). Community is seen as one of the determinants in the context of a child's life, along with family and school.

The use of context is used in more recent models for transition, which expand on the child-focus of earlier models to incorporate the child, family, community, and school over the first several years of school. The ecological dynamic model developed by Rimm-Kaufman and Pianta (2000) is one such model. The term "ecological" refers to the consideration given to all the contexts (family, school, and peers) that influence a child. The model is dynamic by considering changes that happen over time. The model starts

with a focus on the child's level of ability as a way to understand the adjustment to school. It then considers the direct effect of family, peers and school on the child. The model incorporates the indirect effects of relationships between these influences, as a factor that predicts adjustment to school. Finally, this model includes the concept that direct and indirect relationships change with time and will impact the child's ability to function in the school setting.

Ramey and Ramey's (1996) Transitional Conceptual Model is similar in its consideration of contexts that influence many aspects of a child's development and family outcomes. It does not consider the impact of time in the model. It is more detailed in the processes that mediate a child's outcome, listing the following eight domains that influence outcome: social support, communication, basic academic work skills, survival resources, health/nutrition, safety/security, self concept, and motivation values. The child is viewed in the context of the family, and both are impacted by the community context created from programs, services and supports available to the child and family.

Recent educational research advocates elements of transition activities similar to those found in the early intervention, special education, and Head Start research literature. The educational research shifts philosophically from a concept of children being ready for school to an approach that is broadly contextual in nature. Researchers contend that the child, family, school and community should be considered during the transition to kindergarten.

### *Transition and Culture*

Consideration of the family and community context is especially important when dealing with children of different cultures as they make the transition to kindergarten. Culture shapes the social world the child develops in and must therefore be considered during a transition. The contextual transition models allow for this consideration.

Harry and Kalyanpur (1994) examine the cultural underpinnings that form the basis of special education services. They suggest the need for professionals to be aware of the cultural assumptions that form the base of the services they provide and find out how these assumptions align with the families with whom they work. With this knowledge professionals are able to communicate more effectively with families of diverse cultures. Professionals are then faced with the challenge of collaborating with families within the framework of the family's culture.

Research on methods that facilitate successful transitions for children and families from different cultures is reported in the research literature (Bruns & Fowler, 1999; Lynch & Hanson, 1992). Bruns and Fowler examine the influence of culture on parent roles during the transition to kindergarten. They suggest that the role the family plays in transition reflects their cultural beliefs and values, and awareness of these cultural beliefs will facilitate collaboration and enhance communication. Using a contextual model for transition promotes examination of the role culture plays in the interaction with families of diverse backgrounds. Consequently it can promote effective interactions with families of diverse cultures and improves collaboration with them.

#### *The Child's Perspective*

Research from a child's perspective of the transition to kindergarten is limited. Yeom (1996) used narrative inquiry to give typically developing children from urban Alberta a voice in their experience of transition from kindergarten to grade one. She outlines how transition was a gradual process for them. The children identified friendship, parental support, and teacher assistance as important during their transition.

In the National Head Start/Public Schools Early Childhood Transition Demonstration Project (Ramey et al., 2000) examined the perspective of former Head Start children on school and the transition to school. Children who participated in the Head Start program were assessed using a directed interview process, which included

self-reports about their first experience of school. It was not reported whether the children interviewed had special needs. These reports were overwhelmingly positive in their support of transition and school in general. However, 7% of children (mostly boys with language difficulties) did not like school and thought they were not doing well. Interviewing children with special needs about their transition to kindergarten would be challenging and such studies were not found in this literature review.

### *The Canadian Perspective on Transition*

Canadian research about the transition to kindergarten for special needs children is limited to reports on parental views of transition. I did not locate any research literature on the transition to kindergarten of children living in rural and remote areas of Canada other than Templeman-Barne's (1996) work in Newfoundland. Federal and territorial programs that focus on promoting skills that promote child readiness for kindergarten are similar to the American Head Start program, and focus on the need for readiness to learn (e.g. Government of Canada, 2002; Yukon Territorial Government, 2002).

In the Yukon, the Aboriginal Head Start program exists in three communities. This is a federal program established in 1995, to help enhance child development and school readiness of Indian, Métis, and Inuit children living in urban centres and large northern communities (Government of Canada, 2002). Aboriginal Head Start promotes school readiness through programs that focus on culture and language, education, parental involvement, nutrition, social support, and health promotion.

In 1999, the Yukon government established the Healthy Families program to provide one-to-one support for parents of newborns. The program goals are to enhance family functioning, promote positive child-parent relationships, and promote healthy childhood growth and development (Yukon Territorial Government, 2002). The first cohort of children in this program will be entering kindergarten in the 2004 - 2005 school



year. This likely will stimulate local interest in the transition process as these children and families prepare for school.

There are federal programs that examine transition indirectly through examination of school readiness skills in a broad context. The Canadian government (Human Resources Development Canada, 2002) supplies information to provincial and territorial governments for both the formulation of policy relating to children and youth, and initiatives such as the Early Childhood Development Initiative. Under this initiative, the Understanding the Early Years (UEY) project studies the influences of community environments and other factors on children's readiness to learn. The UEY project supported Doherty (1997) in conducting a literature review on readiness to learn, "Zero to Six: The basis for School Readiness". This literature review did not examine the transition to kindergarten specifically, but examines the broader issue of community involvement in school readiness of children. The work proposes the need for readiness to learn activities to be viewed in a community context, similar to models proposed by Ramey and Ramey (1996) and Rimm-Kaufman and Pianta (2000).

Recommended practices for transition of special needs children to school exist in provincial policies and territorial practice (e.g. Alberta Learning, 2001). The Yukon Transition Protocol Agreement (Yukon Department of Education, 1995) is one example of such a recommended practice. Most of these provincial and territorial recommendations are based on American research.

### *Summary*

Research reported from the early intervention field related to the process of transition to kindergarten identifies key elements of successful transitions, which include the need for collaboration, continuity, and evaluation. The research literature on kindergarten transition from special education, education, and parental perspectives support the ideas put forth in the early intervention literature.

These bodies of research literature also have an emphasis specific to their own field. These areas of emphasis include the use of family centred-practice. To realize a child's potential, a supportive partnership must exist between school and family. The stress teachers face when they have children with special needs transitioning into their class must be recognized, and teachers require support and training in the use developmentally appropriate practice. There is a need for strong leadership when developing and implementing transition plans, and transition plans must be flexible in order to meet unique needs of schools and communities.

Recent educational research supports the use of context in models for transition. The move to contextual models reflects the evolution from early child-focused models through to family-focused models and finally to contextual transition models. This model incorporates the child and family, school and community during a period of time that covers the year before school entry through the first several years of school. This approach can be used in a variety of settings with an understanding of how context and the inter-relationship between those involved influences transition.

*Sensitizing concepts and gaps in the literature.* The use of sensitizing concepts to orient an investigation is often referred to in qualitative research literature. Patton (1990) states that sensitizing concepts “provide a basic framework highlighting the importance of certain kinds of events, activities, and behaviors” (pg. 216). The research literature outlined in this review covers forty years, comes from various fields of enquiry, and provides sensitizing concepts. Sensitizing concepts identified in this literature review are the need for collaboration between involved groups, the importance of continuity, and the need for evaluation. Gaps in research literature point to a need for a qualitative examination of kindergarten transition, the need for examination of kindergarten transition in a northern setting, the need for the perspective of children, and consideration of the community's role in that setting. Kagan and Newman (1998) suggest

the need to examine transition from the perspective of people involved with the process. Accordingly this research will utilize a qualitative approach to explore kindergarten transition in a northern community.

## CHAPTER 3

### RESEARCH APPROACH

#### *Research Framework*

The framework for this research is guided by my belief that a holistic perspective is important when examining a situation. Isolation of one aspect of a phenomenon discounts interdependencies that occur in a complex system (Patton 1990). Because of this belief, I wanted to understand the network of support for Yukon children with special needs as they make the transition to kindergarten. I did not want to look at just the child or the role of the teacher but rather the child in a general context of the family, CDC/school, and a small northern community. In addition, I believe consideration of the nature of northern communities, which is often taken for granted by those of us living here, is an important part of the research. The combination of the demographic, climatic, economic, geographical and cultural conditions in the north shapes northerners' experience and contributes to a unique context for research.

The research is also guided by my interest in understanding how different people experience a similar situation. It is my belief that reality is different for people based on their life experience and personal situation. Knowledge is based on this perspective so different ways of seeing reality exist and while these realities may conflict they are all, nonetheless, meaningful (Guba & Lincoln 1994). I wanted to understand the experience of transition from different perspectives and be respectful of these differences. The goal of inquiry based on this approach is to "understand the complex world of lived experience from the point of view of those who live it" (Schwandt 1994, pg. 118).

The research is influenced by my involvement and interest in children with special needs living in the north. I do not view myself as separate or outside of the research; rather, I am an integral part of it. I do not believe I have the ability to objectively define how different people understand a situation, as suggested in the classic experimental

approach to research. Rather, I think my interaction with the participants increases my understanding of the transition process. In general terms, this approach suggests similarities with Guba and Lincoln (1994) where the investigator and object of the investigation are “interactively linked so the ‘findings’ are *literally created* as the investigation proceeds” (pg.111).

The interaction of the researcher and subject raises concerns regarding “confirmability” (Marshall & Rossman, 1995) of findings. With this concern in mind while completing this research, I actively reviewed my transcripts for evidence of my directing and influencing the interviews. I also checked my interpretations with participants and kept my analysis and assumptions in question while confirming and disconfirming findings. The close relationship I had to the research allowed easy access to participants, an in-depth knowledge of the process and people involved, and the opportunity to readily apply the information I learned to the transition process. Conversely, the close relationship potentially limited my view of participants’ perceptions. It also constrained the freedom I felt to vocalize some of the research findings.

As an individual currently working with children with special needs who are going through the transition to kindergarten in a northern community, I saw this research as a valuable opportunity to improve how the transition process currently functions. The opportunity to discuss and share multiple perspectives on the transition to kindergarten created through the data collection and analysis processes had the potential to promote a greater common understanding of the transition process. Patton (1990) describes how this approach can improve programs. In his work on formative evaluation, Patton suggests that as staff learns about a program, the program subtly shifts and provides information for program improvement. The process of discussing a program creates feedback, which provides evaluation and improvement of the program. While this research was not an evaluation of the process of transition to kindergarten, the research

provided the opportunity for participants to actively discuss it. Thus, as suggested by Patton, the discussion provided feedback from a variety of perspectives to those delivering a service that in turn could promote change and improve the process.

### *Research Design*

I explore the transition to kindergarten through an in-depth examination of an established process. In this sense, the research draws from Sandelowski's (2000) work on qualitative descriptive studies. I chose this approach, as it was consistent with my professional experience and personal beliefs. My physiotherapy training gives me a background in an approach to research that is very linear and quantitative. I personally believe in the importance of qualitative aspects of research. Qualitative descriptive research attempts to capture an experience in a comprehensive manner and present it in everyday language. Sandelowski states the description creates “an accurate accounting of events that most people (including researchers and participants) observing the same event would agree is accurate, and . . . an accurate accounting of the meanings participants attributed to those events that those participants would agree is accurate” (p. 336). In this sense, qualitative descriptive research is a good match with my beliefs and training.

Data were collected through qualitative individual interviews and focus groups. I chose to use qualitative individual interviews with parents. Individual interviews are a method of gathering rich data as they encourage people to describe an experience in their own terms and create large amounts of data in short periods (Marshall & Rossman, 1989). I did not choose focus groups for parents as I thought personal information about their children that might be discussed would place the participants in an uncomfortable position and possibly limit participation.

I chose to use focus groups as the data collection approach with the school-based teams and specialist group. Focus groups are an interview method for people with

similar roles and provide the researcher with rich data and the participant with a stimulating atmosphere (Denzin & Lincoln, 1994). The focus group approach is well suited to the school-based team and CDC and Special Programs staff, as they are used to working in groups. It was a challenge to select an appropriate data collection method for the program co-coordinators. There are three co-coordinators, which is small for a focus group. However, this group of individuals has a history of working together constructively and each has equal power in her/his respective position. Additionally, I have worked with the group members separately and collectively, which facilitates collaboration and made me comfortable using a focus group approach.

### *Method*

#### *Participants*

This research involved four categories of people whose advice helped to shape the research: parents, school staff (kindergarten teachers, learning assistance teachers and principals), specialists and program administrators from the Yukon Child Development Centre (CDC) and the Department of Education - Special Programs. Specialists from each organization consist of speech-language pathologists, occupational therapists, psychologists, teachers, and physiotherapists. The CDC board of directors – some of whom are parents of children with special needs – also had input into shaping the research. Children were not involved in the study as many of these young children have cognitive and language and speech difficulties, and it is difficult to conduct a verbal interview with them.

Patton (1990) suggests that purposeful sampling techniques may be used in qualitative descriptive studies. Maximum variation sampling is thought to be especially useful (Sandelowski, 2000) and was used in this study. Maximum variation sampling is defined as the "process of deliberately selecting a heterogeneous sample and observing commonalities in their experience" (Denzin & Lincoln, 1994, p. 229). In this study,

variation came from asking different categories of people – parents, teachers, administrators, and specialists – about their experience of the transition to kindergarten. Maximum variation sampling was also used within the parent and school recruitment as explained in the following sections.

*Parent recruitment.* I met with the CDC Program co-coordinators and discussed the research project with them. In the context of the research project I asked the coordinators to make a list of parents they thought might be interested in participating in an interview based on three criteria. The criteria were the child had been involved with the CDC in the last two years, the children had different levels of needs, and the children had different types of involvement with the CDC (i.e., pre-school versus language group). During the discussion, the co-coordinators suggested the need to consider “approachability” of parents and how verbal they would be in an interview as part of the criteria. Based on their experience with parents, they felt that some parents were more approachable than others and were more talkative, which would provide me with more data. The gender of the child and the cultural background and income of the parents were not considered when making the selection. The suggested list consisted of six parents.

As the names of parents were brought forward, I felt some families could not be considered because their child was currently working with me in my job in the school system and this might create discomfort for the family and confusion in roles. The program coordinators and I identified three parents and a program co-coordinator contacted them. After outlining the research, the program coordinator asked each parent if they were interested in hearing more about the research, and if they were interested in participating in the research. All three parents agreed to being contacted by me.

I telephoned the parent, described the research goals, and explained the process involved in participating in an interview. During the initial recruitment call, all of the



parents expressed an interest in wanting to help, and agreed to participate. Each parent and I set a mutually convenient time and location. Scheduling of the interviews did not pose a problem. I offered to arrange childcare for each parent although none accepted. The parent was sent a copy of the participant information sheet and the interview questions prior to the interview.

The fourth parent to participate had participated in my qualitative research methods course project the previous year. This parent fit the criteria established for parent participation in the current research. Although not intended as a pilot interview, the parent had answered questions similar to the questions asked during the current research. I contacted her and the current research was explained. After reviewing her interview transcript, she agreed to have her interview used as part of the current research.

All the parents are mothers, as no fathers were listed by the coordinators as possible candidates. Two are single parents. Three of the parents are employed and the fourth attends college on a part time basis. Information regarding the socio-economic status and cultural background of the participants was not obtained. All of the parents had children who had attended the CDC within the previous two years in either the pre-school program or in one of the small intervention groups. These families are reflective of many typical CDC participants who come from a cross section of the Whitehorse community. The families involved in this research are not reflective of the small subset of families who have multiple government agencies working with them to support them and their children.

The children discussed were all boys with differing abilities in one or more of the areas of speech and language development, social communication, and motor skills. The gender of children attending the CDC is not tracked but anecdotal evidence suggests there is a slightly higher percentage of boys than girls involved with the

CDC. Two of the children had high level needs and two had low level needs. This distribution of the level of need is not reflective of the CDC caseload as the majority, approximately 80%, of children involved with the CDC have low level needs.

*School recruitment.* School recruitment was difficult as the focus groups were held near the end of the school year when there are many demands on staff. The school administrators of three Whitehorse schools were contacted and the research explained and discussed. Two of the administrators agreed to approach their school-based teams to ask them to consider participating in the research. The school-based team is composed of the administrator(s), learning assistance teacher(s) school counselor, and in this situation, the kindergarten teacher(s). After the heads of the school-based team had obtained agreement to participate, they confirmed a mutually agreeable time and date with me. The school administrator was sent a copy of the participant information sheet and the focus group questions prior to the interview, who distributed them to the school-based team.

One school has 200 - 220 students. The school has more experience with children with lower level needs than with those with more complex needs. This school is located on the outskirts of Whitehorse in a country residential setting and draws from a mixed SES background. An administrator and three teachers attended this focus group. The other school has between 300 - 400 students and regularly receives children from the CDC with low and high levels of need. This school is one of the larger elementary schools in Whitehorse and is located in a typical suburban neighborhood. The SES of families attending the school is diverse. Two teachers attended this focus group. The focus group was smaller than planned because of staff absences and meeting conflicts that arose on the day of the focus group. It was too late in the school year to reschedule and the participants were comfortable with each other and the researcher so it was decided to continue. The focus groups were held in the school at the end of a school

day. The staff members who took part appeared interested in the project, and the discussion during the focus groups was animated and lively. The learning assistance teachers at both schools each have more than 8 years of experience in their job. One kindergarten teacher had one year of experience and the other had ten years of experience.

*Specialist recruitment.* I presented information outlining the purpose of the research at staff meetings of both the CDC and Special Programs. The participant information sheet was distributed at each meeting. I followed up the meeting with an email to the Special Program specialists asking for an expression of interest in participating in the focus group, requesting one participant from each profession. There was one instance of two people of the same profession expressing an interest for involvement. The two people decided between themselves who would participate. All interested participants contacted me to inform me of their desire to participate.

The CDC program co-coordinators distributed a similar email to the CDC specialists asking them to contact me if they were interested in participating in the focus group. Each profession talked amongst themselves and agreed to a representative. The representatives informed me of their interest in participating. The participants from each organization were sent a copy of the participant information sheet and the focus group questions before the interview.

The staff members from the CDC were an occupational therapist, physiotherapist, developmental therapist, speech language pathologist and preschool teacher. The Special Program staff members were an occupational therapist, physiotherapist, speech language pathologist, and psychologist. Several staff from the CDC who worked with others in their profession at the CDC had taken the opportunity to find out if the others had concerns about transition they wanted brought forward. Most participants had previously met all other participants and were comfortable with the group. The focus

group occurred during work hours at a time convenient for all participants. It was held near the end of the school year so the experience of transition was fresh in the minds of everyone.

*Program co-ordinator recruitment.* The two program coordinators from the CDC and the one coordinator from Special Programs were asked to participate in a focus group. They agreed to do so at a mutually convenient time and location. The program coordinator focus group was also held near the end of the school year. The focus group was delayed in starting because of time pressures on the Special Programs coordinator. This resulted in a rush to finish the discussion. Despite this, the conversation flowed and all of the topics were covered.

Participants from all groups were given the questions approximately one week prior to the interview and extra copies of the questions were provided at the interviews. The focus groups and interviews were taped. The data collection approach used with the different groups of participants is listed in Table 1.

Table 1

Data Collection Approach

Group	Collection method – no. completed	No. of participants
Parents	Individual Interviews - 4	4
Schools	Focus group - 2	4 in one school 2 in another school
Specialists	Focus group - 1	9 total: 5 from CDC 4 from Special Programs
Program coordinators	Focus group - 1	3
Total Participants		22

### *Data Collection*

Data collection in qualitative descriptive studies looks to discover the who, what, and where of the experience (Patton, 1990). The data collected were based on questions formulated through the sensitizing concepts found in the literature. Sensitizing concepts "suggest directions along which to look rather than provide descriptions of what to see" (Blume, 1954 as cited in Denzin & Lincoln, 1994, p. 118). The use of sensitizing concepts reflects my theoretical orientation towards qualitative description. Qualitative description requires interpretation of data, which in turn, depends on the perceptions of the individual doing the interpretation (Sandelowski, 2000). The use of sensitizing concepts provides me with another perspective to consider when approaching the data.

In Chapter Two of this document, the sensitizing concepts were identified as collaboration, continuity, and evaluation. Additionally, questions of what facilitates and hinders the transition process were discussed. These questions were included in an attempt to identify strengths and weaknesses of the kindergarten transition process. This information would then be available as feedback for CDC and Department of Education administrators. All four groups were asked questions of a similar nature with a different area of emphasis depending on the participants' background. (See Appendix B for questions)

The data collection methods took into account advice provided by staff from the CDC and Special Programs. Early in the research design phase, information about the current research was presented at a staff meeting of both the CDC and Special Programs. The staff was asked if there was any information regarding the transition to kindergarten that they were interested in learning about. CDC staff did not have any questions they wanted included. Special Programs staff was interested in finding out what schools found helpful in the present transition process. This question was incorporated into the interview schedules. I discussed the research topic with a school

administrator who provided direction on approaches for school recruitment and information that would be helpful for schools.

All tapes were transcribed verbatim. I transcribed two parent interview tapes and the remaining parent interviews and focus group tapes were transcribed using a local transcription service. I listened to the audiotapes in their entirety to ensure all information from the tape was included in the transcription. While I listened to each tape I compared it to the transcription to ensure accuracy. Accuracy of the transcripts was high. The focus groups transcripts needed modification in regards to occasional improper identification of the speaker. I was able to correct the transcript, as I was familiar with the participants' voices. On several occasions technical terminology was identified incorrectly but was easily corrected by listening to the tape. I was the only person who had access to the tapes and transcripts aside from the transcription service. The interview transcripts and tapes are stored in a locked cabinet in my home.

### *Data Analysis*

After reading the transcripts in their entirety I read them again in groups (i.e., all parents, all schools), to gain familiarity with the process, content and themes. Sandelowski (2000) suggests the use of content analysis in qualitative descriptive studies. Qualitative content analysis derives from the data through a systematic application of codes generated by the data (Denzin and Lincoln, 1994). The initial codes of continuity, collaboration, and evaluation that emerged from the review of the literature, and that interview questions were structured around, were used as initial codes for analysis of content. Each transcript was reviewed and margin notation codes were made to identify passages that related to the initial broad codes of collaboration (COLL), continuity (CON), and evaluation (EVAL).

Each notation code was sequential within each transcript. For example, COLL 1 was made beside the first passage related to collaboration and COLL 2 by the second.

When new codes arose from the data they were added to the analysis. For example, when a passage about collaboration made reference to other concepts, these ideas were made into new codes. (See Appendix C for Example of Data Coding Process) Transcripts were reviewed each time evidence of new themes emerged from other groups.

Codes particular to each group and common to all groups were identified. At the end of the data analysis, seven more codes had emerged from the data. The additional codes were flexibility, advocacy, resources, transition of typically developing children, emotion, family-school relationships, and community involvement.

Transcript passages pertaining to each code were collated in separate Microsoft Word files (e.g. one file for collaboration passages grouped under headings for parents, schools, specialist and coordinators). Files also were created for each group of transcripts containing all themes (e.g. parent file containing passages related to collaboration, continuity, and evaluation themes). Having files pertaining to either participant group or code allowed for consideration of different aspects of the data. Each passage in each file contained a transcript identification number and a page number so that passages could be referred to in the transcription if clarification was needed. The separate files were used to cross reference passages between codes and groups. The files were also used to verify passages during the writing of Chapter Four.

After this first phase of analysis, I checked my interpretation of the data with one representative of each group – program coordinators, parents, schools and specialists. Each person was sent a copy of the Chapter 4 findings related to their focus group or interview. They were asked to review the information and see if the interpretation was plausible. They were asked to provide feedback in their preferred manner. Three people provided direct verbal feedback and the fourth person provided feedback via email. The people agreed with the findings, and gave additional stories to reinforce them. Where

they provided additional information this was incorporated into the findings section. For example, the person who reviewed the school perspective suggested there was a need to revise the method of Educational Assistant allocation.

The suggestions for improvement of the transition process gathered from the interviews and focus groups held in May and June 2003 were provided as feedback to the staff of the CDC, Special Programs, and schools. The suggestions for improvement and ideas generated during the data analysis served as the basis for a joint staff meeting of the CDC and Special Programs several months into the subsequent school year. This meeting resulted in many of the suggestions for improvements being placed into action items for this school year. The need identified by teachers to better inform kindergarten teachers about the Transition Protocol Agreement resulted in a presentation to kindergarten teachers on the transition process by a CDC program coordinator and myself in the fall of the new school year. During this presentation, teachers discussed the need for appropriate support in the classroom for special needs students.

#### *Ethical Considerations*

My level of involvement with the CDC and Special Programs required awareness of the possibility of creating conflict in a small workplace and the need to attend to clear ethical guidelines. My knowledge of the existing process and my work with the Child Development Centre, Special Programs, school administrators and teachers, and children and families gives me a unique understanding of transition from different perspectives and facilitates my access to research participants.

While this in-depth knowledge of the process and involvement with the people who participate in transition places me deeply within the research as a “passionate participant” (Denzin and Lincoln, 1994), it creates tensions in each stage of the research. This indicated a need to keep my perceptions of the research in question, which was done by keeping a diary of my work in the research process, and getting regular



feedback from my supervisor and from involved individuals through all stages of the research. Checking with participants and maintaining a detailed written description of my decision-making processes at each step of the research also were used in an attempt to gain perspective. The biggest challenge I faced was trying to maintain neutrality in the excitement of an interview or focus group and not ask leading questions. On the few occasions where it was evident in the transcript review and data analysis that I asked participants leading questions, I attempted to account for this in the analysis.

At several points during the process, participants were informed of how questions of confidentiality and anonymity would be addressed. Written explanations were provided in the Participant Information Sheet (Appendix D). Verbal explanations also were provided. Participants were told during participant recruitment that names and personal descriptions would not be used in the research. They also were told information that might allow people to be identified would be altered and that tapes are kept in a locked cupboard. This same information was also reviewed prior to each interview and focus group. The informed consent process is outlined in Participant Recruitment sheet (Appendix E).

Both the Child Development Centre and the Department of Education expressed support for this research. Both organizations allowed staff to participate and provided access for me to equipment such as photocopiers and computers.

### *Conclusion*

This research is focused on developing a description of the transition of Yukon children with special needs to kindergarten based on the experience of the people involved with them. A qualitative approach to the research resulted in a qualitative description of the experience and an exploration of the participants' experience and perspectives.

## CHAPTER 4

### EXPLORATION OF PERSPECTIVES

This chapter begins with a description of the Yukon kindergarten transition process based on my direct personal experience. I will use a chronological format to provide the reader with a general picture of how the transition process progresses through a school year. This is followed by an exploration of the experience reported by parents, teachers, specialists, and program coordinators during the process of transition to kindergarten based on the content analysis of interviews. The unique aspects of each perspective are explored and highlight differences in how each group approaches the transition process. These differences add new dimensions and depth to the understanding kindergarten transition process.

#### *The Current Kindergarten Transition Process*

My experience of the kindergarten transition process comes from my involvement in a variety of roles over an eight-year period. I have been involved with the kindergarten transition process through my work as a physiotherapist at the Child Development Centre (CDC), as a physiotherapist in schools working for Special Programs, as a Child Development Centre program administrator responsible for kindergarten transition, and as a parent of typically developing children. Each of these roles has resulted in a different experience and a broad perspective of the kindergarten transition process.

The Kindergarten transition process covers a twelve month period, starting the September before kindergarten through to the following October. Some of the activities outlined in this section are reflected in the Transition Protocol Agreement (see Appendix A).

#### *September – October*

Parents of children with a high level of need are involved in the transition process early in the transition year, which is the year before kindergarten starts, through their

involvement with the CDC pre-school. The CDC program coordinator asks the CDC pre-school teacher to obtain a release of information from parents of the pre-schoolers, which allows information about their child go to the Special Programs branch of the Department of Education and the school the child will attend. At pre-school team meetings that involve the program coordinator, physiotherapist, occupational therapist, speech language pathologist, developmental therapist and preschool teacher, program goals are identified for the children, some of which are related to kindergarten readiness skills. The pre-school teacher then discusses these goals with the parents and an Individual Program Plan (IPP) is put in place.

#### *November - December*

Early in November, the program coordinator for the CDC reviews the needs of transitioning students to determine whether equipment or architectural changes in schools would be required to ensure independence of students in the school setting. Later in the month both CDC program coordinators meet with the Special Programs coordinator to organize dates for two parent meetings held during the year.

The program administrator organizes the first of these two parent meetings. Approximately 25 parents of children transitioning to kindergarten are invited to attend, and on average, six parents attend the meeting. At the meeting, the CDC program coordinator outlines the services provided by the CDC in relation to the transition to kindergarten and how the process of transition to kindergarten occurs. A question and answer session follows. Parents receive a handout describing the Transition Protocol Agreement and their role in the process. The CDC coordinator also has informal meetings with parents during this time, which occur in the hallway outside the pre-school classroom. The physical proximity of the program coordinator's office to the classroom promotes these informal meetings.

The CDC physiotherapist works with children and parents on programs delivered in a family-centred practice model. Some of the program goals relate to transition (e.g. developing leg strength that would allow a child to step up onto a school bus). If the physiotherapist is the primary contact person for students with lower level needs not involved in the pre-school, she is responsible for discussing the release of information to the Department of Education form that must be signed by their parents. Often these forms would not be completed until February.

#### *January- February*

The CDC program coordinator creates a list of students, their level of need, and supports required in kindergarten based on information provided by the CDC specialists. This list and all subsequent list revisions are sent to the coordinator of Special Programs. Specialists at Special Programs receive this list from the coordinator of Special Programs periodically over the next 5 months.

#### *March*

In March and April, the CDC program coordinator organizes the second parent information meeting. Typically, one quarter of eligible parents choose to attend the meeting. At this meeting, the coordinator of Special Programs presents information on how services for children with special needs are delivered in the school system. She also answers questions about busing to school and safety procedures in schools. The Department of Education primary curriculum coordinator presents information on "Preparing your child for kindergarten" and gives a handout on this subject to parents.

The CDC physiotherapist completes a comprehensive physiotherapy assessment of the pre-school students. The information is compiled into a multi-disciplinary report containing a general history of the child's involvement with the CDC, assessment results from other clinics (e.g. B. C. Children's Hospital), current CDC

assessment results and suggested goals for the kindergarten year. The report is given to parents and the CDC program coordinator.

#### *April*

In April, the CDC coordinator distributes the final CDC reports to parents, the receiving school, and the coordinator of Special Programs. The CDC physiotherapist completes physiotherapy assessments of children with lower level needs. These reports are given to the CDC program coordinator. Parents of children with low level needs are told how services for children with special needs are provided in schools. The Special Programs physiotherapist receives the CDC reports from the Special Programs coordinator.

#### *May*

The Kindergarten teacher and Learning Assistance teacher at a school that would have a high level needs child coming to their kindergarten call the CDC program coordinator. It is arranged for the teachers to come to the CDC for an afternoon to observe the child in the classroom setting.

At this time, parents of typically developing children often go with their child to look at schools. They talk with friends about programs at each school. Parents register for kindergarten later in the month. At registration time, they are told to look in the paper in August for the bus schedule, and to call the school for starting dates.

Physiotherapists from CDC and Special Programs attend meetings at schools to discuss programs for high level need children. The meeting is held at the school and parents, kindergarten and learning assistance teachers, CDC specialists, and Special Programs specialists attend. School administrators are expected to attend these meetings but often have conflicting meetings and are unable to do so. Some schools invite Special Program specialists and others do not. There is often a concerted effort to limit the number of people attending the meeting in an attempt to not overwhelm the

parents. At the end of May, physiotherapists from Special Programs and the CDC meet to discuss the physiotherapy programs of children leaving the CDC and starting kindergarten in the fall.

*June – August*

Parents may take their children to school when they volunteer at the school. Through this process the younger children become familiar with the kindergarten classroom and the playground, and meet the kindergarten teacher. Over the summer the family will often go to the school to play in the playground.

*September - October*

The Special Programs physiotherapist attempts to be at the school during the first few weeks of school when a child with high physiotherapy needs starts kindergarten. The physiotherapist becomes acquainted with the child and the Educational Assistant (EA) assigned to work with the student is trained using the report from the CDC physiotherapist as a reference. The physiotherapist frequently will call a parent to ask about a child's current level of function and changes that occurred over the summer. On occasion, the CDC physiotherapist is called to answer questions about previous interventions.

The physiotherapist discusses children on the physiotherapy caseload with the Learning Assistance teacher during the first visit of the school year. During this meeting the list of CDC transitioning children is used as a reference, to clarify the status of each of the low-level needs children on the school's priority list. Frequently the physiotherapist is asked to discuss with the kindergarten teacher how these children are doing. Children with a low level of need are frequently just observed by the physiotherapist at some point later in the school year unless a referral is completed. In some schools, but not at others, the referral to Special Programs for children with low level needs occurs automatically. On occasion, a parent asks the physiotherapist when their child will be seen. The

process for referral to Special Programs is explained to the parent and they are encouraged to discuss their concerns with the classroom teacher. If a referral is not forthcoming, the physiotherapist will follow-up with the Learning Assistance teacher.

My experiences of the kindergarten transitions for children with special needs, gained through a variety of roles as outlined in the Transition Protocol Agreement, have informed my perspective of the kindergarten transition process. These experiences, while varied, are limited to the direct roles of specialist and administrator, and are shaped by interactions with others involved in the process – parents, Kindergarten teachers and school administrators. The following pages explore the experience of the other people who support children during the transition to kindergarten and examine their perspectives of the kindergarten transition process.

### *The Experience of Those Who Support Children with Special Needs*

#### *Parent Experiences*

Parents are central to the kindergarten transition process. Their perspective of the process is tied to the role of being a parent of a child with special needs who is the focus of the transition. Parents expressed views similar to others involved in kindergarten transitions regarding some aspects, such as collaboration and resources for example. However, the emotional aspect of their interviews was clearly unique to them. While other participants, in particular teachers, expressed emotions of pleasure or frustration during their focus groups, it was the intensity of parental emotions that made emotions the hallmark of their experience.

*Emotions.* The parents expressed strong emotions during the interview about their children's experience during the transition process and through the kindergarten year. Emotions were apparent physically (e.g. tears, animated voices) and in the language they used: "I was worried that he'd get kind of left behind."

Parents expressed their excitement about the prospect of their children starting school stating they were "Excited" or it was "Great!" that their child was starting school. Parents also stated that while they were also anxious and apprehensive about their children starting school they thought their anxiety was typical for a parent whose children were starting school. They had additional concerns related to challenges the child might face because of their different abilities.

I was apprehensive ... our thing for my husband and I was for him, was, that school was a happy thing for him, that he enjoyed it because our belief is that if we get him so he enjoys school he'll be able to learn. He's a self conscious little boy and he is conscious of his language disorder or if he believes that people won't understand him or that he'll be out of place [then] he doesn't talk.

Without exception, parents reported they thought their children were excited about school. Parents appeared pleased about their children's enthusiasm and excitement for starting school and thought this would make the start to school easier.

It was a happy day for my child. He was very excited to go to school. He was um, not frightened or anything he was very very pleased to go to school...he had talked all summer about going to the big school, that is going to be my school. So he was excited about it.

Parents differentiated between success within the transition process and success in the kindergarten year. Once the children had started school and the formal transition process was completed, the experience of parents was not as positive. Three of the four parents expressed a sense of loss and isolation from their child's program and progress. One parent stated, "I feel like I kind of lost track of what happened. When he was at the CDC, I knew better what was going on." Another parent commented "That first year while he was in kindergarten....There was something going on there but I don't know what it was that was going on.... it's like once he was in school, I didn't really hear anything about it." Two parents felt they were not welcome to be a part of their child's education.

...with CDC I was feeling very much a part [sniffs] –Yes, well, I felt



like I was a partner, with him in his life, in his education, in his everything; and I've had nothing but the door slammed in my face for this whole year...

One parent did not express the feeling of loss. This parent reported that her partner was able to participate in their child's educational program – he had both the time to come to the school and the support of the teacher to be in their child's classroom.

All parents expressed a fear that if they raised concerns or had any conflict with their child's teacher, their child would suffer because of it. "My experience was that if I wanted something, that it was almost like she took it out on him." For one parent, the difficulty she had in talking directly with the child's teacher made it challenging for the parent to advocate for the child: "I've had to pretty much walk on eggshells around her all year so that my child wouldn't be the one to get the brunt of her and my not seeing the same page."

Some parents felt an important factor that related to a successful start to kindergarten was the capacity of the classroom teacher to understand and accommodate the differing abilities of the child.

He didn't end up being with a teacher that understood learning disabilities or wanted to, and so, it was a combination of everything; and it was a shame, because he was really ready to take on the world when he left CDC. And then, this year now, he's completely deflated.

The inability of the teacher to be inclusive resulted in isolation and segregation of the child: "He had to go sit out in the hallway – the teacher refused to let the EA work in the classroom with him, because it was disruptive."

*Collaboration.* Parents participated in many of the collaborative activities established in the Transition Protocol Agreement (e.g. transition meetings, and interviews with teachers).

Last spring, [I went to the school] with some staff from CDC, and then, in the fall, I went – well, actually I went for two meetings. There was one that I went by myself in the evening and met some of the teachers and just heard what the

principal had to say and ...in the spring last year with another class, just to have an idea of what they did.

Parents were aware of their child's differences and were knowledgeable about how these differences could impact their child's success in school. They wanted people in the school to know ahead of time how their child was different and how teachers could help them to be successful: "He's got a learning disability and so, with that, he has motor skill challenges and he has problems in the social area.... he does need that extra guidance. It's part of the way his brain is geared." Parents were interested in collaborating with all involved: "We wanted everyone to be at the transition meeting and they were...The Special Programs staff as well as the school staff at the transition meeting. There were probably a dozen people there."

Expressions of support for the kindergarten transition process were seen through positive comments about the general transition process, transition meetings as well as the child's first days of kindergarten. One parent commented on the transition process: "I remember being happy hearing that there was going to be a conference so that the school would be aware of [my child's] needs." Another parent describing her child's first days of kindergarten said: "He was really excited, and he handled it all really well because he not only had to start school in a bigger place with all these kids that he didn't know, but he also had to start taking the bus."

The parents' ability to be collaborative by attending meetings and going to the school was related to their personal resources, in particular the amount of time or energy they had:

I've got to be honest, it was like all those things happened, and I hardly kept up with it...I was just really busy....Too many -- like, working full time and, you know, trying to keep the kids in gymnastics and be "Super Mom".

Participation in collaborative activities not specified by the Transition Protocol agreement also appeared to be related to time available to the parent and/or her

advocacy skills. In contrast to the above quoted parent, another parent was more involved: "We went to many schools. [We] met with the kindergarten teachers briefly and Learning Assistance folks and then I went to school for half a day in the kindergarten classroom."

*Continuity.* Parents spoke of continuity of the kindergarten curriculum, school staff and facilities as important for their child. Over the summer, all parents initiated activities they felt would help create continuity for their child: "We went shopping for school supplies I'd pick up something, he'd be with me and the brothers and pick everything up and he'd get his stuff into a little basket. And that made him happy that he had stuff to take to school". Similarly: "I was teaching him 'A, B, C' and how to count and how to tie his shoes and things like that, in hopes that he would have a little bit easier time of it." Parents saw the CDC transition reports about their child that were written for schools as a valuable tool for promoting continuity: "It [transition report] was a really well-written report. It actually explained my child so well. For somebody who's new to all these kids and trying to figure out their characters, this explained him to a 'T'. Yes, they did a really good report."

The presence of an older sibling in the school was considered helpful for the promotion of continuity for the kindergarten child. Having a sibling to visit at the school created familiarity with the facility and teaching staff.

When he was little he'd be with me when I'd go over to pick the boys up or take them to school. Well, they'd walk to school in the morning and I'd pick them up after school and he was always with me...So he knew the routine right off the bat.

Once kindergarten started, parents reported they felt the ability of the school to create continuity through the adapted kindergarten curriculum suggested by the CDC was difficult because of the limited resources available in the school system.

"...the one-on-one definitely wasn't there at all. In fact, it was the opposite, because of his motor skills problems, he was pretty much left to fend for himself.

... if he said that he really didn't feel like colouring, which he would do, because he didn't know how to hold it properly, then she just accepted that as an answer and let him play with something or whatever she had him doing."

*Advocacy.* The parents participating in the current research described themselves as advocates for their child and had no hesitation mentioning their child's involvement with the CDC to the school: "I wanted people [school staff] to know what the deal is [about our child]." They participated in many collaborative activities to advocate on behalf of their child.

However, the reports of the school staff suggest that not all parents are advocates for their child. One school focus group mentioned several occasions when parents registered their child for kindergarten and made no mention of their involvement with the CDC. In one of these cases, the administrator stated the child's start to kindergarten was so challenging that the family was told the child could not return until supports were in place. The school administrator felt this had negative consequences for the family. "...It must be very difficult for children. I know two years ago when that little fellow came and we didn't know – I mean, that was so difficult for him, and it was terrible for his mom, terrible for his mother".

*Community supports.* In an attempt to create a positive atmosphere during the kindergarten year for their child, parents found support for themselves and/or their child in places other than school. This support came from their community in the form of community-based advocacy groups or community recreation programs. One parent said "I had someone from the Learning Disability Association sit in on meetings with me."

Another parent talked about recreation:

...What I found was our way to get through this year was swimming actually. He really excels at it, and – you know, about as much as a puddle jumper can excel, but, no, I mean, that's what got his confidence back enough to, you know, finish out this year. It's just looking for the other stuff...

Many parents reported they were supported by groups not involved in the formal transition process, such as family friends, the child's siblings, or agencies located in Whitehorse or outside the Yukon (e.g. specialist hospitals in Vancouver or Edmonton).

Last summer when we were out; every year he goes for follow-ups [in Vancouver] because he was a premature baby, and so, they diagnosed him last summer, which was, you know, supposed to be a good thing for us, you know, to help us start out with our school year and get some extra help and such.

Siblings can play a special role: "At lunchtime one of the older brothers is always there and I drop him off at the gate one of the older brothers would walk him in."

*Resources.* Parents mentioned that they were fearful of impacting their child's education by raising concerns over resources, such as educational assistants and/or specialists (e.g., speech language pathologist) that were not available for their child.

So I mean we made some choices. I guess the choices that we made and it was a conscious choice, is not to fight the education system .... And if we want to fight to change the education system we'll do it after it doesn't affect our kid...So to maintain the relationship was important cause we thought that was going to benefit our child more.

All parents explained they had been told the resources were much less available in the school system than at the CDC. Parents stated they understood the difference and felt it was detrimental to their child. "I was told that it [specialist services in schools] is different; but I had no idea what this year was going to bring. I had no idea what we were in store for." They were fearful of trying to change the resource allocation process and responded in different ways to the lack of resources.

Some parents choose to provide private specialist services for their child.

We just paid a therapist to go into the school to provide therapy. She provides it in the school, we're just paying for that because forget it, we're not waiting for you to provide this. Sorry. We know it's a need.

Other parents expressed a lack of power to influence decisions about the situation.

"Obviously there has to be more money to have people who are necessary to look after all the kids. But that's a pipedream."

*Flexibility.* Flexibility in the process and on the part of individuals involved with the process appears to be important for parents involved with transition. This topic came up more frequently with parents whose personal resources such as time, financial, and personal energy were limited. "I remember visiting the CDC a lot, and they were really flexible; and I would meet them, over lunch hours." Another parent commented on the willingness of people involved with her child to go beyond their job descriptions. "He's had two bus drivers that were consistent through the year, and they were both just wonderful, really great people....Well, they also took him under their wing, and they went above and beyond I thought." Parents appreciated the ability of others to be flexible and personally attentive to the needs of their child.

Parents were the heart of the transition process. They provided the emotional depth to the entire process through their passionate interest in supporting, guiding, and helping their children through one of the major transitions of their young lives. Parents expressed excitement and anticipation about the start to school. But this feeling was tempered by their knowledge of their child's level of ability, coupled with the reality the child might face in the school environment and their hope for a successful start to school.

Parents saw the process of transition as their opportunity to help their child with the transition to kindergarten and collaborated, to the best of their ability, with all involved to create continuity for their child. Much of the collaboration occurred in the spring and summer prior to the start of kindergarten. Once the formal process was completed and school had started, parents expressed feelings of loss of a support structure, such as provided by the CDC. In some cases parents were unable to be actively involved in their child's education and were fearful that attempts to change the system would negatively impact their child. Here again, it was the emotions expressed that put depth into and a different dimension to the transition process.

Parents felt there were several factors that influenced the success of the kindergarten year. They identified that the limited number of human resources, such as Educational Assistant or Special Program consultants, negatively impacted their child's opportunity of reaching his/her educational goals. Ultimately parents saw success for their child in kindergarten as related to three factors. The first factor was the relationship they and their children had with the classroom teachers. The second was the teachers' acceptance of parents as partners in the child's education. Finally, the teachers' attitude towards inclusion of children with special needs within the class influenced success in kindergarten.

The strength and determination of these parents' efforts to create opportunities for success for their children was an essential component of the parental experience of the transition process. They worked diligently, at times with opposition, on behalf of their child to create a positive start to school. They were like trees in a strong wind; bending to the challenges they faced in school yet returning upright through their strength and determination to help their child.

### *School Experience*

The school focus groups centred their discussion on the needs of children, both those with special needs and typical children, in the school setting. Participating staff spent a great deal of time discussing the resources they required to teach children and all the people they worked with to do this.

*Resources.* The theme that dominated much of the discussion and evoked the most passion from school staff was the issue of resources and the classroom teacher's ability to meet the needs of both special needs children and other students in his/her class. The teachers strongly expressed that additional assistance in the class, as provided by an EA, was the most effective method of meeting the needs of the special needs children, particularly those with high levels of need.

And that's a very important point. I feel very strong about that, that there are potentially 18 or 19 other children in the class who need my attention just as much as that one child does. So, if I don't have any EA support to help me, then everyone suffers, and it's not fair; because that high-needs child needs someone to help them achieve what they can, and the other kids in the class also need help. And you can only stretch yourself so many ways.

The provision of EA support for students is a challenge because the number of EAs in the school system is limited. In each school, the allocation of EA support for kindergarten students must be done in the context of all children with special needs in the school. The school-based team submits a request to the central administration for a certain number of EAs based on the needs of all students in their school. The number of EAs allocated to the school is done by the school superintendents in consultation with the coordinator of Special Programs. In the summer prior to the start of the new school year, each school is informed of the number of EA positions they will receive. The school-based team then has to decide which students will receive EA support. Teachers said they felt awful about having to prioritize needs of students.

And when you look at the kids, it's not just the kids coming into the school. It's the kids who are already here that it has been established that this child 'x' child, needs an EA. If they need an EA this year, they probably need one next year, and yet we're facing cuts. So, who do you cut? Which child is less needy? It's terrible. The decision-making on that one is really difficult.

During a member check, one school administrator felt it was important to express concern about the process for assigning EAs. The administrator wanted the process of assigning EAs to be changed but was unclear what the changes needed to be.

The difference in the amount of human resources between the CDC and schools was another concern identified by teachers in the current research. The larger caseload of Special Programs staff creates limited availability of specialists from Special Programs when compared to availability of specialists when the child was at CDC. Being on the 'front line' to receive parents' complaints about the lack of services for their child, teachers stated they viewed it as essential that parents understood the differences in the



amount of direct services available for children with special needs in schools when compared to the CDC.

They [parents] have to get the understanding that ... the specialists are not available on a daily basis for their child, and there's nothing we can do about that, that we have limited resources; because the CDC does have wonderful resources for special needs kids, and we just don't. We don't have enough.

*Collaboration.* Many of the collaborative activities created by the formal transition process were viewed by the school-based team as extremely helpful. These activities include teacher visitations to the CDC preschool for student observations. "This year we [kindergarten teacher and Learning Assistance teacher] went to the [CDC] classroom in the afternoon, and all the kids that are coming [to our school] were there in that one setting." Teachers considered collaboration through written reports helpful. "They [CDC] provide really lengthy and detailed reports on each child and with suggestions as to the kinds of activities they will need entering kindergarten." Transition meetings for CDC staff, parents and school staff were also viewed as a helpful collaborative activity. "There aren't too many really big surprises, because we've had these transition meetings, and the parents can ask us any questions at that time about concerns they may have."

Many different people within and outside the school collaborated to create support for kindergarten students. In the school, the kindergarten teacher reported that, in the fall, teachers discussed how kindergarten students from the CDC, especially those with high level needs, were managing. "It's nice to get their [other teachers'] perspectives on how the kids are tracking." Kindergarten teachers frequently collaborated with Special Programs specialists through informal discussions or requesting specific observation of students with high and low level needs.

I give [a list of names] to the necessary specialist and say, 'When you have time, these are some of our kids I would like you to just look at and tell me is this within the developmental range or not or should we be doing some work with them.'

Outside of the school, bus drivers and daycares were key collaborators. Bus drivers were mentioned as another source of information on how children with special needs were adjusting to kindergarten. Daycares were occasionally mentioned as sources of information on transitioning students. "We had a little boy, and there was a lot of contact with the daycare because of behaviours; they were pretty severe." Parents were seen as a resource for the kindergarten teacher in the capacity of classroom volunteer and were "welcome to come and visit the classroom at any time".

In both focus groups, the value of knowing individuals from different organizations involved in transition was identified as an important mechanism for collaborating and problem solving. One teacher with a child attending a program in the same building as the CDC, who knew CDC staff, took it upon herself to use her proximity to them to solve problems.

Teacher: This year I just went to the CDC program coordinator because I was in the [CDC] building, "What's the scoop on these ones?" And then, she was able to say, "I don't think this is a big deal, but I'll get back to you."

Administrator: But that's great, you know, to be able to have that connection!

Teacher: And then, she said, "This was worded wrong, and we might change that for next year..."

If schools had children with special needs "turn up" on the first day of kindergarten or children experiencing unanticipated difficulties, then the teachers reported calling up individuals they knew for information that would be available immediately and would assist with providing services for the child. Once again, it was community connections that helped to solve problems.

Less involvement for children with lower level needs than with higher needs with consultants from Special Programs was not mentioned by the teaching staff as an area of concern. Teachers did not mention the need to augment the current transition process for parents of children with lower level of needs. They stated the current process provided adequate support for these parents.

We had one little guy who only has speech and language, and there's a little girl, too, who only has speech, we haven't had a transition meeting with her family. So, the classroom teacher didn't feel it was necessary. So, she was transitioned like the rest of the kids enrolled in kindergarten.

School staff echoed parents in their general support of the transition process. The school-based team – kindergarten teachers, learning assistance teachers, and administrators - saw children with high level needs clearly benefiting from the formal transition process.

I think it's going quite well. I think the [CDC] is doing a wonderful job of preparing the children. ...and I think that the work that they're doing on – in their reporting and meeting with us is great. We have really lots of good information going back and forth.

*Continuity.* School staff felt there was good continuity in the areas of assessment and programming for the high need students who attended the CDC preschool and their kindergarten class. Teachers felt the CDC preschool did an excellent job preparing the children for kindergarten in that many of the CDC routines were similar to those of their kindergarten class. "They [CDC] do a lot of the similar kinds of routines that the child will encounter in most kindergarten classes." Continuity in program goals were created through the CDC reports by their comprehensive nature and the inclusion of suggested goals for the start of the kindergarten year.

The report acts as a bridge for me between, you know, what they have done at CDC and what their strengths are and kind of a basis really for us to begin an IEP at this end of the road; because we take that report, and we look at the things that they've noted on there and the things they have – goals they have achieved and goals that they haven't achieved and should work on.

Reports for children with a low level need met with mixed reviews. Transition reports for children with a lower level of need contain information about the child's challenges in one or possibly two developmental areas i.e. speech and language, and/or social development. One school focus group felt the reports created continuity for the children. "It is certainly useful if they [reports] contained, from an SLP point of view and

an OT point of view, activities that they're doing, things that they're working on to strengthen certain things. Then we can have some continuity." Another group suggested the reports were not holistic and gave limited information about the child and their ability to function in kindergarten.

A learning assistance teacher mentioned that if an Educational Assistant (EA) is required for the child it is challenging to collaborate effectively and create continuity. Typically an EA is assigned to a child on the first day of school and the EA has no opportunity to observe the child in a pre-school environment or participate in any planning activities. Lost opportunities to meet and collaborate with people who knew the child result in less continuity in programs.

*Community involvement.* Except for the occasional contact with daycares, the school staff did not mention the community as an active participant in the kindergarten transition process. No community programs were cited as providing direct support for kindergarten students. Indirect support for students through written information given to the general student population about community recreation activities held in the school was mentioned.

Every school has a school council consisting of elected representatives of community parents. The school council was not identified as being involved in kindergarten transition in either of the participating schools. "School council hasn't got much to do with transition at all." One school mentioned that their council was considering ways to make the school more welcoming as part of the school plan, which could include support for parents with children transitioning from the CDC.

*Transition for typical children.* The transition practices for typically developing children varied between the two schools participating in the research. The type and amount of collaboration between parents, students and the kindergarten teacher varied. One school reported:

There's no formal orientation. They're sent a notice over the summer, telling them about staggered entry; and on the first day of school, that's when we have our orientation. It's for parents only and that's when we explain, you know, expectations of kindergarten and all that sort of stuff that parents need to know, indoor shoes, lunches, all that.

A kindergarten teacher from the other school stated:

I have a visiting day [in June] for all new kindergarten students to come to visit the classroom...when I have my visiting day I have a little handout that I give them [parents], 'Things to do over the summer to prepare your child for kindergarten'..... And there is an information meeting that we have in September, about mid-September for all parents to come to, where I just once again introduce myself and talk about the routines we do in the classroom, and they get a chance, if they haven't had a chance, to come to the classroom.

Transition practices for typical children were raised as an issue during the current research. One school was considering adopting different transition practices for typically developing children in light of that year's kindergarten cohort lack of readiness to learn behaviours. In contrast, the other school considered their kindergarten group prepared for the structure of kindergarten and the transition process met the needs of the students.

*Flexibility.* In addition to flexibility in how schools structure the transition practices for typical children, flexibility in other aspects of the transition process was thought to be valuable. Teachers appreciated the flexibility and willingness of specialists to help observe children with whom they were not formally involved. Administrators appreciated flexibility in EA's allocation that occurs in September of each school year, which allowed for unanticipated needs to be met. "Luckily the department always keeps a couple of EAs in reserve. So, we were fortunate that we could get somebody."

*Evaluation.* The teachers' main focus is on evaluation of the student. Teachers informally evaluate the adjustment of children with special needs to kindergarten in a manner similar to the process used for typical children, such as discussing a child's progress with other teachers and observing the child's performance in the class. "You know that the transition into kindergarten has been successful when you can see them

following their routines and able to work independently and able to interact with their classmates and you see happy children”.

The role of parents in evaluating their child's progress was not mentioned directly by the teachers except when the teacher noted problems and wanted to discuss them with parents.

When they're [parents] involved, they can also see some of the things ...[about their child's work] and they can go, “Oh, yes, I see what she means about the fine motor skills are a bit weak.” I don't have to then tell them that. They can see for themselves where their child stands in terms of their skill things.

The school staff did not mention any opportunity for evaluating the process outlined in the Transition Protocol Agreement although a kindergarten screening process, new to the system at the time of the current research, was cited by one teacher as a formal student evaluation tool. However, the teachers stated its value was not yet apparent.

School staff displayed significant commitment to and interest in working with others to help children be successful in the school environment. As a group they said they were interested in participating in the transition process because they saw it as an opportunity to help children have a good start to school and to prepare themselves for the challenges of the upcoming school year. Teachers viewed their ability to help the child with special needs, especially those with higher needs, within the context of a classroom full of children with needs. The needs of the special needs child were viewed as competing with the needs of the other students, and consequently teachers felt their abilities to meet all needs in the classroom was limited unless extra assistance, such as an Educational Assistant, was provided. The use of supports not integral to the structure of the school, such as parents, volunteers, or community groups or indirect supports such as curriculum modifications, were not mentioned as tools to assist in meeting the diverse needs of students in their classroom.

### *Specialist Experiences*

The focus group held with the specialists detailed how they were involved in the kindergarten transition process. The dialogue facilitated a discussion of the strengths and weaknesses of the transition activities they were involved in and an exchange of ideas on ways to improve the process.

*Collaboration.* Many of the collaborative activities designated by the Transition Protocol Agreement were mentioned as valuable by both groups of consultants. The year-end disciplinary meetings between the CDC and Special Programs staff were mentioned as a useful mechanism to improve services for children once they were in kindergarten.

A positive collaborative experience resulted from the current research as the specialists from Special Programs spent quite a bit of time during the focus group educating CDC staff on ways to promote involvement of Special Programs with kindergarten students. For example, a specialist from the CDC asked the following questions, which were answered by a specialist from Special Programs. "I never really know who's supposed to make that contact to arrange the transition meetings. Is that supposed to come from the school? Is it supposed to come from the CDC? Who is supposed to contact the parents?" At another point in the focus group, the CDC staff were educated on how the information they put in the transition list could impact the services provided for the children with lower level needs.

Staff from the CDC appeared more comfortable collaborating with people whose role they found most familiar – parents and Special Program consultants of their profession. They did not have a clear understanding of the groups they were not directly involved with such as the school-based team. "We don't have any clear guidelines... from the CDC perspective, I'm not trained in or know how the schools work." This lack of knowledge appeared to make collaboration more difficult. For example, one CDC staff

expressed the view that parents were not involved or welcome in the school and that she was viewed as a source of trouble.

The perception I've been taking from it is that the schools are very interested in what information we're bringing them in our assessments, in our reports: 'What trouble are you making for us? What problems are you sending me next year,' and they don't necessarily care to hear the parents' side of things.

The CDC staff mentioned collaboration with community groups as a means of supporting parents and children transitioning to school. "At one of our transition meetings we had [a representative of the Learning Disabilities Association] come in and speak to the parents just about summer programs and support that they can offer once they're in school and support for the families."

The CDC and Special Program specialists had different opportunities to collaborate with parents. CDC specialists were involved with parents from early on in the transition process. "In the fall, I .... inform parents about what's going to happen and just discussing the child's program plans that are coming up. We identify goals and provide information to the parents about the transition process." Specialists from Special Programs, on the other hand, were not involved with parents until after a referral was completed.

Even after the point of referral, Special Program staff reported there were variations in the extent and nature of their involvement with parents. As mentioned by a Special Programs consultant, parents of children with a lower level of need often had less involvement with Special Programs specialists. "It's really varied ...some of these [low level need] transition kids where we're not getting the referrals right away, I sometimes have to convince the teacher that there's a need [for a referral]."

One CDC staff member involved with a CDC program based in First Nation daycare mentioned collaboration between parents, CDC staff and schools as a particular



challenge. She thought parents she was involved with were reluctant to go to the CDC parent meetings.

I know that there is a transition process that happens downtown, parents [in this First Nation daycare] are not accessing any of those support systems you know - special programs comes in and does their night, and they have luncheons. And [these] parents do not ... because they have barriers coming downtown for whatever reasons their barriers are.... I've noticed over the few years that they're just not participating in those things.

The CDC specialist suggested parents also got limited information from the schools about transition since the schools frequently asked her to contact parents to arrange the year-end transition meetings. The therapist used her community connections to provide information to the parents.

Interviewer: She [school administrator] asks you to contact the parents [to arrange transition meetings]?

CDC specialist: Because I know the parents and I know them well, and I'm going to be able to explain it to them; and I find there's big explanations I need to do around what is it for. so, I personally feel more comfortable phoning the parent.

*Evaluation.* Focus group participants expressed an interest in various types of evaluation. The CDC expressed a strong interest in finding out how children who had gone through the CDC and transition process had succeeded in kindergarten and in later school years. "It [child outcomes] would give us so much feedback to if what we are doing is effective or if we need to change it or do things differently."

Both groups were interested in knowing if children seen at CDC continued to have programming for their special needs in school. CDC staff was also interested in feedback from teachers, as they had no process for receiving feedback from schools. The Special Programs specialists indicated that they were unaware of any formal feedback mechanism or follow-up that occurred in the school system on children who had transitioned from the CDC but thought it would be useful information.

*Continuity.* Continuity of curriculum was created through the CDC transition reports. The Special Program specialists considered CDC reports invaluable. "From our

[Special Programs] perspective, they're [CDC reports] extremely useful." It was felt the information in these reports provided familiarity with the child's needs and program. The reports alleviated the need to rush to assess and program for the child early in the school year.

It was more difficult to provide continuity for children with high level needs. "Those [high level need children] are the ones that you just want to make it easier for the teacher and the student, but it doesn't come across on the reports, that kind of information doesn't." The use of portfolio reports was discussed, as a way of providing continuity for children with high level needs. A portfolio report utilizes information from the child's life in the form of pictures and information about the daily routine at home and preschool, which is especially important when test scores do not fully explain a child's abilities.

The use of portfolio reports was also suggested as a way parents could be drawn into the reporting process. "So, I think it [portfolio report] would be a good way to involve parents." The information from a transition portfolio report would help parents feel more a part of the transition process and more importantly, make the information more immediate and useable to the kindergarten teacher.

*Flexibility.* Specialists from both groups felt there was a need for flexibility in the system. For example, specialists suggested the ability for parental input on whether or not transition meetings between CDC staff and schools were held was important. "Some of the children we discuss at our team meetings, whether we ...think the transition meeting might be necessary; and if there's any question, we may ask the parents if they feel that would be necessary. It's often left up to them." The lack of strict guidelines that determine which children have transition meetings provides flexibility in the system.

Systemic flexibility was also mentioned in the process of referral to Special Programs. Special Program staff reported differences between schools in the referral

process for children with a high level of need. Some schools refer children to Special Programs at a spring transition meeting. However, they reported situations where a referral should have occurred but did not.

...particularly at a kindergarten level, there are differences, yes. However, I would say in general there is a possibly conservatism about automatically referring kids coming in. So, even those kids who have assigned an EA with developmental delays across the board, which is why they benefit from having an EA, those kids aren't necessarily all automatically referred to each of the specialists, which this year particularly I found surprising.

Children with a lower level of need were frequently not referred through to Special Programs. This variability within the process was mentioned as allowing flexibility for the parents and teachers, but would often leave a child without specialist services and teachers and parents without the corresponding collaborative opportunities. CDC specialists are aware children may not be referred to Special Programs and attempt to educate parents.

Something I tell my parents, especially the ones that aren't having a transition meeting, so I'm just sending a report, is that this doesn't mean they've been referred to the speech and language therapist. I can't do that. I've suggested to the school it be done, that it will probably be done but that they should check with their kindergarten teacher when they get to school.

*Resources.* Differences in resources at the two organizations allow direct service provision for children at CDC as opposed to consultative services from Special Programs. Resources were hardly mentioned during the focus group. They were only discussed in relation to a prioritization process schools go through because of the lack of services. "What happens is the school-based team already has students on their list from previous years...each school only has special programs so often. So they will prioritize their list and quite often those coming in don't get referred to us." The lack of conversation about resources was in marked contrast to the discussion that occurred among school staff where additional resources were seen as the main method of dealing with the needs of children with special needs. It is possible no one mentioned the

difference in resources as they accepted it as a given condition that was not likely to change.

*Advocacy.* Special Programs staff mentioned several ways they advocate for the children who transitioned from the CDC. This advocacy occurred well into the kindergarten year when the consultant was anticipating the increased demands of grade one and feeling the student would require certain supports that would not necessarily be in place. "Often I see programs in place in kindergarten that are less in place in Grade 1 that I want to start advocating for and figuring out how it can happen for that Grade 1 student." Advocacy for students also occurred when the Special Programs staff would liaise with teachers or parents in an attempt to promote a referral through to Special Programs. "I sometimes have to convince the teacher that there's a need; and part of that is speaking with the parent, because the parent will then advocate for what they know already is a need and ask the school."

CDC staff promoted parental advocacy through education. Staff told parents about the differing levels of service between schools and the CDC and how parents needed to advocate for their child's referral to Special Programs. Staff also provided information on community resources that would assist with advocacy.

The specialists from the CDC and Special Programs stood out in their interest in sharing information with each other that would assist them in making their involvement in the process more productive and subsequently enhance the child's transition to kindergarten. They also expressed an interest in evaluation of child-specific outcomes in kindergarten that would inform their future practice. Of note, was the perspective of one CDC specialist that First Nations parents from one neighborhood did not participate in the transition process.

### *Coordinator Experiences*

The coordinator focus group focused on the Transition Protocol Agreement and the coordinators' involvement with various aspects of the transition process.

*Collaboration.* CDC program coordinators were involved in collaborative activities with CDC staff, parents, Special Programs coordinator, schools and community groups.

In the words of one CDC coordinator:

My involvement with children with special needs during the transition is not direct. It's basically a coordination as far as making sure that the steps to transition are being completed, that the people who work on my team are aware of the steps and are following them and are doing what they need to be doing. I do have some direct in being involved in the parent meetings that happen and that, but that's kind of directly working with a parent but not with the children.

The Special Programs coordinator collaborated with CDC program coordinators, Special Program staff, schools and school administrators.

My [role as Special Programs coordinator] starting in the fall with the coordination of the information received from [CDC], notifying schools early in the fall of students that may be coming in and keeping that avenue open, parent meetings with CDC staff then starting in April, making sure that schools are notified of students coming in from CDC and encouraging the case conferences ... The other big piece is making sure that the supports that are recommended, such as paraprofessional supports, are added on to the student staffing -- or the school staffing list as they go out.

The coordinator of Special Programs has less time to collaborate with parents than does the CDC coordinator, and the collaboration is usually not individualized. The Special Programs coordinator is a single person expected to collaborate with CDC coordinators, parents, special program consultants and all 27 schools in the Yukon. The workload associated with this position also impacts the amount of time available for collaboration with other community resources, something the CDC coordinators were able to do more readily.

Usually the Special Programs coordinator meets with groups of parents, but occasionally, will individually meet with parents of a child with "quite significant needs". The Special Programs coordinator collaborates informally with Special Program

specialists regarding incoming students and through the distribution of the list of transitioning students. “If there is a student coming in ... that’s requiring quite specific supports from consultants, I’m [Special Programs coordinator] making sure that there is a consultant who is going to be a case coordinator, making sure that that person is aware and involved in that case.”

Collaboration between the Special Programs coordinator and schools occurs in two areas. The first is through written communication when the coordinator of Special Programs school notifies the school of incoming kindergarten students with special needs. The second is when the Special Programs coordinator ensures the receiving school indicates their need for an EA for the incoming kindergarten students to the central administration. As stated by the Special Programs coordinator “[I make] sure that the supports that are recommended, such as paraprofessional supports, are added on to the student staffing -- or the school staffing list as they go out.”

The three participants in the focus group had worked together for 8 years on implementation of the kindergarten transition protocol and consequently knew the transition process and each other very well: “I think the fact that there has always been a good relationship between CDC and special programs with the intention of trying to make this [transition] work as long as it can.” This sustained interaction has resulted in a high level of trust among the coordinators. The trust among the participants led the Special Programs coordinator to trust the recommendations that the CDC generated about the need for EA.

I think there’s a high level of trust, a much improved level of understanding of education’s perspective of what happens at CDC So, if there’s a recommendation made for a special piece of equipment or EA support or non-EA support, they’re right on; and because that trust has been built up over the years, there are no questions asked any more. ”

The coordinators' familiarity with each other, the process, and the subsequent trust it created was in contrast to the lack of understanding the CDC specialists and the

school-based team had of the others' roles during transition. One CDC coordinator stated, "We were talking about there being a good deal of trust between the CDC and the special programs at the Department of Education; I'm not sure that same trust exists with [CDC and] the school-based team." The coordinators also stated there was a lack of understanding between parents and school-based team about their respective roles in the transition process, which was influenced by a lack of communication between the groups. One CDC coordinator stated: "Those are the two biggest challenges....The communication between CDC and the school, and the communication between parents and the school."

Coordinators recognized that the existing transition protocol does not create opportunities for the school-based team, staff from the CDC and parents to collaborate in ways that promote understanding of roles. They mentioned attempts they have made over the last three years to increase collaborative activities between members of the SBT and the CDC that met with little success.

*Continuity.* The timeline outlined in the Transition Protocol Agreement was considered helpful in ensuring continuity by keeping the process moving, especially given the competing demands of the busy school year. "What's also helpful about it is that it is a timeline. So, it does give you a document to try and make sure that you're adhering to your timeline."

The CDC coordinators stated parents viewed the timelines of the transition protocol as a helpful. "One thing we've heard from parents this year, in the first two meetings when we collected feedback from parents is that the timelines are really important to them..." According to the coordinators, parents expressed the importance of adhering to the dates suggested for the second parent meeting in the timeline as they needed information about schools early enough to be effective advocates for their child.

A threat to continuity noted by a CDC program coordinator was when in May, the school has not identified the kindergarten teacher for the upcoming year, to attend the transition meetings with parents and CDC.

The challenge sometimes in offering things [education or meetings] in the spring is staffing is not necessary set for the fall; and so, teachers aren't sure that they're going to be teaching kindergarten and whether or not -- with the press for their time, whether or not that would be a good use of their time if they're not going to be teaching.

*Evaluation.* The program coordinators were involved in different types of evaluation of the kindergarten transition process. Meetings stipulated in the Transition Protocol Agreement allowed ongoing informal evaluation and adaptation of the transition process. A CDC program coordinator stated "I'm quite confident that because it [Transition Timeline] is a document that's reviewed fairly frequently and quite consistently that it does stay relevant." The coordinators stated the Transition Protocol Agreement was also revised following a formal evaluation of the document.

The CDC had other avenues for evaluation beyond those created in the Transition Protocol Agreement. The CDC coordinator stated she has regular "check-ins" with parents through the year. The strategic plan completed several years ago for the CDC was another opportunity for parental feedback on the kindergarten transition process. "When the [CDC] strategic plan was being developed, parents were asked for feedback around transition and how it worked and did they want improvement."

The CDC coordinators stated that parental feedback on the transition process, the informal evaluation of the transition process in place for staff at the CDC, and the feedback loop between the coordinators, allowed them to address implementation issues. For example, it was noted that the number of parents who attended parent meetings was quite low given the total number of parents invited to the meeting. Parental feedback suggested the time of the meeting be switched to the lunch hour, which resulted in an increase in parent attendance. "I observed a bit of a change this



year when we changed our format of the meetings, providing lunch and childcare for the parents coming.”

The Special Programs coordinator did not mention opportunities for feedback from the school system about the kindergarten transition process or any school-based evaluation of the transition protocol. She noted that she used more of an informal process. “We get phone calls when things go wrong. The assumption is that things are working according to plan. But there isn’t a formal process to review.”

*Flexibility.* Program coordinators discussed the strengths and weaknesses of having a transition process that was flexible, and without strict implementation procedures. One of the focus group participants saw “...the flexibility and the openness to change it [transition activities] and adapt it, based on what the [are] needs of the parents and the children and the supporting staff ” as important. Flexibility allowed for the diverse needs of children and families to be met in a manner that accommodated difference. “...We’ve actually with one child transitioning this year, with quite significant needs, made a commitment that we’d have some overlap in the fall for extra supports because the parents -- this was very stressful for the parents.”

However, the school's flexibility in referring to Special Programs contributed to challenges for effective transition for some children. For example, some schools automatically refer transitioning children to Special Programs while others do not. As the Special Programs coordinator noted “It’s different at every school, the way the referrals are handled.” The children without referral to Special Programs have no specialist involvement, which can result in less effective transitions.

*Resources.* Coordinators suggested the lack of time available for teaching staff to participate in transition activities made it difficult to implement some components of the transition protocol. “Some of the feedback I have gotten from people out in the schools is that time is an issue for them; and because of the limited time and the demands that

they have with their positions, that even if we potentially were to set [a meeting] up, whether they had the time to attend.” The difference in caseload size and staffing levels between CDC and Special Program specialists was not mentioned during the focus group, contrasting with findings from all other participants.

*Community involvement.* The CDC coordinator recruited community groups to provide information to parents on topics the parents had identified. “We [CDC] added an extra [parent] meeting, and that was the session where we invited [Learning Disability Association representative], which would be a community support, and he talked about advocacy for parents.”

The program coordinators stood out in the comfort they had with each other, their openness to ideas and their search for solutions to identified problems. The coordinators are not directly involved with the child with special needs; they do serve as the first central link for parents to schools and consultants. The coordinators from both organizations created the transition protocol and are responsible for the implementation of activities outlined in the Transition Timeline Agreement. They are therefore knowledgeable about the agreement and very familiar with each other. They describe this history of working together as having created a high level of trust and allowed for effective communication and problem solving with a common goal of improving the transition to kindergarten from children with special needs and their families.

### *Conclusion*

I have provided a general outline of the Yukon kindergarten transition process though a description of my experience of it. Using data gathered in the course of the study, I describe the perspectives of the people who work together to support these children through the period of transition to kindergarten.

The picture of the support for children with special needs transitioning to kindergarten is developed through consideration of themes common and unique to the

perspectives of those involved. The common themes are the importance of collaboration, continuity, advocacy, and flexibility. Other themes are suggested more strongly by some categories of people than other. The parental perspective speaks to the emotional nature of transition that requires attention to family-school relationships, and the involvement of community. Teachers, through their desire to help children with special needs, bring out the issues of resources and transition practices for typically developing children. The specialists highlight the need for evaluation, and the benefit of regular informal meetings, and coordinators stand out in their roles as collaborators, communicators, and problem solvers. As well, there are other people such as friends and community organizations, not recognized in the Transition Protocol Agreement, who are involved in supporting children with special needs during the transition to kindergarten.

The nature of the Yukon kindergarten transition process can be developed through an in-depth examination of the themes of the current transition process in light of the literature. This examination will highlight aspects of the northern transition experience that are common to those found in the literature as well as those that are unique.

## CHAPTER 5

### A GOOD PROCESS AS FAR AS IT GOES

In this chapter I consider the themes of the present transition process found through the exploration of the experience and perspectives of the people involved. These themes are considered in light of current research literature, which increases understanding of the Yukon transition process and its unique aspects.

The process of transition to kindergarten for children with special needs has been described from diverse perspectives. Despite this diversity there are common themes among these perspectives. The common elements among these perspectives are the belief in the importance of collaboration created through trust, teamwork and effective communication; the need to create continuity for the child; the need for flexibility at all stages of the process; and the need for advocacy throughout the process. The subtle differences between perspectives provide emphasis to important characteristics of the process. Parents give emotional depth, teachers focus on the child's success in the classroom, specialists emphasize sharing of information and the need for evaluation, while coordinators exemplify the importance of trusting and cooperative relationships. An exploration of these attributes increases our understanding of the Yukon kindergarten transition process.

#### *Collaboration*

Parents, program co-coordinators and specialists from the Child Development Centre and Special Programs, kindergarten teachers, learning assistance teachers, and school administrators are the people involved in implementation of the Transition Protocol Agreement. All these people collaborate with others involved in the transition process. They work jointly through formal meetings and written reports, or informally, when chatting on the street. These collaborative activities result in sharing information about the child, fostering the development of relationships with the people who have

been and will be involved with the child's education, and planning for the start to school. The comprehensive nature of the collaboration that occurs in the Yukon transition process is seen as a strength. The literature from the early intervention field (Rosenkoetter, et al., 1994) and more recently in the field of education (La Paro & Pianta, 2000) promotes the involvement of people from different professions in the transition process. The liaison that occurs between parents, specialists from the CDC and Special Programs, such as occupational therapists, physiotherapists, and speech language pathologists, as well as schoolteachers and administrators during the Yukon transition process is an example of such teamwork.

### *Personal Connections*

A unique and important aspect of the Yukon transition process was the personal connections people had with others involved in the process. These connections result in more effective collaboration and problem solving. Direct communication, facilitated by knowing and trusting others, result in immediate attention to a problem and brainstorming to solve the problem. For example, program coordinators are aware of the benefits of being able to call up each other and discuss a problem. School administrators and teachers feel free to call up the CDC or Special Programs when faced with a problem about transition. Personal connections allow people to work together towards the common goal of a successful kindergarten transition.

Small jurisdictions encourage and at times require, people to take on a variety of roles in their professional and personal life. These roles help create overlap between people who would otherwise be isolated from each other. For example, volunteering on a community organization's board of directors allows people who work in very different areas to become friends, which in turn makes it easier to call for assistance or advice when faced with a problem. Although not described in the Transition Protocol

Agreement, participants in this study reported using such community connections to involve people in kindergarten transition activities.

Personal connections come from being in a small jurisdiction where people stay in jobs for long periods of time. It is often assumed there is a high turnover rate of professionals in northern communities. This is not the case in this study. For example, the coordinators at the CDC and Special Programs have been in their jobs for 11 and 10 years respectively. Kindergarten teachers and Learning Assistance teachers at one school reported they had been in their jobs for 8 – 10 years. Having been in the same job for a long period and being familiar with many people in the community helps to create many positive collaborative activities.

Personal connections are also created in northern communities. Many people who live in the north are separated from their extended families by great distances. The geographical isolation of northern communities encourages people to create connections within their community to provide support their extended family would otherwise provide. Personal connections within the community provide support for individuals and for activities undertaken in the community such as the transition to kindergarten.

When considering collaboration in the present transition process, the literature suggests successful collaboration be based on trust (Atwater & Orth-Lopes, 1994). The personal connections cited in this research suggest that a high level of trust was present in many of the relationships, which fosters collaboration. The relationship between the program coordinators of CDC and Special Programs, between the CDC staff and parents, and between consultants at Special Programs and the CDC were based on trust.

The relationships that did not exhibit this level of trust were those where the individuals from different groups involved in collaborative activities had little understanding of the other's roles and responsibilities, and few opportunities to develop

personal relationships existed. This was particularly the case for CDC consultants and school-based teams. The lack of trust led to assumptions about the behaviour of the other group that did not foster effective collaboration.

### *Extending Transition Supports*

Collaboration in the Yukon kindergarten transition process for children with special needs occurs over a 12-month period starting the September of the year before kindergarten entry and ending when the child starts school. The literature suggests transition should occur over a period of time and not just at the start of school (Rosenkoetter et al., 1994). The length of time suggested in the literature varies but recent work by Rimm-Kaufman and Pianta (2000) recommends a transition period starting the year before kindergarten entry and continuing through the kindergarten year. This length of time allows for the development of relationships between the groups participating in transition, which is thought to positively impact transition outcomes.

The formal Yukon transition process usually does not extend into the kindergarten year except in unique situations. Upon school entry, the child with special needs receives services from the school-based team and Special Programs branch that parallel those provided by the CDC. Parents participating in this research clearly felt a loss of support when starting school compared to the support they got from the CDC. The parent interviews in this study occurred after the completion of the kindergarten year, which meant the parents had the opportunity for some level of comparison of the levels of support provided by the two systems. The data suggests that schools need to provide more support for parents of children with special needs during the kindergarten year.

### *Professional Practice Models*

The challenge to effective collaboration experienced by school-based teams and CDC consultants also has roots in different models of practice. Groups who collaborate

are more successful when they share goals and have a common philosophy (Rosenkoetter et al., 1994). The school-based team and CDC consultants share a similar goal in their meetings about transitioning students – to transfer information about a child that will make the start to kindergarten more successful. However, the two groups have different models of practice based in different philosophical approaches.

The family-centered practice model of the CDC sees the child in the context of a family; CDC practice is within this framework. This model of practice is well established and considered to be best practice in the field of early intervention (Guralnick, 2001). Schools, historically, are child-centered in their approach but despite the acceptance of parental involvement as vital to a child's education, teachers do not always include the family in their practice of teaching (Comer & Hayes, 1991). The difference in practice models contributed to challenges in effective collaboration between the CDC staff and school-based team members participating in transition meetings.

#### *Parent and School Collaboration*

The practices in schools sometimes led to parents feeling excluded from aspects of their child's education. While educators value parent involvement, they are not always successful in facilitating it. McWilliam et al. (1999) report that teachers support the use of family-centered practice but there is often a discrepancy between reported family-centered practice by teachers and perceived practice by families. The wealth of research on family-school relationships for children with special needs reports similar findings. Harry and Kalyanpur (1992) states parents of children with special needs express a "sense of isolation and helplessness; low self-confidence in interaction with professionals; professionals' implicit or explicit discouragement of parents' participation in the special education process" (pg. 100). While this is not always the case in the Yukon, parents in this study reported experiences similar to this.



Parents participating in this study see themselves as involved and important participants in the transition process but not as likely to feel as involved in their child's education once the formal transition process is over and school begins. The parents reported this to different degrees but the experience of one parent exemplified it. She had participated in all the transition activities outlined in the process, attempted to work cooperatively with the school and classroom teacher during the kindergarten year, but felt she was excluded from participating in her child's education. There appears to be a need to look for additional ways of developing collaborative-supportive relationships between teachers and parents of special needs children once the child enters the school system.

Harry and Kalyanpur (1992) suggest that it is important to involve parents in decision making, promote trust through a personal tone to relationships, and recognize the difficulty parents have challenging the authority of the school while simultaneously entrusting their child to the school. Parents participating in these interviews expressed the latter point quite clearly. Harry and Kalyanpur suggest having parents take the role of an assessor, presenter of reports, policy maker, and advocate/peer supporter can promote meaningful collaboration between professionals and families.

The question of why some parents felt unable to be involved in their child's education may relate to challenges for schools in engaging parents. It may also relate to the teacher feeling overwhelmed with the demands of a classroom or the teacher's attitude towards inclusion of special needs children in the regular class. The teachers in this research saw the child with special needs in the context of the classroom full of children with needs. They felt responsible for the child and his education but felt in need of support to deliver the child's educational program. Jewett and Tertell (1998) report similar findings in their research. That is, kindergarten teachers feel an overwhelming stress and responsibility for children with special needs during transition. The feeling of

being overwhelmed may make teachers feel as though they do not have the time or energy to work with parents and involve them with their child's education. It is important people involved in special education look for ways to provide this support to teachers.

The teacher's attitude toward inclusion of children with special needs into a regular classroom may also impact a child's education. While the Yukon Education Act (2002) mandates the placement of a child in "least restrictive and most enabling environment", the parent participants indicated they saw the teacher's individual attitude towards inclusion determining how much a child is included in the classroom educational process. The experience of one parent participant exemplified this finding. Her child was given extra assistance for a limited amount of time each day but the child and EA were required to work in the hallway – clearly not an inclusive practice. The parent felt the teacher's inability to include and support her child's special needs within the classroom context had disastrous effects on her child's kindergarten year. Despite an Education Act that requires inclusion, it comes down to individual interest and ability of the teacher to make this a reality. Once again, it is important to find ways to educate teachers about the value of inclusive education and support them in their practice of inclusion.

The collaborative activities outlined in the Transition Protocol Agreement formed a foundation for the transition process. The Transition Protocol Agreement facilitates communication as demonstrated by the generally positive reaction all groups had to the process, the participant awareness of their roles and responsibilities, and the ongoing evaluation that occurs at the administrative level of the program coordinators. The collaboration was based on teamwork and trust. Communication created by the process itself was enhanced by the direct links between team members and the team's willingness to use the personal connections to problem-solve. The collaboration between groups faced challenges when team members had different models of practice or little interest or ability to work towards inclusion of a child with special needs in a class.

### *Continuity*

All groups worked to create continuity for the child transitioning to kindergarten. An attempt to establish continuity in terms of people, facilities, and curricula was an integral part of the transition process. These approaches are supported in the literature as important transition practices (Kagan & Neuman, 1998; Raffaele & Knoff, 1999). Parents involved in this research were central to the establishment of continuity. They participated in the activities outlined in the transition process to create continuity (e.g., releasing information about their child to the Department of Education and meeting school staff and consultants prior to the start of the school year). All parents made an effort to do additional activities that established continuity for their child, such as playing on the playground during the summer, arranging additional meetings with school administrators, sitting in on a kindergarten class, buying school supplies with their child, or working on letter or number skills during the summer.

Teachers and Special Programs specialists along with the CDC specialists, attempted to create continuity in curriculum for students, especially for those with high needs. This was done through the exchange of information in reports containing assessment results and program goals in all relevant areas of development. CDC reports were felt to be an excellent source of information for teachers and specialists, especially those written on children who attended the preschool program, as they were extremely comprehensive. Rosenkoetter et al. (1994) supports information exchange of this type between the sending (CDC) and receiving (Special Programs) programs. The reports that related to one area of development, such as reports for children with a lower level of need, were considered helpful by some teachers but not as helpful as reports more holistic in their content, that included, for example, information on school readiness skills in addition to information about the challenging developmental area.

Some teachers, administrators, and consultants expressed one shortfall about the transition process related to continuity. This problem was noted for children with high needs who require an Educational Assistant (EA) to work with them in the classroom. EAs are assigned to schools after most transition meetings and activities are finished. This meant the EA, an important member of the child's educational team, was not involved in the activities designed to create continuity for the child.

Creating continuity was clearly a focus of the Yukon transition process. The process supported this goal through a variety of activities that usually involved all members of the transition team. Continuity of people is created when kindergarten teachers and Special Programs specialists meet parents before school starts. Developing familiarity with the new school creates continuity of place. Transition reports containing suggestions for educational goals create continuity of assessment information and curricula. These practices are recommended in the literature, and with the exception of continuity created through timely designation of EA, are established by the Yukon transition process.

### *Flexibility*

The importance of flexibility throughout the transition process was discussed during several focus groups and interviews. Flexibility in terms of meeting dates or who would be involved in meetings was important to parents. Teachers appreciated the flexibility they had in how and when they would be involved with Special Programs consultants. CDC staff viewed the ability to include other groups in decisions about the necessity for meetings as important. Coordinators felt the ability to accommodate parents' requests for information and meetings made the transition process less stressful for the parents. Flexibility also allowed schools to meet unanticipated needs that arose.

Flexibility allowed each school and CDC program to tailor the process to meet the needs of families and staff. The need for flexibility in a process is mentioned in the

literature as an important part of transition process. In Love et al. (1992) research on the U.S. National Transition Study, one of three major conclusions was that there should be variation on how schools implement transition activities to allow for practice appropriate to their school population. The Yukon transition process reflects this variability, which is important given the diverse needs of schools in the Yukon. For example, the two schools in this study had very different perceptions of the level of readiness to learn skills of children in their kindergarten classes, which would require different transition practices.

Another difference between schools is how parents of children with different level needs receive information from the school about special education services. Parents of children with high needs get information during transition meetings in the spring but parents of children with lower level needs do not have these meetings. Schools therefore provide information for parents of children with lower levels of need through transition processes designed for typically developing children. However, neither school involved in this study mentioned transition activities for typical children that include information on how to obtain extra assistance for students. Unless the parent knows how the education system works, the flexibility of transition activities for typically developing children between schools could result in the needs of the child with lower level needs not being met.

Flexibility in the process of referral to Special Programs allows schools to determine if a child requires the additional assistance of Special Programs specialists. This research suggests this flexibility can result in the needs of some children, especially those with lower level needs, not receiving the services parents or specialists think are required.

Flexibility in the formal transition protocol and informal transition practices allows for the varied needs of children, parents and teachers to be met. Flexibility is considered an important characteristic of a kindergarten transition process. However, this flexibility

may also result in children with lower needs having less successful transitions and possibly not receiving needed specialist services.

### *Evaluation*

The evaluation of transition plans by all those involved in the process is documented in the literature as an effective means of enriching the transition process on an ongoing basis (Love et al., 1992, Rosenkoetter et al. 1994). This research suggests there is some informal evaluation done by the program coordinators of the transition process and by parents and CDC specialists. Other than individual student evaluations done by teachers there is little informal evaluation done by schools about the transition process.

Evaluation of the transition process does not have to be done formally and simple strategies such as regular meetings of involved groups promotes dialogue, which can result in changes that will enhance a process. This was seen in the focus groups when the CDC and Special Programs specialists identified a problem related to word use in a document that determined future involvement by the Special Programs consultants for the children transitioning to kindergarten. This resulted in a lengthy discussion of word use. The recommendations from this discussion were taken by the focus group participants back to the CDC and shared with colleagues, which could improve future transitions.

Formal evaluation of the transition process by Special Programs staff, staff from schools (teachers, Learning Assistance teachers or administrators), or parents is not a requirement of the Transition Protocol Agreement. CDC and Special Programs specialists expressed an interest in evaluation of the child with special needs success in kindergarten and later school years. The specialists were interested in finding out if the child continued to need special assistance and if so, in what form. Specialists considered feedback such as this an opportunity for long-term evaluation of their work; that is,

examining the question of whether CDCs work in the early years is effective in the long term. There is a need for both formal and informal evaluation of the kindergarten transition process, which will enhance the process and provide feedback on professional practices.

### *Transition of Typically Developing Children*

The transition practices for children who are typically developing involve children with lower levels of need and must therefore be considered in the context of the transition of special needs children. There is no recommended process or practices for kindergarten transition for typically developing children in the Yukon. The schools reported having their own transition activities for kindergarten children. The schools were very different in the transition activities they did with families – for example, kindergarten visitation days in some schools but not in others. As a result, children with lower levels of special needs experience variable degrees of support during the transition process depending on their school's transition activities.

There is extensive literature on transition activities for typical children entering kindergarten in both Canada and the United States. Research on how we prepare children to be ready to learn when they start school, often referred to as readiness to learn behaviours, is linked to transition. Pianta and Cox (1999) state the transition to kindergarten is an important link between children, families and schools, and can make the start to school more successful. Pianta and Cox focus their research on transition for all children but cite the literature from the special education field as an important source of direction for transition activities in general. The guidelines for transition activities for all children in the Yukon could be shaped by the principles of transition for children with special needs.

Promotion of common transition practices for Yukon schools could facilitate transition for families with children with lower level of special needs, families who do not

participate fully in the CDC transition process, or families not involved in a preschool program. An enhanced transition process that promoted connections between all families and schools would overcome some of these challenges that currently exist in the transition practices for typically developing children.

### *Family-School Relationships*

Research on the subject of parents' participation in schools suggests some barriers to parent participation are within the control of schools and that schools have more influence on parent involvement than do the characteristics of parents. Christenson (1999) suggests that the most important influence on parent involvement comes from teachers' worldviews and the practices this engenders in their work. When teachers believe parents want to be involved, actively seek parent involvement through variable and multiple approaches, and are comfortable in their role as a partner with parents they are successful in increasing parent involvement in their child's education. Of course, it is not the teacher alone that inhibits or promotes parental involvement in education. There must be strong leadership from the school administration and support from peers for parental involvement if the teacher is easily to involve parents.

### *Community Involvement*

There is literature to suggest the need for schools to be broader in their efforts to collaborate with the family and the larger community. Christenson (1999) examines the importance of considering partnerships outside of school and home to the wider community given the amount of time (91%) children from birth to 18 spend outside school. The importance of partnerships between schools, families, and community is felt to be essential for encouraging children to be lifelong learners. This very broad approach to fostering relationships to support children could be applied to a small-scale program such as the typical transition process.



In this research study, which uses a broad definition of community, there are examples of how the community can be drawn into the transition process to support special needs children and families. Community group involvement with parents or parents involving friends and families in the transition to kindergarten are examples of how the community can enhance support systems for children as they start school.

Other opportunities for community involvement exist in the present structure of Yukon schools. All Yukon schools have a school council composed of parents elected to their positions. Inviting the participation of the school council in the planning and implementation of the typical transition process as a method of supporting families entering kindergarten is an example of how community involvement in the process can be enhanced.

Broader community involvement on a more radical scale is discussed in a chapter of Pianta and Cox (1999). Melton, Limber and Teague (1999) consider the effect of economic and social poverty – the alienation between individuals and their community – on the lives of children especially during the critical transition to kindergarten. The authors state there is a:

Profound need to build social capital [features of social organization such as networks, norms and social trust that facilitate coordination and cooperation for mutual benefit] if children are to have healthy communities in which to grow [and]....to build a community in which children are taken seriously as people... (pg. 195)

Applying such a vision to a process like kindergarten transition would require fundamental changes in how and where services are delivered and who is involved in the process. Models for schools working towards such a vision are discussed by Melton, Limber, and Teague (1999) and will not be explored here. These models bring forth concepts that provoke thought and invite consideration of changing the way schools involve community, even in a small component of the school system, the kindergarten transition process.

### *Advocacy*

The education of parents on the need to advocate for their child's referral to Special Programs by the staff of the CDC and the parents' recognition of their need for advocacy training is echoed in the literature. Seefeldt et al., (1998) acknowledge advocacy training as an important skill for parents to have. Parents of children with special needs face a lifetime of needing to advocate for their child in an effort to gain the assistance the child will need to fulfill her/his potential. The transition to school is seen as one of the first opportunities that the family will have to "practice" their advocacy skills (Jawa & Brophy, 1996).

Parental advocacy is important but the ability to be an advocate depends on the capacity of the individual with respect to time, energy, and resources. The capacity of parents varies widely and was demonstrated by the four parents participating in the interviews. All of these parents showed great interest in their child's start to school but had different amounts of time, energy, and financial resources at their disposal. It is therefore important the process accommodate the different capacities parents have for advocacy and for involvement in the transition process.

This is especially important given the lack of automatic referral to Special Programs for children with lower level needs. The present system often results in families having to advocate for their child to receive special education services. But if parents do not have the time or ability to advocate for their child, there is the possibility these children could "fall through the cracks".

Parents were not the only group to advocate for the child with special needs. Specialists from Special Programs reported the need to advocate for children based on the specialists' understanding of the demands of the school curriculum and the child's level of ability. The need for this type advocacy was at the end of the kindergarten year

highlighting the need for ongoing contact with and evaluation of the special needs child by Special Programs specialists beyond the kindergarten year.

### *Resources*

The resources available in the kindergarten classroom for children with special needs were widely discussed by participants. The resources referred to range from human resources such as educational assistants or Special Programs specialists to adapted curriculum. Each group had a different perspective on the issue of what resources were important and how important they were. Resources in the Yukon education system are not unlimited. Allocation of these resources is an ongoing challenge for administrators and requires difficult decisions to be made that directly impact teachers and children.

As mentioned, it was the classroom teacher who felt the most immediate need for human resources to meet the special needs of the child transitioning from the CDC. This is understandable since it was the teacher who had to manage an entire class of students on a daily basis. There are references in the literature about the importance of supporting kindergarten teachers through adequate staffing (Ramey et. al., 2000). The same literature also refers to the importance of supporting teachers by making collaboration time available to them. The present Yukon transition process allows collaboration time for children with high level needs when the receiving kindergarten teacher and learning assistance teacher go to observe the child in their preschool class.

Parents recognized the lack of resources and found different ways of dealing with it, some of which were very creative. While the provision of specialist services financed by the parents is an option open to a limited number of parents, it does represent the ability to think outside the structure of the process and a willingness to relinquish control to those outside of the school system. Christenson (1999) considers this an example of

a collaborative-supportive relationship between families and schools that is considered especially helpful for parents of children with special needs.

### *Conclusion*

An in-depth examination of the themes of the present kindergarten transition process for children with special needs in the Yukon increases our understanding of the nature of the process. The transition process provides the opportunity for collaboration of the involved people, which creates support for children and families. Through this collaboration, continuity of people, information and curriculum is created. Parts of the process outlined in the Transition Protocol Agreement are evaluated on a regular basis. The transition process described in the current research is flexible. The flexibility accommodates, to some degree, differences in the level of a child's needs. In turn, the flexibility can be problematic for children with lower level needs who may not receive services to support their needs. The need for advocacy by different people involved in the transition process for the child with special needs is discussed, as is the importance of appropriate and adequate resources for the classroom teacher.

The current research highlights how the Transition Protocol Agreement between the CDC, parents and the school system overlaps with the transition process for typically developing children. A transition process that goes beyond the current boundaries of the family and school to include aspects of the community is seen in the examination of community involvement. Community involvement is enhanced and facilitated by community connections, which is a unique characteristic of the Yukon kindergarten transition process.

## CHAPTER 6 DRAWING A WIDER PICTURE

The goal of this research was to understand the nature of the kindergarten transition process for Yukon children with special needs through examination of the perspective of, parents, teaching and administrative staff from schools, and specialists and administrators of the CDC and Special Program. Features of the transition experience common to all perspectives served as the main focus for the picture created by this research. However, each perspective had a unique tone that added detail and depth to the picture.

A secondary goal of this research was to provide opportunities for individuals and groups of people to discuss the transition process, hear the perspectives of other people's experience of transition, and provide information on what facilitates and hinders the transition process. The suggestions generated in the focus groups and interviews were provided as feedback to the participants. (see Appendix F)

### *Summary*

This study creates a picture of how Yukon children with special needs are supported as they move from the Child Development Centre to the school system. The Transition Protocol Agreement between the CDC and the Department of Education provides a firm foundation for this support. This agreement draws many different individuals into collaborative activities that support children and families as they face the challenges of kindergarten. There are people, beyond those identified in the Transition Protocol Agreement, who also support children and families. Collectively, these perspectives outline how children with special needs and their families make the start to school.

Generally, the Yukon transition process outlined in the Transition Protocol Agreement for children with special needs is held in positive regard. The transition

experience created through this agreement and described by the participants has characteristics of a quality transition process (Wolery & Wilbers, 1994; Rosenkoetter, Hains, & Fowler, 1994). Transition literature and the people involved in the current research view the collaborative nature of a transition process as essential. Teamwork and trust between members provides an important basis for collaborative activities and was exemplified in many of the relationships of the transition teams. The promotion of continuity in people, place, and programs was prominent in both the literature and realized in the Yukon transition process. The transition process is considered by the various participants to be flexible enough to meet the needs of most children, parents, and professionals.

A quality of the transition process described in this research appears unique to the Yukon kindergarten transition process. The value of knowing people on a personal level was a positive attribute mentioned by people from different perspectives. The personal connection between members of different groups involved in the process enhanced the transition process. Connections with people from the community, who were outside of the process as defined by the Transition Protocol Agreement, were also facilitated by personal knowledge. Personal relationships within and outside of the transition process were considered valuable for supporting children and families going through transition and for efficient and effective problem solving.

This type of relationship is fostered in small northern communities. The geographical isolation of northern communities encourages connections between people. People in small communities often know many of the people they work with from settings other than work. Individuals frequently wear "many different hats" and are familiar with roles people have in different situations. This familiarity creates comfort and so, for example, a person is able to call up an individual and discuss a mutual problem. The ability to know whom to call, when they are available, and how they might be able to

help is more likely to happen in the smaller rural setting. Personal relationships such as these are more difficult to establish in larger jurisdictions. The positive consequences of these types of relationships can be seen in the picture of support for Yukon children undergoing the transition to kindergarten.

### *Recommendations*

There is room for growth in how we support children and families as they make the transition to kindergarten. The existing transition process outlined in the Transition Protocol agreement provides an excellent starting point.

### *Community Involvement*

The current research suggests expanding the support for children and families to include the larger community. The CDC coordinators presently involve community resources with parents of children with special needs during the transition period and the possibility of expanding on this was mentioned as well. Parents speak of supports found in their community. Recognizing the place community holds in influencing children's success in school is cited as important for transitions and education in general (Melton et al., 1999). Expanding the existing Transition Protocol Agreement to involve and interact with the larger community holds potential to improve the transition experience for children with special needs and other students as well.

### *Culture and Transition*

As seen by a CDC staff member, the one group whose needs were not met through the existing transition process was a group of parents from a different cultural group. The CDC staff member felt the existing structure of the Transition Protocol Agreement did not promote active participation of these parents. The influence of culture on the transition process needs consideration as a significant reason for these parents' needs not been met.

Some schools in Whitehorse and schools in rural Yukon are different than the schools participating in the current research because of the presence of different cultural groups (i.e., First Nations). Cultural diversity must be recognized and respected in a transition process for the transition to be effective (Bruns & Fowler, 1999). Cultural differences can impact many aspects of a child and family's interaction with the school system. The need for different approaches to family-school-community partnerships, kindergarten classroom practices and curricula are important considerations when dealing with different cultures. It would be beneficial if the kindergarten transition process in Yukon schools with a significant First Nations student population were examined as a way of strengthening transition practices. In turn, this would be an example for the school system in general on practices that respect cultural diversity.

#### *Parent and Teacher Support*

Unique aspects of the transition experience described by parents and teachers speak to the need for others involved in the process to support these two groups. The intensity of emotions exhibited by parents going through transition is not unique to the Yukon kindergarten transition process (Fowler, et al., 1991; Jawa & Brophy, 1996). The transition to kindergarten involves much change for the parent and their child. Change can be very stressful. Teachers also found the demands of the kindergarten transition challenging. The need expressed by kindergarten teachers for adequate support for children with special needs in their classrooms is shared with teachers in many other jurisdictions (Ramey et al., 2000). The stress felt by parents and teachers needs to be recognized, since stress on the two people most significantly involved in a child's transition – parent and teacher – could negatively the child's transition experience.

The literature (e.g. Ramey et al., 2000) has ideas on how teachers could be supported when they feel overwhelmed meeting the needs of special needs students in their class. These ideas include indirect methods of support that focus on providing



information that facilitates the ability of teachers to meet the unique learning needs of the special needs child. The provision of in-services on theory and developmentally appropriate practice for kindergarten teachers is an example of such information. Including information on a child's kindergarten readiness skills in the CDC transition reports is another strategy suggested during a focus group that will support teachers.

Participants recognized the need to support parents whose child is going through the transition to kindergarten but did not generate many ideas on how this could be done. The two transition parent meetings held during the year before kindergarten provide an opportunity for parents to identify the needs and serve as a possible avenue for supporting parents. Giving parents the opportunity to be supported by their peers is a good way of meeting the needs of parents as their child goes through the transition to kindergarten.

The need to support parents once school has started and the support provided by the CDC has ended is also evident. All parents involved in the current research stated they felt involved in their child's transition to kindergarten however, they all did not feel this way once kindergarten began. While this research did not examine school supports for parents beyond the period outlined in the Transition Protocol Agreement, the needs expressed by parents participating in this research requires it. Further examination of family-school relationships for parents involved in special education would allow a clearer understanding of the strengths and weaknesses of the school's parent support system. This would benefit all parents of children with special needs not just those parents entering the school system.

The transition practices for typically developing children provides another avenue for supporting parents of children with special needs. Children with lower levels of special needs are included in transition activities for children that are developing typically. Examination of the typical transition practices of schools in relation to parent

support would increase support for these parents. Improvements in parent supports during the kindergarten transition would have secondary benefits. It would promote family-school relationships for all students, which is considered essential to successful education. As well, providing support for families during transition will strengthen the child's start to kindergarten. Given the connection between a good transition to kindergarten and later school success (Pianta, 1999), support for parents through the transition to kindergarten is vital.

Students, teachers and families can also be supported through services provided by Educational Assistants (EA). This study suggests identification of EA support that occurs at the start of the school year instead of the previous spring, results in the loss of valuable collaborative opportunities for the EA and less continuity for the student and family. Timely assignments of EA would provide increased support for students and teachers.

Parents and schools would benefit by enhanced Department of Education policy. Although there are well-developed procedures in place for kindergarten transition, the context of these procedures places the family in isolation. Yukon special education policy that is guided by the perspective of the child in the context of the family and community, would serve to support parents and children through the transition to kindergarten and would better reflect the northern community character of the Yukon. Child and community-centered policy would, in turn, influence procedures and guidelines, such as the Transition Protocol Agreement, thereby creating improved support for parents and children. To ensure implementation of such a policy there is a need to provide staff of the Department of Education with information and training on theory and practice of effective methods to build family and community partnerships.

### *Evaluation*

Informal evaluation of the Yukon transition process occurs at the CDC and between coordinators of the CDC and Special Programs. Participants consider this evaluation to be important for ensuring a quality program. There is a need to enhance the evaluation of the transition process at different levels.

Evaluation of the transition process need not be formal. Informal evaluation can be created by having the opportunity involved groups, such as school-based teams and CDC specialists, to meet and discuss the transition process and various roles and responsibilities. When this was done in the consultant focus group, participants did an informal evaluation of the process and brainstormed to solve some of the identified problems. Providing opportunities for involved groups to meet with each other on an ongoing basis would allow informal evaluation of the transition process.

Regular formal evaluation of the transition process for special needs children and of the transition process for typically developing children would allow for provision of feedback for all schools towards improving the transition process. Evaluation would also serve to draw program administrators into the process, raise their awareness of the existing process, and to educate them on the importance of kindergarten transition.

### *Suggestions for Further Research*

This research examined how children with special needs living in a northern community are supported during the transition to kindergarten using a qualitative descriptive approach. The research suggests direction for further research that would increase our understanding of the topic of kindergarten transition in northern communities.

This research is limited to children with special needs who are involved with the Child Development Centre in Whitehorse. The research does not involve children with special needs who are involved in other pre-school settings such as home, Aboriginal

Head Start programs or community pre-schools or children living outside of Whitehorse. These factors also provide directions for further research.

The need to examine the role culture plays in the transition process was brought forward as an issue in this study. In the Yukon, designing a study that focused on First Nations children and families would provide insight into the influence of culture on transition practice. Transition practices in Yukon communities outside of Whitehorse would be an appropriate focus for such a study.

The role the community plays in the life of a special needs child and family as they start school was suggested as a resource in this study. Closer examination of this role could add to the knowledge of community health studies in northern settings.

The parents who participated in this study were all mothers. As a result, this research reflects the need for support expressed by women, not men. It would be interesting to investigate what needs fathers express during the transition to kindergarten and how they compare to those of mothers.

This research focused on the time when a child finishes preschool and the start of school. Issues related to support for parents and children with special needs once school started were prominent in this research. Research that examined the needs of special needs children, their parents, and their teachers have for support during the primary years could provide direction for educators and therapists involved in the school setting. Additionally, it could be helpful to consider the views of school staff in relation to the role of family and community in the education of special needs children.

### *Conclusion*

The current research, using a qualitative descriptive approach, gathered information during interviews and focus groups about the experience and perspective of different people involved in the transition to kindergarten for Yukon children with special needs. The study created a picture of support provided for children with special needs

and their families living in a northern Canadian community as they transition to kindergarten. Many of the issues explored in the study were similar to those found in larger jurisdictions in southern Canada. The study provides direction for growth in the Yukon kindergarten transition process for children with special needs.

The study also revealed how a small northern community uses community connections to provide support for children and families. There is strength in small communities when personal connections and trust between people establish a base from which solutions to problems can be found. Further exploration of personal connections in northern communities could provide insight into factors that contribute to community health.

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Appendix A  
Transition Protocol Agreement between the Child Development Centre  
and the Yukon Department of Education

Transition Planning Stages		Agency Involved		
		CDC	Dept. of Education	Parent
<b>Step</b>	<b>1</b>	<u>October - December</u>		
1.1	Child Development Centre (CDC) staff and parents meet to discuss child's program plan. Parents are reminded that their child will be departing from a CDC program in X months to enter the school system. Information regarding transition planning and the parent's role in planning (e.g. future meetings, school visits) is provided. Parent permission to release information to the Dept. of Education (Special Programs) regarding the child is obtained. Parents will be informed that they will need to talk to the school principal and sign a "Request for Consultant/Assessment" form for the Dept. of Education in order for the child to receive assessment services through Special Programs.		X	X
1.2	Parents and CDC staff identify goals that will assist children to function successfully in kindergarten. Transition goals are included in each eligible child's program plan.		X	X
<b>Step</b>	<b>2</b>	<u>November</u>		
2.1	Where specialized equipment and/or facility adaptations are necessary the CDC informs Special Programs as early as possible.		X	
<b>Step</b>	<b>3</b>	<u>November</u>		
3.1	A meeting is held at the CDC involving parents, CDC staff and the Coordinator of Special Programs. The purpose of the meeting is to discuss the transition process.		X	X
<b>Step</b>	<b>4</b>	<u>November - January</u>		
4.1	The CDC Program Coordinators notify the Coordinator of Special Programs about the number of children eligible for kindergarten. A provisional list is provided by the CDC Coordinators to the Coordinator of Special Programs which includes: <ul style="list-style-type: none"> <li>• names of children</li> <li>• status of children – by program (Outreach or Whitehorse)</li> <li>• brief description of child's special need(s)</li> <li>• probable receiving school</li> </ul> Superintendents and administrators are informed by letter from the Coordinator of Special Programs outlining student names and the transition process by.		X	X
<b>Step</b>	<b>5</b>	<u>February – March</u>		
5.1	CDC staff meet with parents to review the child's program and to add information obtained from parents regarding children's progress. Goals for the children are updated. The staff member reviews the transition process with the parents. Parent needs or		X	X

concerns regarding the transition process are reassessed.

In the rural communities, a meeting with the parents and respective school personnel may be arranged to review the transition process.

Step	6	April			
6.1	The CDC Program Coordinators send a finalized list of children to the Coordinator of Special Programs by April 1. This list includes:		X	X	
	<ul style="list-style-type: none"> <li>names of children</li> <li>status of children – by program (Outreach or Whitehorse)</li> <li>brief description of child's special need(s)</li> <li>probable receiving school</li> </ul>				
	The Coordinator of Special Programs and the CDC Program				
	Coordinators meet to finalize a list of recommended case				
	conferences. Superintendents and administrators are				
	informed by letter from the Coordinator of Special Programs.				
Step	7	February – May			
7.1	Reciprocal visits may be made between the following:		X	X	
	<ul style="list-style-type: none"> <li>Visits by kindergarten teachers, learning assistant teachers or principals to the CDC to observe children who are transitioning. Arrangements are made directly by school staff.</li> </ul>				
	<ul style="list-style-type: none"> <li>Visits by CDC staff to receiving schools. Arrangements are made directly by CDC staff.</li> </ul>		X	X	
	<ul style="list-style-type: none"> <li>Visits by parents to receiving schools. Parents contact the school principal directly to arrange visits.</li> </ul>		X	X	X
	<ul style="list-style-type: none"> <li>Visits by Special Programs staff. Arrangements are made by Special Programs staff.</li> </ul>			X	X
Step	8	March			
8.1	Parent workshop on "Preparing Your Child for Kindergarten" is conducted. To be held at the CDC and arranged by the CDC Program Coordinators with the Coordinator of Special Programs. Presentations may include:		X	X	X
	<ul style="list-style-type: none"> <li>Place of kindergarten in the school system (primary consultant or kindergarten teacher – Dept. of Education).</li> </ul>			X	
	<ul style="list-style-type: none"> <li>Role of administrator in the school system (Administrator(s) – Dept. of Education)</li> </ul>			X	
	<ul style="list-style-type: none"> <li>Role of Special Programs (Coordinator of Special Programs)</li> </ul>			X	
Step	9	March – June			
9.1	Final assessments are carried out by the CDC staff.		X		X
9.2	The CDC Program Coordinators forward reports to the Coordinator of Special Programs and the receiving schools.		X	X	
Step	10	May – June			
10.1	If possible, transition children visit receiving schools. Visits are arranged through CDC staff and receiving teachers/principals.		X	X	X

Step	11	May – June			
	11.1	<p>Formal case conferences are held for children likely to be classified as exceptional under the Education Act, both in Whitehorse and rural communities. There will be an attempt to limit the number of people who attend the case conference. Participants for formal case conferences may include:</p> <ul style="list-style-type: none"> <li>• parents</li> <li>• receiving teacher</li> <li>• relevant CDC staff</li> <li>• school case coordinator</li> <li>• school administrator</li> <li>• Coordinator Special Programs or designate consultant</li> </ul> <p>The case conference addresses the following areas:</p> <ul style="list-style-type: none"> <li>• The child's developmental status.</li> <li>• The child's future educational needs and supports.</li> <li>• Initial development of the program plan or IEP for next year.</li> <li>• Parent signature on the "Consent to Release Reports to Dept. of Education" form for release of information and/or approval of identified assessments.</li> </ul> <p>The conferences are called by receiving school administrator. The school administrator will be responsible for obtaining parental signature(s) for "Consent for Consultation/Assessment" forms.</p>	X	X	X
	11.2	The relevant staff members meet to exchange information about the children who are transitioning.		X	X
Step	12	Follow-up September			
	12.1	School-based teams monitor adjustment of each child and involves personnel from the CDC and Special Programs as appropriate.	X	X	X

Appendix B  
Interview and Focus Group Questions

**INTERVIEW QUESTIONS FOR THE KINDERGARTEN TRANSITION FOR CHILDREN  
WITH SPECIAL NEEDS RESEARCH PROJECT**  
CDC/SPECIAL PROGRAM QUESTIONS

1. What do you do to make the start of school easier for a child who is transitioning?
2. Who you are involved with? (specific reference to other groups - parent, teacher, administrator, CDC, special programs, community supports) and how do you work together? Are you aware of the transition timeline agreement that guides the transition process?
3. Transition to kindergarten starts before the first day of school. What do you do during the following periods to make kindergarten easier?
  - During preschool
  - During the summer
  - During the first week/month of school
4. What works well about the present transition process? What does not work well?
5. How does the severity of a child's needs impact the transition and services received in kindergarten?
6. What do you do to evaluate how the process of transition works for you and the child? (E)

**INTERVIEW QUESTIONS FOR THE KINDERGARTEN TRANSITION FOR CHILDREN  
WITH SPECIAL NEEDS RESEARCH PROJECT**  
PARENT QUESTIONS

Given the locus of this research, the research question and the qualitative approach being utilized, these are the proposed questions but they may be modified as the interview progresses.

1. How did you feel about your child starting school?
2. What did you do to make the start of school easier for your child?
3. Who else made starting school easier for your child? What did they do to make it easier for your child?
4. Transition to kindergarten starts before the first day of school. What do you think happened during the following periods to make kindergarten easier?
  - During preschool
  - During the summer
  - During the first week/month of school
5. What did you like best about the transition process? Do you have any suggestions on how the process can be improved?

**INTERVIEW QUESTIONS FOR THE KINDERGARTEN TRANSITION FOR CHILDREN  
WITH SPECIAL NEEDS RESEARCH PROJECT  
PROGRAM COORDINATORS**

1. How are you involved with children with special needs during the transition to kindergarten?
2. How does the transition timeline agreement support you during the transition process? What are the weaknesses of the document?
3. Who you are involved with? (Specific reference to other groups - parent, teacher, administrator, CDC, special programs, community supports) and how do you work together?
4. Transition to kindergarten starts before the first day of school. What do you do during the following periods to make starting kindergarten easier?
  - During preschool
  - During the summer
  - During the first week/month of school
5. What works well about the present transition process? What does not work well?
6. What do you do to evaluate how the process of transition works for you and the child?
7. How does the severity of a child's needs impact the transition and services received in kindergarten?

**INTERVIEW QUESTIONS FOR THE KINDERGARTEN TRANSITION FOR CHILDREN  
WITH SPECIAL NEEDS RESEARCH PROJECT  
SCHOOL QUESTIONS**

1. How is your school involved with children with special needs during the transition to kindergarten? Are you aware of the transition timeline that guides the transition process?
2. The transition to kindergarten starts before the first day of school. What do you do during the following periods to make the start of school easier?
  - During preschool
  - During the summer
  - During the first week/month of school
3. Who is involved with during the transition process and how do you work together? (Parent, teachers, administrator, CDC, special programs, community supports)
4. Do you have transition practices specific to typically developing children that are different than those for children with special needs? If so, what are they?
5. How does the severity of a child's needs impact transition and services received in kindergarten?

6. What do you do to evaluate how the process of transition works for you and the child?
7. What works well about the present transition process? What does not work well?



## Appendix C

### Example of Data Coding Process

#### Parent Interview Passage

Parent: I remember visiting the CDC a lot, and they were really flexible; and I would meet them, over lunch hours.

This passage would have been marked COLL # (collaboration) because the parent indicated they participated in meetings with CDC staff.

It would also be marked FLEX # (flexibility) because the parent mentioned flexibility as being important to them.

#### Specialist Focus Group Passage

Specialist: Some of those kids [in morning daycare] melt down in school by the afternoon, and you wonder if there could be more collaboration; and I think of one case currently, but I haven't had the time, it becomes a caseload management thing...

This passage would have been marked COM # (community) because it refers to involvement of the community and the school.

It would also be marked RES # (resources) because it refers to a lack of time to deliver a service.

Appendix D  
**PARTICIPANT INFORMATION SHEET**  
 KINDERGARTEN TRANSITION RESEARCH PROJECT

This is a qualitative research study examining the process of transition to kindergarten for Yukon children with special needs.

It is being carried out by Heather Alton, a graduate student in the joint Yukon College/UNBC Masters in Science, Community Health program.

This research project is the thesis component of the program and will gather information on the kindergarten transition process. The purpose of the research is to examine the transition process from the perspective of the people involved with it. This will hopefully improve the transition process so Yukon children with special needs will have the greatest chance of a successful start in school.

You have been chosen for participation in this research because your unique knowledge and perspective on the transition process will provide valuable information for the researcher. Participation in this research will involve answering questions about the transition process.

The interview or focus group you participate in will be tape recorded and transcribed. All participants will have a choice of reviewing transcripts and/or receiving a copy of their interview tape prior to analysis. You will be asked for your opinion of the preliminary interpretations and conclusions drawn from your interview or focus group.

**Your rights as a research participant:**

You may change your mind about participating at any time and you can refuse to answer individual questions.

Your information will be confidential. Only the researcher will have access to the data. Your interview transcripts and tapes will be kept in a locked cabinet in the researcher's home for a minimum of five years. The tapes and transcripts will be destroyed after this time.

Personal identifiers in the research paper will be altered to ensure anonymity of participants. Please be aware that there is a risk that in some situations it may be impossible to guarantee anonymity.

If you would like a copy your signed consent form or the final report, please let the researcher know. Thank you for your participation.

**If you have any questions, or think of other information you would like me to have, please call me, Heather Alton at \_\_\_\_\_ If something happens that you do not like and you think something should be done, please call UNBC, Vice President Research,**

## Appendix E

**INFORMED CONSENT**  
**KINDERGARTEN TRANSITION RESEARCH**  
Heather Alton, Principal Investigator, 867-668-7453

Do you understand that you have been asked to be in a research study?	Yes	No
Have you read and received a copy of the participant information sheet?	Yes	No
Do you understand that the research interviews will be recorded?	Yes	No
Do you understand that there may be benefits and risks involved in participating in this study?	Yes	No
Have you had an opportunity to ask questions and discuss this study?	Yes	No
Do you understand that you are free to refuse to participate or to withdraw from the study at any time? You do not have to give a reason for withdrawing.	Yes	No
Do you understand who will have access to the information you provide?	Yes	No
I would like a copy of this informed consent sheet	Yes	No

This study was explained by me by: \_\_\_\_\_

I agree to take part in this study.

\_\_\_\_\_  
Signature of Research Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

**If you have any questions, or think of other information you would like me to have, please call me, Heather Alton at (867) 668-7453. If something happens that you do not like and you think something should be done, please call UNBC, Vice President Research, (867) 668-7453.**

## Appendix F

### Suggestions for improving transition practices

The following ideas were gathered from the focus groups and interviews held in May and June 2003 as part of a research project examining the transition of children from the CDC to kindergarten.

Different groups repeat some of the suggestions.

#### School Suggestions

1. Include list of definitions about needs and what the different levels of needs mean on CDC transition list.
2. Examine what information we give to typical children when they register for kindergarten.
3. Include information on K readiness skills in transition reports that relate to one discipline.
4. Include information on transition in new kindergarten teacher orientation workshops or handouts.
5. Revise the Transition Protocol Agreement to include more specific information about whose role in Education it is to do what.\*
6. Examine possibility of the CDC giving the results of the Brigance testing to the K teacher.
7. Have a contact person from the CDC identified for the school in case the school needs to call and ask for information.

#### CDC/Special Programs Consultant suggestions

1. Include guidelines with the CDC transition list so CDC staff understand what the different categories of needs means
2. Define the roles of Special Program psychologist for the CDC staff
3. Explore the possibility of having a CDC staff person go to K class in the fall to provide direction to the school staff (especially and EA) on effective strategies for transitioning students. This will avoid 'trial and error' in programming.
4. Include list of definitions on CDC transition list about needs and what the different levels of needs implies for Special Programs involvement mean.
5. It is very helpful for Special Program consultants and kindergarten teachers to receive assessment results (doesn't have to include program goals etc.) on children who were referred to the CDC very late in the preschool year.
6. Special Programs should keep statistics on the number of children involved with the CDC who need involvement of Learning Assistance and/or Special Programs. Long-term outcomes of children involved with the CDC would be interesting statistical information.
7. There is a need to clarify what parents of children with a lower level of need should be told by CDC staff that will assist the parents in getting Special Program involvement.
8. Clarify who is responsible for arranging year-end transition meetings and which children require them.
9. Look for alternate ways to provide transition information for parents from a predominantly First Nation neighborhood.\*

10. Look for ways to draw the school and community (Health Centre, day-cares) more actively into transition activities e.g., hold transition meetings in the school.
11. Clarify what Special Programs and schools like about the CDC transition reports and create a feedback mechanism for this information.
12. Examine how vision and hearing are screened in the preschool setting and ensure this information is on the transition reports.
13. The CDC would like to try using portfolio reports as a part of their transition reports.\*

#### Coordinators

1. Clarify who is responsible for arranging year end transition meetings and which children require them.\*
2. Clarify what involvement the coordinator of primary curriculum has in the transition process.
3. Provide information to parents and CDC staff on how the school-based works.\*
4. Create ways to improve the communication between CDC consultants and school staff.
5. Provide clear information to parents on the structure and relationship of special programs, school-based teams and Special program consultants.\*
6. Provide information to kindergarten teachers in a timely manner, about the Transition Protocol Agreement.\*

#### Parents

1. Increase the amount of Educational Assistant and Special Program consultant services for children.
2. Give parents ideas on activities they can do with their child to help in kindergarten.

\* indicates this suggestion has been followed up in 2003 – 2004 school year