

## STARTING KINDERGARTEN: TRANSITION ISSUES FOR CHILDREN WITH SPECIAL NEEDS

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To investigate issues in transition to kindergarten for children with special needs, we explored several sources of information (peer-reviewed literature, government websites, parent surveys, and interviews with professionals). We found that administrative issues like lack of integration and the evaluation of services available to children and families, and parent support issues like promoting advocacy were recurring themes in all sources. Although some barriers are very clear, more systematic research is needed to identify factors facilitating successful adjustment to kindergarten among children with special needs.

Key words: school entry, disability, school adjustment, special education

Désirant étudier les problèmes de transition à la maternelle chez les enfants ayant des besoins particuliers, les auteures ont exploré plusieurs sources d'information (publications évaluées par les pairs, sites Web gouvernementaux, sondages auprès de parents et entrevues avec des professionnels). Les auteures ont découvert que les problèmes administratifs, comme le manque d'intégration et l'évaluation des services offerts aux enfants et aux familles, et les problèmes reliés au soutien des parents, notamment la défense de leurs droits, étaient des thèmes récurrents dans toutes les sources. Bien que certains obstacles soient très clairement décrits, il faudrait une recherche plus systématique pour identifier les facteurs qui favorisent l'adaptation des enfants ayant des besoins spéciaux à la maternelle.

Mots clés : entrée à l'école, déficience, adaptation scolaire, éducation de l'enfance en difficulté



Transition to elementary school is an important and complicated event in any child's life, but even more so for children with special health needs and their families. Children with special needs face a complex transition to kindergarten, yet major gaps exist in the research knowledge about this process. These children often require additional support to adjust to the school environment and function at an adequate level for learning (Hains, Fowler, Schwartz, Kottwitz, & Rosenkoetter, 1989); frequently these are not in place before children enter school (Kierstad & Hanvey, 2001). It is, therefore, crucial to identify the issues that prevent a successful transition and adjustment.

Special needs status is an operational term that tends to be defined similarly, yet with subtle differences, in various jurisdictions. In Canada, provincial ministries of education are responsible for definitions and policies in the area of special education. Four provinces have accessible documents that provide detailed descriptions of *special needs*: Ontario, Manitoba, Alberta, and British Columbia (Janus, 2005). These definitions cover a broad spectrum of disabilities, both on the mild to severe axis and the diagnostic axis, e.g., mental, emotional, physical/medical, learning, and communication. Ontario and British Columbia specifically include autism. Alberta and Manitoba divide the conditions into mild/moderate and severe, with Alberta's categories being based on the IQ range. Two important issues have to be emphasized. First, the term *special needs* does not include children whose life circumstances may have put them at risk for low educational outcomes, for example, children living in poverty, in disadvantaged neighborhoods, or with abusive caregivers. Therefore research on the transition to school for these populations is not considered in this article. Second, the term *special needs*, originating in the field of education, indicates educational needs that are different from those of typical children. For example, although a child with a pervasive developmental disorder has dramatically different educational needs than a child with severe vision impairment, both these conditions fall under *special needs*. It has long been argued that it is important to consider children with health conditions in a non-categorical way, that is, based on their needs rather than specific diagnosis (Stein & Jessop, 1982). We assume this approach in this article, where a school board has designated a child with special

needs regardless of the type and severity of his or her condition. Therefore, our investigation of the issues in transition has assumed that such issues are similar to most children with special needs.

In this article, we present our investigation of the major issues in transition to kindergarten for children with special needs in two parts. The first part consists of two systematic literature reviews: one of recently published peer-reviewed articles, and one of the web-based information on the kindergarten transition practices in Canada. In the second part we examine empirical data from two studies: a quantitative study of parents of kindergarten children who reported on their satisfaction with transition to school, and a qualitative study of professionals who reported on their perception of the barriers in transition. We focus on the following questions: What are the major issues in transition to kindergarten for children with special needs, as identified in the literature? What is the perception of Canadian parents and professionals on transition?

#### *PART I. ISSUES IN TRANSITION TO KINDERGARTEN FOR CHILDREN WITH SPECIAL NEEDS*

##### METHODS

We carried out two reviews to establish the issues and practices in the transition to kindergarten among children with special needs. In the first, we conducted a systematic search of peer-reviewed literature using key words "transition," "kindergarten," "special needs," and "special education" using the Ovid Interface of PubMed and PsychInfo. Contents of journals for the past 10 years whose mandate involved young children with special needs were explored. In addition, bibliographies of papers identified with the first two strategies were scanned for relevant literature. We retained articles published before 1995 and those appearing in a non-peer reviewed source (e.g., a government report) if the information was relevant to the review. All four authors carried out this search, with the senior author (MJ) making final decisions as to the relevance of the articles. For the second review, two authors reviewed sources available through Statistics Canada on the demographics of Canadian children with disabilities, and one author (RC) explored the websites of all provincial and territorial ministries of education in

Canada, following links that were identified as leading to information on practices relevant to children with special needs. The research literature review findings are presented first, followed by the information from Canadian government sources.

## FINDINGS

With few exceptions, the papers identified in our literature search reported on studies carried out in the United States. Moreover, we found that although the issue of the education of children with special needs made up a large proportion of literature published in relevant journals, the transition to kindergarten of children with special needs was not a very frequent subject of research. In the identified body of literature, four themes appeared with regularity: family issues, administrative issues, intervention/training, and teacher practices.

### *Administrative Issues*

To make the transition from preschool to school-based kindergarten, families have to identify the steps necessary to take (Rous, Hemmeter, & Schuster, 1994). Frequently, parents have to establish contacts and communication between the agencies serving their children currently and those that would do so after the transition to kindergarten. Because of the multitude of conditions within the category of "special/exceptional needs," different sets of agencies usually serve different children. Therefore, multiple agencies need to be involved in the transfer, both at the sending and the receiving end (Wolery, 1999). Two studies reported that special education team members had difficulties not only in identifying their specific roles and responsibilities, but also in communicating between programs at both ends of the transition process (Conn-Powers, Ross-Allen, & Holborn, 1990; Fowler, Schwartz, & Atwater, 1991). This complicated process has led to calls to establish either intra-agency transition policies (Fowler et al., 1991, Rous et al., 1994), or perhaps even a distinct committee or a person to facilitate coordination of transition (Pianta & Kraft-Sayre, 2003).

Involvement of multiple agencies is likely to be associated with several ways of record-keeping and many points to access for transfer of records. Another major obstacle for smooth transition is obtaining all the

relevant information on a child with special needs. Due to confidentiality of records, parents need to be involved in such transfers, which in itself may occasionally prove problematic. However, for a flow of information to occur, there must be an established process between schools and many agencies, and good will on all sides (Rous et al., 1994). This information flow is often challenging due to the multitude of agencies a child may have had to access, and to the time available for such consultations. The worst possible outcome of lack of information is that a child's educational plan may have to be designed from scratch, and thus delay the in-school intervention.

Another problem may be created by a lack of compatibility between preschool and school diagnostic and definition criteria (e.g., Mallory & Kerns, 1988). In some cases, a child with an emotional and/or cognitive delay may not have received an official diagnosis prior to school entry, and therefore would not receive any additional classroom support, further hindering his or her adjustment to school. Conversely, in some cases a child may be eligible for preschool services but not eligible for such services at school entry (Barnett, Macmann, & Carey, 1992). A related issue is the bureaucracy surrounding the transfer from preschool environment in terms of duplicate assessments, and the paperwork needed to access funding (Shotts, Rosenkoetter, Streufert, & Rosenkoetter, 1994). Lack of clearly established channels of communication between services may lead to assessments of children's needs being repeated at various administrative levels to provide the necessary requirements to apply for funding. In the US, special services for children aged three to five years are delivered under the auspices of the public education system (although these are very rarely located in schools [Wolery, 1999]). However, in Canada, frequently funding sources change once a child enters school. For example, in Ontario, services for special needs of preschool children are provided through the Ministries of Health, Community, and Social Services; and Children and Youth Services. When these children enter the school system, the Board of Education assumes the responsibility to provide services. Some evidence based on parental complaints on the effectiveness of the work of Identification, Placement, and Review Committees (IPRC) in Ontario provides confirmation that here, too, the administrative issues around

children's special education are an area of concern (Valeo, 2003). Issues like need for specialized personnel, a lack of specialised programs, a need for mainstreaming programs emphasizing expressive communication, and the desire for more parental input into and information about programming generated most complaints. A review of continuity of care for children with special needs in rural Ontario (Minore, Boone, Arthur, & O'Sullivan, 2005) indicates that the major barriers are related to staffing inadequacy and turnover; however, the transition process per se is not a focus of that review.

#### *Intervention Philosophy and Training*

Preschool professionals often operate under a different philosophy in treatment and education from school-based professionals (Wolery, 1999). In preschool, the focus may be to improve children's daily-living skills or to work on specific impairments. However, schools usually have curriculum goals to meet and may have to concentrate on treatment directly (and possibly exclusively) related to academic outcomes. Although variation occurs in how children react to new environments, the issue more specific to children with special needs pertains to their preparation for the challenges of the school environment. Rosenkoetter, Hains, and Fowler (1994) discussed broad areas of social competence that ideally should be taught and reinforced in preschool settings to facilitate transition, which should be generic and functional skills rather than specific pre-academic ones. Teachers identified general skills like self-help, social interaction, or communication as critical for school success for children with intellectual disabilities (Kemp & Carter, 2005). More specifically, for children with language disabilities, early reading interventions appeared to improve children's phonological skills (Justice, Kaderavek, Bowles, & Grimm 2005). Because children with preschool language impairments face difficulties in school (Snow, Scarborough, & Burns 1999), such specific skill-teaching strategies, implemented through preschool, speech-language pathologists, or by parents, may facilitate children's transition to kindergarten.

Similar to findings of Early, Pianta, Taylor, and Cox (2001) that teacher training positively influences their practices, evidence indicates that training in special education has an impact on the integration of

children with special needs. For example, teachers who take special education courses are more willing to accept children with special needs into their classrooms and are also more confident in their ability to teach special education (Stephens & Braun, 1980). Disability-related training as well as previous experience influence teachers' perception of needs and barriers to inclusion of atypical children: those with more experience and training appear to see fewer barriers than those with less experience (Mulvihill, Shearer, & Lee Van Horn, 2002). It is to be hoped that such training also results in the improvement of the transition experience for children and their families, but no such evidence is available so far.

#### *Family Issues*

The major difficulty for families whose children enter kindergarten is establishing new support networks. Early intervention agencies often have in their mandate to provide treatment to the child, as well as support for the parent (Janus, 2001). In contrast, schools tend to look to parents for support of the school's educational efforts. Parents of children with special needs in elementary school identify four major problems: lack of communication with the school, lack of participation in decisions about their child's education, not feeling welcome in schools, and lack of knowledge on their child's progress (Wolery, 1999). Facing the unknown, together with the loss of established support networks, may contribute to the degree to which these parents take an active role in facilitating the exchange of information between the early intervention services and elementary school.

In the absence of agencies whose clear responsibility is to facilitate transition, parents are often placed in the position of their child's best and only advocate. Parenting a child with special needs leads to more stress than parenting of a typically developing child (Kazak & Marvin, 1984; Ray, 2003), and the need to fulfill this additional role often results in complaints from parents who feel that the administrative systems have failed them (Duncan, 2003; Kierstead & Hanvey, 2001). Fowler et al. (1991) strongly recommended that parents become involved as much as possible in the transition to effectively identify and access the services available and best suited to their child's needs.

*Transition Practices*

Practices employed to facilitate children's transition to kindergarten are varied in terms of their targets and frequency. Policies and their timing may affect the type, delivery, and control of services available to children with special needs in transition to kindergarten (Wolery, 1999). Little is known which transition practices reliably result in long-term benefits for families (Fowler et al., 1991). Findings from a series of articles written by Pianta and colleagues, based on a large, representative survey of US kindergarten teachers (Early et al., 2001; La Paro, Pianta, & Cox, 2000; Pianta, Cox, Tayler, & Early, 1999) indicate that the most common transition practices in the US happen after the beginning of the school year rather than before. Transition practices oriented toward individual children (home visits, visiting preschools) are used very infrequently in comparison with group-oriented efforts like holding open houses or sending letters or flyers to parents. However, although teachers who had children with special needs in their classroom used similar transition practices as those who had none, they were also more likely to use individualized practices for children with special needs before school entry (La Paro et al., 2000). Pianta et al. (1999) report that only 47 per cent of kindergarten teachers actually meet with the child and family before school begins. Anecdotal information suggests that this proportion is higher in Canada (Janus, 2004); however, no comparable data exist for the Canadian population.

*Transitions in Canada*

Although developmental processes are similar across cultures and jurisdictions, the regulations governing services provided to young children and families can vary. In Canada, each provincial or territorial minister of education is ultimately responsible to his or her province or territory for designing and implementing its own policies in special education. In addition to this division, on-reserve early childhood education and care is provided through programs administered by the federal government and individual First Nations groups. With so many initiatives currently underway to enhance child development in the early years, more knowledge is needed on the ways special needs impact on children's adjustment to school.

There are approximately 155,000 school-age children with disabilities in Canada, as of 2001 (Human Resources Development Canada, 2003). Access to education for these children has been identified as a major issue. Most children with disabilities (96.3%) attend school, with 65.1 per cent attending regular schools, 62.4 per cent regular classes, and 29.1 per cent a combination of regular and special education classes. Only 8.5 per cent solely attend special education classes.

Data from Statistics Canada's Participation and Activity Limitations Survey (PALS) (Fawcett & Roberts, 2003) provide some insight into the challenges that Canadian families of children with special needs face. Children whose parents replied "yes" to a census question whether a child had limitations to his or her activities due to a disability were sampled for this survey. There were three age categories of disability definitions: those for all children under 15 included hearing, seeing, any chronic condition (e.g., heart disease, cerebral palsy), and "unknown"; those for children aged 5 to 14 also included speech, mobility, dexterity, learning, developmental disability or disorder, and psychological problem; those only for children four or younger collapsed the previous categories into a single "delay" entry.

The majority (57.5%) of disabled children four years and younger are reported to have mild or moderate disabilities. The same is true of school-aged children (57.3% for those aged 5-14). Chronic activity-limiting conditions are the most prevalent disability among school-aged children with disabilities (65.3%), followed closely by learning disabilities (64.9%). Families of young children with disabilities are more likely than families of healthy children four and younger to have household income below the Low Income Cut-Off (25.3% vs. 19.7%). This discrepancy increases slightly in the 5-9-year old group: 24.4 per cent vs. 17.5 per cent. Almost 62 per cent of parents of preschool children with disabilities report that their child's disability has affected their employment. For school-aged children with disabilities, this percentage decreases but remains high at 54 per cent. Nearly 20 per cent of children with disabilities aged five or less live in lone-parent families, compared with about 15 per cent in the general population. Living in a single-parent household creates additional obstacles even when all children are healthy; a child's chronic medical condition can add significantly to the

lone-parent's burden, as well as to risks for the well-being of the whole family (Gottlieb, 1997; Wikler, Haack, & Intagliata, 1984).

In Canada, the federal government provides funding and support for specific program areas, and each province or territory develops the policy directing how each program will be administered. Early intervention and child care services are located under separate jurisdiction from kindergarten and schools (Cleveland, Colley, Friendly, & Lero, 2003). Like many in-between issues, transition is not a process naturally owned by anybody, and therefore requires multiple facilitators for success (Janus, 2004). It is more difficult for families to keep abreast of services particular to their child's special needs, which are delivered by many different organizations, especially if they are living in rural or isolated circumstances. Programs that are not legislated may also temporarily fulfill a need, then be terminated, narrowing the choices available to families. Lack of uniform, centralized, stable services may seriously hinder families in their transition between community-based and school-based services.

All provinces and territories claim to support a policy of inclusion in administering special needs education. There is no centralized access point that would provide the information on the types of practices school boards use to facilitate transition to kindergarten in Canada. Documents, which most often outline procedures followed once a child is in the school system, are usually provided by a provincial ministry of education or equivalent. The one exception is Manitoba, where there is a fully developed protocol, including a list of suggested participants, their corresponding roles and responsibilities, a comprehensive needs inventory, authorization forms for the exchange of information, and an action plan checklist (Healthy Child Manitoba, 2002). The emphasis in this provincial strategy is to foster collaboration between stakeholders, to make the most effective use of knowledge and expertise regarding a child, to avoid duplication of resources, and to facilitate communication among partners.

An in-depth review of policies that individual school boards/divisions employ might yield a more accurate picture of how the process of transition is addressed. Two divisions in two provinces provide an example. The protocols were very similar in outlining the

type and timing of meetings with parents, child assessment, and procedure for an individual education plan. In the coterminous Hamilton-Wentworth District School Boards, an information meeting with parents occurs in January (Hamilton Wentworth District School Board, 2006). Thereafter parents, often in collaboration with their preschool resource teacher, compile necessary documentation from therapists and physicians for school entry. In the spring, individual intake meetings take place with parents, individuals they wish to invite, and school board representatives to discuss a child's strengths and needs and to determine appropriate supports and services for September (e.g., educational assistant, physical resources, or future assessments). Individual education plans are typically not developed until the primary school years. A similar intake conference protocol exists in the Winnipeg School Division (Winnipeg School Division, 2004). However, community agencies, as well as parents, may make the initial special needs referral to the Board. Also, the intake meeting is followed by an entry conference at school, with an additional goal to recommend an interim plan for those students whose needs cannot immediately be accommodated, which the principal then communicates to parents. Moreover, a child's first Individual Education Plan is written soon after entry into special education. The element lacking from all protocols appears to be a commitment to evaluation (Conn-Powers, et al., 1990) to ensure that the goals set out in the initial transition plan have been met.

#### *PART II. EMPIRICAL CANADIAN DATA ON TRANSITION*

Very little research evidence exists in Canada on transition to kindergarten for children with special needs (Janus, 2004). A systematic, longitudinal research is needed to describe and evaluate the process. Here, we examine data from two studies on transition issues in the Canadian context.

##### **STUDY 1- KINDERGARTEN PARENT SURVEY**

###### *Method*

In May 2003, we conducted a study to investigate prior-to-school experiences of kindergarten children, using the Kindergarten Parent Survey (KPS) (Janus, 2006) which was designed to provide a parent-

based source of data on children in kindergarten to complement teacher-based information from the Early Development Instrument (EDI) (Janus & Offord, 2007). A coalition of partners involving Public Health, Public and Separate school boards, research community, and early childhood experts chose the items that contributed to the final version of the KPS. The survey included eight general areas: child health, child-care attendance, injury and safety, pre-kindergarten activities, parent-child interaction, neighbourhood quality, transition to kindergarten, and family socio-economic situation. Items in child development and demographic areas were based on questions in the National Longitudinal Study of Children and Youth (Statistics Canada, 1998), while service-related questions were based on the actual services available in the area. Before implementation, the survey was tested in several different school boards for clarity, timing, and feasibility with a group of almost 50 parents of kindergarten-age children, three of whom had a child with special needs. Ten parents completed the survey twice within two weeks, demonstrating high test-retest validity on the two items.

We report on responses to two items specifically related to the process of transition to kindergarten, one on the importance of the school board transition practices for children, and one on parent satisfaction of transition of services from preschool to kindergarten (for exact wording of the questions see Table 1). Parents were not asked to explain the reasons for their answers. Differences in responses were analyzed using the chi-square test for categorical data.

### *Findings*

Parents of 2,624 out of 4,354 children responded to the survey, which constituted a 60 per cent response rate. There were 132 children (5% of the sample) who were designated by the school board as having special needs. An additional 597 children (22.7%) were accessing intervention services. These were defined as programs addressing any of the following needs: speech and language, visual impairment, occupational therapy/physiotherapy, developmental delay, behavioural problems, and other.

*Table 1*  
*Parents' Perceived Importance of Transition Practices*

Parents who answered "Not important at all"				
How important were these events to your child starting kindergarten?	All parents		Parents of children with special needs	
	N	%	N	%
Parent orientation evening	211	8	9	6.8
Student kindergarten visit	97	3.7	3	2.3
Staggered (gradual) school entry	582	22.2	30	22.9

  

Parents who strongly disagreed				
Indicate your agreement with these statements:	Parents of children without special needs, but requiring services		Parents of children with special needs	
	N	%	N	%
The change from preschool to school was completed to my satisfaction	90	15.1	43	32.6
I am satisfied with the availability of services offered by the school and for my child	125	20.9	62	44.9

No difference occurred between parents of children with and without special needs in their perceived importance of the routine transition practices implemented by school boards: only a small minority in both groups considered these practices not important at all (see Table 1). However, a difference emerged in satisfaction with transition of services. Only parents of children with special needs, and those whose children required any services were included. Parents of children with special needs were significantly more likely not satisfied with the change than parents of children without special needs (32.6% vs. 15.2%,  $\chi^2[\text{df}=1]=22.19$ ,  $p<.001$ ), and with the availability of services in school (44.9% vs. 20.9%,  $\chi^2[\text{df}=1]=38.41$ ,  $p<.001$ ). However, it has to be emphasized that the majority of parents in both groups were at least somewhat satisfied.

## STUDY 2 – INTERVIEWS WITH PROFESSIONALS

### *Method*

Data for this study were collected through interviews with five professionals from three different communities involved in facilitating children's transition to school. They were interviewed over a period of two months by the second author. Although they were chosen based on their availability within a certain time, they represented a broad range of professions and experiences. The professionals included a special education teacher, a kindergarten teacher who had a child with special needs in her classroom, a social worker, an early identification coordinator, and a therapeutic program coordinator. All participants were asked the same five open-ended questions that were designed to tap into the possible reasons for the existence of barriers in transition: things that help children adjust to school, challenges, accessing resources, connecting with families, and specific barriers in transition.

The data from interviews were analyzed using qualitative methodology, namely the grounded theory approach (Glaser & Strauss, 1967). Thematic analyses were followed by content analyses, according to the scheme described by Morse (1994). Two team members identified and categorized emergent themes. The constant comparison method provided a rich matrix of information.

### *Findings*

The common themes that were present in all interviews included lack of “case management” for each child’s records; lack of communication between the school and parent, and between the preschool and school; lack of seamless funding (most preschool funding for children’s services expires either at five years of age, or upon school entry, leaving children without any services for several months before access to school-based resources can be organized); and lack of flexibility in switching from one set of supports to another. On the positive side, another recurring theme was the professionals’ perception that transition to kindergarten for children with disabilities in their community was not a “problem.” Contrary to expectations, we could not identify difficulty in access to children’s medical history and records as a theme: professionals agreed that parents were willing to give consent for professionals to access medical records. An explanation for some of the positive perceptions was provided by the fact that, with the exception of the teacher, the interviewed professionals were all involved in the assessment of children’s needs *prior* to their school entry, indicating that there were mechanisms in place to address issues of transition. Four themes occurred infrequently: lack of seamless transition protocols between services in the community, lack of personnel in view of the need of major paperwork required to secure funding, financial constraints that became evident when providing adequate services for hard-to-reach populations (echoing themes raised by Kierstead & Hanvey, 2001), and parents’ lack of awareness of their rights.

### DISCUSSION

Juxtaposition of the literature on transition with our empirical data indicated that Canadian parents of children with special needs did not appear to encounter as many challenges as may have been expected. Although some administrative barriers were relevant on both sides of the border, in Canada, in some jurisdictions at least, mechanisms were put in place to minimize these barriers. Transfer of medical information from preschool to school did not appear to be problematic. However, the matter of paperwork required to secure funding and additional help was very relevant.

Another positive finding was the fact that parents tended to participate in transition activities, and find them helpful – whether their children had special needs or not. These results echo those of LaParo, Kraft-Sayre, and Pianta (2003) and Pianta, Kraft-Sayre, Rimm-Kaufman, Gercke, and Higgins (2001) from a collaborative project on transition involving children moving to kindergarten from two preschool programs. In these researchers' project, parents were provided with a variety of transition activities. The majority of parents reported work schedules being a barrier in participation; however, of the parents who participated, nearly all found the activities helpful. This finding was also the case for the parents in our study. However, on the negative side, there was a seeming discrepancy between parents of children with special needs and the professionals in how satisfied they were with the transition of services. One of the reasons may be that parents' expectations were less realistic, and therefore they were more likely to be disappointed with outcomes than the professionals who knew the shortcomings of the system. Because the studies reported here did not provide ways to explore these reasons, they need to be addressed in a future investigation.

Policies regarding transition to kindergarten in Canada appeared somewhat varied. Personnel and staffing issues emerged as creating most difficulties (Minore, Boone, Arthur & O'Sullivan, 2005; Valeo, 2003). Evaluation was frequently depicted only as a review of the planning and implementation that had taken place around a student's curriculum-based needs. The most desired outcome of the transition practices is children's successful adjustment to school. Transition has to be viewed as an ongoing process in need of periodic checks and reviews after the transfer between systems has taken place. It is striking that although most – if not all – school districts have policies in place to ensure that children with exceptionalities have their educational needs assessed, purportedly with the intention to facilitate school entry, the evaluation of these procedures in terms of child adjustment is often neglected. In view of the fact that most primary-grade children with special needs actually attend mainstream classrooms (Fawcett & Roberts, 2003), it is regrettable that there is no adequate consideration of their adjustment to such a setting.

Finally, the theme that emerged from both literature review and interviews with professionals was the increasing role for parents as advocates. Parents could not rely on the system to provide appropriate care for their children. Rather, they needed to be active participants, and often the drivers of the process. The current state of affairs calls on parents to be extremely effective advocates as well as knowledgeable case managers on behalf of their children (Fowler et al., 1991). However, depending on their individual characteristics, parents may or may not be very comfortable or skilled in that role (e.g., Turnbull, Turbiville, & Turnbull, 2000).

All the issues mentioned above have important consequences for policy development. Considering the pressures on both the health care and educational systems, it seems unlikely that the need for parents to act as advocates will diminish. Therefore, efforts to improve the transition process and outcomes should probably be focused along two simultaneous, intersecting paths: integrating the pre- and elementary school-based services to ensure smooth passage of intervention and knowledge between systems, and supporting parents in their advocacy role by providing opportunities for education and skills' development as well as promoting appreciation of parent contribution to the care and education of children with special needs. An overarching arm of any initiative will have to include a well-designed and well-executed evaluation process, involve parents as evaluators, and integrate concrete outcome measures into the assessment component of the education plan.

We conclude with two recommendations. First, future investigations should focus on identifying individual and process variables facilitating children's successful adjustment to school entry. Second, the research and educational community responsible for children with exceptionalities and their families should continue advocating for better integration and stronger support for parents. Building knowledge and support is the best path to improve transition to school outcomes for children, families, and schools.

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