

# Transition Issues and Barriers for Children with Significant Disabilities and from Culturally and Linguistically Diverse Backgrounds

Findings from the Delphi  
Study: Technical Report #2

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## *Abstract*

A series of six regional working forums were held across five states to identify issues, barriers, and successful strategies encountered during transition for young children with disabilities and their families. Transitions for two specific groups were targeted; (a) children with significant disabilities and their families, and (b) children with disabilities from culturally and linguistically diverse backgrounds and their families. Data across forums were analyzed and core issues across groups (state and participants types) were identified, collapsed, and used to create 4 Delphi surveys to determine critical issues by population. Participants were asked to rank the importance of barriers for children with significant disabilities and children with disabilities from culturally diverse backgrounds and their families. Results indicate that 25 of the 108 barriers included in the surveys met the criteria of a rating of 6.0 or higher on a scale of 1 to 10. Seven barriers were identified as relevant to children from culturally diverse backgrounds, ten were relevant for children with significant disabilities, and eight were relevant for children from both groups and their families.

## Transition Issues and Barriers for Children with Significant Disabilities and Children from Culturally and Linguistically Diverse Backgrounds

A successful transition process requires collaboration among professionals who represent various agencies and disciplines, among parents and professionals, and among support systems for children as well as families. Effective transition planning requires the establishment of trusting relationships among these various participants to make decisions and solve problems. The relationships in the transition planning process are influenced by the characteristics of individual children; the financial, educational, and social resources of their families; the communicative skills of participating agencies; and community values and capacity (Rosenkoetter, Hains & Fowler, 1994). The early literature on childhood transitions outlined specific issues, strategies, and models to support successful transitions of young children with disabilities and their families, including consideration of the importance of collaboration among programs and families. Existing research, however, did not investigate extensively either the unique needs of children with significant disabilities and their families or those of children with disabilities and their families from culturally and linguistically diverse backgrounds as they transition into preschool and later into kindergarten.

These two populations of children represent diverse groups of learners. Nevertheless, many families, interventionists, and agencies have believed that there are special barriers and thus especially appropriate strategies associated with the successful transitions of these groups of children and their families. Particular issues (e.g., dilemmas with authentic assessment and instruction, functional curriculum vs. access to the regular curriculum, language barriers) may pose noteworthy challenges in the transition process.

The purpose of the present study was to identify barriers and promising strategies that are effective during the transition process for these groups of children and families. The following research questions guided the study: (a) Are there specific barriers and strategies related to transitions of children with significant disabilities as identified by families, providers, and administrators? and (b) Are there particular transition issues and practices identified by families, providers, and administrators as appropriate for children with disabilities who are from culturally and linguistically different backgrounds?

## Methods

### *Study Design*

This study design included a modified Delphi Method (RAND: Gordon and Helmer, 1964) to generate both issues and strategies of significance related to transition for the targeted populations. The Delphi Method has been used in business, education, and other fields (Cornish, 1977) to provide a reliable, structured process for collecting and distilling ideas from experts. This method allows for controlled feedback in order to reduce the ideas generated to a smaller number that are perceived by the expert group as most critical or relevant. The key to the Delphi approach is allowing anonymous responses via the structured flow of information and feedback. For this

study, the approach was modified to foster the generation of a large bank of barriers to transition during a face-to-face meeting, while subsequently providing opportunities for individual participants to anonymously prioritize barriers to identify those that they perceived as most critical. Participants then identified strategies to address the prioritized barriers. Following the face-to-face meeting, additional opportunities were provided to participants to further “rate” the barriers identified by the group, as a means to reduce the list to those most salient for a given population (i.e., children with significant disabilities or from diverse backgrounds).

### *Regional Working Forums*

To begin the process, five day-long working forums were held between September 2004 and March 2006 in four states: Connecticut (CT), New Mexico (NM), Illinois (IL), and California (CA). One forum was held in each state with the exception of California, where two forums were held in two different locations. Participants in NM, IL, and CA Site 1 forums focused on transition barriers and strategies affecting children with disabilities from culturally and linguistically diverse backgrounds and their families. Participants in the CT and CA Site 2 forums focused on transition

barriers and strategies affecting children with significant disabilities and their families

The day-long forums were organized to allow participants to generate both issues and strategies (Figure 1). Participants were invited to participate by the states’ Section 619 and Part C Coordinators. To support the participation of family members, stipends and reimbursement for travel expenses were offered. Table 1 shows the number of participants by role and state.

**Figure 1. Agenda for Day-Long Working Forums**

NECTC Regional Forum	
9:00	Registration and Individual Reflection
9:30	Welcome, Introductions, Group Assignments
9:45 – 10:45	Barriers to Transitions (break-out groups)
10:45 – 12:00	Strategies for Effective Transition Practices (break-out groups)
12:00 – 12:30	Lunch Break (working lunch)
12:30 – 1:30	Linking Strategies and Supports to Barriers
1:30 – 2:30	Group Reports
2:30 – 3:00	Wrap-up

**Table 1. Regional Working Forum Participants**

Location	Administrators	Providers	Family Members	Total Participants
Connecticut	13	16	6	35
New Mexico	16	13	13	42
Illinois	6	8	9	23
California Site I	11	9	10	30
California Site II	12	16	10	38
<b>Total</b>	<b>58</b>	<b>58</b>	<b>47</b>	<b>168</b>

Across all forums, participants were divided into groups according to their role (i.e., family member, service provider, and administrator). A facilitator from the NECTC research team was assigned to each group. Groups were first asked to identify barriers related to transition for young children and their families into early intervention services, into preschool programs, and into kindergarten. Each group was asked to consolidate the barriers, and then participants to individually prioritize the list of barriers based on their own

experiences and the degree to which they thought a particular barrier was salient to the population under study. After consolidating and prioritizing the barriers, the same groups developed a list of strategies that have been successful in their experiences or ones that held promise for addressing the barriers identified. Strategies were then linked to prioritized barriers. The number of barriers and strategies identified during each forum is presented in Table 2.

**Table 2. Prioritized Barriers & Strategies Identified by Forum Participants**

Forum	Number of Barriers	Prioritized Barriers	Consolidated Barriers for Survey	Number of Strategies
CT	76	39	65	155
NM	93	27	65	191
IL	76	35	70	121
CA Site 1	76	36	108	149
CA Site 2	100	41	108	213
<b>TOTAL</b>	<b>421</b>	<b>178</b>	<b>---</b>	<b>829</b>

## *Forum Analyses*

The analyses of data gathered through the working forums involved an iterative process whereby each new set of barriers identified during a forum was compared with previous data. In this process, beginning with the second forum held, content analysis with each set of prioritized barriers was conducted (Ryan & Bernard, 2000; Miles & Huberman, 1994) by a member of the research team. Each barrier was examined and compared with the list of barriers generated during the previous forum. Like items were combined and consolidated. A matrix was used to show the progression of consolidation and duplication. Once the content analysis was completed for each forum, research team members reviewed the

consolidation process, discussed concerns, and reached consensus that the consolidation was appropriate. In some cases, specific barriers were expanded to include an additional component. For example, the barrier “recruiting and retaining staff who are familiar with the language and culture of the families served” was combined with “lack of effective or qualified interpreters for families from linguistically diverse backgrounds” to create the survey item “Recruiting and retaining qualified staff and interpreters who are familiar with the language and culture of the families served.” This process was used to develop surveys for the second component of the study.

## *Delphi Surveys*


In follow-up to the working forums, prioritized barriers were compiled into survey form. Each survey included a Likert-type scale without numerical anchors or values. For each barrier, respondents were asked to indicate their level of agreement that the statement

represented an issue. Respondents were asked to mark each item with a vertical line or “X” anywhere along the continuum to show their response ranging from strongly disagree to strongly agree (see Figure 2).



**Figure 2. Sample of Delphi Survey Item**

**Directions:** For each item, indicate the extent to which you agree or disagree that the item is an issue for children with significant disabilities and their families. Mark each item with a vertical line or "X" anywhere along the continuum to show your response ranging from strongly disagree to strongly agree.

Issue	This is an issue for children with significant disabilities and their families.
<p>EXAMPLE Discrepancy between traditional cultural beliefs and educational services, especially concerning special education services.</p>	 <p>Strongly Disagree <span style="float: right;">Strongly Agree</span></p>

Dillman’s (1978) total design method was used for mailing the surveys. Each survey was mailed via postal mail with a cover letter, self-addressed and stamped return envelope, and an incentive of tea and coffee.

Approximately three weeks after the initial mailing, participants who had not returned a completed survey were sent a reminder post card. An entire packet was mailed again to those participants who did not complete and return the survey within six weeks of the original mailing.

Reflecting the findings from the content analyses described above, each survey contained a list of the consolidated barriers identified. Due to the large number of barriers identified and also to increase the response rate, surveys were divided into two forms (Form A & Form B), each of which contained half of the barriers identified. To ensure responses from each of the participant types (family member, provider, administrator), the groups were divided

by type and then participants were randomly selected to receive either Form A or B.

In addition to the two survey forms (A & B), surveys were designed based on the specific population of interest addressed during the forum and in keeping with the iterative process of the Delphi Method. As a result of this process, three versions of the survey were developed across the study, each of which built on the information gained through the previous forum(s).

**Delphi Survey: Version 1.** During the CT and NM forums, a total of 76 barriers were identified in CT and 93 in NM. Using the process described above, the Delphi survey was developed based on the 65 consolidated barriers that had been prioritized by participants across the two forums ( $n = 39$  from CT;  $n = 26$  from NM). Form A consisted of 33 barriers and Form B contained 32 barriers. Using the random assignment process described previously, half the



participants in CT and NM were sent Form A and the other half Form B. For this version of the survey, participants were asked to rank the importance of each issue for children (a) with significant disabilities, and (b) with disabilities from culturally and linguistically diverse backgrounds and their families.

***Delphi Survey: Version II.*** To create the survey for the IL forum participants, priority barriers generated from the IL forum ( $n = 93$ ) were compared to those included on survey Version I from the CT and NM forums. Again, duplicate barriers were eliminated and like items combined, resulting in a final list of 70 barriers, including five new barriers that were not previously identified. All were included on the Survey Version II. Survey items were again divided into two groups (Form A and Form B) and forms were randomly assigned to participants. For this survey, respondents were asked to rank the importance of each issue **only** for

children with disabilities from culturally and linguistically diverse backgrounds and their families.

***Delphi Survey: Version III.*** To create the survey for the CA Site I and II forum participants, barriers generated from the two forums (Site 1  $n = 100$ ; Site 2  $n = 76$ ) were compared to those on Survey II. Again, duplicate barriers were eliminated and like items combined, resulting in a final list of 93 barriers, including 23 new barriers not previously identified (Site 1  $n = 11$ ; Site 2  $n = 12$ ). As with the other surveys, two forms of the survey were developed (Form A and Form B). Form A, which was sent to CA Site 1, included barriers for children with significant disabilities; Form B, which was sent to CA Site 2, included barriers for children from culturally and linguistically diverse backgrounds. However, for this survey, both forms included barriers that during previous surveys were reported to apply to both populations of children with disabilities and their families.

## Delphi Survey Analyses

Analyses of data generated through the forums included a content analysis of the barriers generated based on (a) the level of transition (early intervention, preschool, kindergarten, and across all levels); (b) content of the barrier (i.e., need for consolidation); and (c) consistency across forums.

**Delphi Survey Analysis.** All surveys returned to the research team were assigned codes according to (a) state in which forum was held; (b) type of respondent (i.e., family member, administrator or provider); and (c) respondent number by order in which the data were received. Upon

completion of the coding process and subsequent to the receipt of surveys, comparisons across surveys were conducted to match duplicate issues across states. For example, the issue “Important team members are missing from key transition meetings” was included on the first round of surveys and then matched on subsequent surveys. Table 3 provides an example. Upon tracking each issue and score from all forums, reliability analysis was completed to ensure that the content from each issue matched subsequent forums and all data were correctly coded.

**Table 3. Example of Issue Comparison across Forum Participant Groups**

Issue	Survey Item Number			
	CT	NM	CA - I	CA - II
Important team members are missing from key transition meetings	9	9	9	12

Subsequent to matching items and data entry, items were excluded from the analysis based on two criteria: (a) issues that were not included in all Delphi surveys for each population, and (b) issues with a response rate of less than fifty (50) percent. As a result, only

issues that were pertinent to all forum participants were included in the analysis. Issues were analyzed by calculating the mean and standard deviation and ranking each individual issue by order of importance (*1 = least important, 10 = most important*).

## Results

Participants in the regional forum phase of this study (N = 168) included administrators (34%), family members (29%), and direct service providers

(37%; see Table 3). Forum participation ranged from 23 to 42 participants. A total of 95 participants (57%) attended a forum focused on the transition barriers

for children with disabilities from culturally diverse backgrounds and their families, while 73 participants (43%) attended a forum focused on transition barriers for children with significant disabilities and their families.

For the survey phase of the study, a total of 91 of the 168 participants (54%)

responded to the survey: 37 administrators (63%), 28 family participants (58%), and 26 provider participants (43%). Surveys were received from each of the forum sites with response rates ranging from 40% to 65%.

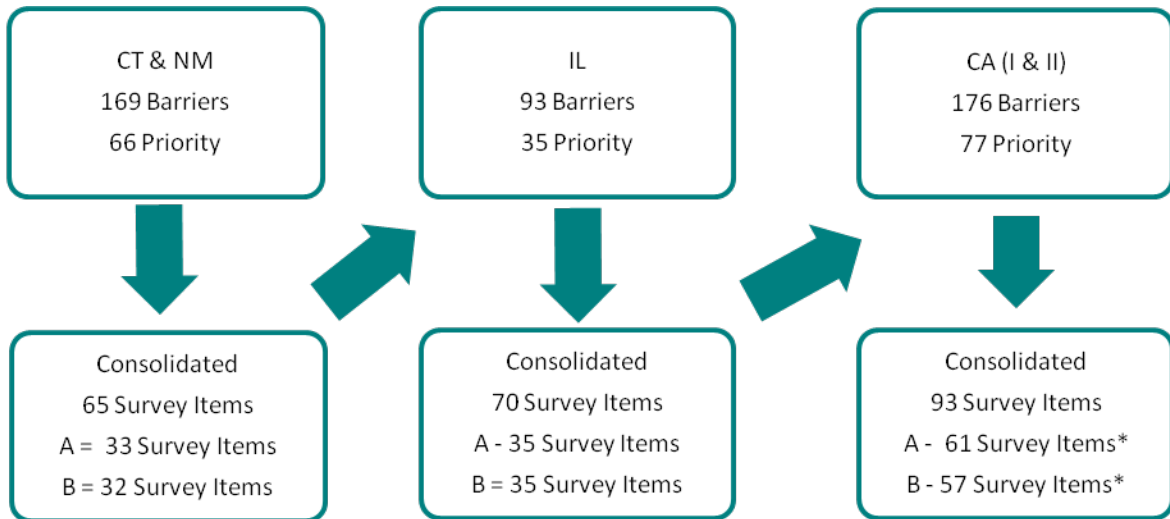
**Table 4. Forum and Survey Participants.**

State	Focus	Forum Participation	N	N for Delphi Survey	N %
CA Site 2	Significant Disabilities	Family = 10 Provider = 16 Admin = 12	38	Family = 5 Provider = 10 Admin = 9	24 63%
CT		Family = 6 Provider = 16 Admin = 13	35	Family = 8 Provider = 3 Admin = 6	17 49%
<b>TOTAL</b>			<b>73</b>		<b>41</b>
CA, Site 1	Cultural Diversity	Family = 10 Provider = 9 Admin = 11	30	Family = 5 Provider = 6 Admin = 7	18 60%
IL		Family = 9 Provider = 8 Admin = 6	23	Family = 5 Provider = 4 Admin = 6	15 65%
NM		Family = 13 Provider = 13 Admin = 16	42	Family = 5 Provider = 3 Admin = 9	17 40%
<b>TOTAL</b>			<b>95</b>		<b>50</b>
<b>Total</b>		<b>Family = 48 Provider = 62 Admin = 58</b>	<b>168</b>	<b>Family = 28 Provider = 26 Admin = 37</b>	<b>91 54%</b>

Through the Delphi process, a total of 421 barriers were generated by participants. These barriers crossed age ranges from into early intervention, into preschool, and into kindergarten. Through the prioritization process during the working forums, participants reduced the barriers to a total of 178

(Figure 3). Following the consolidation process by research team members, the third and final survey contained a total of 93 barriers, as described previously (see Figure 2).

**Figure 3. Barriers identified at each stage of the process.**



\* Includes duplicate items across surveys

To determine those barriers that were most critical, mean participant ratings on the survey that were 6.0 or above on a 10-point scale (where 1 equaled *strongly disagree* and 10 equaled *strongly agree*) were included in the final list. As noted previously, the scale did not provide numerical anchors or values, so these values were inserted during analysis. A total of 25 barriers met this criterion (Tables 5a, 5b, 5c) with mean ratings ranging from 6.09 to 7.62.

Overall, participants identified 15 barriers for children from culturally diverse backgrounds (Table 5a) as most critical (mean rating range of 6.17 to 7.14) and 18 barriers for children with significant disabilities (Table 5b) as critical (mean rating range of 6.09 to 7.62). Within these, 8 barriers (Table 5c) were identified as critical across both populations (mean rating range of 6.09 to 7.62). The overall mean ratings was similar across the two groups (culturally diverse populations = 6.54; significant disabilities = 6.56).

**Table 5a. Barriers for children from culturally diverse backgrounds**

<b>RANK</b>	<b>BARRIERS FOR CHILDREN FROM CULTURALLY DIVERSE BACKGROUNDS AND THEIR FAMILIES</b>	<b>N</b>	<b>Mean</b>
1	Recruiting and retaining staff who are familiar with the language and culture of the families served.	42	7.14
2	It is challenging to assess children from non-English speaking families.	41	6.96
3	There are changes in frequency and intensity of services as children transition into new environments.*	42	6.87
4	There is a shortage of available health providers, therapists and teachers in rural areas resulting in a wait for services.	40	6.83
5	There is a lack of support for families who have difficulty getting their child to multiple appointments or attending IEP meetings because this requires them to miss work*	41	6.597
6	Families do not have the supports to become an advocate & do not understand their rights under IDEA, the IEP process, and their role in the transition process.*	42	6.595
7	Physicians and other providers who do not work in the schools will provide recommendations for programming that is not consistent with an educational model.	40	6.51
8	Schools do not always know information about the following school year, such as number of classrooms and name of teacher.*	42	6.45
9	Communication gaps exist among families, teachers, and therapists, including the use of jargon.*	42	6.38
10	There is a lack of funding available for therapies across all transitions.*	41	6.37
11	There are philosophical and institutional differences between all environments (early intervention, preschool, kindergarten).	41	6.37
12	There is limited time available to engage in meetings, evaluations, preparation activities, etc. prior to the transition.*	43	6.30
13	There is a lack of training for regular education staff, both teachers and paraprofessionals, who are working with children transitioning to preschool and kindergarten.*	43	6.28
14	There exists a lack of adequate communication and relationships among referral sources, teachers, health care providers, therapists, etc. including regular meetings among difference agencies.	43	6.26
15	There is a discrepancy between traditional cultural beliefs and educational services, especially concerning special education services.	42	6.17

\* Items also rated for children with significant disabilities and their families

**Table 5b. Barriers for children with significant disabilities**

RANK	BARRIERS FOR CHILDREN WITH SIGNIFICANT DISABILITIES AND THEIR FAMILIES	N	Mean
1	There are changes in frequency and intensity of services as children transition into new environments*	40	7.62
2	Families have fears and anxieties about the transition process and their child's move to the next environment.	39	7.28
3	There is a shortage of therapists available to provide intervention across transitions.	39	7.14
4	There is a lack of training for regular education staff, both teachers and paraprofessionals, who are working with children transitioning to preschool and kindergarten.*	41	6.95
5	There is a lack of funding available for therapies across all transitions.*	40	6.74
6	Schools do not always know information about the following school year, such as number of classrooms and name of teacher.*	41	6.59
7	Communication gap among families, teachers, and therapists, including the use of jargon.*	40	6.53
8	Staff changes during transitions that result in discontinuity of services.	40	6.50
9	There is a lack of alignment of curriculum between environments.	41	6.43
10	There is a lack of support for families who have medically fragile children and need respite care.	40	6.41
11	Children may receive less special education services after transitioning into preschool or kindergarten.	39	6.40
12	There is limited time available to engage in meetings, evaluations, preparation activities, etc. prior to the transition.*	41	6.34
13	Families do not have the supports to become an advocate & do not understand their rights under IDEA, the IEP process, and their role in the transition process.*	39	6.31
14	There is a lack of home visits for families and children transitioning to kindergarten.	38	6.29
15	Pediatricians and other health professionals delay in providing families with a referral to early intervention services or do not provide an accurate diagnosis because they seem uninformed about children with disabilities	39	6.21
16	Staff across agencies are unfamiliar each other's the roles and responsibilities.	39	6.14
17	Scheduling for evaluations is difficult due to coordination of many different people's schedules.	39	6.12
18	There is a lack of support for families who have difficulty getting their child to multiple appointments or attending IEP meetings because this requires them to miss work.*	40	6.09

\* Items also rated for children with significant disabilities and their families

**Table 5c. Barriers for both children from culturally diverse backgrounds and those with significant disabilities**

BARRIERS IDENTIFIED FOR BOTH GROUPS	CULTURALLY DIVERSE		SIGNIFICANT DISABILITIES	
	N	Mean	N	Mean
There are changes in frequency and intensity of services as children transition into new environments	42	6.87	40	7.62
There is a lack of support for families who have difficulty getting their child to multiple appointments or attending IEP meetings because this requires them to miss work	41	6.60	40	6.09
Families do not have the supports to become an advocate & do not understand their rights under IDEA, the IEP process, and their role in the transition process.	42	6.595	39	6.31
Schools do not always know information about the following school year, such as number of classrooms and name of teacher	42	6.45	41	6.59
Communication gaps exist among families, teachers, and therapists, including the use of jargon	42	6.38	40	6.53
There is a lack of funding available for therapies across all transitions	41	6.37	40	6.74
There is limited time available to engage in meetings, evaluations, preparation activities, etc. prior to the transition	43	6.30	41	6.34
There is a lack of training for regular education staff, both teachers and paraprofessionals, who are working with children transitioning to preschool and kindergarten	43	6.28	41	6.95



## Discussion

Transition continues to be cited by both providers and family members as being difficult. The purpose of this study was to determine the specific types of barriers and issues faced during early childhood transitions for young children with disabilities who are from culturally diverse backgrounds and for children with significant disabilities. From this study, a list of 25 critical barriers was identified by participants as being particularly salient to the two populations under study.

A number ( $n = 7$ ) of critical barriers were identified specifically for children from culturally diverse backgrounds. Not surprisingly, several of these barriers centered on language and culture. Transition is a time of change for all families and children; however, the language barriers that exist for children from culturally diverse backgrounds were seen as exacerbating the difficulties generally encountered during this time of change. For example, critical barriers included a lack of early childhood staff who speak the family's or child's native language, lack of access to interpreters, and a lack of assessment tools available in the family's or child's native language. Another key barrier was the discord between the family's cultural values and beliefs and the educational practices of early intervention or school systems in the mainstream culture. For example, when a young child with a disability

enters the early intervention system, recommended practices promote the provision of services and supports within a natural environment, such as the child's and family's home. These home-based services may not be sought or welcomed by families of diverse backgrounds who believe that rearing a child is the responsibility of the family. Services from social or educational agencies might be seen as intrusive. Thus, the family may hold significant reservations about the need for and desirability of home-based intervention services.

Some barriers identified by study participants specifically for children from culturally diverse backgrounds also have been cited in the literature as issues for many young children and families, including those receiving special education services. These barriers include (a) the overall lack of coordination across agency staff and early intervention providers (e.g., Harbin & Salisbury, 2000; Rous, Hemmeter and Schuster, 1999); (b) shortages of staff in rural areas (e.g., McLeskey, Tyler, & Flippin, 2004); and (c) a lack of common knowledge about programs and services for young children across different program staff (e.g., Rous, Hemmeter and Schuster, 1999; Rice & O'Brien, 1990).

For children with significant disabilities and their families, the findings from this

study support earlier research related to the fears of families of children with various disabilities about the transition process and potential lack of services after the transition occurs (e.g., Karr-Jelinek, 1994; Fowler, Chandler, Johnson, & Stella, 1988; Hanline, 1988). For families of children with significant disabilities, however, the stress felt at transition periods and concerns about services may be exacerbated, specifically the need for respite care, therapy services across transition periods, a reduction of special education services as children transition to preschool and then to kindergarten, and a decrease in home visitation services as children get older. The findings from this study also support earlier findings related to the impact of discontinuity of services and supports across the early childhood years (Rous, Myers, & Stricklin, 2007), which was particularly concerning for families of children with significant disabilities. This sense of discontinuity might be a result of staff who are unfamiliar with other programs and services (e.g., early intervention to preschool transition) and their specific roles and responsibilities for transition (Harbin et al., 2000; Thurman, 1997; Turnbull & Turnbull, 1997, as well as a lack of alignment of curriculum and approaches across programs (Repetto & Correa, 1996).

Unique barriers identified for children with significant disabilities and their families were related to medical providers and evaluations. For example, participants reported that pediatricians

and other health professionals sometimes provide inaccurate diagnoses of children's disabilities and delay referrals of children and families to early intervention services. Additionally, scheduling evaluations was reported to be difficult. Children with significant disabilities often have medical complications or other issues requiring a variety of services from multiple providers. The scheduling and coordination of numerous services and providers creates increased challenges for coordinated evaluations.

Several common barriers were identified across both populations of children under study. First, concerns were expressed about changes in frequency and intensity of services as children move from early intervention to preschool and preschool to kindergarten. This may be due in part to the changing models of intervention, from family focused and primarily home based services, to child focused and primarily classroom based programs. Program intensity, however, has been identified as a critical factor in ensuring that services result in expected long term benefits for children with disabilities and those at high risk (Ramey & Ramey, 1998). Findings from this study suggest that the lack of funding for therapy services in many areas as children transition creates a specific need for children with disabilities across transitions.

Another critical finding in this study is a disconnect between expectations placed

upon families of children with disabilities during the transition process and the supports and services provided. During any transition period, families have increased needs related to preparing themselves and their children for a change in services, specifically understanding their rights, their role in the transition process, and how services may change. Families are expected to participate in evaluations and in transition and other meetings while continuing to take care of the needs of their children outside of special education services, such as medical, therapy, and other appointments. These multiple expectations often are layered upon day-to-day work and family responsibilities. Yet there are few resources and supports available to support the day to day activities with families.

Finally, training in high quality practices for supporting transitions is lacking, especially for those supporting the transition from preschool to kindergarten, including general education staff, paraprofessionals, and therapy staff. This challenge is complicated by the lack of communication among families, teachers, and therapists and the high use of jargon by professionals, which makes communication more difficult. Also hampering communication is the limited information that teachers and therapists have about the next school year. Often teachers and therapists cannot share critical information with families, such as enrollment in a specific

classroom or the name of the teacher or therapist, because decisions about classroom assignments and staffing cannot be made until registration is complete, often only a week or two before the school year begins. This lack of information leaves families with unanswered questions throughout much of the transition process.

One of the major areas of focus for NECTC was the identification of specific issues and concerns for children from culturally diverse backgrounds and those with significant disabilities and their families, and whether the transition experience is different for these populations than other children participating in early intervention and preschool special education services. For children participating in early intervention and early childhood special education services, there exists a complex range of abilities, culture, previous experiences, native languages, family structures, and social contexts—any and all of which codetermine children’s overall development (Bowman, Donovan, & Burns, 2001; Shonkoff & Phillips, 2000; Ramey & Ramey, 1999). This study provides evidence that there are some barriers to transition that are experienced more acutely for families of children who are culturally diverse and/or have significant disabilities.

As with any study, there are limitations that should be considered when interpreting and applying these findings to policy and practice. First is the

relatively small sample size. While the intent of the study was to provide opportunities for in-depth discussions across administrators, providers/ teachers and family members, the design of the data collection process limited the number of participants. Second, since data were gathered from a small number of states, results cannot necessarily be viewed as representative of the broader population.

The transition process has consistently been reported as a stressful time for both families and providers. This study was designed to provide information to the field on specific issues that may arise during the transition process for two targeted populations, namely children with significant disabilities and those from culturally diverse backgrounds. The results of this study

confirm the importance of the need for careful attention to the needs of individual families and children when planning transition services and supports. At the state level, a review of state policies and financial supports to address the needs for bilingual staff and personnel who represent the culture of families' services in programs should be considered, as well as a review of the critical needs related to transition, such as transition-specific training for both special education and general education staff. Additional studies related to families from under-represented groups, including families with cultural or linguistic diversity and families of children with significant disabilities are recommended to better define both issues and strategies and practices that improve the transition process for these populations.

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