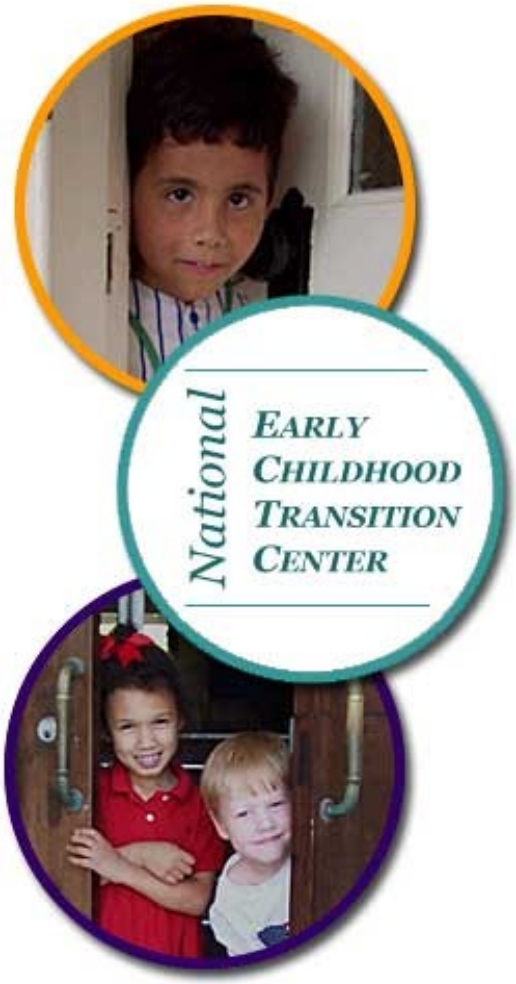

Recommended Transition Practices for Young Children and Families

National Validation Study: Technical Report #3

For additional copies, contact:

University of Kentucky, Human Development Institute, Early Childhood

(859) 257-2081

Suggested citation:

Rous, B. (2008). *Recommended transition practices for young children and families: Results from a national validation survey.* (Technical Report #3). Lexington: University of Kentucky, Human Development Institute, National Early Childhood Transition Center.

NECTC is funded by the U.S. U.S. Department of Education, Office of Special Education Programs , Cooperative Agreement # H324V020031. However, the contents do not necessarily represent the positions or policies of the U.S. Department of Education, Office of Special Education Programs, and you should not assume endorsement by the federal government.

April 2008

Abstract

Transition between and among programs is a major part of the lives of young children and families. Results are presented from a national validation survey of early childhood and early childhood special education professionals of key practices that support the transition process as children leave early intervention and enter preschool and as they leave preschool and enter kindergarten. A total of 21 practices were identified through a series of studies that included administrators, providers, and family members. Of the 21 practices, all were validated by 75% of the respondents, while 20 were validated by 90% or more of the 419 respondents. A description of each practice is provided, along with specific examples of how the practice could be implemented across program types.

Recommended Transition Practices for Young Children and Families

Over the last three decades, programs that serve children considered at-risk (e.g., Head Start) and children with disabilities have considered transition one of the key components of their service delivery models. Likewise, families of these children have indicated over time that the transition process can be stressful and problematic (Campbell, 1997; Early, Rimm-Kaufman, Cox, Saluja, Pianta, Bradley, et al., 2002; Johnson, Chandler, Kerns & Fowler, 1986). Over this time, numerous initiatives have focused on developing transition policies, practices, strategies, and supports for families and providers (Rosenkoetter, Whaley, Hains & Pierce, 2001).

More recently, accountability movements in education have emphasized the need for "evidence-based practice" and for increasing the rigor with which research is conducted (Buysse & Wesley, 2006). While there have been debates on the definition of evidence-based, there is general agreement that there are roles for both professional and family wisdom and experience in identifying practices that are effective and useful when working with young children.

In the field of early childhood special education, there have also been efforts to identify recommended practices related to the provision of services for children with special needs (McLean, Snyder, Smith & Sandall, 2002). As it relates to recommended practice in the area of transition, there has also been extensive work over the last three decades to identifying strategies to support the successful transition of young children with disabilities (Rous, Teeters, & Stricklin, 2007).

The study presented in this report is a social validation study of transition practices. Social validation studies have long been used as a way to help identify and document the social importance of concepts, practices or procedures (Kazdin, 1977; Wolf, 1978). The overall purpose of this research study was to determine: (a) To what extent do early childhood professionals agree on a set of recommended practices for early childhood transition; and (b) Are there specific transition practices that are perceived as more readily accepted or socially valid than others; and (c) To what extent do the early childhood professionals agree or disagree about the social validity of transition practices?

Methods

Study Design

The procedures used in this study were similar to the ones used in other social validation studies in the field of early childhood (e.g., McLean et al., 2002; Rous, Lobianco, Moffett & Lund, 2005) to determine the level of agreement of

practices. This paper will focus on findings from an investigation that was part of a larger research study at the National Early Childhood Transition Center (NECTC) on the identification of transition practices and strategies that support children as they transition into preschool and into kindergarten settings. There were four interrelated, yet independent studies that also were conducted as part of the overall research study. Because the first three investigations were directly related to the design of the study to be reported, they are described here. The first research study included a national survey to identify common transition practices in use by public preschool teachers across the country to support the transition of children into and out of their programs (see Rous, McCormick & Hallam, 2006 for more information). The second research study involved a series of regional working forums with families, providers or teachers, and administrators to identify specific issues and strategies to support the transition of children with significant disabilities and those from culturally diverse backgrounds (see Rous, Schroeder, Stricklin, Hains, & Cox, 2008 for more information). The third study involved the use of focus group methods to identify strategies believed to be effective for supporting children's and families' transitions from early intervention to preschool and from preschool to kindergarten (see Rous, Hallam, Harbin, McCormick, & Jung, 2007 for more information). The current study was designed to validate the set of recommended practices identified through the first three research studies.

Sample

A total of 3,000 individuals representing two groups comprised the social validation sample. The first group consisted of 1,500 active members from the Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC); the second half of the sample (1,500) was comprised of members of the National Association for the Education of Young Children (NAEYC). In order to appropriately validate the transition practices included in the survey, the goal was to gather data from a minimum of 300 participants. Therefore, each group of potential respondents was over-sampled.

DEC and NAEYC organizations were contacted and requests were made for full membership lists. Upon receipt of membership lists (in Excel format), each respondent's state of residence was converted to a numeric value; those without a numeric value assigned were deleted from the sample. Members whose residence was outside of the U.S. were also not included in the sample. The revised membership lists included 61,092 NAEYC members and 6,179 DEC members, which represents 97.89% and 99.89% of the full membership, respectively.

A disproportionate stratified sample was comprised by randomly selecting one half of the sample from each of the membership lists, with an over-sample to replace duplicates. Since many early childhood professionals belong to both organizations, once the sample was chosen, the list was checked using name and address to identify duplicates. Duplications were removed and

replaced with a member of an over-sampling group comprised of an additional 200 randomly selected members (characterized by better representation than a stratified sample, given a population of this size) from both NAEYC and DEC. In addition, geographic location of the sample was taken into consideration when pulling the sample, ensuring representation from all 50 states and the District of Columbia.

Validation Survey

A total of 21 practices, identified through the first three phases of the larger research study as presented previously, were included on the survey. For each practice, sample activities that would reflect the practice were provided. Samples were also identified through the three research studies presented above. The practices and sample activities were formatted into a survey and sent to 12 members of the project advisory group and expert panel consultants for review and comment. Based upon their review, revisions to the survey items and format were made. Ten of the 12 reviewers (83%) provided feedback on the survey design and content.

For each of the 21 practices included in the survey, respondents were provided an opportunity to rate their level of agreement to the degree to which the statement represented a practice that is important to a successful transition. A Likert scale that included: *strongly agree* (rating of 4), *agree* (rating of 3), *disagree* (rating of 2), *strongly disagree* (rating of 1), and *don't know* was used (Figure 1). In addition to ratings, demographic information was collected from each respondent related to gender, race, education, experience, agency/program affiliation, role, and population served. An additional question was added to identify if the respondent was a parent and/or a parent of a child with a disability.

Figure 1. Sample from Transition Practices Survey

Transition Practice	Indicate your level of agreement with the statement				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Staff know key information about a broad array of agencies and services available within the community.	SA	A	D	SD	DK

Activities that reflect this practice:

- Increasing accessibility of resource information by developing a directory (community agency resource booklet) of public and private programs and agencies available in the community. Make this directory available online.
- Providing outreach services to early childhood and medical professionals to help them be comfortable with and knowledgeable about available programs when referring families.
- Offering a symposium explaining different philosophies/approaches used in various programs.

The final validation form was made available to sample participants via online survey, with an optional paper format that could be printed and mailed. Participants were invited to participate in the survey via post card invitation. Dillman's (1978) total design method was used for mailing invitations. Approximately four weeks after the initial invitation to participate, those who had not completed either an online or paper survey were sent a reminder post card. Another reminder post card was mailed four weeks later. Three hundred thirty-one surveys (15 of which were incomplete) were received, for a total of 316 complete online surveys.

To further increase the sample size, a fourth mailing was conducted. For this mailing, a subset of the original sample of respondents that had not yet responded was created using the sampling frame to help ensure that the final sample was representative. A total of 850 participants received the fourth mailing. This mailing included a paper copy of the survey, cover letter and self-addressed and stamped return envelope. Both the paper and web version of the survey were still available to all participants. This resulted in an additional 110 surveys (7 of which were incomplete), for a total of 103 complete paper surveys, and 419 complete surveys altogether.

The 21 practices included in the survey addressed two key elements of transition as defined by the NECTC conceptual model for transition (Rous, Hallam, Harbin, McCormick, & Jung, 2007). Eleven practices were categorized as focusing primarily on the *Interagency Service System* (e.g., interagency structure, continuity and alignment, communication and relationships). The remaining 10 practices were categorized as focusing primarily on *Child and Family Preparation and Adjustment*. This categorization does not mean that practices could not address both elements, as practices frequently crossed categorical lines.

Data Analyses

Data from the survey were imported/entered into Statistical Package for the Social Sciences (SPSS, Inc., Chicago, IL) version 15.0 for analyses. To ensure accuracy of data entry for paper surveys, 9.7% (n = 10) of the total surveys were checked for reliability of data entry using a systematic sampling procedure with a random start. The reported accuracy rate was 100%.

To ensure that the practices included in the survey could be analyzed by category, a reliability analysis was then conducted. Internal consistency measures for each of the two categories addressed on the survey were conducted using Cronbach's alpha. Alpha coefficients were .862 for *Interagency Service System* and .853 for *Child and Family Preparation and Adjustment.*

To determine if differences existed across stakeholder groups on validation of practices, t-tests and analysis of variance (ANOVA) statistics were used. Appropriate post-hoc Bonferroni tests (Olejnik, Li, Supattathum, & Huberty, 1997) were then conducted to determine if significance was reached, where the differences existed. Significance levels of. p < = .05 and effect sizes of

greater than .10 were utilized (Cohen, 1988). From 3,000 potential respondents, 54 were removed from the study due to inaccurate addresses, resulting in an adjusted sample size of 2,946. Of the remaining participants, 419 returned complete surveys for an overall return rate of 14.2%, which was well over the desired sample size of 300.

Participants

Participants who identified their membership in the study represented 48 states and included 231 DEC members (58%) and 167 NAEYC members (42%). Of the final sample for those who reported gender, 76.3% were female and 23.7% male. The majority identified themselves as Caucasian (87.8%). The group was highly educated, with the majority of respondents having a master's degree (58.7%) or doctorate (13%).

Respondents represented a variety of agencies and programs, with the most common respondent working for the local public school system (38.2%, see Table 1). Teachers were the most common respondent (48%), followed by administrators (31.6%). Respondents worked with a variety of populations including children, families, and staff with the majority of respondents indicating they worked with preschoolers (66.5%, see Table 2). A majority of respondents indicated they were parents (72.5%) with 21.9% indicating they were the parent of a child with a disability.

Results

Validated Practices

Applying validation standards previously used by Rous et al., 2005, two standards for validation were applied. First, a practice was considered validated if at least 75% of the respondents indicated that they agreed or strongly agreed with the statement. Of the 21 practices included in the survey for validation, all 21 met this validation criterion. A more

Table 1. Respondents by Agency Type and Role*

AGENCY TYPE	N	%	AGENCY ROLE	N	%
Local Public School System/District	137	38.2	Teacher or Developmental Specialist	172	48.0
Child Care Program/Private Preschool	67	18.7			
Local EI Program/ Part C	44	12.3	Other Service Provider	20	5.6
Early Head Start /Head Start Program	20	5.6	Service Coordinator	22	6.1
University or College	46	12.8	Administrator	113	31.6
Training and TA Center	15	4.2	Faculty	11	3.1
State Agency	10	2.8	Other	21	5.6
No Agency Affiliation	11	3.1			
Other	9	2.5			
Respondents	**359**	**100%**	**Respondents**	**359**	**100%**

* As completed by respondents

stringent validation criterion was also applied that included at least 90% of respondents indicating they either agreed or strongly agreed with the practice. Twenty (95%) practices included in the survey met the more stringent criteria. Specific information on the frequency of responses by practice is in Table 3.The online survey offered an option for participants to rate a specific practice immediately or to access a set of sample activities that could help to demonstrate the practice in action across a variety of settings and transition points. The online survey presented these activities on a second screen. For the paper survey, the sample activities were presented immediately after the practice. Of the 316 respondents who completed the online survey, 83% accessed sample activities for at least one practice, with an average of 6 practices per respondent for which samples were accessed. At least one respondent accessed sample activities for each of the 21 practices.

Table 2. Populations Served by Respondents

Population	N	%**
Infants/Toddlers	132	37.5
Preschoolers	258	66.5
Kindergarten	97	27.1
Above Kindergarten	59	17.2
Families	172	47.1
Families Only	3	.9
Staff	155	42.8
Staff Only	10	3.

*Does not equal 100 as responses were not mutually exclusive

Across the 21 practices, the range was between 33.3% and 62.1% of the participants accessing sample activities for any given practice. The practice for which the majority of respondents accessed the sample activities was "*Staff know key information about a broad array of agencies and services available within the community*," (62.1%) which was also the first item on the survey. The second practice for which a majority of respondents chose to access sample activities was *"Conscious & transparent connections are made between curricula & child expectations across programs/environments*" (55.7%). This practice was located in the middle of the survey. Access to the supplemental information provided by the activities at both the beginning and middle of the survey may suggest that the order of the items on the survey did impact the need to access sample strategies to respond. There were no differences by respondent type (e.g., role, position, agency, organizational membership) as to who accessed sample activities.

Difference in Agreement Levels Across Respondents

Analysis of variance (ANOVA) and t-tests were conducted to determine differences in stakeholder levels of agreement. Stakeholder groups of interest included professional organization membership (e.g., DEC & NAEYC), role (e.g., parent, teacher/provider, administrator), and geographic region. Sum scores were used to determine differences across two categories of practices, *Interagency Service System* (11 practices) and *Child and Family Preparation and Adjustment* (10 practices).

Table 3. Practices and Percent of Respondents Accessing Sample Activities*

Practice	N	% Accessed Sample
Staff know key information about a broad array of agencies & services available within the community.	314	62.1
A primary contact person for transition is identified within each program or agency.	307	51.8
Community – & program-wide transition activities & timelines are identified.	305	49.8
Individual child & family transition meetings are conducted.	303	38.3
Referral processes & timelines are clearly specified.	302	37.1
Enrollment processes & timelines are clearly specified.	300	41.0
Program eligibility processes & timelines are clearly delineated.	300	44.7
Staff follow-up on children after the transition to support their adjustment.	297	41.8
Staff & family members are actively involved in the design of transition processes & systems.	294	41.5
Staff roles & responsibilities for transition activities are clearly delineated.	294	38.8
Conscious & transparent connections are made between curricula & child expectations across programs/environments.	291	55.7
Methods are in place to support staff-to-staff communication both within & across programs.	290	36.9
Transition team members share appropriate information about each child making a transition.	290	35.9
Transition plans are developed that include individual activities for each child & family.	289	43.3
Children have opportunities to develop & practice skills they need to be successful in the next environment.	287	41.1
Families are aware of the importance of transition planning & have information they need to actively participate in transition planning with their child.	287	33.8
Families meaningfully participate as partners with staff in program-& community-wide transition efforts.	287	34.5
Families' needs related to transition are assessed & addressed.	287	39.7
Families have information about & are linked with resources & services to help them meet their specific child & family needs.	285	33.3
Families actively participate in gathering information about their child's growth & development.	284	39.1
Agencies develop formal mechanisms to minimize disruptions in services before, during, & after the transition of the child & family.	282	43.3

* Items organized by the order in which they appeared in the survey.

Table 4. Means and Standard Deviations for Transition Practices

Practice	N	Mean (SD)
Interagency Service System		
A primary contact person for transition is identified within each program or agency.**	383	3.58(.71)
Community- & program-wide transition activities & timelines are identified.**	384	3.48(.65)
Referral processes & timelines are clearly specified.**	381	3.57(.60)
Enrollment processes & timelines are clearly specified.**.	379	3.55(.69)
Program eligibility processes & timelines are clearly delineated. **	375	3.60(.62)
Agencies develop formal mechanisms to minimize disruptions in services before, during, & after the transition of the child & family.**	362	3.41(.84)
Staff & family members are actively involved in design of transition processes & systems.**	376	3.39(.81)
Staff roles & responsibilities for transition activities are clearly delineated. **	375	3.54(.65)
Conscious & transparent connections are made between curricula & child expectations across programs/environments.**	368	3.39(.77)
Methods are in place to support staff-to-staff communication within & across programs.**	371	3.45(.77)
Families meaningfully participate as partners with staff in program-& community-wide transition efforts.**	366	3.37(.80)
Child and Family Preparation and Adjustment		
Individual child and family transition meetings are conducted.**	382	3.67(.64)
Staff follow-up on children after the transition to support their adjustment. *	376	3.20(.89)
Transition team members share appropriate information about each child making a transition.**	370	3.56(.73)
Transition plans are developed that include individual activities for each child & family.**	366	3.38(.77)
Staff know key information about a broad array of agencies & services available within the community.**	377	3.59(.63)
Children have opportunities to develop & practice skills they need to be successful in the next environment.**	367	3.62(.60)
Families are aware of the importance of transition planning & have information they need to actively participate in transition planning.**	366	3.57(.65)
Families' needs related to transition are assessed & addressed.**	367	3.44(.76)
Families have information about & are linked with resources & services to help them meet their specific child & family needs.**	363	3.46(.74)
Families actively participate in gathering information about their child's growth & development.**	364	3.49(.71)

** validated by at least 75% of respondents; ** validated by at least 90% of respondents; Validation Scale of 1 = strongly disagree to 4 = strongly agree*

Table 4 outlines the categories and identified practices within them.

With respect to professional organization membership, overall DEC members more strongly agreed with the use of transition practices in both categories than did NAEYC members (t (371) = 2.95, p<.01, d = .31 & t (371) = 2.62, p<.01, d = .27 respectively). Table 5 illustrates these findings.

The role of the respondent also made a difference in their degree of agreement with practices across categories. Respondents were grouped into two roles: direct service (i.e., teachers, developmental specialists, other service providers, and service coordinators) and administration (i.e., administrators and faculty). Direct service respondents had higher levels of agreement with the interagency service system category of practices than did administrators (t (336) = 2.65, p<.01, d = .29). Table 5 provides details for this finding. There were no significant differences between parents of children with disabilities and other respondents, or between respondents across geographical regions.

The 21 practices included in this study were identified through a series of studies designed to gather information on transition practices identified as effective based on professional and family experiences. For this study, practices were differentiated from strategies. ***Practices*** are defined as those that are *broad and global* and that reflect shared understanding of the intent of the practice. ***Strategies*** are defined as activities used to implement a practice. When identifying practices for implementation within and/or across programs, the expectation is that practices would be consistently implemented within and/or across programs serving young children, while strategies would vary based on the program type and individualized population needs.

Table 5. Differences in Agreements Level by Group

Group	Interagency	T	Effect Size	Preparation & Adjustment	T	Effect Size
DEC Members	38.22(5.75)			34.35 (6.40)		
		2.95**	.31		2.62**	.27
NAEYC Members	36.15 (7.84)			32.34 (8.49)		
Direct Service Providers	38.73 (4.44)			34.94 (4.53)		
		2.65**	.29		1.31	.14
Administrators	37.19 (6.17)			34.21 (5.67)		

** p<.01

Discussion

The overall purpose of the study was to examine the extent to which early childhood professionals agreed on a set of recommended practices for early childhood transition. Results from this study indicated a high degree of agreement on the social validity of the practices presented, with 75% or more of the respondents indicating they agreed or strongly agreed with all of the practices. This held true regardless of the respondent's role, program, educational level, or region of the state. This finding was not surprising given that the practices were generated through a series of studies designed to identify experience-based practices that were considered effective by stakeholders similar to those in the validation sample (administrators, teachers, and family members).

There were however, differences in the overall level of agreement of some practices between DEC and NAEYC members, with DEC members having higher levels of agreement (e.g., strongly agree) with the practices than NAEYC members. This is not surprising given that the early childhood special education literature and regulations under the Individuals with Disabilities Education Act have long focused on the transition process for young children served in early intervention (Part C) and preschool special education (Part B, Section 619) (IDEA, 2004). An effective transition for children with disabilities may be seen as an outcome of instruction and service delivery by these professionals (early childhood special educators) more frequently than their colleagues in early childhood. While transition concerns are not new to early childhood special educators or Head Start programs, the literature related to transition in the broader early childhood field has traditionally focused on the transition to kindergarten within the context of school readiness (Pianta & Cox, 1999; Ramey & Ramey, 1998).

Findings from this study also indicated differences in the level of agreement between direct service providers, administrators, and faculty on practices that pertain to interagency service systems. These differences are more of a concern given the need for administrative support in the implementation of practices that address collaboration across programs and service systems and are somewhat counter-intuitive. It would seem that administrators would advocate more strongly for interagency service systems since interagency coordination would be more aligned with the role of an administrator than a teacher. Two competing hypotheses may explain this finding. First, administrators may not validate this practice, not because they don't value it but because they have found it very difficult to implement (Rous, Hallam, et al., 2007). Second, teachers may see more clearly and frequently the impact of the lack of an integrated interagency service system (e.g. curriculum alignment) for children and families.

The transition process for young children has long been considered complex, given the need for coordination across the multiple systems and programs that serve young children (Rous,

Hallam, et al., 2007). Therefore, it has been difficult to identify a set of transition practices that can address the diverse needs of families, yet are sufficiently discrete to be implemented successfully within and across the different programs that serve young children and families. The organization of this study was designed to provide respondents with enough information about practices through the use of sample activities, so that they could extrapolate the information into their own context and circumstances as a way to "see the practice in action." This approach holds promise in supporting congruency in transition practices across programs while allowing for individualization through strategies and activities.

This study is not without limitations. The response rate was low at 14.2%. This may be due to the length of the survey or to the methods used, which included directing potential respondents to a web-based survey. However, measures were taken to ensure that the final sample size was sufficient to draw conclusions across the respondent types through estimated power analysis. Another limiting factor was the possible lack of understanding by respondents as to the difference between practices and activities. Many respondents accessed activities for the practices, regardless of their role, indicating they may need assistance in understanding the nature of practices.

Further work is needed to empirically identify whether specific practices are more helpful for some populations than others; and if so, which practices are most critical for differing groups. For instance, is the practice "*Children have opportunities to develop & practice skills they need to be successful in the next environment"* more important for families having children with significant disabilities or from culturally diverse backgrounds? In addition, there are personnel preparation and technical assistance issues which may influence the knowledge and use of practices. Research studies of the type and amount of personnel preparation in relation to the implementation of transition practices are warranted. Finally, studies of policy issues are an important part of this process, as policies, both explicit and implicit, drive the implementation of effective transition practice in all settings.

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