

# The Transition to Preschool for Children with Disabilities

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California continues to fall below national averages in identifying and serving infants, toddlers, and preschoolers with developmental disabilities. The transition between infant/toddler services, administered by the Department of Developmental Services, and preschool services for 3- to 5-year-olds, administered by the Department of Education, is fraught with several factors that hinder progress. The process lacks, among other things, a systematic screening and child tracking system; a data monitoring system for tracking progress of children; interagency and policy coordination; and preparation of family and staff for transitions. To significantly improve the state of early education for children with disabilities, California will need to make substantial investments.

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## Introduction

Early childhood is a period of rapid brain growth that promotes later life outcomes. For children with developmental delays, early intervention is a critical factor in providing the potential for lessening the gap between expected and delayed development.<sup>1</sup>

In California—and across the United States—infants, toddlers, and preschoolers with developmental delays receive early intervention services as mandated by the federal Individuals with Disabilities Education Act (IDEA). California’s early intervention program for infants and toddlers, known as Early Start, is administered by the Department of Developmental Services (DDS). These services are known as Part C of IDEA and are provided based on an Individualized Family Services Plan (IFSP) for children under 3 years old who have a developmental delay, disability, or established risk condition known to result in a developmental delay.<sup>2,3</sup> Approximately 2.9 percent of California’s infant/toddler population was served in this program in 2016.<sup>1</sup> The majority (82.8 percent) were served in home-based individualized services by a variety of professionals (occupational, speech, and behavioral therapists).

Children 3–5 years of age qualify for Part B services, administered by the Department of Education, if they meet criteria for one of the 14 disability categories recognized by the school system. In California, nearly 5.4 percent of children qualified for Part B services in 2016.<sup>1</sup> In contrast to Part C services, where the majority of children receive services in the home, only a small percentage of children receive home-based Part B services. The majority receive services within center-based care—either specialized preschool programs for children with disabilities (45 percent) or general education inclusive programs (43 percent).<sup>1</sup>

The transition from infant/toddler services to preschool-based services follows a federally mandated roadmap (Figure 1).

**Figure 1.** Federally Mandated Transition Timeline



*Note.* Figure from California Department of Education. (2005). *The Handbook on Transition from Early Childhood Special Education Programs*. [www.cpeionline.net/pluginfile.php/11976/mod\\_resource/content/3/Handbook%20on%20Transition.pdf](http://www.cpeionline.net/pluginfile.php/11976/mod_resource/content/3/Handbook%20on%20Transition.pdf)

When children turn age 3, they transition from Part C services to Part B services. There is a change both in the agency responsible for administering services and in

the requirements for service eligibility. Without ongoing oversight and coordination these differences affect data tracking and gaps in services for young children with disabilities.

## How is California Doing in the Transition from Part C to Part B Services?

### Flying Under the Radar

California state data from 2016 indicate that a large percentage of infants and toddlers exited Part C services, no longer qualifying for early intervention services (45.1 percent, Table 1).<sup>1</sup> In fact, only 1.8 percent of the population receiving Part C services were deemed eligible for Part B services.<sup>1</sup> While this may be seen as a successful outcome of early intervention, the percentage of children 3–5 years of age receiving Part B services (5.4 percent) is larger than the percentage served in Part C services (2.9 percent), suggesting that many children with disabilities are not accessing Part C services.<sup>1</sup>

What could be the reasons for this? Although pertinent data are not readily available, it may be that some children’s delays became more apparent after infancy so that they would not have been identifiable under 3 years of age. These could be children with milder symptoms or with an autism spectrum disorder, in which recognizable behavioral symptoms are unfolding during the second and third years of life.<sup>4</sup> It may also be due to children being missed by the current system of identification and services, particularly children with fewer economic resources or from racial/ethnic, cultural, or linguistic subgroups. With scant data, we have limited information regarding who is being missed.

**Table 1.** Transition from Part C to Part B Services, 2016<sup>1</sup>

|   | California Average<br>(percent) | National Average<br>(percent) |
|---|---------------------------------|-------------------------------|
| Receive Part C services   | 2.9                             | 3.1                           |
| No longer eligible for Part C prior to reaching age 3             | 45.1                            | 16.1                          |
| Part B eligible, exiting Part C                                   | 1.8                             | 36.4                          |
| Part B eligible, continuing in Part C                             | 0                               | 3.4                           |
| Not eligible for Part B, exiting with referrals to other programs | 8.2                             | 5.3                           |
| Part B eligibility not determined                                 | 37.9                            | 11.2                          |
| Successful Part C to Part B transition                            | 95.16                           | 96                            |
| Receive initial IFSP in timely manner                             | 78.45                           | 94                            |
| Timely transition from Part C to B                                | 79.12                           | 96                            |
| Withdrawal from Part C by parent                                  | 0.5                             | 12                            |

Another concern from state data is that nearly a third (37.9 percent) of children in California’s Part C services in 2016 were reported to have “undetermined eligibility.”<sup>1</sup> Nationally these percentages are flipped, with about a third (36.4 percent) eligible for transition from Part C to Part B services, and only 11.2 percent of “undetermined eligibility.”<sup>1</sup> The designation of “undetermined eligibility” is likely due to changes in eligibility categories from Part C to Part B services. Part C services require only that a child demonstrate a developmental delay, whereas to qualify for Part B services children must meet criteria for one of the 14 designated categories used in the school system. Without determined eligibility from Part C services into one of the Part B educational designations, children undergo potentially time-consuming and expensive assessments to determine eligibility for Part B, and are at risk for service gaps.

**Table 2.** Part C and Part B Service Enrollment, 2016<sup>1</sup>

|   | California Average<br>(percent) | National Average<br>(percent) |
|---|---------------------------------|-------------------------------|
| <b>Part C</b>                                 |                                 |                               |
| <b>Native American/Alaska Native</b>          | 3.9                             | 5.5                           |
| <b>Asian American</b>                         | 4.2                             | 4.9                           |
| <b>African American</b>                       | 5.6                             | 5.5                           |
| <b>Latinx</b>                                 | 5.5                             | 6.0                           |
| <b>Native Hawaiian/other Pacific Islander</b> | 1.3                             | 7.8                           |
| <b>White</b>                                  | 4.7                             | 6.4                           |
| <b>Multiethnic</b>                            | 1.9                             | 4.9                           |
| <b>Part B</b>                                 |                                 |                               |
| <b>Native American/Alaska Native</b>          | 6.3                             | 8.4                           |
| <b>Asian American</b>                         | 4.4                             | 5.0                           |
| <b>African American</b>                       | 5.3                             | 6.2                           |
| <b>Latinx</b>                                 | 5.8                             | 5.9                           |
| <b>Native Hawaiian/other Pacific Islander</b> | 3.3                             | 7.5                           |
| <b>White</b>                                  | 4.9                             | 6.8                           |
| <b>Multiethnic</b>                            | 6.4                             | 5.7                           |

The percentage of children entering into Part B services who did *not* have earlier interventions through Part C or through another source (e.g., private agency, private or public insurance) is unclear. What is clear is that for both Part B and Part C services, California falls behind national averages of serving children with developmental delays and below national averages in nearly every racial/ethnic subgroup.

Based on federal compliance guidelines, in 2016 California was determined as “needing intervention” to meet IDEA, Part C requirements and “needing assistance” for 2 or more years to meet IDEA, Part B requirements.<sup>1</sup>

## A Bumpy Ride from Part C to Part B in California

There are a number of challenges for children and families transitioning from Part C to Part B services in California. These include:

- Delays in identification, tracking, and eligibility determination;
- Poor interagency coordination;
- Lack of staff training;
- Families feeling unprepared for the transition; and
- Poor documentation of child progress monitoring and evaluation.

All of these issues can lead to service gaps for children in the transition from Part C to Part B services.

### Lost in Transition

Delays in identification, tracking, and eligibility determination create service gaps. Because California does not have a systematic, unified screening and tracking system, children can be missed, resulting in no or limited access to early interventions. Children under age 3 who are not identified can miss out on Part C services. Even if identified at age 3, children can still experience service gaps. Research studies indicate that only about one in three children begin receiving Part B services on their third birthday despite the federally mandated timeline.<sup>5</sup> This situation occurs because of the need for eligibility assessments and referrals, which can take time.

Differences in the agencies responsible for Part C and Part B services can also result in service gaps if a child gets caught in the few months leading up to a change in service sectors. For example, if a child is identified within the last few months of eligibility for Part C services, they may be asked to wait for services in Part B, which can only begin after age 3. Families most impacted are those with few resources or who face additional cultural and/or language barriers.<sup>6</sup>

Data tracking of children as they transition through services is also scant. For example, we do not have ready data on what happens to children who exit from Part C services and do not receive Part B services, such as whether they resurface later in the system or whether they accessed different sources of intervention other than Part C and Part B. For example, children with an autism spectrum disorder may receive private

therapies through public or private insurance under age 3 and then transition into Part B services. A challenge for this population is that the number of hours of early intervention can be significantly higher when provided by private community applied behavior analysis (ABA) agencies than what is offered by Part B services. This transition may signal a precipitous drop in service hours for families, which may result in them not transitioning to Part B public school services. Families may continue to demand private agency services such as one-on-one therapies in the home or in-school behavioral assistants (paid for by public funds) instead. How many children are affected is unknown, but autism is one of the fastest growing disabilities in early childhood.

Service gaps can also occur due to differences in eligibility criteria from one service agency to the other. As noted, over a third of children transitioning from Part C to Part B services in California were listed as having “undetermined eligibility,” thus requiring assessments by Department of Education staff to determine an eligibility. This can take time and may ultimately delay the start of intervention. Another complication is that children transitioning to Part B services do so on their third birthday, which can occur anytime during the year. Lack of consistency in start times might also complicate a smooth transition.

### **Transitions are Only as Good as the Individuals Managing Them**

Service coordinators, teachers, and other professionals in Part C and Part B services need additional training regarding their role in the transition process and in the use of successful transition strategies. While a national sample of public school preschool teachers reported using several different transitional practices—e.g., a talk with parents before school starts (84.7 percent); a talk with parents after school starts (95 percent); written records of the child’s past experiences or status made available to smooth the transition from Part C to Part B (74.1 percent)—they reported that many of these were not successful.<sup>7</sup> Teachers identified a number of challenges, including feeling as though many parents did not read the materials sent home, sensing that some parents seemed disinterested, and recognizing that teachers’ work to ensure a successful transition was not supported financially over the summer.

A serious issue is the lack of trained educators to work with children with disabilities. In 2016, state reports indicated that there were only 3.4 trained special education teachers per 100 children served under IDEA, Part B.<sup>1</sup> Given the diversity of California’s population, there is also a serious shortage of educators who match the linguistic, ethnic/racial, and cultural backgrounds of the population.

### **Families Feel Mismatched Focus**

Notable differences between the intervention focus of Part C and Part B services can create tensions and role confusion for families and staff. In Part C, services are organized around the Individual Family Service Plan (IFSP), but in Part B, services are based on the child's Individual Education Plan. The IFSP prioritizes family goals while the IEP focuses on child goals. This difference in focus creates tension for parents. Parents perceive their role as an "insider" during Part C services but as an "outsider" within the preschool environment.<sup>8</sup> Since services for Part C are often provided in the home while Part B services are in school, parents can feel out of the loop in their child's intervention and, especially, that they have moved from personalized family-focused services to giving their child over to a system.<sup>9</sup>

Caregivers report they have inadequate family preparation for the transition to preschool and, as a result, feel a great deal of caregiver anxiety. According to one report, 43 percent of parents felt anxious and unprepared for the transition from early intervention to preschool.<sup>10</sup> Parents also feel there are limited choices available for services when their children transition to school. Most children go into segregated special education preschool settings since there are few general preschool programs available and only limited spots in publicly funded preschools (e.g., Head Start).<sup>9</sup> Even in Head Start, children with disabilities who are enrolled tend to be those with less severe disabilities, such as children with speech and language delays. Children with more significant disabilities find few inclusion placements available.<sup>11</sup>

### **Knowing What We Do Not Know**

How well are we doing in transitioning children between Part C and Part B services? Data are insufficient. California Annual Performance Reports for 2016 indicate that about three quarters of children made significant progress towards their social, emotional, and cognitive goals (Table 3).<sup>12</sup> However, it is unclear what measure or metric was used to determine progress and whether these data represent meaningful change. The data also suggest that a quarter to half of children may not be making enough progress and are in danger of continuing this trajectory without significant attention to their individualized needs.<sup>11</sup>

**Table 3.** Child Outcomes in Part C Services, 2016<sup>12</sup>

| Outcome   | California Average (percent) | National Average (percent) |
|---|------------------------------|----------------------------|
| <b>Positive Social-Emotional Skills</b>           |                              |                            |
| Substantially increase rate of growth             | 47.12                        | 66                         |
| Functioning within age expectations               | 67.83                        | 58                         |
| <b>Acquisition and Use of Knowledge Skills</b>    |                              |                            |
| Substantially increase rate of growth             | 50.60                        | 72                         |
| Functioning within age expectations               | 55.01                        | 48                         |
| <b>Use of Appropriate Behaviors to Meet Needs</b> |                              |                            |
| Substantially increase rate of growth             | 39.39                        | 74                         |
| Functioning within age expectations               | 63.85                        | 58                         |

## Smoothing the Transition from Part C to Part B in California

California can take several steps forward to establish a smoother transition for children needing Part B early intervention services. These include:

- Integrating the screening and tracking systems;
- Creating a reciprocal eligibility system;
- Increasing the emphasis on family preparation;
- Incorporating targeted staff training and coordination;
- Improving metrics for monitoring and evaluating each child’s progress; and
- Coordinating oversight of services.

### Create an Integrated Screening and Tracking System

Employing one system of screening and tracking children with disabilities would make it possible to know who is in the system at any given time. One way to do this is to create a unique identifier for each child so that each child can be tracked as they move between or come and go within systems. Such an approach would provide needed data on whom we are capturing in screening efforts and may point to children we are missing.

### Utilize a Reciprocal Eligibility System

To speed up transitions and avoid service gaps, both administrating agencies should adopt a single or reciprocal eligibility system. Coordinating the hand off with the appropriate eligibility would lessen the gap between one service sector and the other. At this time, and unique to California, there is a large percentage of children transitioning

from Part C with unknown eligibility, which triggers time-consuming assessment and referral resulting in potential service gaps. Coordinating eligibility requirements should smooth the transition between services.

### **Prepare Families**

Families have repeatedly complained that they do not know what to do or what is available to them. Well before transition—even more than the mandated 90 days prior to the child’s third birthday—a menu of early intervention and school services should be provided to the family. Families should be thinking about what they want long before the transition occurs in order to mitigate service gaps. For non-English speaking families, competent interpreters need to offer transition information as a rule of thumb very early in the process. Families are not always aware that these services are available. To accomplish this goal, systems must become more creative in delivering information and making it possible for families to connect to the individuals who can help them the most. The traditional methods of putting information in pamphlets, on websites, and in informational meetings is unlikely to reach everyone. We need new and creative ways to help families understand the process.

### **Arm Professional Staff with Knowledge and Expertise**

Many different professionals have a hand in a smooth transition for a family. Part C professionals can prepare the family for what is to come and inform them of the choices they need to make. They can also prepare the child for what is most likely movement from an in-home to an out-of-home, school-based intervention experience. Part B professionals can prepare the family for the program the child will move into and for any assessments or differences in interventions the family may encounter or expect. Both the family and the Part C professionals should alert the Part B professional team of the needs of the child and family who are transitioning into Part B.

The process of transition needs to be attended to by an informed service coordinator or family navigator who can help ensure a smooth pass off between service sectors. Designating one agency as responsible for the transition and insuring that interagency coordination is part of the process may help transitions go better. It may also be helpful to require only two or three access points into Part B services per year (e.g., October, February, June). These standard transition points may help families, children, and staff be better prepared.

Currently there are inconsistent personnel standards and differences between Part C and Part B. Improvements in staff knowledge and expertise will come about with better training, higher expectations for interagency coordination, and greater oversight of what we are actually doing. Additionally, because of the diversity of the population in California, we have a critical need for bilingual service providers and coordinators.<sup>13</sup>

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### **Systematize Child Outcome Metrics**

Data exist on children's transitions to school and the outcomes of these transitions for typically developing preschoolers.<sup>14, 15</sup> However, we have very little data on how well children with disabilities progress and what this means for their next transition. We are also much less certain of expectations for growth in children with disabilities. Neither parents nor professionals are sure how well a child will do—whether they will make significant progress in closing developmental gaps or whether the gaps will widen. Given the variety of interventions available, we also have little information on what we can expect from a given treatment.<sup>16</sup> How long should we wait to see real progress? When should we change something, and based on what measures or expected change metric? Especially, if we need to change in the face of limited progress, what do we change to? Without data and accepted, meaningful measures to monitor our progress and determine our outcomes it is difficult to know who is doing well, who is not, and why.

Currently the mandated Desired Results Developmental Profile (DRDP) Access is not perceived as providing real-time monitoring. We need a systemwide method for regular progress monitoring of child goals that are determined through standard, accepted measurements.<sup>17</sup>

### **Consider a Single Agency to Oversee Infant, Toddler, and Preschool Services**

There are examples of single agency oversight. Twenty-four states use the Department of Health Services to oversee Part C and Part B services. A single agency may consolidate, systematize, and coordinate services for seamless transition of children across ages and service sectors.<sup>17</sup>

## **Conclusion**

We have scant data in California on who is transitioning between Part C and Part B services, whom we are missing, and the outcomes of our efforts. Moving forward, we will need to integrate and coordinate services for more effective screening, identification, and tracking of children through different systems of care. Additional research studies are needed to test different models of transition practices or programs, to determine if we can successfully transition more children into effective early intervention services, and to measure meaningful outcomes.

## Endnotes

- <sup>1</sup> U.S. Department of Education (2018). *40th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2018*. <http://www.ed.gov/about/reports/annual/osep>
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