

PARENTAL VIEWS OF SUPPORTS AND SERVICES  
RELATED TO THEIR SPECIAL NEEDS CHILDREN:  
TRANSITION TO KINDERGARTEN

CENTRE FOR NEWFOUNDLAND STUDIES

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ARLENE L. TEMPLEMAN-BARNES



PARENTAL VIEWS OF SUPPORTS AND SERVICES  
RELATED TO  
THEIR SPECIAL NEEDS CHILDREN:  
TRANSITION TO KINDERGARTEN

by

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## **ABSTRACT**

The major purpose of this study was to determine parental needs concerning the supports and services they desired as their special needs children were transitioning to kindergarten. Of specific interest were the supports offered prior to and upon school entry, parental expectations regarding the school setting, teacher attention and parental involvement in their child's education. Parental needs were examined comparatively for rural and urban parents. The support services offered to parents and children were compared according to the time of special needs diagnosis, whether prior to or after, school entry. Parental expectations regarding the school system were examined comparatively, considering whether or not the children attended a preschool.

A self-designed questionnaire was administered to a group of parents from the geographical locations encompassed within the Bonavista-Trinity-Placentia Integrated School Board, the Gander-Bonavista-Connaigre Roman Catholic School Board and the Avalon Consolidated School Board.

Analysis of the data indicated that parents from rural and urban areas expressed different needs related to their child's transition to kindergarten. While urban parents were concerned with home to school communication and in-school tutoring programs, rural parents were concerned with the instructional aspects of education, such as the amount of teacher attention offered to their child and the availability of preschool or daycare learning environments. With respect to informal and formal support needs, urban parents stated a greater preference for formal support needs such as school staff, support groups and public



health. Both groups of parents indicated equal preference for informal support systems such as family members, other parents and friends.

The data revealed extensive differences in service offerings to parents whose children were diagnosed with special needs prior to school entry as compared serviced offerings to parents whose children were diagnosed after school entry. The first group of parents and children received more varied services to prepare the children academically and socially for kindergarten. Also, parents in this group held more realistic opinions of the school's expectations for them and their children than did parents in the group whose children were not diagnosed as special needs until after school entry.

The thesis data also demonstrated differences in parental expectations between parents whose children attended a preschool and parents whose children did not attend a preschool. Parents with a preschool learning experience had more realistic expectations regarding classroom settings, the amount of teacher attention offered to their child and the number of parent/teacher meetings held. However, both groups of parents did expect that Special Education Programming and individualized teacher attention would be offered to their child as was necessary to ensure a successful school experience.

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## **CHAPTER I**

### **INTRODUCTION**

#### **Purpose**

The general purpose of this study was to assess parental needs, as well as supports and services offered to parents and their special needs preschool children, while they were transitioning to kindergarten. The research attempted to identify how these needs differed according to urban or rural locality. Supports prior to school entry, preparation for kindergarten, services available upon school entry, school placement and parental involvement in schooling were examined. Parental expectations for school were compared with the actual school setting. Comparisons were made between parents whose children were identified with special needs prior to school entry and those whose children were diagnosed with special needs after school entry. Parental expectations and service delivery were compared for parents who had children exposed to a preschool/daycare environment and those who did not. When parental needs have been identified, the implications for service delivery will be discussed.

#### **Research Hypotheses**

1. Parents from rural areas will experience different needs than parents from urban areas.
2. Parents in rural areas will be more dependent on informal supports and services than urban parents.

3. Parents whose children's special needs were diagnosed before school entry will have had more support before and during the transition than parents whose children were not diagnosed before school entry.
4. Parents whose children were exposed to a preschool/daycare experience will have different expectations for the school system than those parents whose children did not have such an experience.

### **Rationale**

The transition from preschool to kindergarten is a monumental developmental milestone for children. The child has to leave parental security behind to move to kindergarten where the teacher is an authority figure, and they are expected to conform to routines. In this new setting they are expected to complete tasks set by the teacher at pre-established developmental levels. The free-play environment is now much more limited than before they entered school.

This transition to a place where conformity is the norm is stressful and challenging for children, especially those with special needs. They have probably not developed the skills that kindergarten requires and therefore will require special programming from the beginning of their school experience to ensure success.

The Royal Commission of Inquiry into the Delivery of Programs and Services in Primary, Elementary, and Secondary Education suggests that the education system would better serve children if it connected the resources and opportunities at the preschool level with those provided during the school years. The Commission states:



What happens in child's lives before they begin Kindergarten profoundly affects the success they will achieve in school. Indeed, research has proven that the early childhood years represent the most critical period of human development. Appropriate intervention during this stage can ensure that children who are disadvantaged in some way or at risk of failure can be directed on a more successful course. Stimulating early childhood experiences enhance intellectual development, social skills development and a healthy self image (p.366, 1992).

This statement suggests that offering children, especially those with special needs, stimulating experiences at the preschool level will help them develop the skills they need for kindergarten. Thus they should have a better chance to succeed in the school setting.

The Royal Commission contends that although Newfoundland has made efforts to provide early-childhood programs such as Head Start, Even Start, and Smart Start, and public health assesses children's readiness for school, this is not sufficient to prepare all special needs children for kindergarten. The Commission suggests that additional screening and intervention programs at the preschool level is necessary (Royal Commission, 1992).

The Commission recommends that children should be assessed during transition to generate appropriate developmental and social goals. When the goals have been identified, intervention strategies should be researched, implemented and evaluated to provide services for children who are not progressing with age- appropriate skills (Royal Commission, 1992).

Methods of intervention with special needs children have changed focus over several decades. In the 1970's, intervention for special needs children was centered on the child, with parental participation encouraged only in some programs. Professionals designed treatment plans and conducted and evaluated interventions with minimal participation from the parents. Parents served only as aides in reaching the child's goals (Winton, 1986).

With the introduction of the Individualized Educational Program (IEP), parents gradually became more involved in their child's programming. Professionals continued to design, conduct, and evaluate intervention programs; however, parents were asked to sign their child's educational program and conduct treatment activities which were specified by the professionals (Mittler & McConachie, 1983; Turnbull & Winton, 1984).

Intervention with special needs children is entering a family focused phase. Mittler and McConachie, 1983, suggests that family guided intervention is effective since families can identify their strengths and needs and determine the goals and aspirations they would like to pursue. Early intervention professionals should assist families in determining and articulating their needs and future goals. Gaining an understanding of the family's needs and the resources necessary for fulfilling these needs is essential in designing an effective intervention approach for the family (Mittler & McConachie, 1993; Winton 1986).

Jefree and Cheseldine's study (cited in Mittler & McConachie, 1983) consider the needs of parents important in programming since most children spend more time at home with the family than in any other setting. Children are both influenced by and affect the functioning of the family system. Parents are the child's primary caregivers and decision makers. They must be able to cope effectively with their child's special needs in order to make decisions which are appropriate for the child. Therefore it is important to identify parents' needs and locate the resources required to meet them (Szanton, 1990).

Families are valuable resources in the lives of their child. Very few social groups will influence the child as much as the family does. Parents can provide valuable information to others who find themselves in the position of making decisions for children. During

transition planning, information about their child will be important in developing the child's developmental and social goals (Rosenkoetter & Shotts, 1991).

Involving parents in the transition process may help to alleviate some parental concerns related to the transition. Many parents are concerned about their child's success in school and the types of programs available for them. Engaging parents in the transition process may provide answers to such questions.

The results of a study by Marfo, et al.(1988) indicate that Newfoundland parents are not well-informed about their child's intervention plan. Parents in the study were less knowledgeable of preschool and school placement, parental rights concerning education, and integration of children into classes than they were in areas of skill development and program activities. Many parents are concerned by a lack of knowledge in such important areas and therefore should be consulted to determine the type of the information they desire.

Marfo et al. (1988) recommended a family-oriented approach to service planning. This approach should consider the needs of the family and the child beyond those of skill teaching. A family assessment should determine the needs of parents in establishing a well functioning family and enriched environment for their children. The methods and strategies of early intervention should aim to enrich the overall family environment in which the child lives (Marfo, et al., 1988).

The Royal Commission recommends that a new child-centered model be developed for special needs children which includes all of the professionals and agencies necessary for serving the child's special needs. When discussing the services children need, cooperation

of their family and an enriched home environment is extremely important. Therefore, families should also be included in this intervention model.

Parents probably feel stressed when the demands of the special needs child are combined with the demands of daily living. As the special needs child almost always places additional demands on the family, routines often require changing to accommodate the child. The special needs child may have appointments or activities which require special transportation. Meal times may have to be changed to accommodate eating apparatus or feeding of the child. Family interaction styles may also require changing to meet the interaction patterns and abilities of the child. The family's time and energy for social and recreational activities outside the home and family is often diminished (Crnic, Friedrich & Greenberg, 1983; Mullins, 1987).

The responsibility for the special needs child may extend to the siblings. Siblings often have less time for social activities due to extra time they spend caring for and interacting with their brother or sister. They may also experience increased pressure from parents, who may now hold greater expectations for them. (McLinden, Miller & DePrey, 1991; Rabinowitz, 1986).

The Direct Home Services Program in Newfoundland may assist preschool special needs children and their families. This program is a home-based intervention for families of developmentally delayed children, initiated from the recognition that parental attributes and family environments affect a child's development. Addressing family needs in early intervention may offer psychological support and knowledge to the parent who interacts with the child on a daily basis. However, involving parents in the decision-making regarding the

life of their child, may be stressful. Such parental stress may require support services at a formal/informal level (Marfo, et al., 1988).

Parents may seek knowledge and support services to help them with the challenges of parenting during their child's developmental transition stages. They may be anxious about their child's future and daily development if they are not familiar with how their child is expected to develop. They will probably be unfamiliar with any medical equipment their child will require, as well as the programming and/or educational opportunities available for themselves, their child, and other siblings. Parents may be more adequately served if an assessment of their personal information needs was taken before professionals began working with them. When parents are well informed, they can contribute effectively to their child's development and family functioning (Mittler & McConachie, 1983).

To alleviate the stress of daily living, parents may seek support from formal or informal support systems. Some parents may desire help from a professional counsellor to establish stability, structure, and organization in their family system, and to assist with adaptation to the disabled family member (Werth & Oseroff, 1987). Other parents may prefer group counselling or support groups with parents who also have special needs children.

Some parents may seek emotional support from individuals with whom they have already developed a close relationship. Family, friends, or other parents of children with similar needs may provide more effective support than a professional counsellor. Since professional services are not as readily available in rural areas as they are in urban areas, parents in these areas may tend to rely more on informal supports. The smaller number of

children with special needs in rural areas often translates to an inability for parents to share experiences with other parents. Parents may have to travel to make their child's medical appointments. The transportation costs combined with the costs required for essential medical equipment and/or medication, place added financial demands on the parents. Due to high transportation costs, parents may decide to avail of the support of friends and family members with whom they already feel comfortable. It would be beneficial to assess the needs of parents in rural and urban areas separately and provide services for them according to their individual needs.

The age of the special needs child, the nature of the child's condition, the child's temperament and ability to perform tasks for him/her self also affect the demands parents experience. Parents may require more support with young children or those who are not capable of self-care skills. The value systems and the amount of support in the parents' social system will help to determine the resources the parents need to alleviate the stress of their extended child care demands.

Parents of special needs children may experience different demands and needs, depending upon whether or not their child's special needs have been diagnosed at an early age. Parents whose children have been diagnosed before school entry can often avail of special services for children with special conditions. Their children have been assessed and many parents have been offered suggestions or help with their child. They may be more aware of their child's future prognosis.

Parents whose children have not had their problems diagnosed or were not diagnosed until after school entry, have usually not had special help for themselves or their child

before school entry. They may have experienced trouble at home with their child, but the child may not have been assessed and therefore appropriate intervention may not have been provided. Obtaining assessments for preschool age children who do not have obvious special conditions may be difficult as it requires a lengthy process of documentation by parents and professionals as well as recommendations from family physicians.

Without a diagnosis for their child, parents will have difficulty obtaining necessary services, and may not have social connections with parents who have children with similar problems. Thus they may not receive support from either formal or informal sources. Parents may need such support, however, as there is a tendency for parents of children with Attention Deficit Disorder or other behaviour problems to be told that their children will "grow out of it". When provided with these explanations by family, friends, and often professionals, parents may feel as if they are to blame for their child's behaviour problems.

When children who have been previously diagnosed enter the school system, assistance is often available in the form of modified programming or student assistants. Parents, too, are often offered assistance in the form of support groups or parent meetings.

When children with undiagnosed problems enter school, there are usually no special services available for them. Many teachers and school staff, as well as parents, do not understand the nature of these problems, and therefore lose patience with the children. When the problems are not understood, appropriate assessments and interventions are rarely provided for the child or the parents.



Due to the differences in available services for children and parents with diagnosed and undiagnosed problems, it is necessary to assess these groups separately to determine their needs in relation to their child in order to provide services which are appropriate.

Family assessment helps clinicians to better understand the needs of the child and family, and the context of such needs. Offering information and services the family desires will increase the chance that intervention will correspond with the family routine and thus be more effective. Parents should be encouraged to help their child if the intervention is suitable to their whole family. When intervention is appropriate for the whole family, the child should have positive and healthy life experiences.

With the future of early intervention leaning towards helping families with special needs children function more effectively, eliciting family priorities and addressing parental needs is a more appropriate intervention approach than that which only considers the needs of the child. Involving the parents may also encourage adaptation to the child's special needs and motivate the family to become involved in program interventions.

### **Significance of the Study**

This study was designed to demonstrate the support and service needs of parents during their special needs child's transition to kindergarten. Such supports and services help to prepare appropriate interventions for the child and family during the kindergarten year.

Considering the recommendations of the Williams Royal Commission Report (1992)- that an effort must be made to link the various levels of education: preschool, primary, elementary, secondary, and post-secondary- the results of this study should offer suggestions for linking the preschool years and primary school effectively. Gaining an understanding

of the needs of parents during this transition point should assist in developing services and supports which are beneficial for families at this major developmental transition period.

### **Limitations of the Study**

The present study is subject to the following limitations:

1. Due to the small number of parents identified as having special needs children in this transition stage, any conclusions drawn from this study must be appraised with consideration of the small sample size.
2. The parents selected as participants in this study will be derived from a narrow geographic location. Therefore the results of the study should be applied with caution to other areas of Newfoundland and Labrador.
3. The results of this study may not apply to every group of parents with special needs children. Each family is unique and therefore has unique service and support needs. However, it may be legitimate to examine the applicability of similar supports and services with other groups of parents.
4. There have been few studies of the needs of parents during this transition period and the author could not identify any similar studies deriving from Newfoundland and Labrador. Therefore this study is exploratory in nature and the lack of comparison studies conducted in this area makes it difficult to compare the current results.

## CHAPTER II

### REVIEW OF LITERATURE

#### Introduction

The critical importance of the interaction between an individual and his/her environment has been examined by many researchers from a variety of sociological and psychological perspectives. Diverse theories have facilitated explanations for human success, failure, and life stressors by associating the individual with the particular environment in which they live. Bronfenbrenner (1979) extends such theories through his ecological model of human development which describes the varied interrelationships between individuals and their world.

Bronfenbrenner's framework for examining the individual places him/her within a layered context which is the essence of his/her environment. The four layers of this context are the microsystem, mesosystem, exosystem, and macrosystem. The microsystem represents the immediate setting in which the individual is interacting. It represents a discrete pattern of activities and interpersonal relations which are specific to the given setting. The family home, daycare center, or school are representative of a child's possible microsystems; the family home, social group, or workplace are representative of an adult's microsystems (Bronfenbrenner, 1979).

The mesosystem comprises the interrelationships between the various microsystems in an individual's environment. A child's mesosystem may be a consideration of the interrelationship between the home and school or between the medical services and the home. Bronfenbrenner suggests that the quality of such links between microsystems may

have immediate and significant long-term consequences for an individual. When supplementary links are not supportive or are non-existent, individuals will have some difficulties interacting within their environment. Supportive links between microsystems should demonstrate reciprocal and effective relationships between members and a balance of power (Bronfenbrenner, 1979).

The exosystem is the social structure within one's environment that does not directly include him/her, but influences his/her life. For a child, it may be representative of the relationship between the parents' work schedule and the day care hours. An adult's exosystem may consist of the relationships between the child's school and the available transportation or the relationship between medical or psychological assessments and school placement (Bronfenbrenner, 1979).

The macrosystem consists of the cultural beliefs and the organization of the culture in which the individual is a member. It contains beliefs such as how a child with special needs should be educated and how the parents should be involved in this process (Bronfenbrenner, 1979).

Bronfenbrenner (1977) states that the capacity of a setting such as the home, school, or workplace to function effectively as a context for development is dependent on the existence and nature of social interconnections between settings. Members in each setting should participate cooperatively in accommodating the individual's development, communicate on a consistent basis, and share essential information. When these supportive links between the microsystems in an individual's environment exist, the individual and his/her significant others may feel more supported and comfortable.

Throughout the lifespan, an individual will experience role and/or setting changes as they move through developmental stages. The ecological perspective defines such individual changes and setting reorganizations as "Ecological transitions". Bronfenbrenner indicates that such changes in role and behavioural expectations occur not only with the specific individual but also with others in their world. The transition from pre-school to kindergarten is one such transition. In this instance, the transition for the child will inevitably mean a change of role and expectations for parents. Parents may need to attend meetings, alter their work schedule, or arrange alternate transportation for themselves or their child (Felner, Ginter, Primavera, 1982; Bronfenbrenner, 1977; 1979).

Parents may have a variety of needs associated with the changed roles and behavioural expectations which accompany their child's transition to kindergarten. According to Bronfenbrenner, to fully understand these needs it is necessary to examine the microsystems and interpersonal systems operating in the family's environment. These systems will typically include all the participants present and the reciprocal relations between them. When the extent of the existing supportive links are determined, it is then possible to discuss other supports and services which would be of benefit to the parent/child environment (Bronfenbrenner, 1979).

Bronfenbrenner (1977; 1979) indicates that the capacity of the mother-child dyad to perform its developmental functions is seen to depend on the behaviour not only of other members of the household, but also of persons from the outside world. Some of these persons may interact with the child in other settings or be present as a support to the parent, as part of the child's exosystem. The macrosystem, or beliefs present in the culture

in which the special needs child is developing, may also influence the type of support the parent is receiving and that which is socially acceptable.

The supportive individuals or systems at the various levels of the child's environment may serve as confidantes, substitutes, or aides. They may provide needed information, advice or material resources, or they may reinforce parental initiatives and facilitate the formation of new social relationships which are of benefit to the parent and child. It is probable that the presence of an adult with whom the mother has a positive relationship enables her to interact more effectively with her child. Due to the nature of the different contexts within the parent/child world, distinct patterns of role and activity may be established for these supporting individuals. Depending on the current supports in the parent/child environment, the individual who is acting as a supportive link may function in a variety of capacities.

During an ecological transition such as the transition which occurs when a child enters kindergarten, the parents of a special needs child will require supportive links at the micro-, meso-, and exosystems. Bronfenbrenner emphasizes the importance of such supportive links as he implies that the developmental potential of a setting in a mesosystem is enhanced if the linking individual between the two settings encourages mutual trust, positive orientation, and goal consensus between the two settings. The development potential of a setting is further increased when there are a number of supportive links existing within a mesosystem and individuals involved in both settings are provided with information, advice, and experience relevant to the impending transition (Bronfenbrenner, 1979).

### **Family Response to the Diagnosis of a Child's Special Need**

Researchers have documented a variety of emotional responses that parents may experience when they discover that their child has special needs. While many parents are saddened or frightened by the possibility of raising a child with special needs, other parents are more confident that with some support they can raise the child as they would any other.

In present society there exists a changing perspective toward individuals with handicaps. While historically, individuals with handicaps were perceived as 'eternal children', 'menaces to society', or 'divine gifts from God', incapable of learning or participating in everyday life and caring for themselves, currently individuals with similar problems are being integrated into various aspects of community life. Where once parents either sent their child to an institution or dedicated their lives solely to caring for their child, many parents are currently caring for their children at home and integrating them into community life, while encouraging self-help skills and responsibility.

Caring for their children at home and offering a variety of community experiences is often difficult for parents. Families often find their recreational and social activities restricted due to the amount of care the special child will require. Acquiring babysitters to care for the child when the family is out may be a problem, since babysitters may require special training to care for some children.

Financial stress may result from the cost of medical equipment and/or medication and travel requirements necessitated by the child's special needs. Depending upon their special condition, children may require continuing therapy and treatment. There is a high cost for such long-term constant treatment (DeLong & Boyer, 1991).



Increased family demands may create resentment among family members and/or alter existing patterns of family functioning. While devoting much time and energy to their special needs child, a strain may be placed on the marital relationship as the parents now have less time for one another. There may also be less time for relationships with the extended family or friends.

Parker, Hill, and Miller (1987) report greater parent-parent conflict as well as parent-child conflict in families of children with special needs. They discovered that parents felt they are never alone, never feel cut-off from the child, are never 'off-duty', and never fail to spend time together with the child. Respite care may be considered a possibility for parents who spend little time away from their children.

In a study of parent and child-related stress, Krauss (1993), found that mothers of special needs children reported greater stress with the personal impact of parenting such as parent health and restrictions in their role and relationship with their spouse, than they did with their child's actual disability. Fathers, however, reported more stress with their child's temperament, behaviour, moods, and adaptability to the environment. These stresses were related to the social and personal impact of the child's disability upon the parents's lives but not solely the existence of the disability. None of these reported stresses, however, reached clinically significant levels.

Some mothers of special needs children feel no greater stress than mothers of normally developing children. These mothers have reported family environments that were similar to those of normally developing children. They feel equally effective as facilitators

of their child's development and many of them were able to develop an increasingly helpful support system over time (Shonkoff, et al., 1992).

A strong correlate with stress in the Krauss (1993) study was parental appraisal of professional control over their child's development. It appears that parents do not want professional control over their child and may become stressed when they feel they have lost control of their child's development. Although they may desire assistance or support from professionals or family members, they want to maintain control over their child and his/her activities.

Another correlate with stress was parental perception of the family environment. The amount of stress felt by parents is mediated by their perceptions of family adaptability and cohesiveness. For mothers, the impression of a large degree of support is a stress-reducing factor (Krauss, 1993). Individuals with support systems are likely to feel less stress than those who bear their responsibilities alone.

A study by Crnic, Friedrich, and Greenberg (1983) also associates family stress with the individual's appraisal of the situation and the family's available coping resources. When families cognitively appraise their resources as adequate to match the stressful situation, there is a decreased chance that they will be greatly stressed by the situation. Therefore the family of a child with special needs will function and feel stressed in accordance with their personal perception of the available resources. Parental responses will be affected by the amount of actual support available to them as well as their perception of the helpfulness of the support they receive.

Siblings of children with special needs may also feel their life is restricted since they often have extra family responsibilities. They may have additional house keeping duties while the parent is caring for the child, or they may be responsible for caring for the child while the parents are occupied. Siblings may take an even larger role in providing for the child's physical needs when both parents are at work or away from the home (Blacher, 1984).

Siblings may also find themselves guarding their brother or sister against discrimination from friends. Older siblings may be responsible for explaining the child's special needs to their peers and may care for the child at school during leisure times. Due to these responsibilities, sibling education and information about the handicapped child's problems may be essential (Blacher, 1984).

McLinden, Miller, and DePrey (1991) state that siblings may be at risk for psychological difficulty due to the increased responsibilities at home, high parental expectations, and less parental attention while the parents spend time with the special needs child. Sometimes these children feel as if they have no supports available for them. In a study of support groups for siblings of children with special needs, McLinden, Miller, and DePrey (1991) found that after children had attended the group, they recognized more available support systems than at group entry, and had more positive attitudes toward their handicapped siblings.

### **Parental Roles in Early Intervention**

Brynnelsen's study (cited in Mittler & McConachie, 1983) claims that parents know their infants much better than do professionals, and know which skills they would like their

infant to acquire. When parents contribute to the intervention plan for their child, the program is more likely to fit in to a family routine and cause less disturbance to family members. The parent's daily involvement with the child will make the greatest changes in the child's and family's lives. Parents are often more willing to contribute time and energy to a program they have helped to create.

Bricker's study (cited in Mittler & McConachie, 1983) suggests several ways in which to involve the parents more in their special needs child's early intervention. The family's needs and chosen directions for the future could be obtained through the use of structured interviews which provides the family with an opportunity to voice their concerns and interests. The family can also help to evaluate the child's progress with developmental goals and decide upon goals for the future. Such methods will support parents in their home setting and help contribute to the obtainment of personal goals and objectives.

Research indicates that parental involvement in the planning, continuance, and evaluation of program services for their child is beneficial to their child's development. Parents as case managers of early intervention programs are effective since they can identify their child's priorities and services which may be most beneficial for them. They can provide information based on their own expert knowledge of their child's behaviour and share methods that have or have not worked with their family. Offering parents strategies for assessing their child's strengths and weaknesses will not only assist them in evaluating their child's development, but will also help them learn what constitutes the child's special interventions (Allen & Stefanowski, 1987).

Professionals are now viewing their role as assisting the whole family in feeling competent and motivated to follow through with developmental activities for the special needs child. Professionals share a relationship with the family, in which they both work toward solving family problems and establishing and accomplishing family goals. This later intervention approach is based on the principles of understanding and respecting the many different ways that families think and live their lives (Mittler & McConachie, 1983).

### **Professional Services and Supports for Parents with Special Needs Children**

Sound family functioning is essential for providing a supportive and developmentally appropriate environment for the child with special needs. Parents may desire support from formal and/or informal sources to help them meet their emotional, educational, informational, financial, or other needs.

The importance of providing parents with assistance is reiterated in Michael Boyer's (1991) statement, "More than the survival of the child is an issue; providing parents with help in caring for the child and for themselves is essential." Boyer (1991) discusses services which parents of children with special needs may require, including 24 hour emergency care, maintenance of medical apparatus, and trips to inpatient care facilities. Families may need help in learning to cope with the attention given to the special needs child and the changes in family functioning.

For decades, research has documented professional assistance offered to parents of special needs children. Lillie, 1972; Simmon-Martin, 1976; and Taylor, 1976 review intervention strategies including parental support programs and individual parent counselling, both at program centers and in the home. These services provide information

and support to parents in an attempt to enhance the development of their disabled child. As early as 1966, Ehlers reported that parents thought services such as home visits by nurses, activities of parental associations, and nursery schools were beneficial.

In recent years there has been an increase in the parental movement amongst parents of special needs children. Parent counselling and political activism are contributing to new professional roles. Social workers and counsellors may offer continuing support and provide individual and family counselling services to some families. They may also help link them with other community professionals and resources and assist them with managing their educational and medical problems.

Parents may seek professional assistance when they are uncertain of appropriate expectations for their child's development. They may become disillusioned and self-blaming when their child does not make the expected progress. Information regarding child raising concerns or coping strategies for their child's developmental transitions may be sought. Medical attention or professional counselling may also be obtained by some parents.

With many parents returning to the workforce, finding appropriate day care services for the special needs child and obtaining and servicing medical apparatus, special attendant care, or specialized transportation may be of paramount importance. Even within the home, children may require special attention, equipment, or medication. In-home support and/or respite care may provide families with time to enjoy social and recreational activities.

Hornby and Murray (1987), describe a parent to parent service which provides assistance to parents of children with disabilities. Parents of children with special needs are trained to support other parents with similar children. Parents can be connected with a

telephone counsellor simply by calling an operator and briefly describing their child's special needs. These parent counsellors are then available to help clarify the thoughts and emotions of the new parents. The support parents may also provide information about services or facilities which they feel may be helpful.

In a recent study, Shonkoff, et al. (1992) examined families' utilization of professional services provided by early intervention programs. Although the programs offered home visits, center-based individual, parent, and child-parent counselling and interaction, most families also used other services such as physical therapy, occupational therapy, speech/language therapy, visiting nurses, and family day care or preschool services. Other family support services available included respite care, home care, and financial assistance.

Professional support systems may strengthen family functioning by permitting individual family members to learn a wide range of developmental task functions related to the care of the child with special needs. Offering support to the family before the care of the special needs child manifests in problems decreases the need for reactive professional assistance after problems are created.

There are differing opinions regarding the effectiveness of professional support. A study by Boyer and Chesteen (1992) indicates that most parents have positive experiences with professionals and claim they would seek professional help again. However, Buscaglia (1975), disagrees, stating that parents are often misguided by professionals. Werth and Oseroff (1987) state that there is a paucity of treatment approaches and professional knowledge in the area of families with handicapped children.



Parents have also reported problems with professional assistance (Alexander & McGill, 1987; Featherstone, 1980; Pelletier, Rogers & Dellario, 1985). They have recounted episodes of professionals feeling uncomfortable with them and lacking empathy for the family situation, often making them feel as if the child's problems were their fault. Some professionals have been too positive and offered little help to the family, while some violated confidentiality. Many professionals were unwilling to see family members together, while others focused on the child to the exclusion of the family's needs.

Many parents have not had their child's condition fully explained and have not been familiarized with available resources. Other parental complaints include professionals issuing pronouncements and directives and failing to utilize the parents' knowledge of the child as a resource when establishing goals and interventions. Professionals have often failed to establish relationships with the family and consequently do not establish intervention approaches based on family strengths. They provide research findings and prognosis in terminology the parents cannot understand and make recommendations that the family cannot fulfil. Although the need for supporting parents of special needs children appears evident, Mahoney and O'Sullivan (1990) found that services providers actually spend little time working with families. Thirty-seven percent of the providers studied spent no time with the family, while the remaining providers offered instructional activities to parents that could be implemented at home. Despite the small amount of services offered to families, a study by Hanline & Halvorsen (1989) demonstrates that all parents examined had some contact with educators on whom they relied for information and encouragement.

### **Informal Services and Supports for Parents of Special Needs Children**

Informal support systems are often crucial for parents with special needs children. Sometimes parents simply want somebody to listen to their problems or share similar experiences with them. Talking with others may offer encouragement and reassurance. Bromwich (1981) states that parents often gain more confidence when provided with the support and encouragement needed to discover a solution than when provided with information and solutions. Support groups may be invaluable to parents of special needs children since they provide an opportunity to vent emotions related to family functioning. They may function as a forum for learning to feel comfortable discussing their child's special needs with the family, the child, siblings, and friends. Parents may learn to be calmer with their children, to have more patience in interacting with family members, and to cope with the increased family demands.

Kolko-Phillips (1980) described an informal discussion group for mothers of high-risk infants and toddlers. Mothers were provided time to share their sense of loneliness, isolation, and communication difficulties. They discovered they were not alone with their feelings, and after such group sharing they displayed more sensitivity toward their child and attained a better balance between their own needs and those of their child.

Werth and Oseroff (1987), report benefits of group support and training such as the release of parental tension, improved understanding of their child's condition, increased optimism, and knowledge of realistic expectations for their child's future.

Support systems for the family should respect their cultural and personal value systems. Family needs will vary according to their culture and beliefs regarding the special

needs of the child. Ethnic influences affect expectations regarding child behaviour and accepted modes of child discipline. A family's cultural values may affect the ease with which the family makes the adjustment to the special needs child. Families who ascribe events to outside controls may feel less stress with the origination of their child's problem than families who believe that the origination was due to an internal family cause (Fine & Gardner, 1989).

Successful support systems should help the family while they are adapting their functioning to meet the special needs of their child. Dunst, Trivette, and Cross (1988) and Mahoney and Powell (1988) describe successful intervention programs as those that de-emphasize clinical intervention, but encourage professionals to assume the role of therapist/teacher in providing families with support and services.

Zigler and Berman (1983) defined the aim of family resource programs as recognizing and enhancing parent strengths so that they can help themselves and their children. Meeting the family's needs through employing existing family strengths encourages family participation and individualization of the intervention plan.

Dunst (1989) also considers the utilization of current family strengths as an important strategy in early intervention. He defined family resource programs as efforts to promote parental acquisition of knowledge and skills which make the family more competent. Families become more proficient in their interactions with the special needs child when they are knowledgeable of developmental stages and appropriate activities for the child.

Families who have effectively adjusted to the special needs of their child are likely to worry less about their child's development. These families often make good use of

professional counselling, have honest sharing relationships with extended family and friends from whom they receive support, and have a deep commitment to a set of religious or philosophical beliefs. Parents who have difficulty adjusting may require resources for obtaining information concerning their child's special needs and establishing effective coping mechanisms. Parents who are aware of the skills and abilities of their disabled child may adjust their family's life appropriately (Boyer, 1986).

### **A Comparison of Professional and Informal Support Services**

Dunst, Trivette, and Deal (1988) suggest that parents can benefit from both formal and informal support systems. Informal support such as that offered by family, friends, neighbours, or social groups is available on a daily basis as a part of response to normal life events. These supports from the parents' existing social network have stress releasing and health promoting influences. They are a primary source of meeting needs on a regular basis and should be developed and strengthened as a significant means of meeting needs related to the special needs child (Dunst, Trivette & Deal, 1988).

The tendency of parents to avail of formal and/or informal support systems is associated with their current coping mechanisms. Families who have already sought support from their immediate environment, and have learned to use these supports effectively, are more likely to return to these supports with issues related to their special needs child (Dunst, Trivette & Deal, 1988).

The family's unique functioning style, the strengths and capabilities they possess, and the ability to use these strengths to mobilize resources in their environment, will partially determine the type of supports they seek. However, families may be more likely to acquire

resources when they are provided with information regarding the different types of supportive services available. Professionals should create opportunities for them to avail of the support services which would better meet their needs (Dunst, Trivette & Deal, 1988).

A study by Hughes and Durio (1983) suggests that parents consult different types of support for different purposes. Parents sought the help of physicians and teachers for medical and educational issues, while they sought the help of family and friends for childrearing concerns and advice. Although teachers, friends, and other parents were regularly included in the family support system, professional counsellors were not cited among the most frequently contacted support. This may indicate a preference for support in their immediate, daily environment, rather than unfamiliar professionals.

Krauss (1993) suggests most theoretical models of family adaptation state that locus of control, the family environment, and the strength of social support networks have significant effects on parent and family adaptation. These factors have more effect on family adjustment than the characteristics of the special needs child or the severity of the problem. As family environments and the amount of available support differ, each family will probably desire different types of support services.

### **Rural/Urban Support and Service Comparisons**

Available supports and services for parents with special needs children will inevitably vary according to geographic location. There are generally fewer professional services in rural localities and individuals from these areas may have to travel a great distance to avail of some services. However, there are also many individuals living in urban areas who are either not aware of such services or do not avail of them as much as possible.

Parents in rural areas may seek different types of support due to the lack of professional services in their area. They may be more apt to rely on informal support offered by friends and family members, especially if these family members have been helpful in the past. Kenkel (1986) suggests that individuals in rural areas are possibly more community focused and may believe that community activity is most effective in assisting individuals experiencing difficulty. She indicates that professional mental health services that are established in rural communities should capitalize on these existing informal supports and base their services on such supporting links. Kenkel recommends that intervention in these areas should be directed at reducing or removing stressors, increasing coping skills, and/or building social supports. In the case of parents with special needs children, it may be impossible to remove their child's special needs, therefore the focus of intervention would be on increasing coping skills and social support networks. These interventions would be aimed not only at the individuals directly involved, the parent and the child, but also at small groups in which the child is a member, such as the home or school (Kenkel, 1986). This suggestion is compatible with Bronfenbrenner's theory of offering supportive help in the child's mesosystem.

Although there are environmental differences between rural and urban lives, all individuals experience the same life events, developmental stages and transitions. There are, however, differences in the resources accessible to cope with life stressors (Lazarus & Folkman, 1984; Dolinsky, 1982). Mazer (1976) states that the following cultural differences should be considered when determining services for rural parents: a) the isolation from other communities and distance from health, education, business, and entertainment

resources; b) the economy and available industry; c) the stage of development- whether growing, or declining in industry and population; d) the amount of stress residents feel in relation to occupation and major industry.

For rural parents with special needs children, there are few others who share similar experiences. It may be difficult to gain access to individuals who can share their experiences and provide information and support. Although individuals may receive information from professionals, it is usually beneficial to have others in the environment who can act as role models or be informants for the transition process. Parents in rural communities may feel stressed by the fact that they appear to be the only parents in the community with this experience. Professional services could intervene at this point to link parents in rural areas with other parents who have had similar experiences. This link may be crucial in offering moral support to the parents (Kenkel, 1986).

Kenkel (1986) states that rural individuals in stressful situations do not frequently turn to professional mental health services, but rely on supports such as the family, their physician, the clergy and natural helpers in their environment. Since they may not be familiar with professional services, many may be reluctant to seek such help, and others may consider it a threat to family functioning. The culture of a community may consider such services as unnecessary. As Kenkel believes that individuals in rural communities engage in higher levels of support giving, she suggests that they may tend to maintain their personal informal support network. Therefore professional services may be more effective in rural areas if they first accessed the informal supports such as friends and family members and addressed supportive interventions through the help of these individuals.

### **Current Early Intervention Programs**

Early intervention should increase parental confidence in their expertise and knowledge of their children, as well as their knowledge of professional and community service provision. Bricker's study (cited in Mitler & McConachie, 1983) suggests that early intervention would be more effective if family goals and needs were considered as well as a variety of means for meeting diverse needs of children in different environments. Bricker implies that in the future of early intervention, day care staff, parents, and early intervention workers must collaborate in designing intervention programs that are tailored to the child's and family's special needs.

Marfo, et al. (1988) discovered a need to approach intervention from a family ecology perspective. In this research, differences in maternal education, parental expectations, family resources, and social-emotional contexts affected the child's development. The authors suggested that family environments could be enriched by increasing the family's accessibility to resources and helping them choose developmentally appropriate activities and toys. Providing respite care to parents could help ease stress by offering them a break from the daily demands of living with a special needs child. Such supports may help to facilitate family functioning and enhance the family environment to which the child is exposed.

In 1986, the province of Ontario established new guidelines for the operation of early intervention programs. These new guidelines mandate that intervention should assist parents in recognizing, understanding, and adjusting to their child's normal and special development needs. Intervention goals should include helping parents acquire the



knowledge and skills necessary for planning, problem solving, and advocating for their child's developmental and special needs. These new guidelines reflect the recognition that the family environment is an important contributor to child development.

Hampson (1988) describes a program which employs a staff of program managers who visit homes biweekly, telephone once daily, and are on call 24 hours to help parents their needs. These staff workers also assist the parent and the child in attaining community services. Hampson (1988) has found such home services to be effective for a majority of the parents surveyed.

In Britain there is an increased emphasis on parental involvement. In 1991 a Parent's Charter was established with the aim of encouraging parents to become effective partners in their child's education. With this Charter, the British government is stating a precedent that they believe parents who make informed choices and ask informed questions will act as a force which drives up the standards in all schools. They are also recommending an assessment for all special needs children to determine the exact nature of their needs and in turn provide an effective school placement. This assessment also includes non-educational needs such as transportation (Karagianis, 1995).

In the United Kingdom there are several forms of assistance for children with special needs. During the preschool years, a health care worker visits families frequently. Their purpose is to provide advice and help with their infant children. Due to their expert knowledge in the field of child development, it is often these health visitors that first notice problems that the children are experiencing. When they observe that children are not developing according to a normal pattern, they recommend the appropriate assessments.

This service should ensure better diagnosis and the subsequent addressing of problems. Before the special needs child enters school, the parents are invited to attend the school throughout the week to see what teachers are doing with special needs children. This will help identify family needs and prepare the parents for what the child will be experiencing when he/she enters school (Karagianis, 1995).

In Newfoundland, the Direct Home Services Program (DHSP) offers home-based intervention for families with developmentally delayed infants and preschool children. Child Management Specialists make weekly home visits to teach parents appropriate and effective ways of simulating and promoting their child's development. The rationale for this program is that intervention services should be initiated as early as possible, with parents as the primary and most influential teachers of their children. The home is the most natural setting in which to observe, interact and effectively change parent/child behaviours. The child with the developmental delay has the basic human right to live and interact with a family, and therefore intervention should be aimed at this family level (Marfo, et al., 1988).

Effective intervention with families requires accurate assessment of the child's current developmental strengths and needs and constant communication between the parent and the professional. Families are also encouraged to identify, seek, and support the development of community based services for their child. This program also offers periodic group training courses for teaching parents the basic skills needed to begin home-based skills teaching (Marfo, et.al, 1988).

In a study of the parental opinions of this program, a majority (98%) of the parents reported they would recommend the program to others, and a majority (82%) indicated they

were satisfied with the program. Parents indicated they were satisfied with the program not only because of its benefits to the children, but also because they received assistance in coping better with their developmentally delayed child. Parents who had children functioning at a higher level reported greater satisfaction with the program than did parents of lower functioning children, which may indicate that parents of children at different levels of functioning may require different types of intervention (Marfo, et.al., 1988).

As a result of the study discussed above, Marfo, et al. (1988) suggested providing parents with more material assistance such as information, counselling, and advice on the choice of appropriate materials, if the parents desired. The authors recommended a consideration of broader child and family needs beyond skills teaching, as well as parent training to become more independent in caring for the special needs child.

Other recommendations were made for expanding the program at the parental level. These included providing a range of activities and materials for the family, offering supports and resources to parents that will reduce the stress of caring for their child, and increasing parental awareness of the child's role in the community. Support groups were also recommended for parents as a forum where they could discuss problems and share ideas and concerns (Marfo et. al., 1988)

In considering the future development of family focused early intervention, sound approaches include the inclusion of the larger social-cultural and immediate environmental influences on the child, the need for active involvement by the special needs child, and the enhancement of development by engaging the child in functional and meaningful activities,

which are important in the daily family routine and environment in which the child lives (Marfo, et. al., 1988).

The current status of early intervention in Newfoundland corresponds with Bricker's description of intervention in British Columbia. Newfoundland parents are still being assigned activities to perform with their children, indicating that they are expected to be their child's teacher of developmental activities. According to Marfo et al. (1988), Child Management Specialists train parents to teach their children. Even the group-based support offered is established for the purpose of training parents basic skills to teach their children.

When parents do not complete the developmental activities that were assigned by the Child Management Specialist, the reasons and possible solutions to this problem are explored (Marfo et al.,1988). This exploration may possibly indicate attention to parents' needs; however, considering parents' needs after the developmental activities have been assigned appears contradictory to the goal of designing intervention to meet each family's specific needs and goals. Such an exploration may also be threatening to parents who may feel that since they have not completed the assigned tasks, they have failed to provide their child with appropriate experiences.

The recommendations made by (Marfo et al., 1988) following this study are also similar to Bricker's description of the future of early intervention. The authors describe a future for intervention which includes more emphasis on enriching the family environment in which the special needs child lives. Recommendations include assessments of parental and family needs so that intervention will be focused on the whole family rather than solely the child.

They conceive the family ecology approach as a more appropriate future for early intervention with special needs children and their families.

### **Newfoundland Direct Home Services**

The Direct Home Services Program in Newfoundland is based on the premise that the child has a right to live with the family; the home is a natural setting to observe, interact, and effectively change parent/child behaviour. It is because the proponents of this program believe that the parents are the primary and most influential teachers in their child's life that the Child Management Specialists work with the parents in their homes, teaching them to help their child with developmental tasks and more effectively interact and communicate with their child.

The parental knowledge gained after working with the intervention workers in the study by Marfo et al. (1988) did not correlate significantly with child developmental progress, but it did correlate significantly with major ecological factors such as parental expectations for their child, the quality of home environment, and the variety and frequency of interaction between parent and child. These results seem to indicate that the intervention process may impact on child development through its influence on family ecology. Therefore, Marfo et al. (1988) suggest that approaching the family system as an intervention approach rather than teaching the parent to teach their child may be in fact a more appropriate and effective intervention style.

A study of Newfoundland parents indicates that very few parents actually avail of formal support groups. Although less than 20% of those surveyed reported contact with a formal support group, the majority did report informal contact with other parents of

handicapped children on a more regular basis. While only 11% of the parents reported attending a parental support group or a group-based parent training workshop, 76% of these same parents expressed an interest in attending. This discrepancy may suggest that parents may be intimidated by the formal group, the time or location of scheduled group meetings may be inconvenient, or the parents may not have access to child care (Marfo et al.,1988).

Most current early intervention programs for children with special needs focus on strengthening family functioning so that the child has a healthy environment in which to live. They aim at providing parents with knowledge related to their child's growth and teaching them skills that facilitate their child's development. Professionals involved in early intervention may work with parents to develop activities to which the family and the child will be most responsive. Intervention approaches to which families are most likely to respond are those based on the existing supports in the family's social network (Mittler & McConachie, 1983).

Although the importance of informal supports for mediators of personal stress have been discussed, and the opportunity for parents of special needs children to meet parents with similar problems has been emphasized, because some families of special needs children feel isolated and rejected by family and friends, it may be important to encourage the building of a natural social support network with families of normally developing children. This will provide an opportunity to discuss issues other than the child's inabilities and problems and to attend to social and recreational activities. With such variance in needs, parents should be assessed to determine what services they would like to procure for themselves.

## **Parental Needs Assessment**

Considering Marfo et al. and Bricker's recommendations for early intervention, professionals should value the importance of ascertaining parental needs. Since the special needs child lives within a family context, his/her life will be influenced by and will influence this social environment.

DeLong and Boyer (1991) claim that a comprehensive child needs assessment should include establishing both the child's and parents' needs. Optimum developmental outcome for the child is dependent on early identification and provision of appropriate intervention for both the child and the family.

Hobb's study (cited in Dunst, Trivette & Deal, 1988) advocate a family level assessment from a social system perspective. The goals of such an assessment are identifying family needs, locating formal and informal resources for meeting these needs, and helping to link families with these resources. Hobbs, et.al states:

Families are a critical element in the rearing of healthy, competent, and caring children. We suggest, however that families- all families- cannot perform this function as well as they might unless they are supported by a caring and strong community, for it is community (support) that provides the informal and formal supplements to families' own resources. Just as a child needs nurturance, stimulation, and the resources that caring adults bring to his or her life, so, too, do parents- as individuals and as adults filling socially valued roles (for example, parent, worker) - need the resources made possible by a caring community if they are to fulfil their roles well (p.23).

This statement implies that parents will benefit from, and should be linked with, community social support.

Kazak (1986) advises professionals to examine the needs of parents in their social ecological contexts. The author states that due to a lack of medical and support services,

rural parents will probably have different needs than urban parents. However in Canada, medical and support services are provided in all areas, even the rural areas. The only disadvantages that individuals in rural areas have are the travel costs to obtain such services. Because of the greater population in urban areas, there is a greater variety of services available, especially within the medical field. There are also a greater variety of educational programs for children of a preschool age. Specialists in any field are in great demand, and many choose to live in urban areas, which means that rural individuals will have to travel to obtain their services.

Starret, Mindel, and Wright (1983), suggest that assessments should be culturally sensitive so they do not overlook significant sources of support and the effects of such support. Factors such as parental age, educational background, and home situation are closely associated with the support families need and their preference for information channels (McLoughlin, et al., 1985).

Parental priorities are frequently different than professional priorities. Consequently, gaining parents' opinions, not only what professionals feel is right for the parents, is important. When a lack of consensus between parent and professional opinions exists, conflict may develop. Such conflicts sometimes result in family failure to follow the suggested activities and interventions established by professionals (Dunst, Trivette & Deal, 1988).

It is important for professionals to accept parental opinions in the process of decision making. Only the family is truly knowledgeable of the services or supports that will be most beneficial. Parents may choose to limit their involvement in their child's programming due



to being already stressed with employment and family care demands. Other parents may wish to attend parent meetings or support groups, but these may be scheduled at inconvenient times or may not fit the parents' time demands. Parents who are more knowledgeable of development and appropriate activities for their child may want to be extensively involved in programming for their child. Only through the results of a needs assessment can a parent's desired degree of involvement be determined (Fine & Gardner, 1989).

Glidden (1992) cautions that when assessing parental needs it is important to remember that only the child and not the whole family has a disability. A current notion exists that a family with a disabled child is a family with a disability. Glidden disputes this notion since he claims that many measurement instruments only assess the negative impact of the special needs child on the family. Families will appear to be burdened by the responsibility of a child with special needs when assessments only measure this concept. Although the special needs of a child may assign extra responsibility to family members, the family may not be malfunctioning. Therefore, when assessing the support needs of parents, intelligence levels should not be considered. When providing services for families, services should be considered in areas where parents desire help. Most parents will require assistance with their special needs children, no matter what their intelligence level.

However, in the case of some special needs children, the origination of their problem is familial. The parents sometimes have disabilities or learning problems as well which are transmitted to their children. Measurement instruments should therefore not assess intellectual levels of parents, but should aim at providing intervention programs or support

services for parents and their special needs children. The focus should be on the supports and services that the individual families desire.

### **Preschool Children with Special Needs**

Preschool children with special needs can be grouped differently, according to their age at diagnosis. With one group of children, the presence of the condition at birth or the failure of these children to reach normal developmental milestones alerts parents and clinicians to the child's problem. However, some children have problems which are not diagnosable before school entry. Their problems may not reach full magnitude until they are faced with school challenges. Children whose problems are not diagnosed at the preschool level may enter school at a disadvantage because they have not had the necessary intervention or developmental preparation for kindergarten class.

The problem with identifying preschool special needs children is illustrated in a study by Canning and Lyon (1989), which demonstrates that only a very small percentage of special needs children were identified prior to school entry. The children who were not identified had great difficulty in meeting the standard kindergarten requirements for school, and many repeated this first year.

Although some of the children in the above study were suspected of having special needs prior to school entry, they were not identified until afterwards. With no special programming for the undiagnosed children, their first experiences with school could have been frustrating and demoralizing. These children often lose interest, even at an early age, when they cannot keep pace with their classmates (Canning & Lyon, 1989).

Considering the large number of special needs children who are not diagnosed before they enter school, many public health nurses and kindergarten teachers surveyed believe that assessment facilities are a priority for preschool children. Information on assessment, education, and other services thought necessary for meeting the needs of these children are not considered adequate. Many of these professionals also think that additional preschool programs for children with special needs deserve a higher priority (Canning & Lyon, 1989).

To ensure that the needs of parents and families of preschool special needs children are being addressed, legislation in the United States has mandated an Individualized Family Service Plan for families of children from birth to age two. The IFSP (Individualized Family Service Plan) values the family as a nurturing system for the child and recognizes the importance of family support in child development. Such a plan could also be an asset for Canadian parents and their families.

This family plan allows the parents and the family to decide upon services that are appropriate for family functioning and the development of their child. The goal of the family support program is to identify family needs and offer resources which enable families to become independent and develop their own informal support network (Zigler & Black, 1989).

Dunst, Trivette, and Deal (1988) criticize the attempt of PL 99-457 to create a service plan for families of special needs children. They claim that the inclusion of long-term goals, methods, and procedures for meeting family-level needs is unrealistic, since family needs change rapidly, with the development of family members, and long-term planning becomes outdated. However, long term goals provide a vision of future services for parents and

children. It provides an opportunity to explore the range of services available and the various options for educational programs. Parents who are aware of programs in a long range time frame and can view long term benefits for their child may be more receptive to change in their family lifestyle and change in their child's developmental progress. As the child and family progresses with its goals, goals may be modified to meet the developmental level of the child or the family's changing needs.

Another criticism by Dunst, Trivette, and Deal (1988) is that the plan assumes all families have identified child-related needs for their family. Some families may have identified other needs such as financial, transportation, organizing time schedules, etc. These needs may have to be addressed before direct child needs such as education, child care and social development. The needs have to be prioritized to ensure that families are not overly stressed and are free to accept the help of the required support services. Therefore, it is necessary to consider the whole family when planning intervention for the child and allow the plan, to be flexible to change at any point in time.

The authors also criticize the plan for requiring a statement of frequency and intensity of services to meet needs. These statements are difficult to make since each family will respond differently to interventions, therefore requiring different types and amounts of intervention. The plan also states that the case manager, not the family, will be responsible for the implementation of the plan, a role these authors believe the parents should carry out.

Dunst, Trivette, and Deal (1988) make several suggestions for improving the Individualized Family Service Plan, to make it more appropriately parent-oriented. They

suggest that a statement of the child's and family's strengths and current level of functioning be included, as well as qualities that define the unique functioning of that family. They believe it should also include a prioritized list of family identified needs, concerns, and aspirations, a statement of support services and resources that will be used to meet these needs, and a statement of actions that will be taken to obtain these. Most importantly, such a long range plan would be more beneficial if it was flexible, allowing change according to the child's developmental progression and the family's changing needs as it matures.

### **Transition Challenges for Children and Parents**

Many definitions of school transition exist which capture the essence of the movement from preschool age to kindergarten. Will (1984) defines transition as "a process that is a bridge between the security and structure offered by the present program and the opportunities and risks of a subsequent least restrictive environment." This definition indicates that children are moving to an unknown system which brings both concerns and risks for children and their families. They are leaving their security behind as they progress to a new program which proposes greater opportunity for continued development. However, preschool settings are not always secure and such a transition may represent a move to a more secure environment, especially if parents have children who have already attended the same school system and they are satisfied with their parent/school communication.

Gerlock (1986) defines transition as "preparing the family and the child to move to a new program, assisting in finding the appropriate placement, and remaining in contact with the family and program's personnel after the change over." Noonan and Kilgo (1987)

describe transition similarly as "a longitudinal plan; a goal of smooth, efficient movement from one program to the next, a process including preparation, implementation, and follow-up."

Such an important transition period may be accompanied by difficulties for both children and their families. As children move from preschool age to kindergarten, their physical environment changes. They encounter a new physical environment, transportation, school staff, schedules, and play areas. Children have to learn more self-control and adherence to expectations. Delayed gratification and frustration tolerance become necessary as children conform to school routines. Children usually become more self-sufficient and prefer to play cooperatively with children at their own age level (Gerler and Myrick, 1991).

During the transition time, children must separate from their parents and accept authority and caregiving from a teacher. Meeting new peers and establishing new friendships may be especially difficult for the special needs children since they may have communication, physical, or language difficulties which impair their interactions with others.

As children are expected to make new friends and adjust to a new environment, parents too, are expected to make new friends who may become an integral part of the family's support system. While children are learning new skills, generalizing old skills to the new situation, and acquiring new routines, families are discovering new services, meeting new school personnel and setting new and more appropriate goals for themselves. Parents may learn to adapt during the transition by reorganizing or creating new routines as necessary, such as reallocating resources and domestic tasks, and resetting functioning priorities (Winton, 1986).

Parents' expectations at the school level may be very different from those at the preschool level. They may fear that their child will not receive the same type of attention they received at the preschool level. They may not be informed about the special education program at their child's school and may be concerned about the available therapeutic facilities or assistance programs. Parents may worry about the attitudes of the school staff toward their child. They may fear that their child will be rejected by the staff and students (Wolery, 1989; Hanline & Halvorsen, 1989).

Another parent concern is that their child may not be adequately cared for since there are so many children in the classroom. They may also be anxious about the amount of parental involvement in their child's educational programming. Other parents have overriding feelings that their child will be a burden to the teachers or the other students (Hanline & Halvorsen, 1989).

As the child enters school, service changes for the parents are inevitable. Parents may lose the support of other parents who were available at the preschool level. A support group which was available at the preschool level may not be available at the school. The communication system between teachers and parents may be different at the school level. The parents may be forced to relinquish services with which they feel comfortable, while learning about new school services (Hanline, 1988; Turnbull & Winton, 1983; Wolery, 1989).

Considering the preceding definitions and the challenges faced by parents and children, the transition process should include careful planning and follow-up evaluation. It should include selecting a placement that meets the needs of the child and family effectively and efficiently. It should offer continuing support to families until after the transition has

been made. A smooth transfer of the child and the child's records to the new school should be ensured and services should be initiated in the new school in an appropriate time frame for the family.

Considering a child's school placement is an extremely important factor in determining school success. Many individuals are proposing a mainstreaming model for all children with special needs. However, careful consideration of several factors should determine the placement. The classroom setting has to be appropriate for the development of the child. Adequate support within this environment is necessary to ensure that the child develops to his/her ultimate potential. Peers and teachers have to be prepared to accept the child into the class and provide educational and social lives that are productive. A classroom has to be small enough to accommodate the child's special needs within the room, even when support staff are not available and the regular teacher has to carry the responsibility for the program. Placing a child in an integrated setting could be detrimental to his/her development if careful consideration of these factors is not undertaken prior to the child's entry into the integrated setting (Nesbit & Karagianis, 1979).

### **Parental Preparation for Transition**

Preparing parents for their special needs child's transition to kindergarten would ensure a more effective move. Parents should be informed of school procedures and programming before encountering them when their child enters school. In a study of transition needs, Gerlock (1986) found that preschool personnel considered providing information to parents about available services and parental rights important. They felt that parents should be aware of the Individualized Educational Program and their involvement



in this plan. Parents also need information about programming options in order to make informed choices about their child's educational placement (Gerlock, 1986).

Various support needs have also been identified by parents during the transition process. Parents may be encouraged by conversations with other parents who have already experienced the transition process. Professionals may support the parents during the change in setting or teach them to check on their child's transition process themselves. Providing parents with information about financial resources for school and transportation arrangements for their children will acknowledge many parent concerns.

Parental information or support needs may be met through group meetings. Transition procedures may be clarified, and select portions of the new program can be described in such meetings. Discussions with school staff may provide information about their child's expected performance (Wolery, 1989).

Providing school visits or preparing videotapes of the school may be a meaningful way to introduce new school programs to parents. Preschool professionals thought that demonstrating school readiness activities and offering opportunities for mainstreaming would assist parents and children in the transition process (Gerlock, 1986; Wolery, 1989).

### **Barriers to Effective Transition**

Despite the recognition and acceptance of transition needs, there remain barriers to effective school transitions. Lack of parental participation is considered an important barrier to successful transitions. Parents are often not involved in transition since they are unfamiliar with school programming options and lack the information to evaluate appropriate educational placements. Other parents feel uncomfortable in assisting school

personnel with programming. Parents are not always perceived as equal contributors to the education of their children and their opinions of family and child goals may not be considered important (Johnson, et al., 1987; Lichtenstein, 1991).

For children attending a preschool program, there may be a lack of coordination between the agencies sending children and those receiving them. Both agencies and parents need to collaborate in sending appropriate information to the new school. While parents may fear that sending too much information will lead to their child's rejection or inappropriate placement, sending insufficient information may result in inadequate services being provided for the child.

Another barrier to effective transition is the failure to consider the social integration of children with special needs. Most transition efforts are aimed at academic success. Even when social integration goals have been established, expected attainment levels often have not been documented (Johnson, et al, 1987; Lichtenstein, 1991).

### **Initiating Successful Transitions**

The development of a successful transition plan should consider the past, current, and future service delivery for the child. Services should be compared with their outcomes to determine which of these are most beneficial for the child and family. The transition model should incorporate the skills and goals the parents would like their child to attain, and it should appraise the benefits of mainstreamed and segregated education systems for their special needs child (Halpern, 1993).

Halpern (1993) recommends that the subjective dimensions of life be addressed when planning, implementing, and evaluating the transition. Halpern (1992) suggests that at the

high school level, all appropriate domains of an individual's life, including social and community participation and family life should be considered. Similarly, the transition to kindergarten should consider the child's social and family integration as well as academic programming. The family should make personal choices in the development of the transition goals so that the family is comfortable with the plan (Halpern, 1992; 1993).

Creating a transition planning team may be effective in coordinating a successful move to kindergarten. All agencies and services which meet the child's special needs, as well as the parents, must be represented on this team. Roles and responsibilities for preparing the child and family for the transition should be assigned to each agency. The planning team could address issues such as the placement of special needs children in a mainstreamed or specialized environment. They may offer parents the opportunity to visit programs and meet other parents who have special needs children already in kindergarten (Hanline, Halvorsen, 1989; Rusch & Phelps, 1987).

### **Transition Roles**

When preschool and public school professionals were questioned about how transition should be changed in their community, they identified better communication and coordination between the preschool and public school setting. Preschool professionals felt that additional and earlier public school involvement in transition planning for children with special needs was essential. They recommended professional development days for staff, administrators, and students receiving the special needs children in an attempt to prepare them for the special needs. Public school professionals thought that children should be more adequately prepared by the preschool teachers (Gerlock, 1986).

In many areas of Newfoundland, public school professionals do not consider the contributions of individuals involved in the lives of children during the preschool years. Professionals involved at the preschool level do not always forward records or inform the school of their services when the child enters school. Many of these professionals that children encounter before they begin school are very influential in the child's lives. It would be of great benefit to the child if these people were to confer with one another and collaborate on an effective intervention program which could be made available upon the child's entry into kindergarten.

It is evident that any information gathered about special needs children must be shared amongst the agencies and individuals working with the children. Such information sharing will help to create a transition plan that is appropriate and effective for the whole family (Wolery, 1989; Johnson, et al., 1987).

When special needs children attend a preschool program, the preschool should initiate the transition process by helping the parents locate potential school options for their child. They could assist the child's preparation for the challenges of the new school setting by determining and helping the child attain the skills required upon entry into this school system. Parents should be offered information about kindergarten skill expectations, the child's current level of development, and how to improve the child's current skills Fowler's study (cited in Wolery, 1989; Rosenkoetter & Shotts, 1991).

Rosenkoetter & Shotts (1991) recommend that in addition to helping children with the transition, the preschool professionals should assist the staff of the child's new school

by sending records describing the child's current skills and the family's needs. Sharing information in social and self-care, as well as academic domains is also essential.

The school that the special needs child will be attending also has an important role in the transition process. Its responsibilities should include introducing new services, gathering community resources, and establishing meaningful relationships between services and the parents (Lichtenstein, 1991; Edgar, 1987). The staff should attempt to determine the child's and family's needs in relation to an educational program. They should inform the family of various program options and offer them an opportunity to share their knowledge of the child in home, social, and academic situations (Rosenkoetter & Shotts, 1991).

Schools receiving special needs children should communicate its expectations and available assistance for special needs children so that appropriate intervention may be designed at the preschool level. Preschools and kindergarten classes need to adjust their goals and instruction so they correspond with one another and the child is better prepared for school. Families usually benefit from the collaboration of preschool and public school staffs since there is less chance of service duplication or disruption (Vail, et al., 1992; Handman & McDonnell, 1987; Rosenkoetter & Shotts, 1991).

Johnson et al. (1987) assert that the quality of life and extent to which handicapped youth achieve the goals of employment, community living, social and leisure opportunities are dependent upon the cooperative service planning among agencies. Similarly, the quality of a child's life and the extent to which the child successfully achieves academic, social,

family, and leisure goals may be dependent upon the cooperative effort of the preschool and public school in creating a program that best suits the needs of the child and family.

### **Parental Role in Transition**

Parents may accept different roles in their child's transition to kindergarten. Some parents may be more comfortable with a decision making role and consequently select their child's educational placement. Other parents may wish to become responsible for initiating, implementing, and evaluating the transition plan. However, many parents have obstacles preventing them from actively participating in transition planning. Work schedules and time constraints, compounded with the difficulty and expense of hiring babysitters may prevent parents from attending regular transition meetings. Ethnic, cultural, and/or religious beliefs may affect parental participation (Rosenkoetter & Shotts, 1991).

Some parents however, prefer not to participate in decision making for their child's educational programming. They do not feel comfortable in doing so because they are not educated in various teaching techniques and are not aware of many of the advantages and disadvantages of different school placements. Many parents desire that the school initiate their child's programs. Such parents are often quite willing to attend meetings with teachers to discuss their child's progress and ask if they can help at home.

It appears that policies governing the development of programs for special needs children make it imperative that parents become involved in program development. However, this mandate may force parental involvement when parents do not feel comfortable. Schools should offer parents various types of opportunities to participate in their child's educational plan as they feel comfortable.

Despite their formal involvement, parents play a vital role in their child's transition to kindergarten. When children are confronted with a new physical environment and friends, parents usually help them adapt to the changes. Many parents naturally help their children learn new skills or practice those skills learned at school in the home. Observing the child and noting any difficulties with the transition process is an activity engaged in by most parents (Hanline & Halvorsen, 1989).

It is necessary that parents share as much information as possible with the school about their child's life at home and amongst family and friends. Parents may be a natural bridge, sharing information between the preschool and the school levels, which may result in better programming for their child. A family's view of the child is a unique and valuable position. With parental information, transition coordinators can plan an educational program that is appropriate for the child and family (Rosenkoetter & Shotts, 1991; KECRI, 1989; Innocenti, 1987; Wolery, 1989).

McDonald, et al. (1989) state that parents should indicate through surveys and interviews how they wish to be involved in their child's transition planning. Parents surveyed by McDonald et al. (1989), prefer to receive program descriptions from the staff and tours of the new school. They would like meetings with other parents who have children currently attending the program and also meetings with the staff of the program. The parents also desire transportation information.

During the transition period, families should receive encouragement and reassurance that transitions are stressful. However, when families help to set goals, share information with professionals, and meet other parents who are experiencing or have already

experienced transition, some of their transition-related stress may be reduced (Rosenkoetter & Shotts, 1991; Fowler, et al., 1988).

Transition from preschool to kindergarten can be a challenging time for children and the family. Faced with new situations and adaptations of previous expectations, the family needs to make well informed decisions regarding the new school and the child's educational programming. Expectations for the child should be shared amongst the school, the staff, and the family. (Hains, Fowler & Chandler, 1988).

Early educators can assist in making the transition more successful for parents by identifying their needs and concerns, becoming familiar with the level of involvement they desire, and providing the information necessary for informed decision making. The parents can then help their children make a successful transition by discussing imminent changes with them, which may relieve some school anxiety and fears. They may arrange after school visits with other children in the new school so that the child becomes familiar with new classmates before school actually begins. Parents can help their children learn skills needed in school such as following directions and rules, attending to tasks, completing self-help skills, and playing independently.

Research by Ladd and Price (1987) demonstrates that better adjustment to school was made when social ties remain stable and peer relations both inside and outside of the school environment are similar. The availability of familiar peers reduces a child's stress when in a new situation. Some children's special needs may not have been diagnosed at the preschool level, and the challenges introduced in school may be the first time the parents have had to admit that their child has a problem. Although many parents may have been



aware of the problems their child has experienced, they may not have had to confront diagnosis and intervention until the point was reached when the child could not complete school tasks. The documentation of their child's eligibility for special education may be the first time the child has been labelled differently.

Parents have developed expectations about the school their child will be attending in kindergarten from the media, other parents, or personal experience. These expectations affect their attitudes toward the school program and their child's performance. Such attitudes and expectations may become the basis for the parents's planning and preparation for the transition process. After their child enters kindergarten, these expectations may require changing to meet the child's developmental level or the school services. Their attitudes toward their child's and the school's capabilities may be adjusted when they receive additional information (Diamond, Spiegel-McGill & Hanrahan, 1988).

In Newfoundland, the Royal Commission of Inquiry into the Delivery of Programs and Services in Primary, Elementary, and Secondary Education, Our Children Our Future, recognizes the need for coordinating services between the preschool and the public school level. It claims that in order for the school system to respond to the needs of each student effectively, the day cares, preschools, and homes must be aware of the kindergarten program so that the preschool community does not duplicate the services of kindergarten, but develops skills needed for the entry into the first year of school (Royal Commission, 1992).

The Royal Commission of Inquiry (1992) developed recommendations concerning the coordination of services. They recommended that appropriate social and developmental goals and assessment procedures for preschool children be designed to identify those

children who are not progressing with age appropriate skills. Appropriate intervention strategies to achieve the social and developmental goals should be researched, developed, implemented, and evaluated.

Other recommendations included having school boards encourage and coordinate prevention programs to link children with the school system at an earlier age and for school boards to make space available for the operation of formal or informal preschool programs (Royal Commission, 1992).

In the area of service delivery, the Royal Commission recommends that responsibilities for providing the services children need should be identified and assigned. These services should be effectively managed and supervised, while being delivered in a coordinated manner.

## **Summary**

The theoretical framework of this thesis derives from Bronfenbrenner's model of ecological development. Bronfenbrenner examines individuals within a layered environmental context. Each context the individual is embedded within comprises differing sets of interrelationships. Some of these contexts directly involve immediate settings the individual encounters; the mesosystem involves the individual, as it represents the relationships among the various settings in an individual's environment. Other contexts in individual's environments do not directly involve the individual. The exosystem is the individual's social structure and the macrosystem consists of the cultural beliefs and organization of the environment in which the individual lives.

It is the interrelationships amongst the various settings in the life of the special needs child that is the focus for this thesis. Few studies are presently available which review the supports and services in the child's environment that assist the child and family in adjusting to their move to kindergarten. The theory advanced by this study is that since individuals have a variety of needs, families should be questioned about what they consider would help them prepare their child for kindergarten. The transition to kindergarten is difficult for many families and it appears to be especially troublesome for children who have special needs. This thesis postulates that offering supports and services to families who have special needs children will ease this monumental transition.

Marfo et al (1988) has studied parents of special needs children in the Newfoundland context. These authors found that parents were not very knowledgeable of educational placements for their children and were not extensively involved in their school programs. Many authors such as Brynolson, Bricker and several British studies state that a mandate should be developed to include parental participation in their child's educational plan. However, caution must be exerted in this statement as well since many parents do not wish to be involved directly in educational planning.

This thesis revises this position to state that parents should receive the supports they require to help them and their child prepare for kindergarten. However, participation should be based on their desire for inclusion in educational programming.

Parental desires for support services may also be affected by their geographical location, availability of supports in their environment and informal family and friendship supports. Therefore this study includes an examination of the following four dimensions:

- a) The needs of parents from rural areas in comparison with the needs of parents from urban areas.
- b) The need for informal supports and services in comparison with formal supports and services.
- c) Parents whose children's special needs were diagnosed before school entry in comparison with parents whose children were not diagnosed before school entry.
- d) Parents whose children were exposed to a preschool/daycare experience in comparison with parents whose children did not have such an experience.

### **CHAPTER III**

### **METHODOLOGY**

To obtain information concerning the needs of parents experiencing their child's transition to kindergarten, a questionnaire was administered to a population sample of twenty-eight parents with special needs children. This sample consisted of fourteen parents from the geographical areas included in the Bonavista-Trinity-Placentia Integrated School Board and the Gander-Bonavista-Connaigre Roman Catholic School Board and fourteen parents in the geographical area encompassed by the Avalon Consolidated School Board. The first area was considered to have rural characteristics whereas the second area was considered to have urban characteristics. In each geographical area, seven parents selected had children in Challenging Needs classroom settings and the other seven parents had children with special needs who did not require a Challenging Needs setting. In most circumstances, the Children in Challenging Needs classrooms were diagnosed with special needs before school entry, while those children with special needs, who were not in a Challenging Needs classroom, were diagnosed with special needs after school entry.

All parents completed a questionnaire focused on (a) the support available for parents and their children prior to school entry and (b) the support and services available to parents and children upon arrival at the school in the kindergarten year. The questionnaire specifically addressed (a) first supports available, (b) changes in supports upon school entry, (c) participation in a preschool/daycare program, (d) preparation for school entry, (e) parental expectations regarding school and (f) child satisfaction with kindergarten.

The questionnaire also assessed the parents' satisfaction with the transition to kindergarten and their opinions concerning improving this transition.

### **Procedure**

In August 1993, a group of parents who were not directly involved in this study, were interviewed to determine the appropriateness of the questions intended for the questionnaire. These parents were identified through the Association for Community Living and the Attention Deficit Disorder Support Group for parents. The parents in this preliminary study represented each group of parents in the thesis study: parents of children whose special needs were identified prior to school entry and after school entry, as well as parents whose children had preschool learning experience and those who did not.

A parent questionnaire intended for the pilot study (Appendix B) and consent letters were submitted to the Memorial University's Ethics Review Committee, who consequently approved the use of the instrument and permitted taped interviews.

Feedback from these interviews provided the basis for modifications to the parent questionnaire. Many of the questions were changed to a closed format with YES/NO and multiple choice responses. This format helped to direct parental responses. This change applied to items 3, 6, 7, 8, 9, 11, 12, 13, and 15, those questions relating to service delivery. Two questions, items 8 and 9, were subdivided to consider the supports and services offered to parents and to the children. Additional questions, items 1(b) and 1(c) were suggested. The purpose of these items was to determine key individuals involved in the diagnosis of special needs and the individuals providing initial support to parents.

When the above changes were made, the modified question (Appendix A), along with consent letters (Appendix C), were submitted to the Ethics Review Committee. This committee gave permission for the parental study to be conducted.

In February, 1995, the Bonavista-Trinity-Placentia Integrated School Board, Avalon Consolidated School Board and the Gander-Bonavista-Connaigre Roman Catholic School Board were asked to consider participation in this study. Upon their agreement to participate in this study, they were sent a copy of the questionnaire (Appendix A).

The school boards and individual schools identified parents with special needs children. Questionnaires (Appendix A) and explanatory letters (Appendix C) were then sent to the schools. The schools distributed the questionnaires and letters to the appropriate parents. The elimination of direct contact between the research and parents ensured parental confidentiality. The parents were asked to return the questionnaires in enclosed stamped envelopes within a fifteen day time period. All twenty-eight questionnaires required by the research design were returned within the time limit.

## CHAPTER IV

### ANALYSIS AND DISCUSSION OF RESEARCH HYPOTHESIS

The general purpose of this survey was to determine parental needs, as well as the supports and services offered to parents and their special needs preschool children, while they are transitioning to kindergarten. These assessed areas were compared according to parent location, rural or urban. To accomplish this task, four research hypotheses were generated as a basis for the collection and analysis of data. Each of these research hypotheses will be addressed throughout the remainder of the chapter.

#### Research Hypothesis #1

*Parents from rural areas will experience different needs than parents from urban areas.*

To address this research hypothesis, questions 9(a) and (b), 13 and 18 on the parent questionnaire were considered.

Question 9(a) asks: How could the move to kindergarten have been made easier for you?

Question 9(b) asks: How could the move to kindergarten have been made easier for your child?

Question 13 asks: What other services or supports do you feel would have been helpful when your child started kindergarten?

Question 18 asks: What changes could the school have made to better meet your expectations?



Each of these questions addresses the issue of what the parents or children would need to make a healthy and effective move to kindergarten. It also asks parents to consider how their needs may be better addressed in the future.

**Table 1**

**How could the move to kindergarten be made easier for you?  
(What do parents feel they need at the time of transition?)**

Item	Urban (%)	Rural (%)
a) Parent/Teacher Meetings	61.5	38.5
b) Information Sharing with other parents	50.0	50.0
c) Visits to your child's school	63.6	36.4
d) Communication between the preschool/daycare and the public school	66.7	33.3
e) Other (knowing more about child's special needs)	38.5	61.5

As indicated in Table 1 above, differences do exist between the needs of urban and rural parents during the time of their child's transition to public school. Responses in categories a, c and d above, suggest that parents in the urban area prefer to have more contact and communication with their child's educators than do parents in the rural areas. The results of the question may also indicate that parents in the urban area desire to have

better communication with their child's educators, while parents in the rural areas feel more comfortable with the lines of communication which are already established. The parents studied from the rural areas may feel that their communication with educators is sufficient. However, a small percentage would like more parent/teacher meetings, increased opportunities to visit their child's school and more communication between the preschool and public school setting. This aspect (preschool/public school communication) may be slightly biased in favour of urban parents since the questionnaire discovers that more urban parents and children receive the services of a daycare than do rural parents. In any case, urban parents in this study have placed a greater precedence on this factor than have the rural parents.

The parents in rural areas placed higher emphasis on knowing more about their child's special needs during the transition period. 61.5% of rural parents responded to category (e): knowing more about their child's special needs. Although a greater number of parents from the rural area responded to this category, a number of urban parents (38.5%) requested to learn more about their child's special needs during this transition period. When speaking comparatively, however, the rural parents were more concerned with the issue of learning more about their child's special needs. Several questions may be asked in relation to the greater concern of rural parents' with their child's special needs. Are these parents provided with sufficient information about special needs? Are parents in rural areas more interested in special needs because they have less opportunities to see other children with special needs in their geographical location?

**Table 2**

**How could the move to kindergarten have been made easier for your child?  
(What do parents feel their children needed at the time of the transition)**

Item	Urban (%)	Rural (%)
a) Parent/teacher meetings	75.0	25.0
b) Information sharing with other parents	50.0	50.0
c) Visits to your child's school	62.5	37.5
d) Communication between the preschool/public school	60.0	40.0
e) Other	47.6	52.4

Table 2 again suggests that urban parents are more concerned with communication needs than are rural parents, or, as discussed in the analysis of Table 1, they do not feel their communication needs are being met. Urban parents tend to place greater value on communication between the preschool and the public school setting. However, this question may be affected by the fact that there is less access to preschool programs in the rural areas. In fact, many of the parents in the rural area listed the half-day per month **Headstart** program as their child's only preschool experience. As this program is usually offered by the public school, the need for communication between preschool and kindergarten will not exist, since the kindergarten teacher is usually the **Headstart** coordinator.

In the other areas, i) information sharing with other parents and ii) other various comments, rural and urban parents appear concerned with similar issues. Both groups of parents would like opportunities to share information with parents who are in similar situations. Informal analysis of parents at meetings and parent/teacher days also indicate that parents take comfort in speaking with other parents, especially those who share similar problems.

**Table 3**

**What other services or supports do you feel would have been helpful when your child started kindergarten?**

Item	Urban (%)	Rural (%)
a) Individualized attention	25.0	75.0
b) Tutor	100.0	0.0
c) More supportive teacher	100.0	0.0
d) Teacher assistant	50.0	50.0
e) Special Programming	50.0	50.0
f) Information provided	100.0	0.0
g) Public health	100.0	0.0
h) Preschool/Daycare	0.0	100.0
i) None	66.7	33.7
j) Other	0.0	100.0

As demonstrated in Table 3, parents in rural and urban areas have described different needs during the transition period. Rural parents described needs which were directly related to the teaching of their children. Of the parents surveyed in rural areas, 75% desired a greater amount of individual attention for their child. The most significant area of concern for rural parents appears to be the lack of, or difficult access to, preschool or daycare settings for their children. All parents surveyed in the rural areas would like to have their children exposed to a daycare or preschool environment. This concern was not evident in the survey of urban parents, probably since these parents usually have the option of choosing from among various daycare or preschool settings.

Only rural parents responded to an open question of other categories they would like to see addressed. These requests could also be classified as instructional needs. Smaller class sizes, larger spaces for their children, better school facilities and the elimination of multigrading were viewed by rural parents as being very important. Some rural parents even suggested that due to the large number of children and the increased workload in a multigrade classroom, teachers were prevented from spending the extra time necessary with their special needs children.

Some urban parents listed areas of need which were not evident amongst the rural parents. As indicated in the table, urban parents would like to see their children have access to tutoring within the school setting and would like more information about kindergarten before their child attends. They also requested more public health involvement with their children.

Urban and rural parents were equally concerned with the amount of extra attention provided to their children through the help of teacher assistants. Both groups would also like to have special programming available upon school entry or as soon as possible after school begins. This request has some implications for the preschool assessment or preschool public health checks. This would require that children receive more thorough screening prior to school entry. Any problems detected should then be communicated to the child's school so they can begin programming for the child's special needs prior to and shortly after their arrival into kindergarten. This early provision of services would benefit children as it would provide them with an appropriate starting point for their education. In the present school system, many childrens' special needs are not being identified until they have spent months or even a year or so in school. This means the children are not receiving the support they should for that period of time. This could be extremely detrimental for the educational development of a special needs child.

**Table 4****What changes could the school have made to better meet your expectations?**

Item	Urban (%)	Rural (%)
a) smaller class size	100.0	0.0
b) more individual attention	50.0	50.0
c) more communication	87.5	12.5
d) no changes	16.7	83.3
e) other	50.0	50.0

This question provides a summary of some of the areas in the survey. As suggested in the table above, rural and urban parents again differ in attitudes toward what they need at this critical time in their child's life. Although not earlier indicated, urban parents are now listing smaller class size as a significant concern. Rural parents did not address this concern here, maybe since they had listed this concern earlier. It now appears that parents in both rural and urban settings are very concerned about their child's class size. This concern may be related to the timing of questionnaire distribution. The survey was presented to parents only a few months prior to a provincial referendum on changes in the Newfoundland and Labrador educational system. During this time, educators and activist groups were expressing their concerns about issues such as class size and fewer teaching

personnel. Therefore, parental responses may reflect the time period in our provincial educational system.

In this question, urban parents repeated their desire to have more open communication between the school and the home. This need was expressed by fewer parents from the rural areas (12.5%).

Nearly half of the questionnaire respondents stated that they did not perceive a need for changes at the transition point. However, there was a difference in rural and urban opinion on this matter. Approximately 83% of these 'No Change' responses were from rural parents. Only approximately 17% of the urban parents stated that 'No Changes' were necessary.

In the analysis of Hypothesis #1: *Parents from rural areas will experience different needs than parents from urban areas*, the data confirms the hypothesis. Although parents from rural and urban areas shared some concerns, such as class size, the necessity of parent/teacher meetings and the availability of special programming for children upon school entry, they placed emphasis on different aspects of the transitional period. Urban parents appeared to be more concerned with communication aspects such as communication between preschool and public school settings, communication with public health, parent-parent information sharing, etc. Rural parents placed greater emphasis on instructional aspects such as their child receiving individual assistance, becoming aware of their child's needs at an earlier time and the removal of a multigraded system. A concern which was expressed by all parents in the rural area was the availability of preschool/daycare settings for their child.



**Research Hypothesis #2:** *Parents in rural areas will be more dependent on informal supports and services than parents in urban areas.*

To address this hypothesis, questionnaire item # 12 was considered. Question # 12 asks: Which, if any, of the following have been helpful to you since your child has started school?

This questions asks parents to choose services from amongst the following alternatives, which can be categorized as informal or formal services:

<u>Informal Services</u>	<u>Formal Services</u>
Family members	School Staff
Other parents	Support Groups
Friends	Preschool/Daycare
	Public Health

**Table 5**

**Which have been helpful to you since your child started school?**

Item	Urban (%)	Rural (%)
a) Family Members	42.9	57.1
b) School Staff	50.0	50.0
c) Friends	40.0	60.0
d) Support Groups	100.0	0.0
e) Other Parents	50.0	50.0
f) Preschool/Daycare Staff	60.0	40.0
g) Public Health	87.5	12.5

This question indicates that urban and rural parents actually gave similar responses with respect to their preference for informal support. Categories a, c and e were items indicative of informal supports. There was no significant difference in the numbers of parents in rural and urban settings who chose these supports. However, rural parents rated friends and family members as slightly more important than did the urban parents.

The items indicative of formal supports: b, d, f, and g, were rated differently by rural and urban parents. Urban parents rated formal supports helpful more often than did rural parents. However, both rural and urban parents considered school staff to be important. Differences of opinion were expressed with respect to preschool staff, support groups and public health. No parents in the rural areas stated that support groups were helpful, probably since there is little opportunity to participate in support groups in the rural area surveyed. Urban parents rated the preschool/daycare staff as more important than did the rural parents. Again, this appraisal is influenced by the fact that rural children have less access to preschool/daycare facilities than children in the urban area. In fact, rural parents stated that they wanted their children to attend preschool.

Urban and rural parents also rated Public Health services differently. More than 85% of the urban parents considered this service important, but only approximately 12% of rural parents thought this service was important. In rural areas, many health services are spread throughout a large area. Many parents may not be aware of the services that Public Health offers, and therefore do not access these services as required. In rural areas, parents receive the services of Public Health when their children are infants, for vaccinations and related services, and then again when their children are screened for preschool check.

It is possible that urban parents may receive additional services from the Public Health professionals.

Generally, Hypothesis two was not supported. It stated that rural parents would be more dependent on informal services than were urban parents. The study revealed that the dependency on informal services appeared to be similar amongst rural and urban parents. However, urban parents described formal services as more helpful than did the rural parents.

### Research Hypothesis #3

*Parents of children whose special needs were diagnosed before school entry will have had more support before and during the transition to kindergarten than parents whose children were not diagnosed until after school entry.*

To address the third hypothesis, questions 3, 6 (a), 7, 8 (a) and (b) and 11 were analyzed.

Question #3 states: Which, if any, of the following services were offered to you and your child before kindergarten? The alternative choices for this question are listed in Table 6.

Question #7 states: Which, if any, of the following were available in the above setting? The alternative choices are listed in Table 7.

Question 8 (a) states: Before your child started school, did you have any idea of what the school expected from you? If YES, how were you prepared? The alternatives are listed in Table 8B.

Question 8 (b) states: Before your child started school, did you have any idea of what the school expected from your child? If YES, how were you prepared? Alternative choices are listed in Table 9B.

Question 11 states: Which new services were available upon school entry? The alternatives are listed in Table 10.

Each of these questions will address the comparison between the supports offered to parents whose children were diagnosed before school entry and parents whose children were diagnosed after school entry.

**Table 6**

**Which, if any, of the following services were offered to you and your child before kindergarten?**

Item	Preschool Diagnosis (%)	School Diagnosis (%)
a) Direct Home Services Program	100.0	0.0
b) Public Health Nursing	87.5	14.3
c) Physiotherapy	100.0	0.0
d) Occupational Therapy	100.0	0.0
e) Speech Therapy	88.2	11.8
f) Other	60.0	40.0

Evidently, parents with children whose special needs were diagnosed prior to school entry received more services before their child started school than did the other parent group. They were the only parents who received the benefits of the Direct Home Services

Program, Physiotherapy and Occupational Therapy. This finding is directly related to the fact that their children were diagnosed prior to school entry, since children can only avail of these services if they meet the assessment criteria for such services. Children who do not have apparent problems prior to the beginning of public schooling have no reason to avail of such services.

Although public health and speech therapy services were offered to a small number of parents whose children were not diagnosed until after school entry, these services were also more readily available to the parents whose children's problems were recognized before kindergarten.

The parents whose children were diagnosed after school entry had few services offered to them to help with their child's problems. Although many parents in this category were unaware that their child would be experiencing trouble with the school curriculum, many of these same parents were aware that their children were not progressing like other children their age. This group of parents stated in the questionnaire that they would have liked their children to have some preschool exposure, which could help them prepare for kindergarten. The provision of a thorough preschool assessment and preschool drop-in centers to all children would help to identify children who are most likely to experience difficulty in the school system. An identification prior to kindergarten could offer suggestions for additional services to prepare these children for school. The identified difficulties could then be communicated to the kindergarten school personnel and they could plan in advance for the child's entry into kindergarten. Special programming could be

attempted as soon as the child enters school. The child would then not be placed at a disadvantage while their learning problems are being detected.

**Table 7**

**Which, if any, of the following were available in the preschool setting?**

Item	Preschool Diagnosis (%)	School Diagnosis (%)
a) Special activities or programming	100.0	0.0
b) Individual attention	80.0	20.0
c) Small group activities	66.7	33.3
d) Physiotherapy	100.0	0.0
e) Occupational Therapy	100.0	0.0
f) Speech Therapy	100.0	0.0
g) Other	50.0	50.0

This table suggests that the children who were diagnosed prior to school entry received many more services than the children who were diagnosed after school entry. Of the group who were diagnosed after school entry, none of them received any form of special activities or programming, physiotherapy, occupational therapy or speech therapy. A small group of these children did receive some individual attention and exposure to small group activities prior to beginning school.

The group of children who were diagnosed prior to school entry received special activities and programming, individual attention, exposure to small group activities, physiotherapy, occupational therapy and speech therapy. Each of these services helped the children to develop valuable social and academic skills prior to beginning kindergarten. Special programming for these children would have already started and when they entered school the groundwork for a kindergarten program would be established.

The children who were not diagnosed until after school entry did not receive the benefits of special activities and programming prior to starting school. Therefore, not only was their access to academic and social areas deprived, no programming was begun when they started school. In most cases like these, the children lose valuable school time while their problems are being diagnosed and special programming is being established. Providing them with suitable preschool experiences and assessments could increase their chances of academic and social success. It would also increase the likelihood that special programming would be started for them when they enter kindergarten.

**Table 8A**

**Before your child started school, did you have any idea of what the school expected from you?**

Item	Preschool Diagnosis (%)	School Diagnosis (%)
a) YES	70.0	30.0

**Table 8B****If YES, how were you prepared?**

Item	Preschool Diagnosis (%)	School Diagnosis (%)
a) Public Health	80.0	20.0
b) Preschool/ Daycare Staff	66.7	33.3
c) Public School	83.3	16.7
d) Counsellor	100.0	0.0
e) Parent/Teacher Meetings	88.9	11.1
f) Parent Orientation Meetings	50.0	50.0
g) Direct Home Services	100.0	0.0

As indicated in Table 8A above, approximately 70% of the parents with children who were diagnosed prior to school entry, felt that they were adequately prepared for their child's move to kindergarten. They felt comfortable with the school's expectations for them. However, only 30% of the parents whose children were diagnosed after school entry felt similarly. These parents stated that they were not familiar with the school's expectations for them and received many surprises when their child entered school and was diagnosed as having special needs.



These two groups of parents also experienced differences in the methods of preparation for kindergarten. All parents in the early diagnosis group communicated with Direct Home Services and received the help of a Counsellor. No parents in the later diagnosis group received such services. The public health officials and school staff, through the use of parent/teacher meetings, helped to prepare the group of parents whose children were diagnosed early. Although these services were available to the other group of parents, they were less readily available and, in the parent's opinions, did not prepare them well for the transition to kindergarten.

There was no difference in the amount of perceived help by way of parent orientation meetings. Both groups rated them as equally helpful in preparing the parents for their child's move to kindergarten.

**Table 9A**

**Before your child started school, did you have any idea of what the school expected from your child?**

Item	Preschool Diagnosis (%)	School Diagnosis (%)
a) YES	65.0	35.0

**Table 9B****If YES, how were you prepared?**

Item	Preschool Diagnosis (%)	School Diagnosis (%)
a) Public Health	75.0	25.0
b) Preschool/Daycare	50.0	50.0
c) Public School Staff	80.0	20.0
d) Counsellor	100.0	0.0
e) Parent/Teacher Meetings	87.5	12.5
f) Parent Orientation Meetings	66.7	33.3
g) Direct Home Services	100.0	0.0
i) Other	50.0	50.0

This survey question addressed the special needs child's preparation for the transition to kindergarten. The children who were diagnosed prior to school entry received more services to help them prepare for kindergarten than the children who were not diagnosed until after school entry. Parents of the first group felt that their child was more adequately prepared for kindergarten than parents in the second group.

From an educator's perspective, it is imperative that children, especially those with special needs, be adequately prepared for kindergarten. The fact that many children are not

diagnosed as having special needs until after they begin school suggests that thorough assessments for preschool children should be mandatory. Children who are then identified as having special needs could receive additional help prior to kindergarten and the school staff could be prepared to serve the special learning needs of these children as soon as they begin school.

**Table 10**

**Which new services were available upon school entry?**

Item	Preschool Diagnosis (%)	School Diagnosis (%)
a) Special Education Program	91.7	8.3
b) Individualized Teacher Attention	81.8	18.2
c) Student Assistant	93.3	6.7
d) None	25.0	75.0
e) Other	100.0	0.0

This examination of the services available to special needs children upon school entry reveals a discrepancy according to the time of special needs diagnosis. Nearly all children who were diagnosed prior to school entry had a Special Education Program and Student Assistant available when they started kindergarten. However, of the children who were diagnosed after school entry, only approximately 8% and 7%, respectively, had a Special

Education Program and a Student Assistant available when they came to school. The children diagnosed prior to school entry also received more individualized teacher attention than did the other group of children. Overall, the greatest percentage of children who received no special services upon school entry were those with special needs that were not diagnosed until after they started kindergarten.

Each of the services listed in Table 10 are essential to the development of a special needs child. This study suggests that children who have not had their special needs diagnosed before school entry will not receive most of these essential services before they start kindergarten. Without receiving additional services, these children may be placed at an academic and social disadvantage when they enter kindergarten. Therefore, they may lose precious hours of education because they do not have the means to participate adequately in school activities. They will require assessment services after school entry in order to determine how they can best succeed in school.

Hypothesis 3 was overwhelmingly supported by the research data. Parents and their children who were not diagnosed until after school entry were disadvantaged in each of the areas listed in tables 6-10 above. Very few of these parents and children received any services prior to school entry, and they had no special services waiting for them at the beginning of the kindergarten year. Parents and children who were diagnosed before school entry had access to more services prior to school entry and the most needed services were available upon the child's entry into kindergarten. Parents in this category and their children were better prepared for kindergarten through a variety of sources, as indicated in Tables 8 and 9.

#### Research Hypothesis #4

*Parents whose children were exposed to a preschool/daycare experience will have different expectations for the school system than those parents whose children did not have such an experience.*

To address this hypothesis, survey questions 16 and 19 were considered.

Question 16 (a) states: Briefly describe what you expected before your child started school, related to the classroom.

Question 16 (b) states: Briefly describe what you expected before your child started school, related to teacher attention offered to your child.

Question 16 (c) states: Briefly describe what you expected before your child started school, related to parent/teacher meetings.

Question 19 (a) states: Were you aware of the school's academic and social demands before your child started school?

Question 19 (b) states: Are you involved in the school more than you had thought before your child started school?

Question 19 (c) states: Briefly explain your school involvement.

These questions attempt to discern whether or not parents who have children with preschool experience will have different expectations for the various aspects of the school system than parents whose children have had no preschool/daycare exposure.

**Table 11****Classroom expectations**

Item	Preschool Attendance (%)	No Preschool Experience (%)
a) Regular Classroom	36.4	63.6
b) Large Space	66.7	33.3
c) Small number of children	0.0	100.0
d) Same as received	33.3	66.7
e) Other	14.3	85.7

The results of this question indicate that parents of children who attended preschool or daycare had different expectations about school than the parents whose children did not have the same experience. With respect to the integration of the children into the classroom, category a: regular classroom, only a small percentage of parents whose children attended preschool expected their child to spend time in the regular classroom. However, a larger number of parents with children who did not attend preschool, expected their children to be in a regular classroom. Parents of children who attended preschool probably had the opportunity to observe their child in this setting and may have realized that total integration for their child would not be successful.

Interestingly, some parents of children who did not attend preschool did not expect their child to be in the regular classroom. This may suggest that although the special needs

were not identified, and the children were not exposed to a preschool setting, the parents may have suspected that there would be problems when their child entered school. Conceivably, the availability of a preschool experience could assist in the identification of these 'suspected' children, and as a result, they could be better prepared for school.

Many of the parents who had children with a preschool experience expected a large workspace for their child, whereas the other group of parents did not hold this expectation. This may imply that parents with a preschool experience were more familiar with the type of workspace and classroom setting for children with severe delays. Such settings would include the Challenging Needs classrooms. Although many of these rooms are not large, each individual child in the room would have more space than children in regular classrooms.

Many parents of children who had a preschool experience did not receive the classroom setting they had expected. Only one third of this parental group had children exposed to the classroom settings they had previously expected. However, two thirds of the parents with children who did not attend preschool received classroom settings they had expected. With no experience in present day educational settings for special needs students, some of these parents may have relied on personal experience to project that their child would be exposed to a regular classroom setting.

**Table 12****Expectations re: Teacher Attention Offered Child**

Item	Preschool Attendance (%)	No Preschool Exposure (%)
a) Average Amount	57.1	42.9
b) Special Needs Teacher	50.0	50.0
c) Student Assistant	100.0	0.0
d) 1-1 Attention	50.0	50.0
e) Extra Teacher Help	86.0	14.0

With respect to the teacher attention offered to special needs children, there was discrepancy in some categories between parents in each group. Both groups of parents expected that their child would receive an average amount of teacher attention, as much as necessary to help their child succeed in school. They had similar expectations with respect to access to the Special Needs Teacher and also had similar expectations with respect to the amount of one-one attention that could be offered to their children.

Parents expressed different expectations concerning student assistants and extra teacher help. Parents of children who had a preschool experience all expected the services of a student assistant for their children. Most of these parents also expected their child to receive extra teacher attention. Their experience with preschool services may have provided them with some realistic expectations for their child and offered them an indication of how



their child's special needs would be addressed in the school setting. However, none of the parents with children who had no preschool exposure expected these services before their child started school.

**Table 13**

**Expectations re: Parent/Teacher meetings**

Item	Preschool Attendance (%)	No Preschool Exposure (%)
a) Average number	33.3	66.7
b) Additional meetings (more frequent)	31.3	68.8
c) More communication	50.0	50.0

The expectations regarding parent/teacher meetings were a little different amongst the different parental groups. The same number of parents in each group expected more communication between the home and the school. However, a greater number of the parents whose children did not have a preschool experience expected more frequent parent meetings than they received. Only one third of the parents whose children were exposed to a preschool environment expected more frequent meetings. Due to their contact with the preschool and related services they were offered before school entry, these parents may have developed more accurate ideas about parent/teacher meetings.

An analysis of question 19 indicates that many parents in both groups, exposure and non-exposure to a preschool environment, were not aware of the school's social and academic demands for their child. Most parents whose children had no preschool experience indicated that since they were not aware of their child's special needs, they expected their child to participate in the same activities and academic programs as other children at their age. However, the parents of children who attended preschool reported that through the help of the additional services they received before the child entered school, such as Direct Home Services, Physiotherapy, etc., they were more familiar with the social and academic demands that would be placed on their child at school entry.

**Table 14****Describe your school involvement**

Item	Preschool Attendance (%)	No Preschool Exposure (%)
a) Attends more meetings than expected.	20.0	80.0
b) Wasn't aware of special needs before school	0.0	100.0
c) Other	0.0	100.0

Table 14 indicates that parents of children who did not attend preschool are more involved in their child's education than they thought they would be prior to the start of

kindergarten. They attend more meetings than they had expected. Newfoundland's Special Education Policy requires parental involvement in the design and implementation of each child's Special Education Program. Therefore parents whose children had no preschool experience, and were not diagnosed as having special needs until after school entry, now find themselves attending meetings to establish and review programs for their children. A small number of parents who had children attending preschool stated that they attended more meetings than they had expected. Generally, after their preschool involvement with services such as the Direct Home Services, Physiotherapy, etc, these parents become aware of the many meetings and additional duties required of parents who have special needs children. Therefore they are usually prepared for the additional meetings required when the child enters school.

In the category labelled 'Other', which was answered only by parents whose children did not attend preschool, parents listed additional involvement such as doing extra work at home with their child and being at the school on nearly a daily basis.

Parental responses to the survey demonstrate support for Hypothesis 4. Parents whose children attended preschool did have different expectations than parents whose children had no preschool experience. Parents of children who attended preschool did not expect their children to be in the regular classroom as often as did the parents whose children had no preschool experience. Also, parents in the group with children who attended preschool had a better idea of the number of meetings they would have to attend and a better knowledge of school expectations in general.

Several items in the survey were included to provide background information and although they were not analyzed in relation to either of the four hypotheses, responses were provided which the author felt were notable.

Question 1c) asks: *What was the first support available to you when you learned of your child's special needs?*

There were a variety of responses to this question, including school, friends, the Children's Rehabilitation Center, doctor, Speech Therapist, family, Direct Home Services worker and counsellor. However, the most frequently provided response was 'doctor'. The next most common response was 'school'. This suggests that many parents in Newfoundland are reliant upon the school and medical community to provide them with the information and the supports they require. The school and medical community would be important channels to target when educational reform is being considered, since they could provide valuable information regarding parental opinions and their special needs children.

Question # 15 asks: *How are you involved in your child's school program?* The following alternatives are listed: a) helped to plan child's program; b) attended meetings with teachers; c) attended meetings with teachers/other professionals; d) no involvement.

Although the provincial Special Education Policy suggests that parents should be involved in the planning of their child's Special Education Program, less than half of the parents in this survey participated in the design of their child's Special Needs Program. However, greater than 90% of the parents surveyed indicated that they met with the teachers about their child's Special Education Program and a majority of parents, nearly

60%, indicated that they had met with other professionals as well as teachers to discuss their child's educational program.

A follow-up to the above question asked parents: *How would you like to be involved in your child's schooling?* The responses from this question suggest that most parents want no more involvement than the meetings with teachers. Only 14% of parental responses implied that they would like to be involved in helping to design the Special Education Program for their child. Parents in this survey suggested that they meet with the teachers and the teachers could send home any additional work they feel would be of benefit to their child. Parents stated a preference for helping children at home, rather than helping teachers design programs.

Question 20 on the survey inquires into what the special needs children were happy and unhappy about during the kindergarten year. Most parents indicated that their child was indeed happy in kindergarten; however, the children did state definite preferences for some activities. A majority of the children enjoyed playtime, center time and opportunities to play with friends. The children surveyed were not happy with seatwork and academic activities. This result may suggest that these special needs children are not yet prepared to complete the required seatwork due to their different learning needs. They may need extra time to develop their social skills before beginning academic tasks. The availability of a preschool setting for such children would be an immense help in developing their interest in academic areas. The children would be better prepared for kindergarten academic areas when they came to school if they had already developed the necessary independence and some basic social skills.

## CHAPTER V

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Summary

The primary intent of this study was to determine parental opinions concerning the supports and services they desired as their special needs children were transitioning to kindergarten. Encompassed in this area was an investigation of supports available to parents and children prior to, and upon school entry, an examination of the expectations parents held for themselves and their children prior to school entry, an analysis of the types of school settings to which children were exposed and parental satisfaction with these settings, and a description of parental involvement in their child's schooling. In addition, the study considered parental opinions concerning: a) the types of services which could have been of benefit to them and their children during the transition to kindergarten; and b) how the move to kindergarten could have been made easier for both parents and children. The areas discussed above were examined comparatively using a group of rural and urban parents, a group of parents whose children attended preschool and a group of parents whose children had no exposure to a preschool environment, and a group of parents whose children were diagnosed prior to school entry and a group of parents whose children were diagnosed after school entry. Based on the above areas of examination, the following hypotheses were developed:

1. *Parents from rural areas will experience different needs than parents from urban areas.*
2. *Parents in rural areas will be more dependent on informal supports and services than urban parents.*

3. *Parents with children whose special needs were diagnosed before school entry will have had more support before and during the transition than parents whose children were not diagnosed before school entry.*
4. *Parents whose children were exposed to a preschool/daycare experience will have different expectations for the school system than those parents whose children did not have a preschool/daycare experience.*

In Chapter II, research literature was reviewed in four major categories: background to the study, services and supports, early intervention programs and transition issues. Within the background to the study category, the following areas were researched:

- a) Bronfenbrenner's ecological model of human development,
  - b) family response to the diagnosis of a child's special need,
  - c) parental roles in early intervention, d) parental needs assessment, and e) preschool children with special needs. Under the services and supports category, the author reviewed:
    - a) professional services and supports for parents with special needs children, b) informal services and supports for parents of special needs children, c) a comparison of professional and informal support services, and d) rural and urban support and service comparisons.
- Encompassed within the study of early intervention programs were the following two areas:
- a) current early intervention programs and b) the Newfoundland Direct Home Services Program. The last category of investigation focused on transition challenges. Included in this section were a) transition challenges for parents and children, b) parental preparation for transition, c) barriers to effective transition, d) initiating successful transitions, e) transition roles and f) parental roles in transition.

The author compiled a parental survey based on the research literature and a preliminary pilot study of parents who had already experienced their child's transition to kindergarten. This survey was administered to parents during Spring 1995.

## **Conclusions**

The results of this survey provided a clear indication of the supports and services available to the parents examined in this study. It was definitely evident that the rural parents in this study had different needs than the urban parents. Parents in the urban areas placed a greater emphasis on communication with their child's educators than did the parents in the rural areas. This may be interpreted as more interest in communication on the part of the urban parent, or it may indicate that parents in the rural areas are content with the communication patterns that have been established, and do not foresee a need for greater or different communication.

Parents in the rural areas requested more knowledge of their child's special needs than did the urban parents. This may signify that rural parents are less knowledgeable of their child's special needs than are the urban parents and therefore need more information to effectively help their child. It could also indicate that the rural parents are interested in the ramifications of their child's special needs as they affect their academic life.

Rural parents tended to address more needs in the instructional areas. They were concerned with the amount of teacher attention that was offered to their child with special needs. Related to teacher attention, was their concern with the growing number of multigrade classrooms within schools in their areas. They felt these classroom situations contributed to their child receiving less attention than could normally be provided, due to



the increased teacher workload in these settings. The most commonly cited issue for rural parents was the fact that their children had extremely limited, or no access, to preschool settings. Parents would like to see their children exposed to a learning environment prior to kindergarten so that their children could have some valuable learning experiences to help prepare them for kindergarten. Parents also suggested that a preschool environment may provide an indication that their child would have special needs when they enter a structured learning environment.

Urban parents expressed needs that were not indicated by the rural parents. They were interested in school tutoring programs so their child could receive tutoring on a regular basis. Urban parents also wanted more information about kindergarten before their child started school.

There were also some common concerns expressed by rural and urban parents. Both groups of parents communicated their desire to have special programming available for their child as soon as possible after entering school. Each group of parents also wanted student assistants for their children, as a necessary adjunct, to help the children with their academic and social development. Parents in both groups expressed needs for sharing information with other parents who have children with similar special needs. As stated in chapter 4, with parents recommending that special services be available upon school entry for their children, coupled with the increasing teacher workload, there are serious implications for preschool services. Concerns and recommendations would suggest that a thorough preschool assessment should be offered to every child in the province to assist in determining special needs prior to the child's entry into kindergarten. When Kindergarten and Special Needs

Teachers have some prior notification of special needs, they can begin programming in advance for the children, in order to provide the best educational experiences possible early in the child's school career.

In the area of informal and formal support services, urban parents had a greater preference for formal supports than did the rural parents. However, the preference for informal supports was similar for both groups of parents. Both groups stated that family members, friends and other parents were nearly equally supportive of them when their children with special needs started school. Within the two parental groups, only the urban parents suggested that support groups were helpful, and a much greater percentage of urban parents than rural parents, stated that public health was important. Parents in rural areas generally have very little access to support groups and therefore may not have listed this area as being helpful since they probably do not have the service. Rural parents do have access to Public Health services, and they expressed different perceptions of its usefulness than did the urban parents. Urban parents also listed preschools as being more useful than did the rural parents. This concurs with earlier statements by the rural parents who expressed their discontent with the lack of preschool services available for their children. These parents perceive the preschool/daycare settings as being helpful, however, they have no, or extremely limited, access to this service. In fact, parents in rural areas stated that their child's only exposure to a learning environment prior to school entry was the half-day per month Headstart sessions that were held at some schools.

There were extensive differences in service offerings to parents of children whose special needs were diagnosed prior to kindergarten, as compared to the parents whose

children were diagnosed after school entry. Parents of children who were diagnosed early generally received more services than parents of children who were diagnosed later. Parents and their preschool diagnosed children were the only group to benefit from the Direct Home Services Program, Physiotherapy and Occupational Therapy. They also received the greater percentage of the Public Health Nursing services and Speech Therapy offered to the two groups. The availability of services to the children with a preschool diagnosis assists them in preparing for kindergarten in advance. These parents receive more information from the various services listed above and teachers generally receive some form of information concerning these children who will be in their class next year. A special program is then more likely to be in place for these children as soon as school begins.

Although many of the children who are not identified until after school entry have problems of an academic nature, a thorough preschool assessment could provide some indication that learning problems may exist prior to the time they enter school. With this indication, some special services could be designed for such children so they have valuable learning experiences prior to kindergarten. The kindergarten teaching personnel could also be notified of incoming problems and be prepared to address these immediately. Children who receive no support services prior to school entry may spend months or even longer, in school before a teacher notices difficulties and initiates special programming to help address the child's learning needs.

When parents were asked if they were aware of the school's expectations for them and their special needs children, the parents with preschool diagnosed children had more accurate conceptions of school's expectations than did the parents whose children were

diagnosed after school entry. The second group of parents had very little knowledge of school expectations. In addition, the first group of parents and children were prepared differently for kindergarten than were the second group of parents and their children. Parents with early diagnosed children were prepared with the help of the Direct Home Services and counsellors, which were not available to parents in the other group. Parents in the early diagnosis group also received preparatory help from public health officials, school staff and parent teacher meetings. Although some parents of later diagnosed children received these three preparatory services, they were much less common amongst this group.

There was one area of consensus amongst the two groups. Both groups were exposed to parent orientation meetings prior to kindergarten and both rated them as being equally beneficial in preparing themselves and their child for kindergarten.

When questioned about the services available to children upon school entry, again the children who were diagnosed prior to school entry had more services available for them than did the children who were not diagnosed until after school entry. Nearly all children who were diagnosed early had a Student Assistant and a Special Education Program available to them upon school entry. An extremely small proportion of the students diagnosed after school entry had these services available. In addition, the first group also received more individualized teacher attention. Actually, 75% of the after school entry diagnosis group received no services at all upon school entry.

These alarming statistics suggest that some children are being placed at an educational disadvantage before they even begin school, because they have not received

available services. They may have problems which are not addressed until they escalate to the point where special programming has to be hastily designed for them. At this stage of their education, they have possibly lost very important instructional time, therefore falling further and further behind other special needs and non special needs children. The fact that more assessment and educational services for preschool children should be established as mandatory in our province, cannot be sufficiently emphasized.

It can be concluded from the study that the parents whose children attended preschool had different expectations than the parents whose children did not attend preschool. With respect to classroom expectations, more parents of children who attended preschool thought their children would be placed in a special setting rather than a regular class setting, than did parents with children who did not attend a preschool setting. The first group of parents expected their children to be exposed to large workspaces, whereas the second group of parents did not hold such an expectation. Parents of children who had no exposure to preschool, held classroom expectations that were similar to those of traditional education: regular classrooms with a small amount of individual space. The parents with children attending preschool generally received classroom settings different than those they had expected. They had expected large classes, but the children were placed in regular classes. However, the parents of children who had no preschool experience generally received the regular classroom setting that they had expected.

Differences were also expressed with respect to the expectations concerning teacher attention offered to the children. Parents of children who had attended preschool expected that their child would receive extra teacher help as well as help from a Student Assistant.

None of the parents whose children did not attend preschool expected such services. It appears that the parents with children attending preschool had more accurate perceptions of the kindergarten classroom, possibly due to their preschool connections with a learning environment. Since the other group of parents did not have such exposure to a learning environment, they possibly did not know what to expect in this area.

These two groups of parents did express some similar expectations concerning the Special Needs Teacher and the amount of individualized teacher attention that would be offered to their child. Both groups felt that these services would be offered as necessary services to their children.

In relation to the number of parent/teacher meetings that would be held, once again the parents of children who attended preschool had a better notion of the number of meetings they would be expected to attend. Their contact with a learning environment may have provided them with realistic expectations concerning the number of meetings possible in a school year. More than two thirds of the parents whose children had not attended preschool expected more meetings than were provided. Their less realistic perspective may originate from the fact that they had no exposure to a learning environment with this particular child. Despite the varying opinions regarding parent/teacher meetings, both groups of parents indicated that they thought there would be more communication between the home and the school.

When these same two groups of parents were compared according to their school involvement, the parents of children with a preschool experience also had more realistic expectations regarding how they would be involved in their child's education. The parents

of children with no preschool exposure admitted that they were involved in school more than they had expected before their child began kindergarten. In particular, they attended more meetings than they had thought they would attend before school started.

In general, the parents whose children had a preschool experience held more appropriate expectations for the school setting, teacher attention and meetings regarding their child's progress than did the parents of children who did not attend preschool. The first group of parents admitted that these expectations derived from their involvement with various preschool services such as the Direct Home Services Program, physiotherapy, public health and the preschool learning environment. The parents with children who did not attend preschool had only a few of these services.

An earlier finding of this study confirms that many of the parents whose children did not attend preschool are from rural areas, where there is either limited, or no access, to preschool environments. These same parents requested greater access to preschool/daycare environments. The above results support their request. Findings from this study would indicate that parents and children are better prepared for school when they have been exposed to a preschool learning environment. This has serious implications for the delivery of the province's educational system. Mandatory exposure to learning environments prior to kindergarten should be considered. This access would benefit many children with special needs, providing them with additional academic and social skills to better prepare them for school. Furthermore, parents who are familiar with school's expectations can help to prepare their children for kindergarten.

As a Special Needs educator, the author would like to believe that educational reform in our province will have a positive impact upon all children served by our schools, especially those with special needs. Particularly, changes at the entry point to school should be made to ensure that all children receive appropriate services immediately after entering school. At this particular time period in our province, Special Education Services are under review. Teachers and parents have been asked to provide opinions regarding the existing system and what changes could help improve the system. It is hoped that through such a policy review, similar opinions will be expressed as were expressed in this study. Such opinions could have a tremendous impact upon service delivery in the province.

This investigation recommends services for the total development of a child. Too often, child development is fragmented and the various aspects of development are not pieced together to provide effective service delivery for the child. Usually, the school environment is not connected to the preschool environment and breakdowns in communication can be examined at the major educational transition points in children's learning, such as primary to elementary school, elementary to junior high school and junior high to high school. As is recommended in Our Children, Our Future, 1992, the educational system in our province has to consider connecting each of these major transition points to ensure that the best possible services are provided for the children in this province.

### **Recommendations**

There are several recommendations emerging from this study. However, due to the small number of parents surveyed in a narrow geographical area, caution should be exhibited in generalizing the recommendations.



1. *A similar study should be conducted in other areas of the province of Newfoundland and Labrador.*
2. *A similar study should be conducted with Primary Educators, including Special Needs Teachers and Administrators.*
3. *A study should be conducted with parents of older special needs children to determine their specific support and service needs, at the elementary to junior high school transition point.*
4. *Educational personnel should consider a junior kindergarten or greater access to preschool learning environments for all children in our province.*
5. *Thorough preschool assessment services should be introduced for all children prior to attending kindergarten. Such an assessment would consider prerequisites to all academic and social areas of the kindergarten program.*
6. *Preschool children who are identified as having difficulties should be provided with immediate intervention services to help them prepare for school.*
7. *School personnel, including kindergarten teachers, special needs teachers and administrators, should be informed prior to school entry, that children with special needs will be attending their kindergarten classes. Programming could then be started in advance for these children.*
8. *Communication between the home and the school should be started on a regular basis prior to a child's entry into kindergarten. All parents and children should be familiar with the classroom setting and demands that will be placed on them.*
9. *All information regarding a child's special needs, as well as the influence of such special needs upon the school curriculum, should be communicated to parents in a clear manner.*
10. *Parents should be provided with the opportunity to participate in their child's special programming as they feel comfortable. Their participation should not be determined by provincial policy.*

## BIBLIOGRAPHY

- Alexander, R. & Tompkins-McGill, P. (1987). "Notes to the experts from the parent of a handicapped child," Social Work 32(4), 361-362.
- Allen, D.A. & Hudd, S.S. (1987). "Are we professionalising parents? Weighing the benefits and pitfalls," Mental Retardation 25(3), 133-139.
- Atkinson, A.M. (1991). "Providers' evaluations of family day care services," Early Child Development and Care 68, 113-123.
- Bailey, D.B., Blasco, P.M. & Simeonsson, R.J. (1992). "Needs expressed by mothers and fathers of young children with disabilities," American Journal on Mental Retardation 97(1), 1-10.
- Bailey, D.B., Buysse, V., Edmondson, R. & Smith, T.H. (1992). "Creating family-centered services in early intervention: Perceptions of professionals in four states," Exceptional Children 58(4), 298-309.
- Bailey, Donald B. & Simeonsson, R.J. (1988). "Assessing needs of families with handicapped infants," Journal of Special Education 22(1), 117-127.
- Bailey, D.B. Jr. & Winton, P.J. (1989). "Friendship and acquaintance among families in a mainstreamed day care center," Education and Training in Mental Retardation 24(2), 107-113.
- Bailey, D.B., Winton, P.J., Rouse, L. & Turnbull, A.P. (1990). "Family goals in infant intervention: Analysis and Issues," Journal of Early Intervention 14(1), 15-26.
- Barber, P.A., Turnbull, A.P., Behr, S.K. & Kerns, G.M. (1988). "A family systems perspective on early childhood special education" in Early Intervention for Infants and Children with Handicaps, Odom, S.L. and Karnes M.B. eds.
- Benz, M.R. & Halpern, A.S. (1987). "Transition services for secondary students with mild disabilities: A statewide perspective," Exceptional Children 53(6), 507-514.
- Berry, M. (1990). "Preparing and supporting special needs adoptive families: A review of the literature," Child and Adolescent Social Work 7(5), 403-418.
- Billings, A.G. & Moos, R.H. (1982). "Family environments and adaptation: A clinically applicable typology," American Journal of Family Therapy 10(2), 26-38.

- Boyer, P.A. (1986). "The role of the family therapist in supportive services to families with handicapped children," Clinical Social Work Journal 14(3), 250-261.
- Boyer, P. & Chesteen, H. (1992). "Professional helpfulness? The experiences of parents of handicapped children with counsellors and social workers," Journal of Child and Youth Care 7(1), 37-48.
- Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U. (1977). "Toward an experimental ecology of human development," American Psychologist 32, 513-531.
- Canning, P.M. & Lyon, M.E. (1989). "Young children with special needs: Prevalence and implications in Nova Scotia," Canadian Journal of Education 14(3), 368-380.
- Carpenter, C.L. (1989). "The search process: Choosing an early intervention program," Exceptional Parent, Winter, 61-62.
- Chesney, B.K., Rounds, K.A. & Chesler, M.A. (1989). "Support for parents of children with cancer: The value of self-help groups," Social Work With Groups 12(4), 119-139.
- Christensen, B. & DeBlassie, R.R. (1980). "Counselling with parents of handicapped adolescents," Adolescence 15(58), 397- 407.
- Conger, R.D., McCarty, J.A., Yang, R.K., Lahey, B.B. & Kropp, J.P. (1984). "Perception of child, child-rearing values, and emotional distress as mediating links between environmental stressors and observed maternal behaviour," Child Development 55, 2234-2247.
- Crnic, K.A., Friedrich, W.N. & Greenberg, M.T. (1983). "Adaptation of families with mentally retarded children: A model of stress, coping, and family ecology," American Journal on Mental Retardation 88(2), 125-138.
- DeLong L.A. & Boyer, M. (1991). "Bringing them home: Community supports for the medically fragile child," Journal of Child and Youth Care 6(1), 37-42.
- Diamond, K.E., Spiegel-McGill, P. & Hanrahan, P. (1988). "Planning for school transition: An ecological-developmental approach," Journal of the Division for Early Childhood 12(3), 245-252.
- Dunst, C, Trivette, C. & Deal, A. (1988). Enabling and empowering families: Principles and guidelines for practice. Cambridge: Brookline Books.

- Dunst, C., Trivette, C.M. & Thompson, R.B. (1990). "Supporting and strengthening family functioning: Toward a congruence between principles and practices," Prevention in Human Services 9(1), 19-43.
- Edgar, E.(1987). "Secondary programs in special education: Are many of them justifiable?" Exceptional Children 53(6), 555-561.
- Felner, R.D., Ginter, M. & Primavera, J. (1982). "Primary prevention during school transitions: Social support and environmental structure," American Journal of Community Psychology 10(3), 277-290.
- Fiechtl, B., Rule, S. & Innocenti, M. (1989). "It's time to get ready for school," Teaching Exceptional Children, Winter, 63-65.
- Fine, M.J. & Gardner, P.A. (1989). "Counselling and education services for families: An empowerment perspective," Elementary School Guidance and Counselling 26(1), 33-44.
- Fowler, S.A., Chandler, L.K., Johnson, T.E. & Stella, M.E. (1988). "Individualized family involvement in school transition: Gathering information and choosing the next program," Journal of the Division for Early Childhood 12(3), 208-216.
- Gerler, E.R., Jr. & Myrick, R.D. (1991). "The elementary school counsellor's work with prekindergarten children: Implications for counsellor education programs," Elementary School Guidance and Counselling 26(1), 67-75.
- Gerlock, E.F. (1986). "Children with handicaps: Transition from preschool to school programs," in Hawkins, M.T. (ed.) Achieving educational excellence for children at risk.
- Gibson, R.L. & Mitchell, M.H. (1990). Introduction to counselling and guidance. New York: MacMillan Publishing Company.
- Glidden, L.M. (1989). Parents for children, children for parents: The adoption Alternative. Washington: American Association on Mental Retardation.
- Government of Newfoundland and Labrador (1992). Our Children Our Future: Royal Commission of inquiry into the delivery of programs and services in primary, elementary, secondary education. St. John's: Government of Newfoundland and Labrador.

- Guralnick, M.J. & Bricker, D. (1987). "The effectiveness of early intervention for children with cognitive and general developmental delays," in M.J. Guralnick and F. Bennett(eds). The effectiveness of early intervention for at-risk and handicapped children. Orlando: Academic Press, 1987.
- Guralnick, M.J. & Bennett, F.(1987). "Early intervention for at-risk handicapped children: Current and future perspectives," in M.J. Guralnick and F. Bennett (eds). The effectiveness of early intervention for at-risk and handicapped children. Orlando: Academic Press, 1987.
- Hache, G., Jeffery, G. & Lehr, R. (1992). Needs assessment in rural communities: A group based application of the delphi model. Faculty of Education, Memorial University of Newfoundland.
- Hains, A.H., Fowler, S.A. & Chandler, L.K. (1988). "Planning school transitions: Family and professional collaboration," Journal of the Division for Early Childhood 12(2), 108-123.
- Halpern, A.S. (1992). "Transition: Old wine in new bottles," Exceptional Children 58(3), 202-211.
- Halpern, A.S. (1993). "Quality of life as a conceptual framework for evaluating transition outcomes," Exceptional Children 59(6), 486-498.
- Hampson, R.B. (1988). "Special foster care for exceptional children: A review of programs and policies," Children and Youth Services Review 10(1), 19-41.
- Hampson, R.B., Schulte, M.A. & Ricks, C.C. (1983). "Individual vs. group training for foster parents: Efficiency/effectiveness evaluations," Family Relations 32(2), 191-201.
- Handman, M. & McDonnell, J. (1987). "Implementing federal transition initiatives for youths with severe handicaps: The Utah community-based transition project," Exceptional Children 53(6), 493-498.
- Hanline, M.F. (1988). "Making the transition to preschool: Identification of parent needs," Journal of the Division for Early Childhood 12(2), 98-107.
- Hanline, M.F., & Halvorsen, A. (1989). "Parent perceptions of the integration transition process: Overcoming artificial barriers," Exceptional Children 55(6), 487-492.
- Harris, V.S. & McHale, S.M.(1989). "Family life problems, daily caregiving activities, and the psychological well-being of mothers of mentally retarded children," American Journal on Mental Retardation 94(3), 231-239.

- Heifetz, J. (1980). "From consumer to middleman: Emerging roles for parents in the network of services for retarded children." In Abidin, R.R. Parent education and intervention handbook. Springfield: Charles C. Thomas.
- Hornby, G. & Murray, R. (1987). "Establishing a parent to parent service," Child: Care, Health, and Development 13, 277-288.
- Hughes, R. Jr. & Durio, H.F. (1983). "Patterns of childcare information seeking by families," Family Relations 32(2), 203-212.
- Innocenti, M. (1987). Parent Handbook: Preschool Transition Project Utah State: Logan Developmental Center for Handicapped Persons.
- Johnson, D.R., Bruininks, R.H. & Thurlow, M.L. (1987). "Meeting the challenge of transition service planning through improved interagency cooperation," Exceptional Children 53(6), 522-530.
- Karagianis, L. (1995). The Parents' Charter: Special education needs in the British school system. Unpublished manuscript, Memorial University of Newfoundland, Faculty of Education, Newfoundland.
- Karayanni, M. (1989). "Counselling parents with a Down's Syndrome child," International Journal for the Advancement of Counselling 12(2), 153-164.
- KECRI Transitions: Newsletter of the Kansas Early Childhood Research Institute 1(1), 1989, Fall.
- Kenkel, M.B. (1986). "Stress-coping-support in rural communities: A model for primary prevention," American Journal of Community Psychology 14(5), 457-478.
- Kolko-Phillips, N., Davidson, M. & Auerbach, A.B. (1980). "Discussion groups for mothers of high-risk infants and toddlers: An early intervention approach to treatment," Child Care Quarterly 9(3), 206-208.
- Knott, G.P. (1979). "Attitudes and needs of parents of Cerebral Palsied children," Rehabilitation Literature 40(7), 190-195.
- Krauss, M.W. (1993). "Child-related and parenting stress: Similarities and differences between mothers and fathers of children with disabilities," American Journal on Mental Retardation 97(4), 393-404.
- Ladd, G.W. & Price, J.M. (1987). "Predicting children's social and school adjustment following the transition from preschool to kindergarten," Child Development 58(5), 1168-1189.

- Lewis, B.E. (1987). "How are families managing at home? Architectural barriers in households of children with special needs- An issue ignored by health professionals," Children's Environment Quarterly 4(3), 36-41.
- Lichtenstein, S. (1991). "Transition from school to adulthood: Case studies of adults with learning disabilities who dropped out of school," Exceptional Children 59(4), 336-347.
- Mahoney, G. & O'Sullivan P. (1990). "Early intervention practices with families of children with handicaps," Mental Retardation 28(3), 169-176.
- Marfo, K., Browne, N., Gallant, D., Smyth, R., Corbett, A. & McLennon, D. (1988). Early intervention with developmentally delayed infants and preschool children in Newfoundland and Labrador. St.John's: Publications Committee, Faculty of Education, Memorial University of Newfoundland.
- McDonald, L., Kysela, G.M., Siebert, P., McDonald, S. & Chambers J. (1989). "Transitions to preschool," Teaching Exceptional Children Fall.
- McLinden, S.E., Miller, L.M. & DePrey, J.M. (1991). "Effects of a support group for siblings of children with special needs," Psychology in the Schools 28(3), 230-237.
- McLoughin, J.A. et.al. (1985). "What information do parents of handicapped children need? A question of perspective," Journal of Special Education 19(2), 237-247.
- Mittler, P. & McConachie, H., eds. (1983). Parents, professionals, and mentally handicapped people: Approaches to partnership. London: Croom Helm.
- Mount Saint Vincent University (1990). Early intervention: Current issues and future directions.
- Mullins, J.B. (1987). "Authentic voices form parents of exceptional children," Family Relations 36(1), 30-33.
- National Association of Social Work (NASW) News (1989). System causes alienation: Foster parent study says, 34(3), 12.
- Nesbit, W.C. & Karagianis, L.D. (1979). "The integration of exceptional children," Journal of Education (Spring), 27-29.
- Parker, T., Hill, J.W. & Goodnow, J. (1989). "The impact of special needs children on structural interaction patterns," Family Therapy 16(3), 259-270.
- Pearlin, L.I. & Schooler, C. (1978). "The structure of coping," Journal of Health and Social Behaviour 19(March), 2-21.

- Philipp, C. (1980). "Preschool programs for developmentally disabled children and their families: Are they meeting mothers' expectations?" Child Care Quarterly 9(3), 175-184.
- Rabinowitz, J. (1986). "Assessing the needs of mothers with mentally retarded offspring," Journal of Sociology and Social Welfare 18(4), 804-822.
- Ray, J. & Horner, W. (1990). "Correlates of effective therapeutic foster parenting," Residential Treatment for Children and Youth 7(4), 57-69.
- Roeher Institute. (1993). Right off the bat: A study of inclusive child care in Canada. North York, Ontario: Roeher Institute.
- Rosenkoetter, S. & Shotts, S. (1991). Transition planning: A critical component of comprehensive state and local intervention systems. St. Louis: Bridging Early Services Transition Project.
- Rusch, F.R. & Phelps, L.A. (1987). "Secondary special education and transition from school to work: A national priority," Exceptional Children 53(6), 487-492.
- Rutter, M. (1987). "Psychosocial resilience and protective mechanism," American Journal of Orthopsychiatry 57, 316-331.
- Sainato, D.M. & Lyon, S.R. (1989). "Promoting successful mainstreaming transitions for handicapped preschool children," Journal of Early Intervention 13(4), 305-314.
- Sandler, I.N. (1980). "Social support resources, stress, and maladjustment of poor children," American Journal of Community Psychology 8(1), 41-52.
- Schinke, S.P. & Schilling, R.F.II (1980). "Needs assessment and child care staff training," Child Care Quarterly 9(2), 73-80.
- Shonkoff, J.P., Hauser-Cramm, P., Krauss, M.W. & Upshur, C.C. (1992). "Development of infants with disabilities and their families," Monographs of the Society for Research in Child Development 57(6).
- Simeonsson, R.J., Bailey, D.B., Huntington, G.S. & Brandon, L. "Scaling and attainment of goals in family-focused early intervention," Community Mental Health Journal 27(1), 77-83.
- Simpson, R.L. (1988). "Needs of parents and families whose children have learning and behaviour problems," Behaviour Disorders 14(1), 40-47.



- Smets, A.C. & Hartup, W.W. (1988). "Systems and symptoms: Family cohesion/adaptability and childhood behaviour problems," Journal of Abnormal Child Psychology 16(2), 233-246.
- Special Needs Information Service Directory 1991-1993: A Resource Directory for Young Children with Special Needs in Nova Scotia.
- Stodden, R.A. & Boone, R. (1987). "Assessing transition services for handicapped youth: A cooperative interagency approach," Exceptional Children 53(6), 537-545.
- Stoneman, Z. & Brody, G.H. (1984). "Research with families of severely handicapped children: Theoretical and methodological considerations," in Blacher, J.(ed.) Severely handicapped young children and their families.
- Szanton, E.S. (1990). "Services for children with special needs: Partnerships from the beginning between parents and practitioners," Prevention in Human Services 9(1), 87-97.
- Telzrow, C.F.(1992) "Prekindergarten children with special needs," Elementary School Guidance and Counselling 26(1), 22-32.
- Tracy, E.M. & Whittaker, J.K. (1987). "The evidence base for social support in child and family practice," Children and Youth Services Review 9(4), 249-270.
- Vail, C., Scott, K. & Bender, W. (1992). Preschool to kindergarten transition: The match in instruction and environmental arrangements. Washington, D.C.: Paper presented at the International Early Childhood Conference on Children with Special Needs.
- Weiner, R. & Koppelman (1987). From birth to age 5: Serving the youngest handicapped children. Alexandria: Capitol Publications, Inc.
- Werth, L.H. & Oseroff, A.B. (1987). "Continual counselling intervention: Lifetime support for the family with a handicapped member," The American Journal of Family Therapy 15(4), 333-341.
- Whitehead, L.C. (1988). "Cohesion and communication between families and day care: A proposed model," Child and Youth Care Quarterly 17(4), 255-267.
- Winton, P. & Turnbull, A. (1980). Parent Perspectives on Involvement in Preschool Education Programs. Boston: Paper presented at the Annual Meeting of the American Educational Research Association.
- Winton, P. (1986). "Effective strategies for involving families in intervention efforts," Focus on Exceptional Children 19(2), 1-12.

- Wolery, M. (1989). "Transitions in early childhood special education: Issues and procedures," Focus on Exceptional Children 22(2), 1-16.
- Wright, J.S., Granger, R.D. & Sameroff, A.J. (1984). "Parental acceptance and developmental handicap," in Jan Blacher (ed). Severely handicapped young children and their families. Orlando: Academic Press.

**APPENDICES**

**APPENDIX A**  
**PARENT QUESTIONNAIRE**

**PARENTAL VIEW OF SUPPORTS AND SERVICES RELATED TO THEIR  
SPECIAL NEEDS CHILDREN:**

**ENTRY INTO KINDERGARTEN**

**PARENT QUESTIONNAIRE**

Arlene Templeman  
Graduate Student  
Memorial University

## PARENT QUESTIONNAIRE

### Your Child's Special Needs

1. a) How old was your child when you first learned of his/her special needs? \_\_\_\_\_  
 b) Who first informed you of your child's special needs? \_\_\_\_\_  
 \_\_\_\_\_  
 c) What was the first support available to you when you learned of your child's special needs? \_\_\_\_\_  
 d) Is this support still available for you? \_\_\_\_\_  
 If NO, why not? \_\_\_\_\_
2. Briefly describe the type of activities your child is involved in throughout the day (at home, in the community, in school).  
 \_\_\_\_\_  
 \_\_\_\_\_

How does your child's special needs affect his/her activities at home and in school?

\_\_\_\_\_

\_\_\_\_\_

### Supports Prior to School Entry

3. Which, if any, of the following services were offered to you and your child before kindergarten?  
 a) Direct Home Services Program \_\_\_\_\_  
 b) Public Health Nursing \_\_\_\_\_  
 c) Physiotherapy \_\_\_\_\_  
 d) Occupational Therapy \_\_\_\_\_  
 e) Speech Therapy \_\_\_\_\_  
 f) Other \_\_ please specify \_\_\_\_\_
4. Please list any services from the above section which were beneficial.  
 \_\_\_\_\_

5. Please list below any services you feel would have been helpful before your child started kindergarten.
- 

6. Did your child participate in any type of program before beginning school?  
YES \_\_ NO \_\_

If you answered NO, move to question 8.

What type of program did your child participate in:

- a) Care in your own home \_\_\_\_\_
- b) Care in another's home \_\_\_\_\_
- c) Day care \_\_\_\_\_
- d) Preschool \_\_\_\_\_
- e) Other \_\_ Please specify \_\_\_\_\_

Were there also other children there with special needs? \_\_\_\_

7. Which, if any, of the following were available in the above setting ?

- a) Special activities or programming \_\_\_\_\_
- b) Individual attention \_\_\_\_\_
- c) Small group activities \_\_\_\_\_
- d) Physiotherapy \_\_\_\_\_
- e) Occupational Therapy \_\_\_\_\_
- f) Speech Therapy \_\_\_\_\_
- g) Other \_\_ Please specify \_\_\_\_\_

### Preparation for Kindergarten

8. a) Before your child started school, did you have any idea of what the school expected from you? YES ☐ NO ☐

If YES, how were you prepared?

Public Health	<input type="checkbox"/>	Parent/Teacher meetings	<input type="checkbox"/>
Preschool/day care staff	<input type="checkbox"/>	Parent Orientation meetings	<input type="checkbox"/>
Public school staff	<input type="checkbox"/>	Direct Home Services	<input type="checkbox"/>
Counsellor	<input type="checkbox"/>		
Other <input type="checkbox"/> Please specify _____			

- b) Before your child started school, did you have any idea of what the school expected from your child? YES ☐ NO ☐

If YES, how were you prepared?

Public Health	<input type="checkbox"/>	Parent/Teacher meetings	<input type="checkbox"/>
Preschool/day care staff	<input type="checkbox"/>	Parent Orientation meetings	<input type="checkbox"/>
Public school staff	<input type="checkbox"/>	Direct Home Services	<input type="checkbox"/>
Counsellor	<input type="checkbox"/>		
Other <input type="checkbox"/> Please specify _____			

9. a) How could the move to kindergarten have been made easier for you?

a) Parent/Teacher Meetings	<input type="checkbox"/>
b) Information sharing with other parents	<input type="checkbox"/>
c) Visits to your child's school	<input type="checkbox"/>
d) Communication between the preschool/day care and the public school	<input type="checkbox"/>
e) Other <input type="checkbox"/> Please specify _____	

- b) How could the move to kindergarten have been made easier for your child?

Parent/Teacher Meetings	<input type="checkbox"/>
Information sharing with other parents	<input type="checkbox"/>
Visits to your child's school	<input type="checkbox"/>
Communication between the preschool/day care and the public school	<input type="checkbox"/>
Other <input type="checkbox"/> Please specify _____	



**School Entry**

10. If you received any help from any source before your child entered school, are you still receiving this help? YES\_ NO\_

a) If YES, is it more helpful or less helpful than what you previously received?  
YES \_\_ NO \_\_

b) If you are still receiving the original help, has it changed in any way since your child started school?

---

c) If NO, why was it discontinued?

---

Has it been replaced by other forms of help? YES \_\_ NO \_\_

11. Which new services were available upon school entry?

- a) Special Education Program \_\_\_\_\_
- b) Individualized teacher attention \_\_\_\_\_
- c) Student Assistant \_\_\_\_\_
- d) None \_\_\_\_\_
- e) Other \_\_ Please specify \_\_\_\_\_

12. Which, if any, of the following have been helpful to you since your child has started school?

Family members	___	Preschool/Day care staff	___
School staff	___	Public Health	___
Friends	___	Other	_____
Support Groups	___		_____
Other parents	___		_____

13. What other services or supports do you feel would have been helpful when your child started kindergarten?

---



---

### School Placement

14. Which of the following best describes your child's school placement?

- a) Regular classroom for the whole day \_\_\_\_\_
- b) Regular classroom for part of the day \_\_\_\_\_
- c) Separate classroom for part of the day \_\_\_\_\_
- d) Separate classroom for the whole day \_\_\_\_\_
- e) Other \_\_ Please specify \_\_\_\_\_

Are you satisfied with your child's classroom setting?

YES \_\_ NO \_\_

If YES, what are you most satisfied with?

---



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If NO, how would like your child's classroom setting to be different?

---



---

### Parental Involvement in Schooling

15. How are you involved in your child's school programming?

- a) helped to plan your child's program \_\_\_\_\_
- b) attended meeting with teachers \_\_\_\_\_
- c) attended meetings with teachers/other professionals \_\_\_\_\_
- d) no involvement \_\_\_\_\_
- e) Other \_\_ Please specify \_\_\_\_\_

How would you like to be involved in your child's schooling?

(List any of the above or describe other type of involvement)

---



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**Expectations**

16. Briefly describe what you expected before your child started school, related to:

a) the classroom \_\_\_\_\_

b) teacher attention offered to your child \_\_\_\_\_

\_\_\_\_\_

c) parent/teacher meetings \_\_\_\_\_

\_\_\_\_\_

d) other \_\_\_\_\_

\_\_\_\_\_

17. How did the school compare with your expectations?

\_\_\_\_\_

\_\_\_\_\_

18. What changes could the school have made to better meet your expectations?

\_\_\_\_\_

\_\_\_\_\_

19. Were you aware of the school's academic and social demands before your child started school? YES \_\_ NO \_\_

Are you involved in the school more than you had thought before your child started school? (Briefly explain)

\_\_\_\_\_

20.a) What was your child happy about in kindergarten?

\_\_\_\_\_

b) What was your child unhappy about in kindergarten?

\_\_\_\_\_

**APPENDIX B**  
**PILOT STUDY QUESTIONNAIRE**

## QUESTIONNAIRE

1. When was your child diagnosed as having a special condition?
2. What services were offered to you or your child before he/she entered school?
3. Which of these services were beneficial for you and your family?
4. Did your child have any experience with a day care or preschool setting?
5. What services were offered by the day care or preschool setting? Were these services part of the program or were they offered by another agency and incorporated into this environment?
6. Has anyone helped to prepare you or your child for the transition to kindergarten?
7. Did you receive any information about your child's expected progress?
8. What would have made the transition to school easier for you and your child?
9. What information or services would you like to have had during the transition to kindergarten?
10. Were any of the services you had before your child entered school continued upon school entry? (Why were these services discontinued? Were these discontinued services replaced by other services?)
11. Were any services available for you and your child upon entry into kindergarten? Were any necessary services acquired after school started?
12. What type of school program is your child participating in? What type of school setting did you prefer for your child?
13. How are you involved in your child's school programming? What type of involvement would you like to have?
14. Who/what has been helpful for you since your child started school? What else do you feel you need?
15. How does the school setting and services provided by the school compare with what you had expected before your child entered school?

**APPENDIX C**  
**CORRESPONDENCE**

P.O. Box 501  
Bonavista, NF  
A0C 1B0

1995 02 13

Mr. Frank Smith  
Gander-Bonavista-Connaigre Roman Catholic School Board  
P.O. Box 385  
Gander, NF  
A1V 1W8

Dear Mr. Smith:

I am requesting your assistance with a research study I am conducting as part of my Master's thesis. This thesis specifically addresses parental concerns during the transitional period between the final preschool year and kindergarten. I am interested in administering questionnaires or interviewing parents, depending on parental preference. The parents will be those throughout the district who have special needs children in Grades Kindergarten and One.

Due to the confidential nature of the information required, I would like your assistance in identifying the necessary parents. If permission for this study is granted I will forward the questionnaires to the teachers of these children or arrange interview schedules.

Your help with this research study will be greatly appreciated.

Yours sincerely,

Arlene Templeman

P.O. Box 501  
Bonavista, NF  
A0C 1B0

1995 02 13

Mr. Frank Lee, Assistant Superintendent  
Avalon Consolidated School Board  
P.O. Box 1980  
87 LeMarchant Road  
St. John's, NF  
A1C 5R5

Dear Mr. Lee:

I am requesting your assistance with a research study I am conducting as part of my Master's thesis. This thesis specifically addresses parental concerns during the transitional period between the final preschool year and kindergarten. I am interested in administering questionnaires or interviewing parents, depending on parental preference. The parents will be those throughout the district who have special needs children in Grades Kindergarten and One.

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Your help with this research study will be greatly appreciated.

Yours sincerely,

Arlene Templeman



P.O. Box 501  
Bonavista, NF  
A0C 1B0

1995 02 13

Mr. Wade Sheppard  
Bonavista-Trinity-Placentia Integrated School Board  
P.O. Box 2001  
Clareville, NF  
A0E 1J0

Dear Mr. Sheppard:

I am requesting your assistance with a research study I am conducting as part of my Master's thesis. This thesis specifically addresses parental concerns during the transitional period between the final preschool year and kindergarten. I am interested in administering questionnaires or interviewing parents, depending on parental preference. The parents will be those throughout the district who have special needs children in Grades Kindergarten and One.

Due to the confidential nature of the information required, I would like your assistance in identifying the necessary parents. If permission for this study is granted I will forward the questionnaires to the teachers of these children or arrange interview schedules.

Your help with this research study will be greatly appreciated.

Yours sincerely,

Arlene Templeman

P.O. Box 501  
Bonavista, NF  
A0C 1B0

01 06 1995

Dear Teacher:

I am a Graduate student at Memorial University, currently completing a thesis study. My study focuses on the support and service needs of parents who have special needs children at the primary grade levels. In particular, I am studying the transition period between the preschool years and kindergarten.

I am requesting your participation in assisting to identify the parents in your school in this category. The parents are those with children on Individualized Program Plans (including Challenging Needs) and those with children for whom Individualized Program Plans are being developed in the future. I am sending you these questionnaires in a stamped, addressed envelope. The parents can then return the questionnaires directly to me, without your intervention.

If there are concerns about the literacy levels of the parents and/or some parents do not wish to complete the questionnaires, could you please ask that they return them to me, completed or uncompleted. If any parent would like to participate, but has difficulty, I would be happy to interview them over the telephone. They only need to include their telephone number, not their name. The parents will remain anonymous at all times throughout the study. Their participation will be acknowledged as a group in the appropriate section of my thesis.

Your cooperation is greatly appreciated. Without your assistance this study would not be possible. If at any time in the future you require assistance with any project requiring teacher knowledge, please feel free to contact me and I would be glad to return this courtesy.

If you have any questions about this study, I can be reached at Bishop White All Grade School, Port Rexton- 464-3501 or at home in Bonavista- 468-2005.

Yours sincerely,

Arlene Templeman

Dear Parent/Guardian:

I am a graduate student, working with Dr. Karagianis, in the Faculty of Education, Memorial University. As part of my research, I will be interviewing parents of special needs children to gain an understanding of the resources, supports, information, and other services they had, and desired, when their child entered kindergarten.

Your participation in this study will help me to identify your concerns related to your child's entry into kindergarten. I will be asking questions about any services, information and orientation provided for you prior to your child's school entry, current school programming and your involvement in this programming. I am also seeking suggestions about how you could have been better prepared for your child's entry into kindergarten. Your participation in this study is voluntary and you can refuse to answer any questions which you feel are an invasion of your privacy. This will take approximately 45 minutes of your time.

The information gained in this session is confidential and your identity will not be revealed. The purpose of this information collection is to make recommendations regarding parental needs during their child's transition into kindergarten. A copy of my research results will be made available upon request.

If you agree to participate in this study, please sign below and return one copy to the teacher. The other copy is for you. If you have any questions do not hesitate to call me at 468-2005. Dr. Patricia Canning, Associate Dean of Research and Development at Memorial University, is also available for consultation regarding this study.

I would appreciate it if you would return this form by \_\_\_\_\_.

Thank-you for your consideration of this request.

Yours sincerely,

Arlene Templeman

I \_\_\_\_\_, hereby agree to take part in a study to discuss the concerns I had as my child entered the school system, undertaken by Arlene Templeman. I understand that permission is voluntary and that I can withdraw participation at any time. All information is strictly confidential and no individual will be identified.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

General Delivery  
Clareville, NF  
A0E 1J0

Mr. Frank Smith  
Gander-Bonavista-Connaigre Roman Catholic School Board  
P.O. Box 385  
Gander, NF  
A1V 1W8

Dear Mr. Smith:

I wish to express my sincere thanks for your cooperation with my research study, "Parental View of Supports and Services Related to their Special Needs Children: Entry Into Kindergarten". The parents your school board selected were very cooperative and returned their questionnaires, enabling the research data to be analyzed.

I would also like to offer my thanks to the Special Needs Teachers in your schools who distributed the surveys to the parents.

Yours sincerely,

Arlene Templeman-Barnes

General Delivery  
Clarendville, NF  
A0E 1J0

Mr. Frank Lee, Assistant Superintendent  
Avalon Consolidated School Board  
P.O. Box 1980  
87 LeMarchant Road  
St. John's, NF  
A1C 5R5

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I would also like to offer my thanks to the Special Needs Teachers in your schools who distributed the surveys to the parents.

Yours sincerely,

Arlene Templeman-Barnes

General Delivery  
Clareville, NF  
A0E 1J0

Mr. Wade Sheppard  
Bonavista-Trinity-Placentia Integrated School Board  
P.O. Box 2001  
Clareville, NF  
A0E 1J0

Dear Mr. Sheppard:

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I would also like to offer my thanks to the Special Needs Teachers in your schools who distributed the surveys to the parents.

Yours sincerely,

Arlene Templeman-Barnes





