



SUPPORTING TRANSITION THROUGH DEC RECOMMENDED PRACTICES

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Transition

Transition refers to the **events, activities, and processes** associated with **key changes** between environments or programs during the early childhood years and the practices that support the adjustment of the child and family to the new setting.

These changes occur at the transition from **hospital to home**, the transition into **early intervention (Part C) programs**, the transition out of early intervention to **community early childhood programs**, the transition **into Part B/619**, and the transition to **kindergarten** or school-age programs.

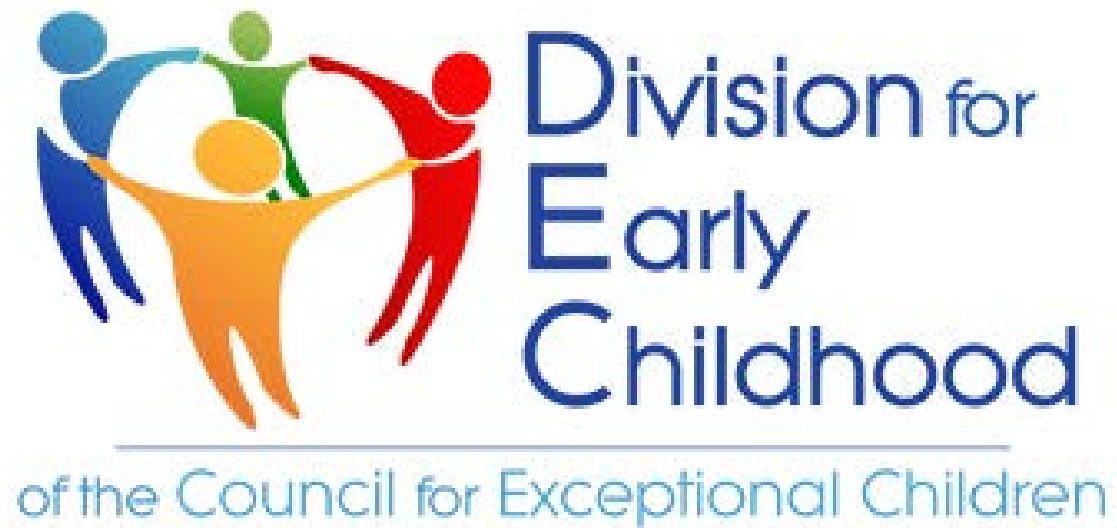
Transition

Transitions happen all the time:

- Hospital to home
- Early Intervention (Part C) to Preschool Special Education (Part B 619)
- Preschool to Kindergarten
- Home-based childcare to center-based
- Family moves
- Home to any early learning environment
- One classroom to another



WHAT HAPPENS DURING TRANSITIONS?



Division for Early Childhood Recommended Practices (DEC-RPs)

- Set of practices to guide parents and professionals
- Bridges research to practice
- Guidelines for children 0-8



Assessment



Process of gathering information to make decisions



Used for screening, determining eligibility, individualized planning, monitoring progress and measuring child outcomes

Assessment

- A1.** Practitioners work with the family to **identify family preferences** for assessment processes.
- A2.** Practitioners **work as a team with the family** and other professionals to gather assessment information.
- A3.** Practitioners use assessment materials and strategies that are **appropriate for the child's age** and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics.
- A4.** Practitioners conduct assessments that include all areas of development and behavior to learn about the child's **strengths, needs, preferences, and interests**.
- A5.** Practitioners conduct assessments in the **child's dominant language and in additional languages** if the child is learning more than one language.

Assessment

A6. Practitioners use a **variety of methods**, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.

A7. Practitioners obtain information about the **child's skills in daily activities, routines, and environments** such as home, center, and community.

A8. Practitioners use **clinical reasoning** in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction.

A9. Practitioners implement **systematic ongoing assessment** to identify learning targets, plan activities, and monitor the child's progress to revise instruction as needed.

A10. Practitioners use assessment tools with **sufficient sensitivity** to detect child progress, especially for the child with significant support needs.

A11. Practitioners report assessment results so that they are **understandable and useful to families**.



Assessment in review

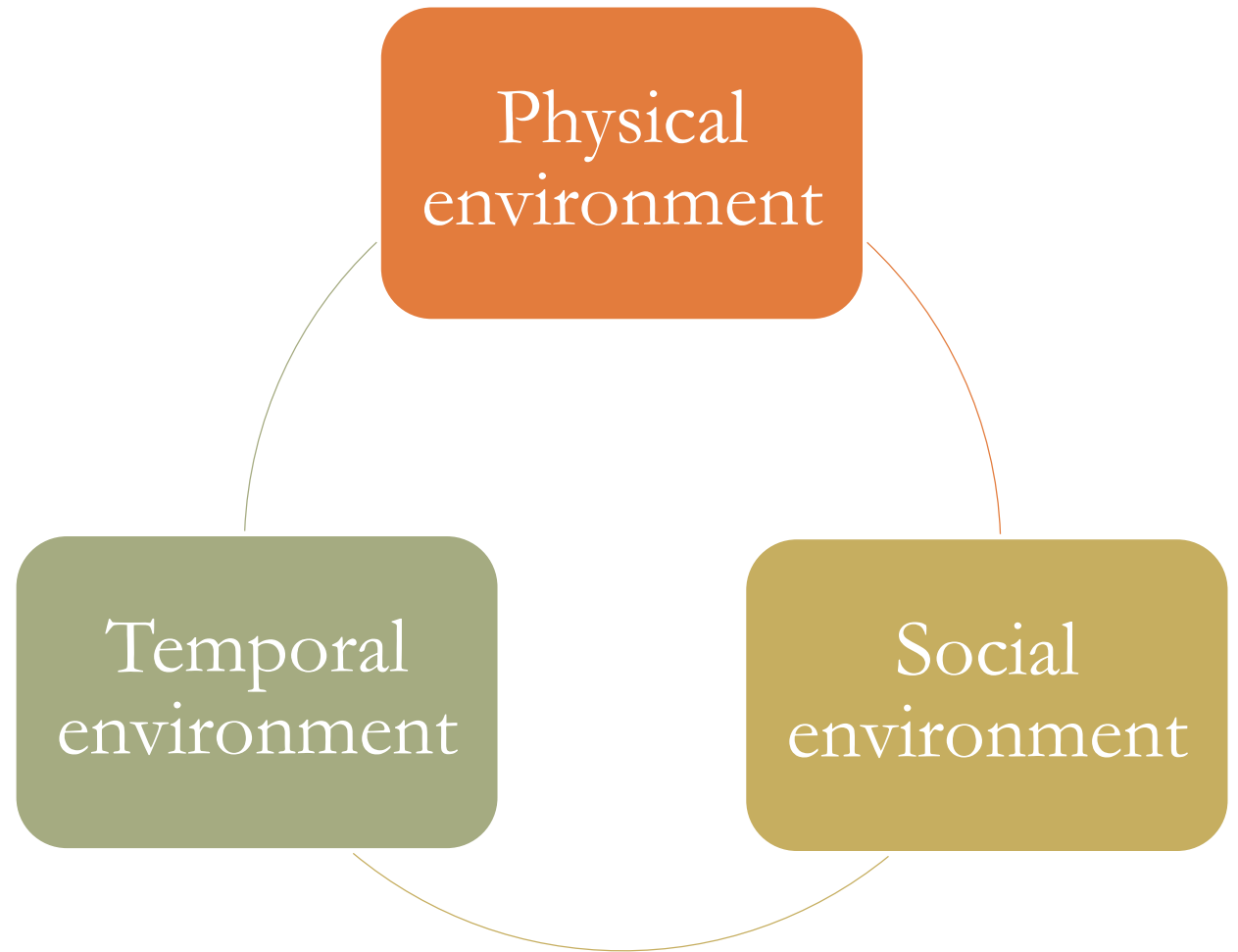
- [Playing ball](#) with father
- What do you notice about this activity?
- Describe some things that would be helpful for practitioners or teachers to know.

Environment

Learning across
developmental domains

Access to learning
opportunities

Nurturing and responsive
caregiving



Environment

- E1.** Practitioners provide services and supports in **natural and inclusive environments** during daily routines and activities to promote the child's access to and participation in learning experiences.
- E2.** Practitioners consider **Universal Design for Learning** principles to create accessible environments.
- E3.** Practitioners work with the family and other adults to **modify and adapt** the physical, social, and temporal environments to promote each child's access to and participation in learning experiences.
- E4.** Practitioners work with families and other adults to identify each child's needs for assistive technology to **promote access to and participation** in learning experiences.
- E5.** Practitioners work with families and other adults to **acquire or create appropriate assistive technology** to promote each child's access to and participation in learning experiences.
- E6.** Practitioners create environments that provide opportunities for **movement and regular physical activity** to maintain or improve fitness, wellness, and development across domains.



Environment

- Watering flowers
- What ideas do you have to adapt this activity?
- What may help with increased participation?

Family

- ***Family-centered practices:*** Practices that treat families with dignity and respect; are individualized, flexible, and responsive to each family's unique circumstances; provide family members complete and unbiased information to make informed decisions; and involve family members in acting on choices to strengthen child, parent, and family functioning.
- ***Family capacity-building practices:*** Practices that include the participatory opportunities and experiences afforded to families to strengthen existing parenting knowledge and skills and promote the development of new parenting abilities that enhance parenting self-efficacy beliefs and practices.
- ***Family and professional collaboration:*** Practices that build relationships between families and professionals who work together to achieve mutually agreed upon outcomes and goals that promote family competencies and support the development of the child.

Family

- F1.** Practitioners **build trusting and respectful partnerships** with the family through interactions that are sensitive and responsive to **cultural, linguistic, and socioeconomic** diversity.
- F2.** Practitioners provide the family with **up-to-date, comprehensive and unbiased information** in a way that the family can understand and use to make informed choices and decisions.
- F3.** Practitioners are **responsive** to the family's concerns, priorities, and changing life circumstances.
- F4.** Practitioners and the family work together to create **outcomes or goals, develop individualized plans, and implement practices** that address the family's priorities and concerns and the child's strengths and needs.
- F5.** Practitioners **support family functioning, promote family confidence and competence, and strengthen family-child relationships** by acting in ways that recognize and build on family strengths and capacities.

Family

F6. Practitioners engage the family in opportunities that **support and strengthen parenting knowledge** and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.

F7. Practitioners work with the family to **identify, access, and use formal and informal resources and supports** to achieve family-identified outcomes or goals.

F8. Practitioners provide the family of a young child who has or is at risk for developmental delay/disability, and who is a dual language learner, with information about the **benefits of learning in multiple languages** for the child's growth and development.

F9. Practitioners **help families know and understand their rights**.

F10. Practitioners inform families about **leadership and advocacy** skill-building opportunities and encourage those who are interested to participate.



Family

- [Laundry Basket](#)
- What practices did you recognize?

Instruction



Intentional and systematic strategies



Instructional practices maximize
learning and improve developmental
and functional outcomes

Instruction

INS1. Practitioners, with the family, identify each **child's strengths, preferences, and interests** to engage the child in active learning.

INS2. Practitioners, with the family, identify skills to target for instruction that help a child become **adaptive, competent, socially connected, and engaged** and that promote learning in natural and inclusive environments.

INS3. Practitioners **gather and use data to inform decisions** about individualized instruction.

INS4. Practitioners **plan for and provide the level of support, accommodations, and adaptations** needed for the child to access, participate, and learn within and across activities and routines.

INS5. Practitioners embed instruction within and across routines, activities, and environments to provide **contextually relevant learning opportunities**.

INS6. Practitioners use **systematic instructional strategies with fidelity** to teach skills and to promote child engagement and learning.

Instruction

INS7. Practitioners use **explicit feedback and consequences** to increase child engagement, play, and skills.

INS8. Practitioners use **peer-mediated intervention** to teach skills and to promote child engagement and learning.

INS9. Practitioners use **functional assessment** and related prevention, promotion, and intervention strategies across environments to prevent and address challenging behavior.

INS10. Practitioners implement the **frequency, intensity, and duration of instruction** needed to address the child's phase and pace of learning or the level of support needed by the family to achieve the child's outcomes or goals.

INS11. Practitioners provide **instructional support for young children with disabilities who are dual language learners** to assist them in learning English and in continuing to develop skills through the use of their home language.

INS12. Practitioners **use and adapt specific instructional strategies** that are effective for dual language learners when teaching English to children with disabilities.

INS13. Practitioners use **coaching or consultation strategies with primary caregivers** or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.



Instruction

- Writing name
- What practices did this teacher use?

Interaction



Promoting development of a child's language, cognitive and emotional competence



Using sensitive and responsive practices



Fostering children's social-emotional competence, communication and cognitive development

Interaction

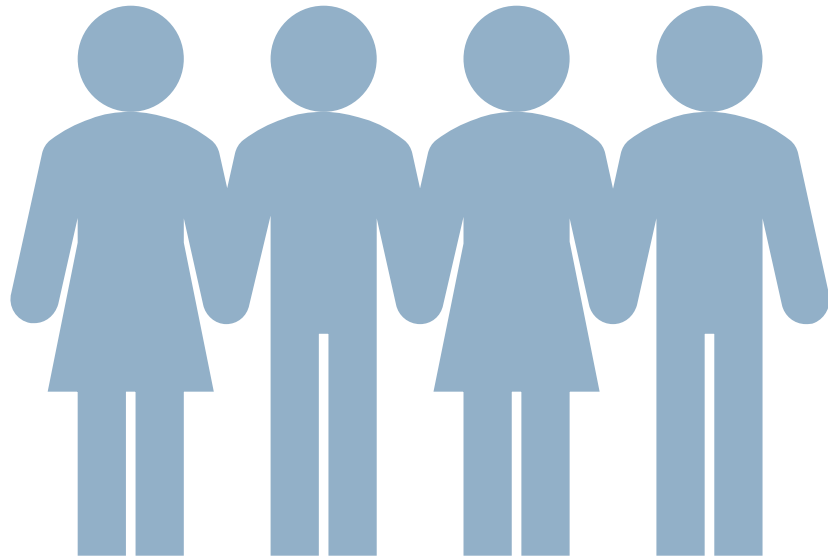
INT1. Practitioners promote the child's social-emotional development by **observing, interpreting, and responding** contingently to the range of the child's emotional expressions.

INT2. Practitioners promote the child's social development by encouraging the child to **initiate or sustain positive interactions** with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.

INT3. Practitioners promote the child's communication development by observing, interpreting, responding contingently, and providing natural consequences for the child's verbal and non-verbal communication and by using **language to label and expand on the child's requests, needs, preferences, or interests**.

INT4. Practitioners promote the child's cognitive development by observing, interpreting, and responding intentionally to the child's exploration, play, and social activity by **joining in and expanding on the child's focus, actions, and intent**.

INT5. Practitioners **promote the child's problem-solving** behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation.



Teaming and Collaboration

- Sustaining quality relationships and interactions among adults supporting young children with disabilities
- Promoting collaborative adult partnerships
- Recognizing the family as an essential member of the team
- Interacting and sharing in ways that are respectful, supportive, enhance capacity and are culturally sensitive

Teaming and Collaboration

TC1. Practitioners representing **multiple disciplines and families work together as a team** to plan and implement supports and services to meet the unique needs of each child and family.

TC2. Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to **build team capacity and jointly solve problems, plan, and implement interventions.**

TC3. Practitioners use communication and group facilitation strategies to **enhance team functioning and interpersonal relationships** with and among team members.

TC4. Team members assist each other to discover and **access community-based services** and other informal and formal resources to meet family-identified child or family needs.

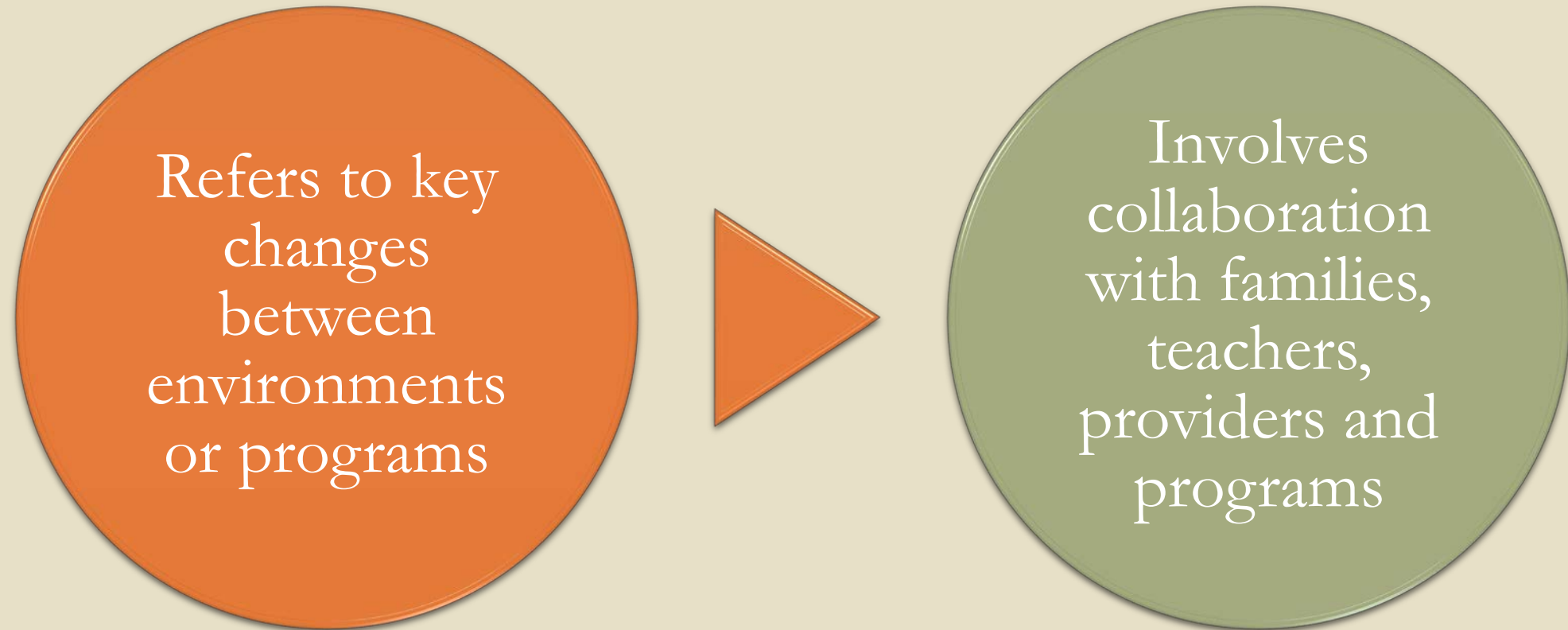
TC5. Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the **primary liaison between the family and other team members** based on child and family priorities and needs.



Teaming and Collaboration

- Meeting
- How are team members collaborating and sharing information?

Transition

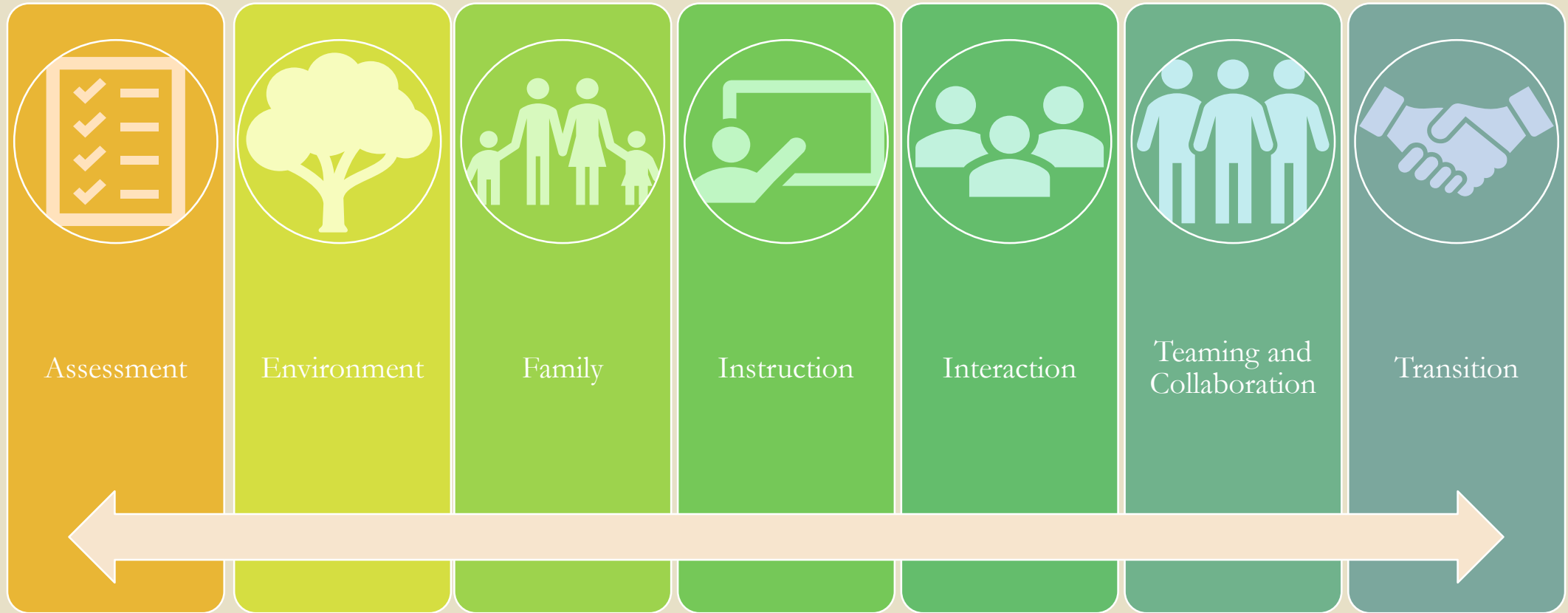


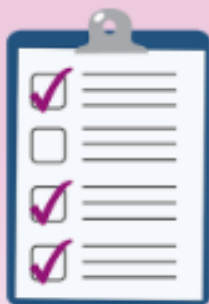
Transition

TR1. Practitioners in sending and receiving programs **exchange information before, during, and after transition** about practices most likely to support the child's successful adjustment and positive outcomes.

TR2. Practitioners use a variety of **planned and timely strategies** with the child and family before, during, and after the transition to support successful adjustment and positive outcomes for both the child and family.

Tying It All Together





These **Performance Checklists** are intended for practitioners (and leaders where noted) to increase their understanding and use of the DEC Recommended Practices and for self-evaluation of one's use of the practices.

Read more about how we developed these checklists...

The Checklists are listed below by the DEC Recommended Practices topics:

Leadership | **Assessment** | **Environment** | **Family** | **Instruction**
| **Interaction** | **Teaming and Collaboration** | **Transition**

If you have used any of these performance checklists, we would appreciate *your feedback!*

Transition tools and resources

- <http://ectacenter.org/decrp/>

Transition from Early Intervention Services to Part B Preschool Special Education Checklist

This checklist includes practices to support the transition of toddlers from early intervention services into preschool or preschool special education services. The main focus of these practices is activities implemented in collaboration with family members and preschool program practitioners that promote positive relationships and child and family preparation and

adjustment to new settings and services. The checklist indicators can be used to develop a transition plan to ensure a child's and family's smooth transition from early intervention to preschool. The checklist rating scale can be used for a self-evaluation to determine whether the transition practices were used prior to, during, and after the transition.

Practitioner: _____ Child: _____ Date: _____

Please indicate which practice characteristics you were able to use as part of transitions for a child and family:	Seldom or never	Some of the time	As often as I can	Most of the time	Notes
	(0 - 25%)	(25 - 50%)	(50 - 75%)	(75 - 100%)	
1. Practitioners provide opportunities for parents/family members to discuss services and supports they think their child might need in a preschool setting or program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Parents/family members share their hopes, concerns, and ask questions about future programs and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Parents/family members are provided the information they need to participate and make informed decisions about a preschool transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Practitioners from the sending and receiving programs communicate with parental permission and provide on-going support to parents/family members and their child as they adjust to new programs and settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Parents/family members and early intervention practitioners share information about the child's capabilities, preferences, interests and needs with the preschool staff with parental permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Transition tools and resources

- Hospital to Early Intervention
- Early Intervention to Part B Preschool Special Education
- Preschool Special Education to Kindergarten

Tamiya





Child Transition Profile Sample

This profile is to be completed by the sending provider and family member and given to the receiving teacher to support the child's transition. This information does not replace a formal child assessment. However, it provides practical information that will help facilitate the child's ability to engage and adapt to the new setting.

Child's Name

Tamiya

Date of Birth

11/13/XX

Age

3

Parent / Guardian

Tim and Rosemary

**Parent contact
phone number**

xxx-xxx-xxxx (home)

Person(s)

Name

Melanie B.

completing profile

Relationship to Child

EI Service Coordinator

Phone

xxx-xxx-xxxx (office)

Name

Rosemary

Relationship to Child

mother

Phone

xxx-xxx-xxxx (cell)

Name

Relationship to Child

Phone

Transition Planning

- Discuss Tamiya and what the sending and receiving programs can do to support her with a successful transition

Tamiya's Transition Plan

- What information should be shared between programs?
- What are some strategies the sending program could implement?
- What are some strategies the receiving program could implement?

- DEC Website: <https://www.dec-sped.org/>
- ECTA DEC RP: <http://ectacenter.org/decrp/>
- Early Childhood Recommended Practices Modules:
<https://rpm.fpg.unc.edu/welcome>
- Connect Modules: <http://community.fpg.unc.edu/>

Resources



QUESTIONS