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## CHAPTER 8

# Transitioning from Inclusive Early Childhood Programs to Kindergarten

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In this chapter the following information can be found:

- Key points for successful transitions
- Facilitating participants involvement
- Strategies for addressing transition challenges
- Transition steps
- Helpful forms for the transition process
- Transition resources

### **Key Points for Successful Transitions**

Successful transitions from one program to another and preparation of the child for the next educational environment are important goals for early childhood special education planning. The transition process can be a positive experience by presenting children and their families with new opportunities for growth and development. However, the transition from early childhood special education programs to kindergarten may create stress and present many challenges for the child, family and professionals. In order for the transition to be a positive experience, seven goals of successful transitions have been identified by Conn-Powers, Ross-Allen and Holburn (1990).

1. To promote the speedy adjustment of the child and family to the new setting.
2. To enhance the child's independent and successful participation in the new educational setting.
3. To promote collaboration among all participants in the transition process.

4. To support and empower the family in the transition process.
5. To ensure continuity of appropriate services in the least restrictive environments.
6. To increase satisfaction of all the participants with the outcomes of the transition as well as the transition process itself.
7. To increase the likelihood that a child is placed and maintained in the general education kindergarten and the elementary school mainstream.

## **Participant Involvement**

The goals of a smooth transition can be met when the transition is carefully planned and includes all the key participants. The participants in the transition process are the child, the family and other caregivers, the sending team (those professionals involved in the program which the child is leaving), and the receiving team (professionals from the new program). One focus of the transition process should be the interrelatedness of all of the participants and the need for collaborative procedures. The collaborative procedures include frequent communication among the participants including scheduled team meetings. Necessary team meetings include: the initial transition meeting, the planning for the transition IEP team meeting, the transition IEP team meeting, and ongoing sharing and planning team meetings. During the planning of the IEP transition meeting, the MAPS (see Making Action Plans in chapter 7) process can be used to begin planning among the participants, lay a foundation for cooperation, and focus on the student's abilities; thus setting a positive tone for the inclusion and the development of positive learning experiences.

Another focus of the transition process is on family involvement. Family participation in the transition process is very important for many reasons. The family is the primary constant in the child's life throughout the many transitions in the educational system. The family can provide valuable information on the child's strengths and needs as well as skills that the child may display at home, but not at school. The

family can be a resource by assisting in developing and teaching new skills the child needs in the next environment, thus increasing generalization and maintenance across settings. Transitions skills can be learned by the family early in the child's life and used to make decisions for future transitions. The family is the primary decision maker for their child. The team's participation in the transition process assists the family in making informed decisions. It is while important to respect and recognize that families vary in their abilities and desires to be involved in the transition process, it is essential to remember.

## **Strategies for Addressing Transition Challenges**

Transitions can be very stressful for children. For some children, daily changes in routines are stressful, while others may notice only significant changes. However, most children will need some preparation for the transition from pre-school to kindergarten. New beginnings are very important and are based on successful closure or endings. Well planned transitions can promote self-esteem and independence. The following approaches can reduce the child's stress level, increase confidence, and provide a smoother transition for all involved.

1. Share information between the sending and receiving team to provide a basis for similarity and continuity for the child. This can be done by videotaping the child throughout the day at the sending program. Videotaping provides a visual record of the child and demonstrates the child's skills and abilities across different activities. Verbal and written information should be shared. Site visits of the sending core team to observe the next environment as well as the receiving team to observe the child in the current environment should be conducted.
2. Offer knowledge of the child's areas of strengths and needs to be used to plan for successful school experiences. Identify preferences in activities, people, toys, and materials so the receiving team is familiar with the child.

3. Invite the child and family to visit the new classroom setting prior to the beginning of school (this may be done in conjunction with Kindergarten Round Up screenings or any other procedures the school district may have for kindergarten beginnings).
4. Teach the child needed transition skills to help prepare the child for dealing with the next classroom. This does not mean that if a child does not meet prerequisites, he or she is not appropriate for an inclusion placement. Classroom adaptations will need to be planned for the child's participation. However, by being aware of and using teaching strategies, many transition skills can be learned before the child enters the next environment. Thus increasing the child's preparation for the next setting. Skills such as recognizing their name, standing in line, sitting in group, following directions, attending to task, and interacting with peers are a few examples.
5. Provide experiences, toys and rewards that are familiar to the child. Identify and maintain some level of routine the child can readily identify.

## **Family**

The family's stress level can increase at transition time due to lack of information, feelings of intimidation from the number of professionals involved, fear of the unknown, and concerns for their child such as acceptance by peers, delivery of services, safety issues, and the effect inclusion has on their child's behavior. Siblings may also face challenges with the inclusion of their sibling with a disability in the same school. Some strategies to assist the family include:

1. Provide information about what the next placement entails, including site visits. Families may be provided with information through multiple sources such as resource packets, group discussions, and worksheets. However Spiegel-McGill, Reed, Koing & McGowan (1990) reported that families in their study preferred the

opportunity to talk individually with professionals as being the most beneficial source of information.

2. Discuss with the parents the transition process steps, outcomes, and responsibilities.
3. Form a parent support group of families experiencing the transition process.
4. Use resources for parent rights information and assistance in IEP development and decision making, such as a parent advocate resource, the Association for Citizens with Retardation or Autism Society, or Parent Partnership groups.
5. Write out with the parents the pros and cons of the placement options.
6. Determine communication strategies to be used for conveying student activities and information with the receiving team such as daily notebooks, phone calls and/or quarterly meetings.
7. Provide a resource list for siblings such as reading books on siblings with disabilities, for example Cassedy, S., (1987), M.E. and Morton; Rodowsky, C., (1976), What About Me? or Byars, B., (1981), The Summer of the Swan.
8. Discuss communication strategies for siblings in response to situations that they are afraid they might encounter during the school year regarding their sibling with a disability.

### **Receiving Team**

The receiving team may feel pressured by the transition of new students due to philosophical changes, time factors, lack of information regarding the child's diagnosis, and role allocation. The receiving team may find the following strategies beneficial:

1. Participate as a team in inservice training on inclusion so that everyone is under the same value and philosophical premise.
2. Participate in inservice training on the child's specific disability.

3. Know the transition steps, timelines and responsibilities of the team members, so that the transition team can better plan their schedules and make the appropriate preparations.
4. Seek inservice training on collaboration and team building skills.
5. Seek administrative support which includes providing the appropriate amount of staff, supporting the inclusion philosophy, financial resources and time for meetings.

### **Sending Team**

The sending team especially the service coordinator or inclusion coordinator may be overwhelmed with the responsibilities of the transition, role allocation and time factors. In order to allow for preparation the following strategies should be used:

1. Learn about available services and strengths of the next placement in order to communicate information to the family.
2. Make sure there is a transition plan formulated that outlines the transition steps.
3. Start Early! Teaching the child skills for future settings, gathering information about the child from multiple sources and knowing the placement options are items to keep in mind throughout the school year (waiting until May will increase stress and undermine the transition success).
4. Follow the child into the next school year in order to support the receiving team, check student progress and assist in problem solving.
5. Evaluate the transition process and make the appropriate changes based on the feedback for the next years transition.

## **Transition Steps**

A successful transition involves a series of well planned steps that result in

the placement of the child and family. Transition steps need to be identified and used for the following reasons:

- provides a method for discussion, training, and involvement of the family.
- specifies procedures to prepare the child to function in the next school environment.
- ensures that planning occurs in a systematic, individualized, timely and collaborative fashion.
- provides structure and guidelines for the transmission of information between team members.
- lists the necessary services to promote and support placement, integration and planned education (this includes necessary equipment and staff training).
- results in an increased satisfying experience for all participants.

The transition process needs to be evaluated on an ongoing basis in order to increase the participant satisfaction. Child data, parent survey, staff opinions, and financial costs can be used to support or change the transition process. The following outline of transition steps and order for the transition timeline has been developed and revised. This is one example of a timeline that has worked well for the WIN project, where children in inclusive preschools have gone onto inclusive kindergartens.

TRANSITION CHECKLIST		
Student's Name: _____ Current School Year: _____		
JANUARY:	Person(s) Responsible	Date Completed
<b>Meeting</b>		
•Initial Transition Team Meeting	_____	_____
•Agenda	_____	_____
•Establish core/extended teams (sending)	_____	_____
•Parents informed about transition timelines/process	_____	_____
•Educational options identified	_____	_____
•Identify current available resources	_____	_____
•Accessibility concerns	_____	_____
•Other items:	_____	_____
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<b>FEBRUARY:</b>		
<b>Actions</b>		
•Identification of students strengths/needs	_____	_____
•Information gathering about next environments (e.g., classroom arrangement, teaching methods, materials available, schedule)	_____	_____
•Complete Parent Inventory and Transition Skills Assessment	_____	_____
•Discuss 1/2 day/full day options with parents for next year	_____	_____
•Other items:	_____	_____
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<b>MARCH:</b>		
<b>Actions</b>		
•Identify next year's school	_____	_____
•Identify receiving team members (core/extended)	_____	_____
•Parent(s) meet next year's teacher(s)	_____	_____
•Opportunities for potential receiving staff to observe current setting (e.g., teachers, administrators, support staff)	_____	_____
•Begin updating assessment	_____	_____

Meeting	Person(s) Responsible	Date Completed
•Sending and receiving teams meet to share information/plan for upcoming transition IEP	_____	_____
•Collect video footage across the day	_____	_____
•MAPS process/suggest IEP goals	_____	_____
•Other items:	_____	_____
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<b>APRIL:</b>		
<b>Meeting</b>		
•Sending and receiving teams meet for IEP:	_____	_____
•Hold staffing to determine eligibility for services	_____	_____
•Develop IEP	_____	_____
•Summer program options	_____	_____
•Resources/materials/adaptations	_____	_____
•Collect video footage across the day	_____	_____
<b>Actions</b>		
•Parent(s) observe next year's school	_____	_____
•Draft visitation schedule for student to visit new classroom/building	_____	_____
•Identify inservice needs (e.g., receiving staff, peer orientation, other building staff)	_____	_____
•Other items:	_____	_____
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<b>MAY:</b>		
<b>Meeting</b>		
•Sending and receiving teams meet to share information/plan for upcoming school year:	_____	_____
•Identify resources/support services	_____	_____
•Draft tentative student schedule	_____	_____
•Matrix	_____	_____
•Determine how classroom teacher, special education teacher, and facilitator (if needed) will work together	_____	_____
•Transportation	_____	_____
•Other items:	_____	_____

Transition Checklist, Page 2

AUGUST:	Person(s) Responsible	Date Completed
<b>Meeting</b>		
•Sending and receiving teams meet to share information/plan for school year:	_____	_____
•Review and update student's schedule	_____	_____
•Establish home-school communication system	_____	_____
•Determine frequency and dates of meetings	_____	_____
•Develop peer buddy, peer tutor program	_____	_____
•Other items:	_____	_____
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Transition Checklist, Page 3

## Helpful Forms for Transition Planning

### Child Summary Form:

Use: Keeps pertinent information within easy access

Contents: Covers areas such as phone numbers, birthdate, addresses, and names of family members.

Completed by: Service coordinator / Inclusion coordinator

CHILD SUMMARY FORM	
Date: _____	Form Completed By: _____
Child's Name: _____	Nicknames (?): _____
Birthdate: _____	Chronological Age: _____
Address: _____	(years, months)
_____	Home School District: _____
Telephone: _____	Projected Grade Level: _____
	(Pre-K, Kindergarten, 1st grade)
Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Sibling Names: _____	_____
_____	_____
_____	_____
Sending Teacher's Name: _____	
School Address: _____	
_____	
Telephone: _____	
Receiving Teacher's Name : _____	
School Address: _____	
_____	
Telephone: _____	
WIN Grant	



**Program-At-A-Glance:**

Use: Provides space for a quick summary of IEP and student profile.

Contents: IEP goals and objectives and student strengths, likes and needs.

Completed by: Service coordinator/Inclusion coordinator, parent, and sending

<p style="text-align: center;"><b>PROGRAM-AT-A-GLANCE</b> (Facts about the Student)</p> <p>Student's Name: _____ Date: _____</p> <p>IEP AT A GLANCE (Write each goal/objective in two-three words):</p>          <p>POSITIVE STUDENT PROFILE: Strengths:</p>          <p>Interests / Likes:</p>          <p>Special procedures, techniques, or equipment:</p>
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team.

### Classroom Checklist for Teachers:

Use: Assists in making placement decisions and useful for gaining information regarding the student's transition needs as well as for adapting the classroom placement.

Contents: Environmental observations and routines with space for note taking.

<b>CLASSROOM CHECKLIST FOR TEACHERS</b>		
Teacher: _____	Date: _____	Session: _____
School: _____	Phone: _____	
<u>Schedule</u>		
<u>Duration</u>		
Length of session?		
Number of days per week?		
<u>Class Membership</u>		
Number of children in class?		
Number of children with disabilities in class?		
Average number of adults interacting with children?		
Teacher-child ratio?		

<u>Physical Features</u>
Is the classroom free of hazards?
Is the lighting acceptable?
Is there ample room for the number of people present?
Are all facilities accessible for children with disabilities?
Do learning materials and equipment appear to be adequate?
Are work and play areas separated to minimize distractions?
Is there a "private place" in the classroom where children may go if they feel over-stimulated?
<u>Academic Features</u>
Are there minimum competency levels for children in this classroom?
Is there a readiness checklist available for this program?
Are children taught at their developmental levels, or are all expected to accomplish the same task?
<u>Seating Routines</u>
Do children ever sit on a rug? as a group on the floor? on individual spaces (carpet squares, taped spots) on the floor? in chairs?
Do children ever sit at desks?
Classroom Checklist for Teachers, Page 2

Do children ever sit at small tables?  
Do children at any time during the day sit in assigned seats?

Instruction and Feedback Routines

Are children told exactly how and why to perform an upcoming activity, or are they expected to infer the procedure?  
When are children given feedback on their work?  
Is there more praising of appropriate behavior or more correcting of inappropriate behavior by the teacher?  
Is there an individualized approach to academic work?  
Is there a posted schedule which tends to be followed daily?

Independent Work Routines

Are children expected to work or play without an adult continually nearby?  
Are children expected to follow sequenced directions given at a previous time?  
What instructional terms (circle, draw a line under, skip a space) are children expected to understand in order to work independently?  
In what kind of seating arrangement are children expected to work independently?  
What are children expected to do when the assigned task is finished?

Classroom Checklist for Teachers, Page 3

Classroom Interaction

Is there any time when children are allowed to work cooperatively?  
Are social interactions mostly positive?  
Does the teacher appear relaxed and confident when interacting with the children?  
Does the teacher find time for frequent personal comments to individual children during the session?  
How long are children expected to listen and converse in a large group setting?  
Are there opportunities for children to interact socially?

Free Play Routines

Is there a scheduled choice time?  
Are activity choices open?

Attention-and Assistance-Seeking Routines

Do children raise their hand to answer in a group situation?  
Are children allowed to speak out answers without being called upon?  
Are there other acceptable ways to seek the teacher's attention?

Classroom Checklist for Teachers, Page 4

Is it acceptable to ask peers for help?  
Is there evidence of planned cooperative learning?  
How do children address adults?

Materials Management Routines

Do children get out or return classroom materials independently?  
Do children have clean up responsibilities?  
What kinds of self-care tasks are children expected to perform independently?  
What are the children expected to manage independently during eating times?

Movement Routines

Do children ever move in lines?  
Do children ever move while holding hands with a partner?  
Are any transitions cued by a direction from the teacher to the whole class?  
How many different instructions are given at one time during group directions?  
What types of external cues are given for transitions (lights off/on, piano chord, bell)?  
Are there any complex cues for transition (symbols printed on cards or necklaces, movement to or from a designated color or shape)?

Classroom Checklist for Teachers, Page 5

Bathroom Routines

Is the restroom within or outside the classroom?  
Do children go in a group to the restroom?  
Do children ask permission to use the restroom?  
Are there any unique bathroom routines?  
Do boys and girls use the same or different facilities?

Adapted from: Bridging Early Services Transition Project, McPherson, KS. (1991).

Classroom Checklist for Teachers, Page 6

Completed by: Receiving and sending teachers.

**Parent Inventory:**

Use: To obtain parent input on the student and to identify parent support needs.

Contents: Contains questions for parents in the areas of daily living activities, parent/teacher communication style, survey parent needs and student profile information.

<b>PARENT INVENTORY</b>	
Student : _____	
Person Interviewed: _____	
Relationship to Student: _____	
Interviewer: _____	
Date: _____	
Education Placement: _____	
<b>I. HOME LIVING ACTIVITIES</b>	
A. Interviewer Instructions: Ask parent(s) to evaluate how the son/ daughter participates based on the below scale:	
<b>A. Participates independently</b> <b>C. Does not participate</b>	
<b>B. Participates with assistance</b>	
1. Toileting	A B C
2. Eating	
a. Utensil use	A B C
b. Table manners	A B C
c. Cleanup	A B C
3. Dressing	
a. Closures	A B C
b. Rate	A B C
c. Neatness	A B C
4. Grooming	
a. Washing	A B C
b. Bathing	A B C
c. Brushing teeth	A B C
d. Hair care	A B C
5. Others: _____	
_____	
_____	
_____	

<b>II. GENERAL COMMUNITY ACTIVITIES</b>	
B. Interviewer instructions: Ask parent(s) to evaluate the level that their son/ daughter participates in the community activities based on the scale below:	
<b>A. Knowledge of activities</b>	<b>D. Does not participate</b>
<b>B. Participates with parent cooperatively</b>	<b>E. Would like to address</b>
<b>C. Participates with parent uncooperatively</b>	
1. Rider in car/bus	A B C D E
2. Home of neighbor, relative, or friend	A B C D E
3. Grocery store	A B C D E
4. Library	A B C D E
5. Shopping mall	A B C D E
6. Bank	A B C D E
7. Doctor /Dentist office	A B C D E
8. Restaurants	A B C D E
9. Public bathroom	A B C D E
10.Store	A B C D E
11.Post office	A B C D E
12.Laundromat	A B C D E
13.Barber/beauty shop	A B C D E
14.Other _____	A B C D E
<b>III. PARENT/TEACHER COMMUNICATION</b>	
C. Interviewer Instructions: Ask parent(s) which of the following methods she/he would prefer to use in communicating with the teacher and how often based on the scale below.	
<u>Use</u> -yes or no	
<u>How often</u> -Daily? Weekly? Monthly? Other?	
1. Communication	<u>Use</u> <u>How Often</u>
a. Log book	Yes/No    _____
b. Informal phone contact	Yes/No    _____
c. Phone call night	Yes/No    _____
d. Newsletter	Yes/No    _____
e. School visits	Yes/No    _____
f. Team meetings	Yes/No    _____
g. IEP/Report card	Yes/No    _____
h. Other _____	Yes/No    _____
Parent Inventory, Page 2	

2. Please place a check mark (x) before the kinds of information you would like to receive from and share with the teacher.

- a. Progress on IEP objectives
- b. Social interactions with typically developing
- c. Classroom behaviors
- d. Medical Information
- e. Input from support service providers (e.g., Occupational Therapist, Speech / Language Therapist, Physical Therapist)
- f. Daily classroom schedules and routines
- g. Special projects
- h. Community based training programs
- i. Information about staff (teachers aides, peer tutors, etc.)
- j. Information about school
- k. Other (please specify) \_\_\_\_\_

**IV. SURVEY OF PARENT INFORMATION AND SUPPORT NEEDS**

D. Interviewer Instructions: Ask parent(s) if they would like to receive information or assistance on the following areas based on the scale below:

	A. Yes	B. No	C. Priority	D. Resource
1. Areas				
a. Parent support group				A B C D
b. Behavior management				A B C D
c. Managing family stress				A B C D
d. Teaching communication stress				A B C D
e. Teaching sex education				A B C D
f. Area recreation program				A B C D
g. Future planning				A B C D
h. Teaching self-care skills				A B C D
i. Teaching community skills				A B C D
j. Counseling services				A B C D
k. Transportation services				A B C D
l. Respite care services				A B C D
m. Legal services				A B C D
n. Advocacy services				A B C D
o. Medical concern				A B C D
p. Accessibility				A B C D

**V. STUDENT PROFILE**

E. Interviewer Instructions: Ask parent(s) to answer the following questions about their son / daughter.

1. Name of learner: \_\_\_\_\_
2. Age: \_\_\_\_\_

Parent Inventory, Page 3

3. Major strength: \_\_\_\_\_
4. Major disabilities: \_\_\_\_\_
5. Seizures: Yes No  
If yes, type and frequency: \_\_\_\_\_  
Medications and allergies: \_\_\_\_\_
6. Other pertinent medical problems: \_\_\_\_\_  
\_\_\_\_\_
7. What are (learner's name) \_\_\_\_\_:  
a. Major means of mobility: \_\_\_\_\_  
\_\_\_\_\_
- b. Major means of communication: \_\_\_\_\_
- c. Major disruptive or inappropriate behaviors: \_\_\_\_\_
- d. Likes: \_\_\_\_\_ Dislikes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What is (learner's name) \_\_\_\_\_ toileting procedure?  
\_\_\_\_\_  
\_\_\_\_\_
9. What is (learner's name) \_\_\_\_\_ feeding procedure?  
\_\_\_\_\_  
\_\_\_\_\_
10. Additional helpful hints and ideas including instructional materials and procedures, behavior management procedures:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Inventory, Page 4

11. What adaptive equipment does the learner's name \_\_\_\_\_ use?  
\_\_\_\_\_  
\_\_\_\_\_

F. Interviewer Instructions: Ask parent to rate how their child responds to the following forms of direction.

1. Follow Directions
  - a. Follows gestural directions
  - b. Follows modeled directions
  - c. Follows pictorial directions
  - d. Follows verbal directions

Adapted from: The Homecoming Manual      Parent Inventory, Page 5

Completed by: Parents and teacher.

**Transition Skills Assessment:**

Use: Evaluates student's transition skills with space to comment, thus providing receiving teacher with specific information.

Contents: Identifies transition skills in the areas of classroom rules, work skills, self management, communication and social behaviors.

TRANSITION SKILLS ASSESSMENT				
Child's Name: _____		Date: _____		
School: _____		Teacher: _____		
Type of Classroom: _____				
	No	Incon- sistent	Yes	Comments
<b>CLASSROOM RULES</b>				
1. Moves through transitions smoothly.				
2. Controls voice in classroom.				
3. Uses appropriate signal to get teacher's attention when necessary.				
4. Waits appropriately for teacher to respond to signal.				
5. Replaces materials and "cleans up" own work space.				
6. Recognizes and stays within area boundaries in classroom.				
<b>WORK SKILLS</b>				
1. Refrains from disturbing or disrupting the activities of others.				
2. Signals to get information about assigned tasks when did not understand.				
3. Follows one direction related to task.				
4. Occupies self with a developmentally appropriate activity.				
5. Recognizes materials needed for specific task.				
6. Selects and works on an activity independently				
7. Recognizes completion of activity and signals to adult that he/she is finished.				
8. Works on assigned task for 5 minutes.				
9. Self corrects errors.				
10. Recalls and completes task demonstrated previously.				
11. Uses crayons/scissors without being destructive.				

	No	Incon- sistent	Yes	Comments
<b>SELF MANAGEMENT</b>				
1. Monitors appearance (wipes nose, uses napkin).				
2. Locates and uses a restroom with minimal assistance.				
3. Will put on/take off outer clothing within a reasonable amount of time.				
4. Eats lunch or snack with minimal assistance.				
5. Seeks out adult for aid if hurt on the playground or cannot handle a social situation.				
6. Stays with a group when outdoors according to school routine.				
7. Aware of obvious dangers and avoids them.				
<b>COMMUNICATION</b>				
1. Attends to adult when called.				
2. Listens to and follows directions given to a group.				
3. Communicates own needs and preferences (food, drink, bathroom).				
4. Stops an activity when given a direction by an adult to "stop".				
5. Attends to peer in large group.				
6. Protests appropriately.				
7. Requests assistance from adult or peer.				
8. Responds without excessive delay.				
9. Uses functional communication system.				

Transition Skills Assessment, Page 2

Completed by: Sending classroom teachers.

	No	Incon- sistent	Yes	Comments
SOCIAL BEHAVIORS				
1. Uses greetings.				
2. Complies with teacher commands.				
3. Takes direction from a variety of adults.				
4. Makes a choice between preferred items or activities.				
5. Initiates interaction with peers and adults.				
6. Plays cooperatively.				
7. Responds positively to social reinforcement.				
8. Interacts appropriately at snack and lunch.				
9. Expresses affection toward peers and adults in appropriate manner.				
10. Refrains from self-abusive behavior.				
11. Refrains from physically aggressive behavior toward others.				
12. Discriminates between edible and non-edible toys and objects.				
13. Uses play equipment in a developmentally appropriate manner during unstructured activities with limited adult supervision.				

Developed by Courtney Erickson, WIN Grant. Transition Skills Assessment, Page 3

## Resources and References

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# TRANSITION CHECKLIST

Student's Name: \_\_\_\_\_

Current School Year: \_\_\_\_\_

**JANUARY:  
Meeting**

- Initial Transition Team Meeting Agenda
- Establish core/extended teams (sending)
- Parents informed about transition timelines/process
- Educational options identified
- Identify current available resources
- Accessibility concerns
- Other items:

Person(s) Responsible

Date Completed

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**FEBRUARY:  
Actions**

- Identification of students strengths/needs
- Information gathering about next environments (e.g., classroom arrangement, teaching methods, materials available, schedule)
- Complete Parent Inventory and Transition Skills Assessment
- Discuss 1/2 day / full day options with parents for next year
- Other items:

_____	_____
_____	_____

**MARCH:  
Actions**

- Identify next year's school
- Identify receiving team members (core/extended)
- Parent(s) meet next year's teacher(s)
- Opportunities for potential receiving staff to observe current setting (e.g., teachers, administrators, support staff)
- Begin updating assessment

_____	_____
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Meeting	Person(s) Responsible	Date Completed
<ul style="list-style-type: none"> <li>• Sending and receiving teams meet to share information/ plan for upcoming transition IEP</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Collect video footage across the day</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• MAPS process/ suggest IEP goals</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Other items:</li> </ul>	_____	_____
_____	_____	_____
_____	_____	_____
<p><b>APRIL:</b> <b>Meeting</b></p>		
<ul style="list-style-type: none"> <li>• Sending and receiving teams meet for IEP:</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Hold staffing to determine eligibility for services</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Develop IEP</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Summer program options</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Resources/ materials/ adaptations</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Collect video footage across the day</li> </ul>	_____	_____
<p><b>Actions</b></p>		
<ul style="list-style-type: none"> <li>• Parent(s) observe next year's school</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Draft visitation schedule for student to visit new classroom/ building</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Identify inservice needs (e.g., receiving staff, peer orientation, other building staff)</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Other items:</li> </ul>	_____	_____
_____	_____	_____
_____	_____	_____
<p><b>MAY:</b> <b>Meeting</b></p>		
<ul style="list-style-type: none"> <li>• Sending and receiving teams meet to share information/ plan for upcoming school year:</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Identify resources/ support services</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Draft tentative student schedule</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Matrix</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Determine how classroom teacher, special education teacher, and facilitator (if needed) will work together</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Transportation</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>• Other items:</li> </ul>	_____	_____
_____	_____	_____
_____	_____	_____

<b>AUGUST: Meeting</b>	<b>Person(s) Responsible</b>	<b>Date Completed</b>
•Sending and receiving teams meet to share information/plan for school year:	_____	_____
•Review and update student's schedule	_____	_____
•Establish home-school communication system	_____	_____
•Determine frequency and dates of meetings	_____	_____
•Develop peer buddy, peer tutor program	_____	_____
•Other items:	_____	_____
_____	_____	_____
_____	_____	_____

# CHILD SUMMARY FORM

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Nicknames (?): \_\_\_\_\_

Chronological Age: \_\_\_\_\_

(years, months)

Home School District: \_\_\_\_\_  
\_\_\_\_\_

Projected Grade Level: \_\_\_\_\_

(Pre-K, Kindergarten, 1st grade)

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Sibling Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sending Teacher's Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Receiving Teacher's Name : \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

WIN Grant

# STUDENT TRANSITION PLAN

Spring \_\_\_\_\_

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

\_\_\_\_\_

Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Address: \_\_\_\_\_

CURRENT SCHOOL TERM: 19\_\_\_\_-19\_\_\_\_

Classroom(s): \_\_\_\_\_

Teachers(s): \_\_\_\_\_

Team Members (sending):

## Core Team Members

## Extended Team Members

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



# PROGRAM-AT-A-GLANCE

(Facts about the Student)

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

IEP AT A GLANCE (Write each goal/objective in two-three words):

POSITIVE STUDENT PROFILE:

Strengths:

Interests/Likes:

Special Procedures, techniques, or equipment:

# CLASSROOM CHECKLIST FOR TEACHERS

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_ Session: \_\_\_\_\_  
School: \_\_\_\_\_ Phone: \_\_\_\_\_

## Schedule

## Duration

Length of session?

Number of days per week?

## Class Membership

Number of children in class?

Number of children with disabilities in class?

Average number of adults interacting with children?

Teacher-child ratio?

### Physical Features

Is the classroom free of hazards?

Is the lighting acceptable?

Is there ample room for the number of people present?

Are all facilities accessible children with disabilities?

Do learning materials and equipment appear to be adequate?

Are work and play areas separated to minimize distractions?

Is there a "private place" in the classroom where children may go if they feel over-stimulated?

### Academic Features

Are there minimum competency levels for children in this classroom?

Is there a readiness checklist available for this program?

Are children taught at their developmental levels, or are all expected to accomplish the same task?

### Seating Routines

Do children ever sit on a rug?  
as a group on the floor?  
on individual spaces (carpet squares, taped spots) on the floor?  
in chairs?

Do children ever sit at desks?

Do children ever sit at small tables?

Do children at any time during the day sit in assigned seats?

### Instruction and Feedback Routines

Are children told exactly how and why to perform an upcoming activity, or are they expected to infer the procedure?

When are children given feedback on their work?

Is there more praising of appropriate behavior or more correcting of inappropriate behavior by the teacher?

Is there an individualized approach to academic work?

Is there a posted schedule which tends to be followed daily?

### Independent Work Routines

Are children expected to work or play without an adult continually nearby?

Are children expected to follow sequenced directions given at a previous time?

What instructional terms (circle, draw a line under, skip a space) are children expected to understand in order to work independently?

In what kind of seating arrangement are children expected to work independently?

What are children expected to do when the assigned task is finished?

### Classroom Interaction

Is there any time when children are allowed to work cooperatively?

Are social interactions mostly positive?

Does the teacher appear relaxed and confident when interacting with the children?

Does the teacher find time for frequent personal comments to individual children during the session?

How long are children expected to listen and converse in a large group setting?

Are there opportunities for children to interact socially?

### Free Play Routines

Is there a scheduled choice time?

Are activity choices open?

### Attention-and Assistance-Seeking Routines

Do children raise their hand to answer in a group situation?

Are children allowed to speak out answers without being called upon?

Are there other acceptable ways to seek the teacher's attention?

Is it acceptable to ask peers for help?

Is there evidence of planned cooperative learning?

How do children address adults?

#### Materials Management Routines

Do children get out or return classroom materials independently?

Do children have clean up responsibilities?

What kinds of self-care tasks are children expected to perform independently?

What are the children expected to manage independently during eating times?

#### Movement Routines

Do children ever move in lines?

Do children ever move while holding hands with a partner?

Are any transitions cued by a direction from the teacher to the whole class?

How many different instructions are given at one time during group directions?

What types of external cues are given for transitions (lights off/on, piano chord, bell)?

Are there any complex cues for transition (symbols printed on cards or necklaces, movement to or from a designated color or shape)?

## Bathroom Routines

Is the restroom within or outside the classroom?

Do children go in a group to the restroom?

Do children ask permission to use the restroom?

Are there any unique bathroom routines?

Do boys and girls use the same or different facilities?

What visual symbol identifies the restroom?

Adapted from: Bridging Early Services Transition Project, McPherson, KS. (1991).

Classroom Checklist for Teachers, Page 6

# PARENT INVENTORY

Student : \_\_\_\_\_

Person Interviewed: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Education Placement: \_\_\_\_\_

## I. HOME LIVING ACTIVITIES

A. Interviewer Instructions: Ask parent(s) to evaluate how the son/ daughter participates based on the below scale:

**A. Participates independently**  
**B. Participates with assistance**

**C. Does not participate**

1. Toileting	A B C
2. Eating	
a. Utensil use	A B C
b. Table manners	A B C
c. Cleanup	A B C
3. Dressing	
a. Closures	A B C
b. Rate	A B C
c. Neatness	A B C
4. Grooming	
a. Washing	A B C
b. Bathing	A B C
c. Brushing teeth	A B C
d. Hair care	A B C
5. Others _____	
_____	
_____	
_____	
_____	

## II. GENERAL COMMUNITY ACTIVITIES

B. Interviewer instructions: Ask parent(s) to evaluate the level that their son/ daughter participates in the community activities based on the scale below:

- |  |                                 |
|--|---------------------------------|
| <b>A. Knowledge of activities</b>                  | <b>D. Does not participate</b>  |
| <b>B. Participates with parent cooperatively</b>   | <b>E. Would like to address</b> |
| <b>C. Participates with parent uncooperatively</b> |                                 |

- |  |           |
|--|-----------|
| 1. Rider in car/bus                      | A B C D E |
| 2. Home of neighbor, relative, or friend | A B C D E |
| 3. Grocery store                         | A B C D E |
| 4. Library                               | A B C D E |
| 5. Shopping mall                         | A B C D E |
| 6. Bank                                  | A B C D E |
| 7. Doctor/Dentist office                 | A B C D E |
| 8. Restaurants                           | A B C D E |
| 9. Public bathroom                       | A B C D E |
| 10. Store                                | A B C D E |
| 11. Post office                          | A B C D E |
| 12. Laundromat                           | A B C D E |
| 13. Barber/beauty shop                   | A B C D E |
| 14. Other _____                          | A B C D E |

## III. PARENT/TEACHER COMMUNICATION

C. Interviewer Instructions: Ask parent(s) which of the following methods she/he would prefer to use in communicating with the teacher and how often based on the scale below.

Use-yes or no

How often-Daily? Weekly? Monthly? Other?

- | 1. Communication          | <u>Use</u> | <u>How Often</u> |
|---------------------------|------------|------------------|
| a. Log book               | Yes/No     | _____            |
| b. Informal phone contact | Yes/No     | _____            |
| c. Phone call night       | Yes/No     | _____            |
| d. Newsletter             | Yes/No     | _____            |
| e. School visits          | Yes/No     | _____            |
| f. Team meetings          | Yes/No     | _____            |
| g. IEP/Report card        | Yes/No     | _____            |
| h. Other _____            | Yes/No     | _____            |

2. Please place a check mark (x) before the kinds of information you would like to receive from and share with the teacher.

- a. Progress on IEP objectives
- b. Social interactions with typically developing
- c. Classroom behaviors
- d. Medical Information
- e. Input from support service providers (e.g., Occupational Therapist, Speech/ Language Therapist, Physical Therapist)
- f. Daily classroom schedules and routines
- g. Special projects
- h. Community based training programs
- i. Information about staff (teachers aides, peer tutors, etc.)
- j. Information about school
- k. Other (please specify) \_\_\_\_\_

#### IV. SURVEY OF PARENT INFORMATION AND SUPPORT NEEDS

D. Interviewer Instructions: Ask parent(s) if they would like to receive information or assistance on the following areas based on the scale below:

**A. Yes      B. No      C. Priority      D. Resource**

1. Areas

- |                                  |         |
|----------------------------------|---------|
| a. Parent support group          | A B C D |
| b. Behavior management           | A B C D |
| c. Managing family stress        | A B C D |
| d. Teaching communication stress | A B C D |
| e. Teaching sex education        | A B C D |
| f. Area recreation program       | A B C D |
| g. Future planning               | A B C D |
| h. Teaching self-care skills     | A B C D |
| i. Teaching community skills     | A B C D |
| j. Counseling services           | A B C D |
| k. Transportation services       | A B C D |
| l. Respite care services         | A B C D |
| m. Legal services                | A B C D |
| n. Advocacy services             | A B C D |
| o. Medical concern               | A B C D |
| p. Accessibility                 | A B C D |

#### V. STUDENT PROFILE

E. Interviewer Instructions: Ask parent(s) to answer the following questions about their son/ daughter.

- 1. Name of learner: \_\_\_\_\_
- 2. Age: \_\_\_\_\_

3. Major strength: \_\_\_\_\_  
\_\_\_\_\_

4. Major disabilities: \_\_\_\_\_  
\_\_\_\_\_

5. Seizures: Yes No  
If yes, type and frequency: \_\_\_\_\_  
Medications and allergies: \_\_\_\_\_

6. Other pertinent medical problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What are (learner's name) \_\_\_\_\_ :

a. Major means of mobility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Major means of communication: \_\_\_\_\_  
\_\_\_\_\_

c. Major disruptive or inappropriate behaviors: \_\_\_\_\_  
\_\_\_\_\_

d. Likes: \_\_\_\_\_ Dislikes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What is (learner's name) \_\_\_\_\_ toileting procedure?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What is (learner's name) \_\_\_\_\_ feeding procedure?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Additional helpful hints and ideas including instructional materials and procedures, behavior management procedures: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What adaptive equipment does the learner's name \_\_\_\_\_ (if any) use?

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F. Interviewer Instructions: Ask parent to rate how their child responds to the following forms of direction.

1. Follow Directions
  - a. Follows gestural directions
  - b. Follows modeled directions
  - c. Follows pictorial directions
  - d. Follows verbal directions

# TRANSITION SKILLS ASSESSMENT

Child's Name: \_\_\_\_\_

Date: January 13

School: St. Benedicts

Teacher: \_\_\_\_\_

Type of Classroom: Preschool

	No	Incon- sistent	Yes	Comments
<b>CLASSROOM RULES</b>				
1. Moves through transitions smoothly.		X		Needs considerable adult assistance-pictures and guidance.
2. Controls voice in classroom.		X		Cries during activities, screams, laughs
3. Uses appropriate signal to get teacher's attention when necessary.		X		Infrequently needs attention, occasionally hits.
4. Waits appropriately for teacher to respond to signal.	X			Unaware he can revise attempts to signal.
5. Replaces materials and "cleans up" own work space.		X		Needs considerable adult attention.
6. Recognizes and stays within area boundaries in classroom.	X			Wanders in classroom if not redirected.
<b>WORK SKILLS</b>				
1. Refrains from disturbing or disrupting the activities of others.		X		Rarely makes attempt to interact-grabs materials or grabs other kids.
2. Signals to get information about assigned tasks when did not understand.	X			Needs one on one-must be looking to attend to instructor.
3. Follows one direction related to task.		X		Needs many prompts-sign, gesture.
4. Occupies self with a developmentally appropriate activity.	X			Solitary free play is inappropriate-perservative.
5. Recognizes materials needed for specific task.	X			No attempt to prepare for task.
6. Selects and works on an activity independently	X			Little ability to attend with no adult.
7. Recognizes completion of activity and signals to adult that he/she is finished.	X			
8. Works on assigned task for 5 minutes.	X			
9. Self corrects errors.	X			
10. Recalls and completes task demonstrated previously.	X			
11. Uses crayons/ scissors without being destructive.		X		With adult assistance is successful.

	No	Incon- sistent	Yes	Comments
<b>SELF MANAGEMENT</b>				
1. Monitors appearance (wipes nose, uses napkin).	X			Needs 1-2 prompts.
2. Locates and uses a restroom with minimal assistance.	X			Toilet regulated and no request.
3. Will put on/ take off outer clothing within a reasonable amount of time.		X		Needs adult assistance.
4. Eats lunch or snack with minimal assistance.		X		If he likes it-he is okay.
5. Seeks out adult for aid if hurt on the playground or cannot handle a social situation.	X			Cries and makes no attempt to seek comfort.
6. Stays with a group when outdoors according to school routine.	X			Often runs away and wanders alone.
7. Aware of obvious dangers and avoids them.		X		Some dangers he sees but others not.
<b>COMMUNICATION</b>				
1. Attends to adult when called.	X			No look to sound source.
2. Listens to and follows directions given to a group.	X			Needs additional prompts one on one.
3. Communicates own needs and preferences (food, drink, bathroom).		X		Signs "more," "eat" uses communication board.
4. Stops an activity when given a direction by an adult to "stop".		X		Occasionally will stop.
5. Attends to peer in large group.		X		Occasionally obsesses on one child.
6. Protests appropriately.	X			Hits, pinches, scratches.
7. Requests assistance from adult or peer.		X		Hand over hand.
8. Responds without excessive delay.		X		Takes 5-7 seconds.
9. Uses functional communication system.		X		Small communication board and signs.

	No	Incon- sistent	Yes	Comments
<b>SOCIAL BEHAVIORS</b>				
1. Uses greetings.	X			Gives eye contact occasionally.
2. Complies with teacher commands.		X		Frequently needs put through.
3. Takes direction from a variety of adults.	X			Difficult with a new person.
4. Makes a choice between preferred items or activities.			X	
5. Initiates interaction with peers and adults.		X		He is starting but frequently inappropriate.
6. Plays cooperatively.		X		Needs assistance.
7. Responds positively to social reinforcement.	X			No affect.
8. Interacts appropriately at snack and lunch.		X		Occasionally throws others' food.
9. Expresses affection toward peers and adults in appropriate manner.	X			Grabs their head and squeezes
10. Refrains from self-abusive behavior.			X	
11. Refrains from physically aggressive behavior toward others.	X			Initiating interaction by hitting.
12. Discriminates between edible and non-edible toys and objects.	X			Mouths frequently.
13. Uses play equipment in a developmentally appropriate manner during unstructured activities with limited adult supervision.	X			Needs adult assistance-climbing and running-difficult.

# TRANSITION SKILLS ASSESSMENT

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Type of Classroom: \_\_\_\_\_

	No	Incon- sistent	Yes	Comments
<b>CLASSROOM RULES</b>				
1. Moves through transitions smoothly.				
2. Controls voice in classroom.				
3. Uses appropriate signal to get teacher's attention when necessary.				
4. Waits appropriately for teacher to respond to signal.				
5. Replaces materials and "cleans up" own work space.				
6. Recognizes and stays within area boundaries in classroom.				
<b>WORK SKILLS</b>				
1. Refrains from disturbing or disrupting the activities of others.				
2. Signals to get information about assigned tasks when did not understand.				
3. Follows one direction related to task.				
4. Occupies self with a developmentally appropriate activity.				
5. Recognizes materials needed for specific task.				
6. Selects and works on an activity independently				
7. Recognizes completion of activity and signals to adult that he/she is finished.				
8. Works on assigned task for 5 minutes.				
9. Self corrects errors.				
10. Recalls and completes task demonstrated previously.				
11. Uses crayons/ scissors without being destructive.				

	No	Incon- sistent	Yes	Comments
<b>SELF MANAGEMENT</b>				
1. Monitors appearance (wipes nose, uses napkin).				
2. Locates and uses a restroom with minimal assistance.				
3. Will put on/ take off outer clothing within a reasonable amount of time.				
4. Eats lunch or snack with minimal assistance.				
5. Seeks out adult for aid if hurt on the playground or cannot handle a social situation.				
6. Stays with a group when outdoors according to school routine.				
7. Aware of obvious dangers and avoids them.				
<b>COMMUNICATION</b>				
1. Attends to adult when called.				
2. Listens to and follows directions given to a group.				
3. Communicates own needs and preferences (food, drink, bathroom).				
4. Stops an activity when given a direction by an adult to "stop".				
5. Attends to peer in large group.				
6. Protests appropriately.				
7. Requests assistance from adult or peer.				
8. Responds without excessive delay.				
9. Uses functional communication system.				

	No	Incon- sistent	Yes	Comments
<b>SOCIAL BEHAVIORS</b>				
1. Uses greetings.				
2. Complies with teacher commands.				
3. Takes direction from a variety of adults.				
4. Makes a choice between preferred items or activities.				
5. Initiates interaction with peers and adults.				
6. Plays cooperatively.				
7. Responds positively to social reinforcement.				
8. Interacts appropriately at snack and lunch.				
9. Expresses affection toward peers and adults in appropriate manner.				
10. Refrains from self-abusive behavior.				
11. Refrains from physically aggressive behavior toward others.				
12. Discriminates between edible and non-edible toys and objects.				
13. Uses play equipment in a developmentally appropriate manner during unstructured activities with limited adult supervision.				