Navigating the Shift: A Qualitative Study of Parents' Experiences and Perceptions while Navigating the Transition from Part C to Part B Services

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by

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ABSTRACT

This qualitative phenomenological study examined parents’ perceptions and experiences during the transition from early intervention to Part B early childhood special education services. The purpose of the study was to explore how parents experienced the transition process and identify common themes related to communication, collaboration between agencies, and parental involvement. Participants included parents of children who recently transitioned from Part C to Part B services. Data was collected through semi-structured interviews and were transcribed, coded, and analyzed to identify patterns across participants’ experiences. Analysis of the data resulted in several key themes, including communication and collaboration, emotional experiences, barriers, and parent reflections. Findings from this study provide a deeper understanding of parents’ experiences during this transition and highlight the importance of effective communication, collaboration, and support. Implications for practice include the need for clearer communication, increased opportunities for parent preparation, and stronger collaboration between early intervention and school-based providers to support smoother transitions for families.

DEDICATION

This dissertation is dedicated to my son, Konner. Though your time with me was far too short, you were my inspiration and my greatest joy. It was just the two of us when I began my journey in higher education. He was there to see me complete my first degree and begin my teaching career in general education. Though he passed before this chapter began, it was his life that ultimately led me here. Through his journey in early intervention and special education, he unknowingly shaped my path and my purpose. Years later, I found my way into special education—through a change in teaching position, the pursuit of my master's degree, and ultimately this doctoral journey. While he is not here to see the end of this chapter, his brothers now stand beside me, watching this journey come full circle. His story lives on in my work, and in the heart behind it.

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Finally, I would like to express my heartfelt gratitude to my husband and my boys for their patience, love, and understanding throughout this journey. Thank you for enduring the late nights, missed events, and quiet weekends while I focused on this work. Your unwavering support, encouragement, and belief in me made it possible to complete this dissertation, and I am forever grateful for the sacrifices you made along the way.

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INTRODUCTION

Disabilities in infants and toddlers can have life-long lasting effects on all areas of development including cognitive, social, and emotional, throughout childhood and into adulthood (Blackorby et al., 2010). Early experiences are critical, and interventions during the first three years of life can significantly impact developmental outcomes. For children with disabilities, transitioning to school often differs from the typical process and involves and affects the entire family. Many children begin their educational journey around age three receiving Early Childhood Special Education (ECSE), Part B, services after receiving Early Intervention (Part C) services. Each year in Virginia, thousands of children and families navigate this transition, which requires coordination and collaboration between agencies to ensure continuity of essential developmental, educational, and therapeutic support (Virginia Department of Education, 2025).

Virginia participates in Child Find; a program mandated by state law to locate, identify, and evaluate children who may need special education services. As of 2023, 23,660 infants and toddlers were served through Part C early intervention in Virginia (Virginia Department of Behavioral Health and Developmental Services, 2024). Some children meet their developmental goals and exit early intervention before age three, while many others begin the formal transition process to Part B ECSE services.

Research consistently highlights the critical role of early intervention in supporting child development. The first three years of life is a period of rapid brain growth, during which early support can have long-term positive effects (Evans, 2024). Providing intervention services before the age of two offers the greatest potential for developmental progress, as the brain is most adaptable during this stage (Bedford et al., 2022).

Differences in service models across Virginia, eligibility requirements, and levels of family involvement can create added stress for both parents and children. Learning more about how families experience this transition can help strengthen collaboration among service providers, reduce challenges, and support development.

Overview of Early Intervention (Part C).

Early intervention provides services for infants and toddlers from birth to age three who have developmental delays or diagnosed disabilities. Part C services are guided by a family-centered Individualized Family Service Plan (IFSP) which focuses on the family's' needs. Services through Part C support children's growth across multiple developmental areas while helping families develop the skills and confidence to support their child at home and in the community.

Overview of Early Childhood Special Education (Part B).

Part B of the Individuals with Disabilities Education Act (IDEA) provides special education and related services to eligible children beginning at age two in Virginia and continuing through age five. The purpose of Part B is to ensure that young children with disabilities receive a free appropriate public education (FAPE) in the least restrictive environment. Services under Part B are delivered along a continuum and can occur in a variety of educational settings depending on the child's needs. An Individualized Education Program (IEP) is developed to outline each child's goals, placement, accommodations, and related services, such as speech, occupational, or physical therapy.

Statement of Problem

Transitioning from one program to another during a critical period of child development can be a confusing and stressful process for families. Part C and Part B programs operate under different procedures, take place in different settings, use different eligibility criteria, and follow different practices. Ideally, the transition process should be smooth, transparent, and well-coordinated so that parents are fully informed and there are no gaps in services. In Virginia, forty agencies provide Early Intervention services for infants and toddlers, and 132 school divisions provide Early Childhood Special Education (ECSE) services. Although guidance exists on how transitions should be managed, each agency and school division handles the process differently (Division for Early Childhood, 2014). These differences can cause confusion and change for families, which can potentially affect children's developmental progress.

Purpose

The purpose of this qualitative phenomenological study was to explore parents' experiences during the transition from early intervention to school-based services. This study sought to understand the challenges families encounter and the supports that facilitate a smooth transition, as well as how the process impacts both the child and the family. A phenomenological approach was appropriate because it allows for an in-depth exploration of parents' lived experiences during this critical period Bloomberg & Volpe, (2023). This study fills a gap in existing literature, as few qualitative studies have explored parents' perspectives on the transition from early intervention to school-based services. The findings may help guide practices, policies, and procedures that strengthen collaboration between agencies, support smoother transitions, and better prepare families to anticipate challenges, access needed resources, and move through the process with greater confidence.

Research Question and Sub-Questions

1. How do parents describe their experiences during the transition from Part C early intervention services to Part B early childhood special education (ECSE) in Virginia?

1.1. How do parents perceive communication, collaboration, and their involvement during the transition process?

1.2. What barriers do parents encounter during the transition, and how do these affect their child and family?

1.3. What supports or strategies do parents identify as helpful in facilitating a smooth and effective transition?

Theoretical Framework

Researchers describe transitions as an adaptive process in which individuals move from a familiar and comfortable routine into a new and unfamiliar situation (Musamali, 2018). The literature further emphasizes that adaptation to change is shaped by the dynamics of the transition process itself (Musamali, 2018). Several models of transition have been proposed, including those by Bridges and Schlossberg, each offering a distinct perspective and focus (Musamali, 2018). Bridges' model was not chosen as the theoretical framework for this study because it emphasizes grieving the old situation and accepting new routines. While it provides a narrative of families' journeys, it is less flexible, and families' experiences may not always fit neatly into its stages (Musamali, 2018). For the purposes of this study, Schlossberg's Transition Theory is used, as it highlights how individuals experience and respond to change (Musamali, 2018). Schlossberg's model emphasizes that reactions to a transition are influenced by the type of transition, the context in which it occurs, and its overall impact (Musamali, 2018). This approach aligns closely with the goals of this study, as it provides a lens for examining how families experience the shift from Early Intervention to Early Childhood special education.

Within Schlossberg's the 4S framework, which includes Situation, Self, Support, and Strategies, and is adaptable to different populations, including adults, children, and families

(Musamali, 2018). In this study, Situation refers to the period before the child turns three, during which federal mandates require that the transition process occur. Self is the personal characteristics that families bring to the transition process, such as background, beliefs, and perceptions of their child's educational needs. Support encompasses the resources available to families during the transition, including those provided by both early intervention and school – based programs. Finally, strategies describe the ways in which families navigate and cope with the transition process, including advocacy, information-seeking, and engagement with service providers.

Significance of Study

Policy Contributions. This study sought to provide evidence that can strengthen interagency collaboration, ultimately leading to more consistent and positive family experiences. Additionally, the findings from this study may offer insights for policymakers and school divisions, encouraging consideration of new guidelines to existing procedures that better support families as they navigate this critical stage of their child's educational journey.

Implications for Families. Findings from this study could help families transition from Early Intervention to Early Childhood Special Education with a more ease, by creating better policies for the transition process. Families can also use these findings to prepare for stress and challenges that often accompany the transition, such as changes in how and where services are delivered, eligibility rules, or coordinating with different agencies. Knowing what to expect can help parents feel more confident, ask the right questions, and get the support they and their child may need.

Definition of Important Terms

Child Centered Practices: Child-centered practices in early childhood education focus on the child as the main participant in learning. These practices recognize each child's unique needs, interests, and developmental stage. Teachers act as guides or facilitators, creating learning environments that respond to what children are curious about and what they need to learn, rather than following a rigid, teacher-directed approach. This approach encourages children to take an active role in their own learning and decision-making (National Association for the Education of Young Children [NAEYC], 2020).

Early Childhood Special Education (ECSE): In Virginia, ECSE is the services and supports that are designed to meet the developmental and educational needs of children from 2-5, including a variety of settings for those who meet the criteria for eligibility (Virginia Department of Education, 2025).

Early Intervention (Part B): The support that are available to young children and babies who are at risk for developmental delays or have a developmental delay. This service is provided in the child's natural environment and is for children under the age of three and is mandated under the Individuals with Disabilities Education Act (Centers for Disease Control and Prevention, 2025).

Family Centered Practices: For this study, family centered is a model that involves early intervention that actively involves the family in the planning and service delivery (Pang, Y., 2010).

Individualized Education Program (IEP): Within the federal law under the Individuals with Disabilities Education Act (IDEA, 2004), an IEP is a legally binding document that outlines a student’s present levels of performance, annual goals, accommodations, and the special education and related services necessary to meet their educational needs.

Individualized Family Service Plan (IFSP): An individualized plan with services and goals written for babies and toddlers (ages birth to three) and their families who qualify for early intervention (U.S. Department of Education, 2018).

Individuals with Disabilities Act (IDEA): IDEA is the federal law that makes free appropriate public educations available to children with disabilities and ensures they receive services (U.S. Department of Education, 2018).

Inclusion: Values, policies, and practices that support the right of every young child, regardless of ability or support needs, and their family to participate in a broad range of high quality learning opportunities, activities, settings, and environments characterized by (a) individualized accommodations and supports that facilitate a child’s full participation in play and learning activities with peers and adults; and (b) systems-level infrastructure supports for individuals and organizations providing inclusive services for children and families (Division for Early Childhood, 2015).

Intervention: A set of strategies that are evidence-based, individualized, and support specific individualized developmental and learning objectives across natural environments and inclusive settings in collaboration with families and other professionals (Division for Early Childhood, 2015).

Least Restrictive Environment (LRE): The Least Restrictive Environment (LRE) is the setting in which a child with a disability is educated alongside typically developing peers to the greatest extent possible, while still receiving the support and services needed to meet their individual needs (Individuals with Disabilities Education Act, 2004).

Related Services: Supports for children with disabilities that assist a child. This can include speech therapy, audiology support, physical and occupational therapy, mobility services, interpreting services, among others (Individuals with Disabilities Education Act, 2004).

Limitations and Delimitations

As with any research, this study has limitations that should be considered. Since this is a qualitative phenomenological study, the number of participants is small (5-8 participants), which means the findings may not accurately represent the experiences of all families transitioning from Part C to Part B. The study is also focused on families in Virginia, so experiences may be varied due to policies that differ by state, resources, and practices. In addition, the data comes from parents' own recollection of experiences, which may be affected by memory or personal perspective. Finally, the researcher's background and professional career in special education may influence how the data is collected and interpreted, even though strategies such as reflexivity and maintaining an audit trail will be used to minimize and limit bias. These limitations should be kept in mind when interpreting the results and their implications.

Delimitations were established in this study to define the scope and provide clarity (Bloomberg & Volpe, 2023). The delimitations include a specific time frame, a defined sample, and the type of research design. Only families whose children transitioned from Early Intervention (Part C) to Early Childhood Special Education (Part B) within the last two years were considered for this study. Because the interviews relied on parents recalling their experiences, including transitions that occurred further in the past could have led to less accurate representations. Additionally, only parents of children who were eligible for and received services under both Part C and Part B of IDEA were eligible to participate. Finally, a qualitative phenomenological design was chosen to explore lived experiences in depth and gather information directly from the participants through semi-structured interviews (Bloomberg & Volpe, 2023).

Summary

In summary, the research questions aimed to explore parents' experiences as their children transition from Part C early intervention services to Part B early childhood special education. The goal of this study is to gain a deeper understanding of the roles, responsibilities, policies, and procedures that shape this transition and to identify common themes among parents who have undergone it. Although much has been written about the importance of both early intervention and early childhood special education, there is a lack of. This five-chapter dissertation is designed and organized as follows. Chapter 1 introduces the study, which includes the background, statement of the problem, purpose, research questions, and significance of examining the transition from early intervention (Part C) to early childhood special education (Part B). Chapter 2 will review the background and history of early intervention and IDEA, explain the differences between Part C and Part B, and outline what the literature says about the transition process, existing guidelines, and Schlossberg's Transition Theory. Chapter 3 describes the methodology used in this phenomenological study, including participant selection, data collection, and data analysis procedures. Chapter 4 will present the findings resulting from participant interviews and thematic analysis. Lastly, Chapter 5 will discuss the results and how it relates to literature, address current practice and policy and potentially changes, and will offer recommendations for future research.

CHAPTER 2

LITERATURE REVIEW

This chapter outlines the legislative policies, services that affect young children, parents' experiences and perspectives, the transition process, and gaps in existing literature.

Parts of legislation related to early childhood services under the Individuals with Disabilities Education Act (IDEA) are examined in this literature review. This study will look at both Part C (Early Intervention) and Part B (Early Childhood Special Education) in terms of who qualifies, how services are delivered, and how families are involved. Knowing how each part of IDEA works is important for understanding parent rights, available services, and the steps in each process. The differences between the two sections under IDEA are crucial to evaluate to understand how families are affected by the transition process.

Both Part C and Part B have differing evaluation and eligibility processes that determine services that can be provided under each part of IDEA, and how these processes affect families. In addition, this chapter explores systemic and logistical barriers that may hinder a smooth transition, as well as the emotional and practical experiences reported by parents navigating this change.

Purpose of Study

The purpose of this study was to explore parents' experiences and their perceptions during the transition from Part C to Part B. This research holds value for all stakeholders involved in supporting families throughout the transition process. This study aimed to highlight both the strengths and shortcomings of current practices to help improve how families are supported during the transition from Part C to Part B.

Research Question and Sub Questions

1. How do parents describe their experiences during the transition from Part C early intervention services to Part B early childhood special education (ECSE) in Virginia?

    1.1. How do parents perceive communication, collaboration, and their involvement during the transition process?

    1.2. What barriers do parents encounter during the transition, and how do these affect their child and family?

    1.3. What supports or strategies do parents identify as helpful in facilitating a smooth and effective transition?

Need for the Study

The transition from Early Intervention (Part C) to Early Childhood Special Education (Part B) can be an overwhelming, confusing, and stressful time for families (Rios, 2024). Even though federal and state guidelines are in place, many parents still face challenges and uncertainty when determining how to access the services their child needs to be successful. This study examines how parents experience the transition from Part C to Part B to identify areas of success and areas for improvement. The goal is to find ways to make the process easier and more supportive for families.

This research can help improve the communication and coordination between special education professionals and families during transitions. By learning from parents, early childhood special educators can develop better practices that lead to stronger partnerships and better outcomes for children with disabilities. This is important not only for the children and their families but also for the community, as successful transitions contribute to improved educational outcomes.

The study is relevant to special education because it focuses on an important part of the services we provide, helping children move from one program to the next without a gap or loss in services. Understanding how parents experience and perceive this transition process can help special education teachers and service providers ensure children get the services they need during this crucial developmental period.

Legal Framework and Foundations

Individuals with Disabilities Act (IDEA). The Individuals with Disabilities Education Act (IDEA) is the federal law that provides access to education for all students with disabilities (U.S. Department of Education, 2025). IDEA includes access to early intervention, special education services, and related services. It was passed in 1975 as the Education for All Handicapped Children Act (EHA; P.L. 94-142) to guarantee that children ages 5 through 21 would receive a Free Appropriate Public Education (FAPE) (U.S. Department of Education, 2025). Under this law, schools must provide services to allow students with disabilities not only to access, but also to participate in the general curriculum as much as possible, while also considering their individual needs, strengths, and the affects their disability has on the ability to learn ways their disability in a general education setting (U.S. Department of Education, 2025). Under IDEA, the Least Restrictive Environment (LRE), requires schools to educate students with disabilities alongside peers without disabilities whenever appropriate (U.S. Department of Education, n.d.).

Congress has updated IDEA several times since it was initially passed. In 1990, the law was renamed the Individuals with Disabilities Education Act (P.L. 101-476) and expanded to include two additional disability categories: autism and traumatic brain injuries (U.S. Department of Education, 2024). This addition also added new requirements to help students transition from high school to adult life (U.S. Department of Education, 2024). The 1997 reauthorization (P.L. 105-17) placed importance on inclusion, which is an evidence-based practice that research shows can lead to better developmental outcomes (Blackorby et al., 2010). The last major update to IDEA was in 2004 (P.L. 108-446). This revision requires states to monitor and report student progress and includes federal funding to (U.S. Department of Education, 2024).

IDEA is currently divided into four parts, with Part A covering definitions, principles, and the list of qualifying disability categories (Center for Parent Information and Resources, 2017). Part B outlines the requirements for special education services for children from ages 3 through 21. Part C identifies the framework for Early Intervention services for infants and toddlers who have developmental delays or are at risk for developmental delays. Part D provides information related to funding, professional development, and technical assistance for states and families (National Center for Learning Disabilities, 2024). Since the present study examines the transition from Early Intervention to preschool special education, the focus of this literature review is on early intervention (Part C) and Early Childhood Special Education (Part B).

Part C: Early Intervention Services

Purpose. When it was first passed, the Individuals with Disabilities Education Act (IDEA) served children aged three through twenty-one, excluding infants and toddlers under the age of three. That changed with the passage of Public Law 99-457 in 1986, which added Part C and extended services to children from birth through age two (Blackorby et al., 2010). The goal of Part C is to provide support for the development of infants and toddlers with disabilities. Part C has five main purposes: (a) support the development of infants and toddlers with disabilities, (b) reduce later educational costs by minimizing the need for special education, (c) increase the chances of independent living, (d) help families meet their child's needs, and (e) build the capacity of state and local agencies to provide these services (ECTAC, 2025).

Eligibility Criteria for Part C. To receive services under Part C of IDEA, a child must first be found eligible through a multidisciplinary evaluation process. Referrals for early intervention typically originate from parents, physicians, or other professionals who observe potential developmental concerns. Once a referral is made, a local early intervention agency arranges for an initial evaluation to determine eligibility. According to the Early Childhood Technical Assistance Center (2025), states are required to use scientifically based procedures for evaluations and assessments, which must be conducted in the child's natural environment, such as in the home or the child's daycare, and in the child's native language whenever possible. The evaluation process includes completing an assessment of the infant or toddler's developmental strengths and needs, alongside a review of the child's medical and family history. For infants and toddlers, it can be difficult to categorize the disability into one of the other 12 disabilities categories that IDEA recognizes. Therefore, infants and toddlers are usually found eligible under the category of developmental delay (Infant & Toddler Connection of Virginia, n.d.). This allows for services providers to focus on the child's functional skills across all developmental domains, including communication, gross and fine motor, social-emotional, cognitive, and adaptive.

Individualized Family Service Plan (IFSP). Once child has met the criteria by IDEA to be eligible, the early intervention team works with the family to develop an Individualized Family Service Plan (IFSP). The Early Intervention team collaborates with the family to establish family-oriented development goals, incorporating services necessary for the child to achieve their developmental objectives. These services are delivered at no cost to the family, and services occur in the child’s natural environment (Early Childhood Technical Assistance Center 2025).

Research and Benefits of Early Intervention. There is an abundance of national and state-level research that is available to show the importance and the impact of early intervention services on children and their families’ lives. The Early Childhood Technical Center (n.d.) reports on child and family outcomes through early intervention.

Since early intervention has been shown through research to be beneficial to children and their families, health care professionals have made progress in the way infants and children are now screened for developmental delays and behavioral disorders (Lipkin et al., 2020). In addition to health care providers, the American Academy of Pediatrics (AAP) has focused on screenings in the areas of gross motor It is a federal requirement of each state to report the amount of progress each child makes in the areas of social and emotional skills, early language and communication development, and appropriate behaviors (Early Childhood Technical Assistance Center, n.d.).

If there is a suspected delay or diagnosed disorder, the AAP has outlined best practices to ensure families receive community-based services and that follow-up is arranged (Lipkin et al., 2020). Research in multiple areas gives evidence of the importance of early screening and intervention. For example, research from Furman (2025), focused on the impact of early intervention services, which taught parents strategies to improve language outcomes in children who are deaf or hard of hearing. Children who participated in parent-led weekly interventions for six months showed a significant increase in communication compared to those who did not receive the early intervention (Furman, 2025).

Coman (2025) conducted a study examining the impact of early intervention in cognitive skills of 34 children diagnosed with autism spectrum disorder (ASD). The results indicated that early intervention services significantly improved language development, cognitive abilities, and adaptive skills in these children. Specifically, children who received early intervention demonstrated notable advancements in receptive and expressive language skills, cognitive functioning, and adaptive behaviors compared to those who did not receive such services. While the sample size was relatively small, these findings show the importance of early intervention in supporting the development of children with ASD.

Hebbeler et al., (2007) completed a ten-year nationwide longitudinal study that collected and analyzed data from the families being served in early intervention through family interviews, service records, and service provider surveys. This research examined family experiences, including the services students received, the frequency of service provision, the service providers, the child's entry into early intervention, and the duration of participation. It also documented parent reports of how their child’s skills changed over the course of the early intervention journey (Hebbeler et al., 2007). Not only did this study examine the effects of early intervention on the child, but it also evaluated how early intervention affected families. This study shows positive outcomes for families even after beginning Early Intervention. By the time children were aging out of early intervention, families reported they were better able to care for their child, handle their child’s behavior, find resources and support when needed, and support their child more adequately (Hebbeler et al., 2007). This research highlights the importance and positive outcomes for children with disabilities and their families who receive services through early intervention.

Previous research has highlighted the critical importance of early intervention for both children with developmental delays and their families. Across multiple studies, earlier access and service intensity are associated with greater developmental outcomes, regardless of service delivery from parents and caregivers is active or passive. The findings from these studies show the need for timely and effective transitions from Part C to Part B services to ensure children and families continue receiving the support they need. Research by An et al. in 2015 revealed positive strategies to support family-based services, thereby strengthening the relationship between the service provider and the family. Strategies include incorporating the family's routines, participating in open and transparent communication, and sharing the decision-making process (An et al., 2015).

Family Centered Approach in Part C. When Congress enacted the Early Intervention Programs for Handicapped Infants and Toddlers Act in 1986, Individualized Family Service Plans (IFSPs) under Part C of IDEA was also created. IFSPs provide guidelines for engaging families in early intervention. The IFSP is designed not only to address the child's developmental needs but also to reflect the family's goals, strengths, and priorities (Johnson, 2000). IFSPs are reviewed by service providers and the family every six months and is a fluid document that can be changed and adapted as the child meets their goals (Johnson, 2000). This legislative shift marked a significant move away from child-only intervention models toward more holistic, family-centered service delivery.

Parents are recognized as children's first teachers, especially during the crucial developmental years of birth to three. Under Part C of the Individuals with Disabilities Education Act (IDEA), parents have the legal right to participate fully in all aspects of Early Intervention services. This includes involvement in assessment, service planning, advocacy, and decision-making. These choices are often shaped by a family's unique values, cultural beliefs, resources, and the structure of the family (Batz & Yadav, 2023) In the past, the family-centered model has gained support among researchers, medical professionals, and policymakers (Johnson, 2000), due to the child's development being connected to the family's involvement. Focusing on the whole child emphasizes multiple areas of development, including emotional, social, adaptive, fine motor, gross motor, and language development.

When Early Intervention providers work with the child, the parent's involvement level can be defined as either passive or active (Bruder and Dunst, 2015). Passive involvement involves the parent watching the provider while services are being delivered, while active involvement includes actions from the parent while the provider is modeling (Bruder and Dunst, 2015). While parental involvement is encouraged, research has shown that active parent engagement has a stronger association with positive child outcomes (Bower et al., 2020). Research by Batz and Yadav (2023) supports this framework, showing that when parents engage in meaningful partnerships through family-centered practices, they report feeling more empowered and better able to advocate for their child's needs. This is a key outcome of early intervention, reinforcing the importance of honoring parent voices throughout the service process.

Part C Services in Virginia. The Infant & Toddler Connection of Virginia (ITCVA) serves as the coordinated system responsible for administering Part C services across the state. Operated under the Virginia Department of Behavioral Health and Developmental Services (DBHDS), ITCVA ensures compliance with both state and federal mandates (Infant & Toddler Connection of Virginia, n.d.). ITCVA is divided into local systems, such as health departments or community service programs, all of which must adhere to federal regulations under Part C of

IDEA. The program oversees the delivery of early intervention services, facilitates interagency coordination, supports local service providers, and monitors data and reporting to ensure quality and accountability (Infant & Toddler Connection of Virginia, n.d.).

Federal guidelines require each state to establish its own definition of developmental delays for determining eligibility. Virginia defines developmental delay as a child showing atypical development, scoring at least 25% below their age-matched peers in one or more developmental areas, or having a diagnosed condition likely to result in a delay (Infant & Toddler Connection of Virginia, n.d.; Virginia Department of Education, 2025).

Part B: Early Childhood Special Education

Purpose. Part B of IDEA, also known as Early Childhood Special Education, serves children ages 3 through 21 who have disabilities (Virginia Department of Education, 2025). Congress defines a disability under Part B as "having an intellectual disability, a hearing impairment, a speech or language impairment, a visual impairment, a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services" (U.S. Department of Education, 2025). For states to receive federal funding, they must follow the rules and guidelines of the IDEA when determining eligibility, providing services, creating and implementing Individualized Education Programs (IEPs), and holding the required meetings.

Data from the 2022–2023 school year indicate that approximately 7.5 million students nationwide receive Part B services under the Individuals with Disabilities Education Act (IDEA) (National Center for Education Statistics [NCES], 2024). Part B includes special education and related services, such as speech therapy, for children aged 3 to 21 and represents approximately

15% of all public-school students (U.S. Department of Education, 2025). The most prevalent disability category among students receiving Part B services is specific learning disability, accounting for 32% of cases, followed by speech or language impairment at 19% (NCES, 2024). These demographic trends provide important context for understanding the transition process from Part C Early Intervention services to Part B school-based services.

Eligibility Criteria for Part B*.* To qualify for services under Part B of the Individuals with Disabilities Education Act (IDEA), a child must meet federally mandated eligibility criteria (U.S. Department of Education, 2025). The child must be between the ages of 3 and 21 and demonstrate one or more disabilities as defined by IDEA (U.S. Department of Education, 2025). While all states follow federal requirements, each state also develops its own guidelines for determining eligibility under the Early Childhood Special Education (ECSE) program. Eligibility criteria vary by state, but they are typically more stringent than those mandated federally under Part C. This can result in some children who received early intervention services not qualifying for continued support under Part B.

To determine eligibility for ECSE, three requirements must be met. First, there must be documented evidence that the child has a disability that falls under one or more of the 13 disability categories outlined in IDEA (U.S. Department of Education, 2025). This determination is made through a comprehensive review of medical records, developmental evaluations, parent input, and information from service providers (U.S. Department of Education, 2025). Table 1 below provides an overview of the 13 disability categories. Second, the disability must adversely affect the child's educational performance, meaning that the child requires individualized instruction to access and make progress in the general education curriculum (U.S. Department of Education, 2025). Finally, the disability cannot be a result cultural factors, environmental or economic disadvantage, or limited English proficiency (U.S. Department of Education, 2025). All criteria must be met for a child to be eligible for special education services under Part B of IDEA.

Table 1

IDEA Part B Disability Categories and Descriptions

Category	Description
Autism	A developmental disability significantly affecting verbal and nonverbal communication and social interactions
Deaf- Blindness	Simultaneous hearing and visual impairments cause severe communication and developmental needs.
Deafness	A hearing impairment is so severe that the child is impaired in processing linguistic information through hearing
Emotional Disturbance (ED)	A condition exhibiting characteristics over time that adversely affects educational performance
Hearing Impairment	An impairment in hearing that adversely affects educational performance but is not deafness
Intellectual Disability (ID)	Significant subaverage intellectual functioning with deficits in adaptive behavior
Multiple Disabilities	Concomitant impairments causing severe educational needs
Orthopedic Impairment	A severe orthopedic impairment that adversely affects educational performance

Category	Description
Other Health Impairment (OHI)	Limited strength, vitality, or alertness due to chronic or acute health problems
Specific Learning Disability (SLD)	A disorder in psychological processes involved in using language, affecting abilities like reading or math
Speech or Language Impairment	A communication disorder such as stuttering, impaired articulation, or language/voice impairment
Traumatic Brain Injury (TBI)	An acquired injury to the brain causing functional disability or psychosocial impairment
Visual Impairment including Blindness	An impairment in vision that adversely affects educational performance

Note. Adapted from "Understanding IDEA: A Comprehensive Guide to America's Special Education Law," *by GovFacts.org, 2024* (https://govfacts.org/federal/ed/understanding-idea-a-comprehensive-guide-to-americas-special-education-law/). Copyright 2024 by GovFacts.org. Used with permission or under fair use.

***Individualized Education Program (IEP*).** Once a disability has been established, an Individualized Education Program (IEP) is developed. Schools are responsible for creating, reviewing, and implementing an IEP for each eligible student in public schools (U.S. Department of Education, 2025). Each IEP is designed to meet the individual needs of the student and includes specially designed instruction, measurable goals and objectives, accommodations, and information about the student's academic and functional performance. It is a legal document that guarantees a free appropriate public education (FAPE) by providing the supports and services needed for the student to make progress (U.S. Department of Education, 2025). The IEP also outlines how the student's disability affects learning, the services provided, and how progress toward goals will be monitored. To hold an IEP meeting, the IEP team must be present, which includes a special education teacher, a general education teacher, a representative from the LEA (Local Education Agency), and a parent. Often, other team members, such as therapists, school psychologists, the student, and an advocate, may also be present. Supports, services, and accommodations outlined in an IEP begin once a parent has signed the plan. These can include academic support, therapies, assistive technology, and social or behavioral interventions tailored to the student's needs. Goals and objectives are monitored regularly through progress reports, teacher observations, and data collection, and adjusted as needed. Parents can meet with the IEP team at any time to raise concerns or request changes, ensuring the plan continues to support their child's learning and growth (U.S. Department of Education, 2025). For high school students, IEPs may also include transition planning to prepare for postsecondary education, employment, and independent living. Additionally, older students can participate in their IEP meetings, giving input on their goals, preferences, and supports, which helps them develop self-advocacy skills and take an active role in their education.

Child Centered Approach in Part B. Once a child reaches the age to receive school-based services under Part B, services are centered on the child and their educational needs within the school setting, as outlined in the child's IEP. The IEP details the child's specific educational goals, accommodations, and any related services, such as speech therapy, occupational therapy, or physical therapy, ensuring that support is tailored to the child's unique needs. This child-centered approach differs from the family-centered focus of Part C, though continuity between early intervention and school-based services is maintained through transition planning. Parents continue to play a critical role as members of the IEP team, collaborating with educators and service providers to monitor progress, advocate for their child, and participate in decision-making, which helps maintain consistency and supports the child's success in the school environment. The IEP team meets at least annually, and goals, services, and supports are reviewed and adjusted as the child progresses, ensuring that the plan remains responsive to the child's evolving needs (U.S. Department of Education, 2025).

Part B Eligibility in Virginia.

Part B Services in Virginia. In Virginia, Part B services under the Individuals with Disabilities Education Act (IDEA) are available to students aged 2 through 21. These services provide individualized support for students with disabilities, including instruction in special education classrooms, inclusion settings, and related services such as speech therapy, occupational therapy, physical therapy, counseling, and assistive technology. Every student receiving Part B services has an Individualized Education Program (IEP), which outlines goals, accommodations, services, and methods for monitoring progress. Students must be reevaluated at least every three years to determine continued eligibility and make necessary adjustments to their services. For students aged 14 and older, Part B also includes transition planning to prepare for postsecondary education, employment, and independent living. Parents have the right to participate in all IEP meetings, request changes, and appeal decisions, while older students are encouraged to attend meetings to develop self-advocation and decision-making skills.

Differences in Part C and Part B. Both Part C and Part B services are designed to provide services to children with disabilities. However, there are differences between the two programs, such as who provides the services, what services are being provided, and the environment. Part C services are provided by professionals employed through the agency designated to serve infants and toddlers. In Virginia, this agency is the Infant & Toddler Connection of Virginia. School-based services through Part C are provided by the local school system. Both programs have differences in age ranges, eligibility criteria, locations for services, individualized plans, and timelines. Table 2 offers a comprehensive comparison of the two programs.

Table 2

Virginia IDEA Part C vs. Part B: Key Differences

Category	Early Intervention (Part C)	Early Childhood Special Education (Part B)
Ages Served	Children birth to 3 who are eligible	Children ages 3-21 years old who are eligible
Agency	Virginia's Infant and Toddler Connection	Local school division
Service Location	Services are delivered in the child's natural environment	Services are delivered in a center-based setting, such as preschool
Type of Plan	Individualized Family Service Plan (IFSP)	Individualized Education Program (IEP)
Approach	Family- Centered	Child- Centered

Note. Adapted from Indicator 12: Part C to Part B Transition Technical Assistance Document and flowchart, and Transition Q&A (VDOE, 2020 & 2023).

Transition from Part C to Part B

Process Overview. While each state and agency has its own process for transitioning from Part C to Part B services, the Virginia Department of Education outlines clearly state guidelines to ensure a "smooth and timely transition" (Virginia Department of Education, n.d.). This transition is required under the Individuals with Disabilities Education Act (IDEA) to ensure continuity of services for children with disabilities as they age out of Early Intervention programs. In Virginia, parents may choose for their child to remain in Part C services until the child turns three years old. Service providers, in collaboration with the child's parents, determine whether a referral for school-based services is needed. If so, a notification is sent to the local education agency (LEA), which serves as the official referral to Part B.A transition conference, which must be held at least 90 days, but no more than 9 months before the child's third birthday. During this meeting, the school-based team explains the preschool special education program, describes available services, and learns more about the child's unique needs (Virginia Department of Education, n.d.). If Part B providers, the child's family, and Part C service providers agree that an evaluation is necessary, the LEA must first obtain written parental consent before initiating the evaluation process. Once consent is given, the LEA has 65 business days to determine whether the child qualifies for services under one of the 13 disability categories outlined in IDEA. If the child is found eligible, the LEA is responsible for developing and implementing an Individualized Education Program (IEP) by the child's third birthday. The entire process can take up to 90 days or more, depending on the child's age at referral and the timing of necessary meetings and evaluations.

Recommended Practices. In 1991, the Recommended Practices were developed by the Division for Early Childhood of the Council for Exceptional Children (DEC) as a means to provide guidance for service providers in early intervention and early childhood special education. Since then, the DEC has worked closely with the Early Childhood Technical Center (ECTA) to revise and produce an updated version of the Recommended Practices, which includes 66 total practices. These recommendations and practices were created to help practitioners serve families effectively and improve the lives and outcomes of young children from birth to five years old.

Parents' Experiences and Perspectives

Although limited research has explored parents’ perspectives, a 2021 study by Douglas et al. found factors influencing their transition experiences. A meta-synthesis by Douglas et al. (2021) focused on caregivers' experiences during the transition from Early Intervention to Early Childhood Special Education and identified three areas that impact the quality of this experience for families. The sample included 132 caregivers from a variety of racial and ethnic backgrounds (Douglas et al., 2021). Three key themes were found: communication and relationships, interagency structure, and service alignment across those agencies. The researchers found that families desired more effective communication to remain informed throughout the process, increased involvement from early childhood special education professionals, and additional support during the transition (Douglas et al., 2021). Although the study used online databases, hand searches, and ancestral searches, it did not specify the time frames during which transitions occurred or the locations of the participants.

Another study by Podvey et al. (2010) examined the experiences of six families from New Jersey, all who had children who received therapy services through Early Intervention and continued to qualify for services in preschool. This qualitative study identified three main themes: (a) fear of the transition process, (b) the belief that therapy is most important, and (c) the importance of communication (Podvey et al., 2010). One finding was that communication from related service providers differed significantly between the early intervention and preschool programs. The study also highlighted parents’ perceptions of differences between Part C and Part B services, noting the “high levels of involvement reported with the early intervention systems” compared to lower levels of involvement in school-based programs. Both Douglas et al. (2021) and Podvey et al. (2010) emphasized the critical role of communication in shaping families' transition experiences. However, Podvey et al.'s (2010) study placed less focus on the structured transition process itself and more on the perceived differences in service delivery across settings.

Barriers in the Transition Process. Existing research highlights barriers and challenges related to supporting students with IEPs within the classroom setting; there is a gap in the literature regarding barriers encountered during the transition from Part C to Part B services. Harrison et al. (2023) searched to identify factors that influenced access and enrollment in Early Intervention (EI) and Early Childhood Special Education (ECSE). The study examined parent perceptions across ten individual surveys, while focusing on important factors such as parental stress, advocacy and competency, knowledge of services, and types of support received. Results indicated that parents who possessed greater knowledge and advocacy skills faced fewer barriers to service enrollment. While these findings found the importance of empowering families, the study did not address potential challenges specific to the transition process from EI to ECSE, which may contribute to delays or disruptions in service delivery (Harrison et al. 2023).

A qualitative study by Podvey et al. (2010) identified several barriers families face during the transition from early intervention (Part C) to preschool special education (Part B). Families described the process as anxiety-inducing and "scary," highlighting the emotional challenges involved. Parents also reported feeling uninformed and disconnected once the transition occurred, making it harder to access services and support their child effectively. The study found that clear and consistent communication could help reduce these barriers, but gaps in information and guidance remained significant obstacles. While informative, the study's small sample size, geographic limitation to six families in northern New Jersey, and age suggest the need for more diverse and current research to fully understand the barriers families encounter during this critical transition (Podvey et al., 2010).

Rous et al. (2007) examined transition practices designed to support children, families, and professionals as they move from early intervention (Part C) to early childhood special education (Part B). Their study examined how preschool teachers approach transitions, how families experience the process, and what strategies are perceived as most helpful. A key theme that emerged was the central role of relationships and communication. In particular, the authors emphasized that strong “cross-program communication and collaboration” are essential for making transitions smoother for families. These findings align closely with the Division for Early Childhood (DEC) recommended practices, which stress collaboration and intentional planning during transitions (Division for Early Childhood, 2014).

Collaboration and Communication During Transition

Interagency agreement in VA. Virginia has a statewide interagency agreement that was first created after the IDEA amendments in 1991(Infant & Toddler Connection of Virginia, 2013). This Memorandum of Agreement in Virginia is agreed on by several different parties in Virginia, such as the Department of Education, the Department of Social Services, the Department for the Deaf and Hard-of-Hearing, the State Corporation Commission, and several others (Infant & Toddler Connection of Virginia, 2013). The purpose of the agreement is to document the commitments and understanding of all participating agencies and to meet the requirements under IDEA. This document provides information on interagency collaboration and the implementation of supports and services for children and their families in Virginia. It also outlines the financial responsibilities of each party and the requirements of each involved party (Infant & Toddler Connection of Virginia, 2013).

For the Department of Education in Virginia, part of those requirements include “enter into local interagency agreements with Part C lead agencies” and participate in the transition process by accepting notifications from Part C, reviewing data collected by Part C providers, along with working collaboratively with the Part C agency during the transition process (Infant & Toddler Connection of Virginia, 2013). Additionally, representatives from both the Early Intervention Agency (Infant and Toddler Connection of Virginia) and the Local Education Agency worked together to create a webinar and a presentation guide to serve as an education tool for both agencies to review the recommended practices, encourage discussions, and answer questions about the transition process from Part C to Part B services. This webinar and presentation is titled “Working Together: A Framework for Effective Transitions from Part C to Part B” and can be found on the Virginia Department of Education website (Virginia Department of Education, n.d.). Some of the recommended practices are divided into categories, including agency collaboration, interagency agreement, prepare for transition, transition options, service delivery, transition conference, notification/referral, summer, and late referrals (Virginia Department of Education, n.d.).

Outcomes of Transition

Child Outcomes for Part C and Part B Services. Under IDEA, there are national early childhood outcomes for both Part C and Part B services. Each state is required to report on these outcomes to determine and monitor student progress. Across the United States, Early Intervention programs measure child progress using three federally defined outcomes: (1) positive social-emotional skills, (2) acquisition and use of knowledge and skills, and (3) use of appropriate behaviors to meet needs. The Early Childhood Technical Assistance Center (n.d.) states that goals under outcome 1 include interacting with peers, participating in and communicating with others, following social norms, and expressing one's own emotions and responding to others' emotions. Using problem-solving skills, engaging in purposeful play, developing pre-academic skills, using language to communicate, and understanding directions are examples of goals from outcome 2 (Early Childhood Technical Assistance Center, n.d.). Based on outcome 3, students should be able to eat and drink independently, dress and undress, express their wants and needs, and demonstrate signs of safety awareness (Early Childhood Technical Assistance Center, n.d.).

Child Outcomes from Transition. The state of Virginia collects data before, during, and after every transition from Part C to Part B services. The data summarizes results from existing Early Intervention programs and indicates the number of children who participated in each possible outcome. The most recent data from the 2021-2022 school year includes outcomes such as withdrawal from Early Intervention, existing with no referral, moving out the state, eligible in Part C, completed Part C before age 3, along with other options which are included in the table below.

Table 3

Early Intervention Outcome Options

Outcome	Total Number of Students
Unsuccessful due to inability to contact	998
Completed ISFP	1307
Deceased	34
Moved out of Virginia	617
Exit Part C with no referral	1166
Exit Part C, eligible for Part B	3396

Outcome	Total Number of Students
Exit Part C, not eligible for Part B	757
Withdrawal by parent	2104

Note. Adapted from *2021-2022 Part B – Exiting Report (VDOE, 2020).*

Family Outcomes. Research by Pang in 2010 examined the outcomes of one family's transition from Part C to Part B services. Pang (2010) states that the entire family, including the little sister, was involved in the transition process through the application of family-centered practices. This allowed transition goals to address the family's unique needs and priorities. Preschool was a top priority for this family, and during the transition process, the agencies helped facilitate discussions about preschool options and even arranged visits to local preschools (Pang, 2010). With the help and guidance of both the early intervention agency and the school-based IEP team during the transition process, the family was able to make an informed decision about the child's educational path that considered the family's cultural background, communication needs, and level of privacy.

Existing Surveys and Satisfaction Measures. Understanding parents' perspectives is a critical component of research on early childhood special education, particularly during the transition from early intervention (Part C) to school-based services (Part B). Families play a central role in supporting their child's development, making decisions, and collaborating with service providers. To assess these perspectives, researchers and educators have developed several instruments that measure parent satisfaction, involvement, and family outcomes. While these surveys provide important information about general trends and program effectiveness, they often rely on structured, quantitative data and may not capture the depth and nuance of parents' lived experiences. The following sections review two commonly used instruments—the

Family Outcomes Survey—Revised (FOS-R) and the NCSEAM Parent Satisfaction Survey—highlighting their strengths and limitations in the context of early childhood transition research.

The Family Outcomes Survey—Revised (FOS-R) is a tool used to understand parents' perspectives on the results of early intervention and early childhood special education services (Bailey et al., 2011). It looks at areas such as how well families understand their rights, how they support their child's development, and how they communicate their child's needs. The survey provides structured, quantitative information about these family-centered outcomes. While it gives useful data on overall satisfaction and program effectiveness, it does not capture the full depth of parents' experiences—especially during important transitions like moving from Part C early intervention services to school-based services under Part B.

The National Center for Special Education Accountability Monitoring (NCSEAM) Parent Satisfaction Survey is designed to measure parents' perceptions of their involvement in special education services and their overall satisfaction with how schools support their child's education (National Center for Special Education Accountability Monitoring [NCSEAM], 2008). It uses structured, mostly quantitative items to assess areas such as communication between parents and school staff, opportunities for participation in decision-making, and parents' understanding of their child's program. While the survey provides valuable information about general trends in parent satisfaction and involvement, it does not capture the detailed, personal experiences of parents or the nuanced challenges they may face—particularly in rural settings or during the transition from early intervention to school-based services.

While there are other surveys used to gather parents' expectations and experiences, they do not fully align with the purpose of this study. For example, the Virginia Parent Transition Survey is designed to identify where additional areas of support are needed for students transitioning from high school to adulthood (Parent Educational Advocacy Training Center n.d.). Virginia also conducts the Special Education Parent Involvement Survey annually, but this survey does not focus on the transition from Part C to Part B; rather, it collects information to improve parental involvement for parents of students enrolled in special education services (Virginia Department of Education n.d.).

Gaps in Literature

Although some research has examined the transition from early intervention (Part C) to early childhood special education (Part B), the literature remains limited in scope, geography, and recency. For example, Podvey et al. (2010) explored families' perspectives during the transition process; however, the study is now 15 years old, included only six participants, and was conducted in northern New Jersey, with no clarity about the rural or urban context. This raises questions about the applicability of the findings to families in other geographic regions. Similarly, Rous et al. (2007) investigated transition practices in relation to the DEC recommended practices; however, this work is nearly two decades old and primarily reflects the perspectives of practitioners, administrators, and trainers, rather than parents who have recently experienced the transition process. Although ten parents were included, the study focused more on professional practices than on family voices. Additionally, since 2007, the DEC has updated its recommended practices, most recently in 2014, making the earlier study outdated.

Pang's (2010) case study examined family dynamics, background, and extended family involvement during the Early Intervention planning process. While valuable, this research was limited by its single-case design and did not address the transition process itself.

More recently, Douglas et al. (2021) conducted a qualitative meta-synthesis of 196 caregivers' experiences during the transition process. This work identified common challenges, including communication barriers and a lack of emotional support. However, the study drew on dissertations and several non-peer-reviewed sources, which raises questions about the overall reliability of the findings. It also did not identify the geographic locations of participants, making it difficult to determine whether families' experiences varied between rural and urban settings.

Summary

When taken together, these studies demonstrate that while the transition process has been studied to some extent, significant gaps remain. Much of the available literature is either dated, geographically narrow, or focused on practitioner perspectives rather than those of families. A very limited number of studies have explored parents' lived experiences in rural settings, such as those in southwest Virginia. Furthermore, limited research has incorporated the updated DEC Recommended Practices (2014) as a framework for examining transitions. This gap proves the need for current research that centers on parents' perspectives in rural communities, which is the focus of the present study.

Chapter 3

METHODOLOGY

Restatement of Purpose

Although extensive research across the country highlights the benefits of early intervention and early childhood special education, far less attention has been given to how families are supported during the transition from Part C to Part B. This transition is a pivotal moment, as it helps ensure children continue receiving essential services without interruption or loss. In Virginia, research in this area is minimal. This qualitative study examines the experiences of parents in Virginia whose children have transitioned from early intervention services to school-based services. By examining how communication is facilitated and the barriers families face, this study was aimed at providing information for providers that can result in more effective transition practices. Strengthening the transition process is essential for promoting positive outcomes for children, improving service quality, and fostering stronger family engagement.

Research Question and Sub-questions

1.How do parents describe their experiences during the transition from Part C early intervention services to Part B early childhood special education (ECSE) in Virginia?

1.1. How do parents perceive communication, collaboration, and their involvement during the transition process?

1.2. What barriers do parents encounter during the transition, and how do these affect their child and family?

1.3. What supports or strategies do parents identify as helpful in facilitating a smooth and effective transition?

Researcher Positionality

As the researcher, I bring both professional and personal experience to this study. I have 12 years in education, eight of those being in general education and 4 of those being in early childhood special education. This has given me the opportunity to work closely with children, families, and service providers. My professional background has provided me with an understanding of the policies, procedures, and challenges associated with the transition process from early intervention to school-based services.

In addition to my professional background, I am also a parent of a child who transitioned from early intervention services to school-based special education at the age of 3. Although this experience occurred in Virginia, it did not take place in the same geographic area as this study. This personal experience provides me with an understanding of both the emotional and practical aspects of the transition. While this perspective strengthens my empathy and insight, it also requires careful reflexivity to avoid allowing my own experiences to overshadow participants' voices.

In relation to this study, I occupy an emic perspective from my personal and professional background. Being emic allows me understand participants' experiences from an insiders' perspective which strengthens my ability to interpret participants' meanings, emotions and experiences accurately. However, being emic, it also carries the risk of bias as I am assuming familiarity with processes or overlook alternative interpretations. To address this, I will use strategies such as being reflective and member checking to examine my assumptions and ensure that participants' voices remain central.

Research Design

This qualitative study gathered data from the perspectives of parents who experienced the transition from Part C to Part B with their child. Parents served as participants because they can provide firsthand accounts of this process. A qualitative design was chosen since the purpose of the study was to explore and understand these experiences in depth. This approach was chosen because it will allow for richer, more meaningful data that captures the complexity of the transition process (Tracy, 2025). Thick description was achieved by collecting detailed responses, interpreting the data for underlying themes, and presenting the findings within the broader context of parents' lived experiences. A quantitative approach was not selected because it would limit participants' responses to numerical values, which would not capture the depth of their experiences during the transition from Part C to Part B.

Edmund Husserl, considered the founder of phenomenology, emphasized the importance of understanding lived experiences as a way of uncovering the meaning behind human experiences (Tracy, 2025). This study used a phenomenological approach, drawing on interviews with parents to better understand the barriers and challenges families face when transitioning from early intervention services to early childhood special education. According to Bloomberg and Volpe (2019), phenomenological research typically involves a small number of participants and relies on in-depth interviews to capture rich, descriptive accounts. In line with this method, the researcher analyzed the data to identify themes that emerge from participants' narratives. By using textual description and structural description, the analysis will bring forward the core of families lived experiences during this transition. This design supports the study's purpose of exploring parents’ perspectives to deepen understanding of the transition from Part C to Part B. Data will be collected through semi-structured interviews, allowing the conversation to flow naturally while maintaining structure and focus.

Semi-structured interviews were chosen for this study because they provide participants with the opportunity to share their experiences in their own words, while also allowing the researcher to ask clarifying or follow-up questions (Tracy, 2025). This format supports a more personal and reflective dialogue, often leading to richer insights than a rigidly structured interview (Tracy, 2025). An interview was used to ensure that key topics are covered. The guide will consist of approximately [insert number] open-ended questions, with flexibility for additional probing based on participants’ responses.

Participants and Sampling

This study used purposeful sampling to recruit five to eight participants. In qualitative research, this approach is often used to select individuals who can offer meaningful, relevant, and varied perspectives (Tracy, 2025). By focusing on people who meet the study’s criteria, the researcher can gain a deeper understanding of the experiences being studied.

After Institutional Board Review approval and permission from the school division, the researcher began contacting parents whose children have received services through the school system under Part B and who also received early intervention through the Infant and Toddler Connection at Highlands Community Services and received early childhood special education services through the Virginia school system, within the past two years (2023-2025). These participants were selected because they will have transitioned from Part C services to Part B and met the criteria to qualify in both of these federal programs. These parents were chosen because of their unique firsthand experiences, including the process, communication, and barriers.

Participants will be recruited through a local school system in rural southwest Virginia, which works directly with families during and after the transition process. Although this is the primary school system involved in the study, it is not the only system that provides services following transition. The researcher distributed study information, found in Appendix B, to eligible parents and invited them to contact the researcher for further details or to express interest in participating. Interested parents then contacted the researcher directly to express interest in participating. This approach ensures that participation is voluntary and that parents' identities remain confidential until they choose to respond.

Due to the professional responsibilities and duties of the researcher within the school system, access to potential participants' information is available. The researcher identified and contacted parents whose children have received early intervention (Part C) services and are currently receiving or have recently received Early Childhood Special Education (Part B) services, while maintaining ethical standards. All recruitment procedures and data collection were adhered to established ethical guidelines, including obtaining approval from the Institutional Review Board (IRB), the Virginia school system, and the participants themselves. Information about the study was distributed to potential participants until 5 to 8 eligible participants were identified.

Data Collection Procedures

Instrumentation. Research instruments are used to facilitate and guide the collection and organization of data throughout a study (Tracy, 2025). For this study, the instrument used to collect data was an interview guide, which consists of semi-structured, open-ended questions designed to probe participants and allow for extended explanations of their experiences. Tracy (2024) explains that an interview guide is intended to guide discussions rather than control the conversation. This format also provided participants with the opportunity to add information or clarify their responses.

The interview guide (Appendix A) was developed using established family-centered and transition-focused resources as conceptual frameworks, rather than as standardized instruments. Specifically, the guide was informed by the *Family Outcomes Survey–Revised* (FOS-R) developed by the Early Childhood Outcomes Center (ECOC) and the *Transition from Early Intervention Services to Part B Preschool Special Education Checklist* developed by the Early Childhood Technical Assistance Center (ECTA).

The FOS-R, most recently revised in 2010, focuses on family-reported outcomes such as understanding parental rights, effective communication with service providers, and supporting children's learning (Early Childhood Outcomes Center, n.d.). Elements of the FOS-R were used to inform interview questions related to families' perceptions of preparedness and support; however, because the FOS-R primarily examines experiences within Part C services, it does not directly address families' experiences during the transition to Part B.

To address this limitation, the researcher also drew from the ECTA transition checklist, which emphasizes procedural components of the transition process, including timelines, coordination, and service continuity. Although this checklist aligns closely with the structural aspects of transition, it does not capture families' perceived challenges or emotional experiences.

By integrating and adapting components from both sources, the interview guide was intentionally designed to align with the qualitative methodology of the study and to elicit in-depth descriptions of families' experiences, perceptions, and challenges during the transition from Part C to Part B services.

This study explored the challenges and emotional impact that families encounter during the transition process by using the interview guide. This approach allowed flexibility and a natural flow of conversation between the researcher and each participant (Tracy, 2024). The interview guide can be found in Appendix A, which lists each interview question and indicates how it relates to the research questions.

Administration. A request to conduct research involving participants who have children enrolled in the school division was submitted to the Assistant Superintendent. This request, which was sent via email, is included in Appendix E. Within this letter, details of the research were provided, including participant criteria and a description of any potential negative effects the study could have on participants.

Interviews. Interviews were conducted individually to gather a detailed account of each family's experiences during the transition from Part C to Part B. Initial contact with potential participants involved providing information about the study and the researcher's contact information. Once a potential participant contacted the researcher, the researcher provided the purpose of the study and a letter of consent, which were delivered either in person or by email. Once written consent is obtained from all participants, the researcher scheduled interview sessions. Participants completed the interviews remotely via Zoom. All interviews were scheduled at a convenient time for the participant, and each interview is expected to last approximately 40 minutes.

At the beginning of each interview, the researcher verbally confirmed consent to ensure participants still wish to participate and to reiterate the purpose of the study. Participants were reminded that they have the right to withdraw at any time. To build rapport, the researcher shared a personal story at the start of the interview. As Tracy (2024) notes, establishing rapport at the beginning of an interview is critical for helping participants feel comfortable and fostering a trusting relationship. Demographic questions were asked at the beginning of the interview and was used to collect background information, which is used in the analysis to describe the sample.

Data Analysis

The purpose of this study was to examine parents' lived experiences during the transition from Part C (early intervention) to Part B (school-based services) and to identify common themes, barriers, and factors that contribute to either positive or negative outcomes during this process.

After the interviews, the researcher reviewed and reread transcripts several times to ensure immersion in the data. All transcripts, from both in-person and Zoom interviews, were uploaded into ATLAS.ti, a qualitative software program that supports organization, coding, and annotation of text (ATLAS.ti Scientific Software Development GmbH, 2025). Data was analyzed iteratively, guided by Tracy's (2024) Phronetic Iterative Qualitative Data Analysis (PIQDA). This approach involves systematic coding, memo writing, and comparison across cases to capture the essence of participants' experiences. The analysis began with primary-cycle coding, in which descriptive and in vivo codes were applied to words, phrases, and passages that represent participants' perspectives (Tracy, 2024). Primary-cycle coding occurred multiple times to ensure accuracy and richness. Next, second-cycle coding focused on clustering and refining the initial codes into categories and hierarchical groupings that represent broader concepts (Tracy, 2024). Analytic memos were written by the researcher during this process to capture the researcher's reflections, insights, and possible interpretations.

Finally, codes and categories were synthesized into themes that reflect parents' experiences with the transition from Part C to Part B. These themes were used to describe both what families experienced during the transition and how they experienced it, together conveying the overall essence of their experiences. These themes are organized in relation to the research questions and will be supported by exemplary quotes from participants to ensure credibility and vividness (Tracy, 2024).

Trustworthiness and Rigor

Credibility. To establish credibility in a qualitative study, the research must be trustworthy and dependable (Tracy, 2024). This study established credibility through several strategies. First, an audit trail was maintained, including interview recordings, transcripts, and reflective notes, to document the research process thoroughly. Credibility was also strengthened by including direct quotes from participants, which provide vivid, detailed accounts of their experiences. Additionally, the researcher practiced reflexivity, actively acknowledging and monitoring personal biases throughout data collection and analysis to ensure that interpretations faithfully represent participants' perspectives.

Transferability. Transferability refers to the ability of the research findings to be applied in similar settings or populations (Tracy, 2024). Findings from this study, including background information and a thick description of participants' experiences, support the transferability of the results to other settings.

Dependability. Bloomberg and Volpe (2023) define dependability as the extent to which data answers research questions in a clear, documented, and traceable manner. In this study, dependability will be ensured by providing detailed explanations of how data were collected and analyzed. Additionally, clear interview transcripts were maintained, along with an audit trail that documents all steps of data collection and analysis, allowing others to trace the research process and verify the findings.

Confirmability. All findings from this study are supported by the data collected, and the researcher's interpretations is grounded in participants' responses rather than personal bias, ensuring confirmability. Confirmability was maintained through transparent documentation of the research process, including clear interview transcripts, detailed coding procedures, and an audit trail of all decisions made during data collection and analysis. This approach enables others to verify that the findings accurately reflect participants' experiences (Bloomberg & Volpe, 2023).

Ethical Considerations

Institutional Board Review. Ethical considerations are fundamental in guiding this research. The first step is to obtain approval from the Institutional Review Board (IRB), which ensures that all research complies with federal regulations designed to protect human participants (Bloomberg & Volpe, 2023). The researcher submitted an application for IRB approval prior to beginning any data collection. The Institutional Review Board at Slippery Rock University reviewed the study to confirm that research procedures safeguard participants' privacy, dignity, and confidentiality (Bloomberg & Volpe, 2023).

Informed consent. The second ethical consideration is informed consent. This process ensures that participation is voluntary, that participants understand any potential risks, and that they are aware of their right to withdraw from the study at any time. All potential participants received a written consent form and be asked to sign it prior to participating in the study. The form will provide details about the study's purpose, procedures, potential risks and benefits, confidentiality measures, the right to withdraw, and the researcher's contact information for any questions or concerns. A copy of the informed consent document is included in Appendix D

Confidentiality and anonymity. The third ethical consideration is confidentiality and anonymity. The researcher has an ethical responsibility to protect any personal information obtained during data collection (Bloomberg & Volpe, 2023. To ensure that families are not identifiable, no identifying information is included in this study. This includes participants' names, their child's name, addresses, email addresses, phone numbers, birth dates, and current ages. Each parent and child was instead assigned a pseudonym, which was used in transcripts, notes, and the final report. In addition to preserving anonymity, confidentiality will be protected by safeguarding all data from unauthorized access or disclosure. All research materials, including recorded interviews, transcripts, and participant information was stored on a password-protected computer system, which requires both a secure password and two-step authentication for access. The master list linking pseudonyms to participants was stored in a separate, password-protected file and permanently destroyed upon completion of the study.

The informed consent form clearly explained all ethical considerations, including confidentiality, anonymity, voluntary participation, and the right to withdraw. Participation is completely voluntary, and participants can leave the study at any time without any penalty. The researcher recognizes that there may be minimal risks, such as emotional stress or discomfort**,** when sharing personal experiences about the transition from early Intervention (Part C) to early childhood special education (Part B).

Limitations

Several limitations of this study should be considered when interpreting the results. These include limitations in the sample, instruments, researcher bias, recall, and geography.
A phenomenological approach was chosen to capture lived experiences; however, this limits the sample size. This study includes five to eight participants, which provides in-depth insights but

restricts the transferability of findings to all families experiencing the transition from Part C to Part B.

The researcher's current professional role as an early childhood special education teacher may influence or shape the findings. Reflexivity and the use of audit trails were employed to lessen potential bias; however, it is acknowledged that researcher bias can never be eliminated. Limitations may also exist with the adapted interview guide. Although adapted from established tools, the guide may not fully capture the wide range of family experiences during the transition process. Since interviews will be conducted after the transition, there is a possibility of recall bias. Participants may unintentionally forget details or interpret past experiences differently over time,

This study was conducted in a small rural town in southwest Virginia, which may limit the generalizability of findings to urban or other regional contexts. Additionally, Virginia has 40 local lead agencies responsible for managing Part C early intervention and 133 school divisions that deliver Part B services. Family experiences may vary depending on interagency agreements, local policies, and service delivery structures, which are not fully represented in this study.

Summary

This chapter described the qualitative phenomenological design used to explore parents' perspectives on the transition from early intervention (Part C) to early childhood special education services (Part B). Parents participated voluntarily through semi-structured interviews. Data collection involved an interview guide and audio-recorded interviews, ensuring accuracy and depth of responses. Data analysis followed Tracy's (2024) PIQDA method, which included multiple cycles of coding and thematic development, supported by audit trails and participant quotations to establish credibility. Limitations related to sample size, researcher bias, instruments, recall, and geography were also acknowledged. The following chapter presents the study’s findings, organized into themes that represent and reflect parents’ lived experiences of the transition.

Chapter 4

FINDINGS

Restatement of Research Questions

The purpose of this study was to examine parents' perceptions and experiences during the transition process from Part C early intervention services to Part B early childhood special education services. More specifically, this study aimed to identify common themes that emerged during the transition process. To do that, the following research questions were asked:

1. How do parents describe their experiences during the transition from Part C early intervention services to Part B early childhood special education (ECSE) in Virginia?
    1.1. How do parents perceive communication, collaboration, and their involvement during the transition process?
    1.2. What barriers do parents encounter during the transition, and how do these affect their child and family?
    1.3. What supports or strategies do parents identify as helpful in facilitating a smooth and effective transition?

This chapter presents the results of the study. It begins with an overview of the participants and a description of the data collection and analysis process. The chapter presents the study's results, providing a clear explanation of the themes supported by participant responses and connections to the research questions. The chapter concludes with a summary of the results from the analysis of the data.

Participant Overview

The study was conducted in a rural school division in Southwest Virginia. The division serves a geographically dispersed population and includes both early intervention and school-based preschool programs. This context is important, as access to services and communication among providers may vary in rural settings.

A total of six parents participated in this study. All participants had a child who transitioned from early intervention (Part C) services to early childhood special education (Part B) services between 2024 and 2025. All children qualified for and received services under both parts of the Individuals with Disabilities Education Act (IDEA). Given the small sample of 6 participants and the rural setting where the study took place, certain demographic information such as age and gender was not collected to protect participant anonymity. To maintain participant anonymity, each participant was assigned a number based on the order of their interview (Participant 1, Participant 2).

Participants described a range of services received during early intervention, including speech therapy, occupational therapy (OT), developmental services, and physical therapy (PT). Following the transition to Part B, children received services in a variety of settings, including early childhood special education classrooms, general education preschool classrooms with support, and itinerant services. In this study, itinerant services refer to children receiving specialized services without enrollment in a formal preschool program.

Table 4

Participant and Child Service Information

Participant	Part C Services	Part B Services	Part B Placement
Participant 1	Speech, OT	Speech, OT	Early Childhood Special Education Classroom
Participant 2	Speech, OT	Speech, OT	Early Childhood Special Education Classroom
Participant 3	Speech, OT	Speech, OT Developmental	Early Childhood Special Education Classroom
Participant 4	Speech	Speech	Early Childhood Special Education Classroom
Participant 5	Speech, OT, PT,	Speech, OT, PT, Developmental	Itinerant Services Developmental
Participant 6	Speech, OT	Speech, Developmental	General Education Classroom

Note. OT = occupational therapy; PT = physical therapy

Data Collection

This study was eligible for expedited approval from Slippery Rock University's Institutional Review Board (IRB). Following approval, eligible participants received study information via email which prompted interested participants to email the researcher for more information. Eligible participants were provided with consent forms. Upon receipt of signed consent forms, interviews were scheduled at a time convenient for each participant.

Data was collected through semi-structured interviews conducted virtually via Zoom. Each participant completed one interview, which was audio recorded with consent. At the beginning of each session, the purpose of the study was reviewed, verbal consent was confirmed, and participants were reminded that participation was voluntary and that they could choose not to answer any questions.

An interview guide was used to provide consistency across interviews while still allowing participants to describe their individual experiences with the transition process. Interviews continued until responses became repetitive and no new information was identified, indicating that saturation had been reached.

Participants reflected a range of experiences across both Part C and Part B services, including involvement in multiple service areas and different early intervention placements. This range of experiences supported a more complete understanding of the transition process. After transcription, each participant was emailed a copy of their interview transcript along with quotes selected by the researcher and was given the opportunity to review both as part of the member checking process.

Data Analysis

Data analysis was conducted using a qualitative thematic analysis approach. Interview transcripts were reviewed and uploaded into ATLAS.ti to support organization and coding. Each transcript was read multiple times to gain familiarity with participant responses.

The researcher developed initial codes to represent key ideas and patterns identified within the data. These codes were applied across all transcripts to ensure consistency in analysis. Following initial coding, related codes were grouped together to form broader categories. These categories were then examined to identify themes that reflected shared experiences among participants.

Themes were reviewed and refined to ensure they accurately represented the data and were supported by multiple participant responses. The final themes were used to describe parents’ perceptions and experiences during the transition from Part C early intervention services to Part B early childhood special education services.

Qualitative Data Findings

The qualitative data was analyzed by the researcher to identify patterns in parents’ perspectives of the transition from Part C early intervention services to Part B early childhood special education services under the IDEA. The research question guided the interview questions, focused on areas including communication, parental involvement, collaboration, barriers, and emotional experiences during the transition process.

Analysis of the interview data identified four themes that describe parents’ experiences during the transition process. These themes include communication and collaboration, emotional experiences, barriers to the transition process, and reflections on the transition and support needed.

Table 5

Summary of Themes

Theme	**Key Idea**
Communication and Collaboration	Affects understanding, support, overall experience
Emotional Experiences	Overall experience, ranged from smooth to difficult
Barriers	Communication, navigating the system, assessments
Parent Reflections	Clear communication, support

Theme 1: Communication and Collaboration

Communication and collaboration between agencies played a significant role in how parents' experiences during the transition from Part C early intervention services to Part B early childhood special education services. Participants described differences in communication during the transition process. Some reported clear and consistent communication, while others experienced gaps and limited information.

Several participants talked about challenges with communication during the transition process, especially when it came to timelines, expectations, and understanding the differences between Part C and Part B services. When asked about receiving information on these differences, one participant shared that they did not remember being given that information. Participant 3 also described confusion around the transition timeline, stating, "I didn't know when services stopped or started… I kind of had to ask." This lack of clarity caused some parents to feel uncertain and have to seek out information from other providers or even other parents who had gone through the process.

Some participants shared that they did not always feel fully included in the transition process. Participant 3 explained, "I was included… but then I wasn't… we never really discussed what we decided on until I got a phone call." They also described feeling caught off guard when decisions were made, saying, "I was kind of shocked when I got that phone call because I didn't really know what the options were." Even though meetings were held, this participant did not feel fully prepared or involved in what was decided.

At the same time, other participants described more positive experiences. Some parents felt that providers stayed in communication and were easy to contact, which made the process feel smoother. Participant 1 shared, "We had a conversation about the process… I had lots of questions. They did very well to answer them.” Participant 2 had a similar experience, explaining, “I feel like we were all on the same page at all times,” referring to both Part C and Part B providers, as well as themselves. These examples show how clear communication and collaboration between agencies helped some families feel more supported during the transition.

These findings on communication and collaboration show how important these components are to the transition experience. When parents felt communication was clear and consistent, they reported feeling more prepared. However, when communication was limited or missing, parents experienced confusion and uncertainty during the transition. These findings align with the research questions proposed by showing how communication and collaboration affected parents’ perceptions and experiences during the transition from Part C to Part B services.

Theme 2: Emotional Experiences

Parents described a range of emotions during the transition from Part C early intervention services to Part B school-based services. Participants reported feeling uncertain, concerned, stressed, and nervous, particularly at the beginning of the process. At the same time, some parents described more positive feelings once they gained an understanding of the transition process.

Several participants had initial concerns about the transition, including uncertainty about the process, how services would change and what that would look like for their child and their family. Parents described feeling uncertain about timelines, placement decisions, and the overall process. Participant 1 explained, “I was nervous because it was new territory, and because she would not be getting services at home with me… I was definitely nervous about the changes.”

Nervousness and uncertainty at the beginning of the transition were common throughout this study. Participant 1 stated she was nervous because “it was new territory”.

As the transition process continued, participants described how they were impacted emotionally, especially when communication was unclear. Parents reported feeling frustrated, stressed, and confused. Also, some participants described feeling overwhelmed while navigating unfamiliar procedures and expectations during the transition. These experiences highlight how gaps in information and support can intensify emotional responses during the transition.

In contrast, some parents described more positive emotional experiences when they felt supported and informed. Parents who reported clear communication and collaboration with providers described more positive experiences and increased confidence in the process. One participant stated, “When she got into the school system, I feel like she really took off.” Participant 3 described the experience as an “overall positive and rewarding experience for me and my family.” These experiences suggest that when parents felt supported, their emotional experience of the transition was more positive.

Overall, findings indicate that the transition process was emotionally complex for parents. Some parents experienced confidence and reassurance when supported, but others reported significant uncertainty, stress, and confusion. These findings highlight the importance of providing clear information and support to reduce emotional strain during the transition. These findings address the research question by highlighting the emotional experiences of parents during the transition process, including feelings of uncertainty, stress, and reassurance during the transition from Part C to Part B services.

Theme 3: Barriers

Participants talked about several challenges during the transition from Part C to Part B, including communication, figuring out the system, and the assessment process. Communication came up as a barrier for several parents. Participant 3 shared, “nobody really communicated with me,” and also said that the process “was not explained.” This reflects how some parents felt they did not have enough information or guidance during the transition.

As Part B services were introduced, participants also described challenges related to assessment procedures. One parent, Participant 2, explained that testing created difficulties, particularly due to the need to attend unfamiliar environments, stating it was challenging “going to new places, and getting him to leave … was really hard, especially back then.” This participant also stated that if assessments for Part B services could have occurred in the child’s natural environment, it may have reduced the stress by providing a more comfortable and familiar setting, rather than requiring the child to engage in a new environment with unfamiliar individuals.

At the same time, not all participants felt like they experienced barriers. Some parents described the transition as going smoothly. When asked about what barriers or challenges was faced during the process, participant 4 shared, “I don’t think so… we were just navigating our routine.” Another participant said it was “just an easy process” and that they did not “feel like there was any difficulty.” These differences show that while some families faced challenges, others did not, and experiences varied depending on the level of support and individual circumstances.

This theme highlights how variability in communication, assessment practices, and system navigation shaped parents’ experiences, revealing that while some families encountered significant challenges, others experienced a more seamless transition depending on the level of support and clarity provided.

Theme 4: Parent Reflections

Participants reflected on their experiences transitioning from Part C to Part B and offered insights into what could have improved or eased the process. These reflections centered on communication, opportunities for preparation, familiarity of environments, and support from knowledgeable professionals.

Several participants talked about how important clear communication was during the transition. Participant 3 shared that more communication from service providers would have led to a better understanding of the process, especially during the first meetings, and mentioned wanting more explanation about “what happens next,” including timelines and next steps. Participant 6 expressed a similar idea, noting that more communication between the evaluation and the start of school services could have made the transition easier.

Participants also talked about wanting more opportunities to prepare and get familiar with the school setting ahead of time. Participant 1 shared that being able to visit the school and meet staff in person before making placement decisions would have reduced stress and helped them think of better questions. They felt that seeing things in person would have made it easier to understand the environment and the support available.

Environment and familiarity also came up in what parents shared. Participant 5 said it helped to work with professionals who understood both home and school, since seeing their child at home felt more comfortable and familiar. They felt this made the transition easier for both of them. Participant 4 also mentioned that starting in a smaller classroom might have helped reduce some of the stress in the beginning and made things a little easier.

In contrast, not all participants identified specific changes that would have improved their experience. Participant 2 reflected that some level of uncertainty is inherent when transitioning a child to a new environment, stating that becoming comfortable simply requires time to build relationships with new teachers and staff.

Overall, participants' reflections show how much communication, preparation, and support mattered during the transition. Enen though some parts of the process were still challenging, having clear information, familiar settings, and supportive providers made it easier for families. These reflections provide ways that the transition process could be improved, especially by focusing on better communication, more opportunities for preparation, and stronger support for families.

Summary

This chapter shared the findings of the study and focused on parents' experiences during the transition from Part C early intervention to Part B school-based services. After reviewing the interview data, several themes came through, including parent experiences, emotions, barriers, and reflections on the process.

Parents described a mix of experiences and feelings during the transition. Some participants talked about positive interactions and feelings supported by service providers, while others felt confused, especially when communication was limited. Their emotions were closely tied to these experiences, with feelings like stress, nervousness, and frustration, but also relief and confidence when things were explained clearly and support was in place.

Participants also shared challenges they faced, including communication issues, figuring out the system, and the assessment process. These challenges often made the transition feel more stressful, especially when parents did not feel prepared or did not have clear guidance. At the same time, not every parent had these experiences, and some described the process as going smoothly.

During the interview, parents also reflected on what could have made the transition easier. Several of the participants mentioned the need for clearer communication, better understanding of what to expect, more chances to become familiar with school settings, and support from providers. These reflections show how important it is to support both children and families during this time.

Overall, the findings show that the transition from Part C to Part B looks different for each family and is shaped by communication, support, and individual circumstances.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Restatement of Purpose

The purpose of this study was to understand better how parents perceive and experience the transition from Part C to Part B. The findings from this study are important for those who help support families through this process. This chapter summarizes and examines the research questions and how the findings highlight the strengths and weaknesses of the current transition process. To complete the purpose of this study, the following research question and sub-questions were addressed:

1. How do parents describe their experiences during the transition from Part C early intervention services to Part B early childhood special education (ECSE) in Virginia?
    1.1. How do parents perceive communication, collaboration, and their involvement during the transition process?
    1.2. What barriers do parents encounter during the transition, and how do these affect their child and family?
    1.3. What supports or strategies do parents identify as helpful in facilitating a smooth and effective transition?

Summary of Results

The researcher analyzed interviews from six participants from a small rural community in Southwest Virginia. In analyzing the qualitative data, several themes emerged regarding the research question. Those themes were: communication and collaboration, emotional experiences, barriers, and parent reflections. This chapter will examine what the findings mean, why parents have these experiences and connect the findings to the existing research. This chapter will also review and answer the research questions and sub-questions, discuss the implications, and suggest potential future studies.

Theme 1: Communication and Collaboration

Findings from this study showed that parents' experiences were closely tied to the communication they received during the transition process. Communication to the parents was provided by both school-based services and early intervention providers. Communication and collaboration between the two agencies were also noted. When communication was clear, parents felt more prepared and supported. When communication and collaboration was limited, parents described feeling confused and unsure about what to expect. These findings show how communication shaped parents' experiences during the transition and directly address sub-question 1.1 by highlighting its impact on their experience of the process.

This study finds that communication throughout this process functions to share information and help parents feel included and confident. When providers communicated clearly and worked together, parents were more likely to feel supported. Gaps in communication made it more difficult for parents to understand timelines, services, and expectations. Findings suggest that communication practices can directly impact parents' confidence and stress levels during the transition. Furthermore, this study shows that collaboration between agencies is just as important as communication with families, because both impact how smoothly the transition occurs.

These findings align with previous research and recommended practices. Division for Early Childhood emphasizes the importance of intentional collaboration during transitions, and Rous et al. highlights the role of cross-program communication in supporting families. In Virginia, the interagency agreement between the Infant & Toddler Connection of Virginia and the Virginia Department of Education outlines expectations for collaboration, including referrals and data sharing. Findings from this study, along with studies from Podvey et al. (2010) suggest that while guidance for collaboration are in place from the state, the consistency of implementation may vary, which impacts how families experience the transition. Findings from this study support the importance of these practices and show that consistent communication between agencies is critical for a smoother transition experience for families. This study extends the literature by highlighting inconsistencies in the transition process that was researched by Rous et al in 2007 and Podvey et al. (2007) before the recommendations by the DEC were updated in 2014.

Theme 2: Emotional Experiences

Findings from this study showed that parents experienced a variety of emotions throughout the transition process. Parents expressed feelings of nervousness, fear, stress, uncertainty, and being upset about losing early intervention providers, along with excitement. Parents experienced different emotions at different points of the journey. Uncertainty and nervousness were common during the beginning of the transition with parents knowing the potential for a change in providers and setting for their child. These findings address the first research question by showing that parents' perceptions of the transition were largely shaped by their emotional experiences, including feelings of uncertainty, stress, and reassurance throughout the process.

Current findings show emotional impact is largely connected to not knowing what to expect, potential changes in providers and routines, new evaluations, and navigating a new system. Transition knowledge may contribute to increased stress and uncertainty for parents. When parents were unsure about timelines, services, or expectations, they were more likely to feel nervous or overwhelmed. When parents had a better understanding of the process and felt supported by providers, they described more positive emotions, including confidence and relief. Emotional experiences during the transition are closely tied to the level of information and support parents receive. This aligns with Harrison et al. (2023) who found factors such as competency led to a more positive experience.

Early intervention (Part C) was designed to recognize parents as a child's first teachers, which is why services are often provided in the home and involve parents directly. Research by Bower et al. (2020) found that strong parent involvement is linked to more positive child outcomes. Parents may become accustomed to being actively involved in their child's services.

However, Part B services are based in a more school-based setting, which can lead to less parental involvement. This shift in roles and settings represents a significant change for families and may lead to nervousness and uncertainty during the transition. This change in setting and roles can be a big adjustment for families and may lead to feelings of nervousness and uncertainty during the transition. These findings are like those of Podvey et al. (2010), who also found that parents often experienced fear during this process. Overall, this suggests that changes in roles, environments, and expectations play a large part in how parents feel during the transition.

Theme 3: Barriers

This study showed that parents experienced several barriers during the transition from Part C to Part B services. These barriers included inconsistency with communication from both early intervention and school-based providers, as well as difficulties understanding the process. Parents also described barriers related to assessments and the different criteria used to determine eligibility under Part B. These new experiences created additional hurdles as families worked to navigate the transition process. Findings from this study directly address research sub-question 1.2 by highlighting the barriers parents encountered during the transition.

These findings suggest that many of the barriers parents experienced are related to the differences between Part C and Part B systems. Eligibility for Part C services is more flexible and can include children not only with developmental delays and diagnosed conditions, but also children who have risk factors such as prematurity.

However, Part B requires that a child meet specific disability criteria that affect their educational performance. The differences in requirements between the two IDEA programs can be confusing for families, especially if they are not fully aware of the differences between the two systems. Parents may feel confused when navigating Part C evaluations and eligibility. Research from this study shows that a lack of understanding of these system differences can contribute to the challenges parents experience during the transition.

An additional barrier identified in this study was communication. Because Part C services are more family-centered, communication is often more frequent and in-depth, while communication from school-based providers may feel more limited or structured. This shift can make it more difficult for parents to feel informed and supported. This study aligns with Podvey et al. (2010), who found that clear and consistent communication can help reduce barriers during the transition process. Together, these findings suggest that both system differences and communication gaps play a key role in shaping the barriers parents experience when transitioning from Part C to Part B services.

Theme 4: Parent Reflections

Findings from this study showed that parents reflected on several ways to improve the transition process. Many parents expressed a need for more communication throughout the entire process, from the start of the transition through the first days of school-based services. Some participants also shared that having in-person meetings, especially at potential classroom settings, would have helped them to make more informed decisions and feel more prepared. In addition, one parent noted that the transition timeline often falls at the end of the school year, creating a summer communication gap. While most parents suggested ideas for improvement, one participant stated that no changes could have been made and that would have made the process easier. These findings directly relate to research sub-question 1.3, highlighting reflections parents had about the process.

These findings suggest that parents' reflections are strongly connected to how prepared and supported parents felt during the transition process. When parents felt like they did not receive enough communication or opportunities to become familiar with the school setting, they were more likely to feel unsure about decisions and expectations. Parents also desired more in-person meetings and clearer communication which indicates that parents want to feel more involved and informed throughout the process. In addition, gaps in communication, such as those that occurred over the summer months, may have contributed to increased uncertainty and stress. These reflections show that when parents are given more opportunities to ask questions, build relationships with providers, and understand the process, they may feel more confident and comfortable during the transition.

Findings from this study are consistent with previous research which highlights the importance of communication and family involvement during the transition process (Bruder and Dunst, 2015). Past studies have shown that families value clear communication and want to be involved in decisions, especially during times of change or uncertainty. Douglas et al. (2021) found that families wanted better communication, more involvement, and additional support throughout the transition process. Additionally, research from An et al. (2015) showed the importance of family-centered practices, like open communication. The Division for Early Childhood also stresses the need to prepare families for transitions and support collaboration between providers. Findings from this study reflect these ideas, as parents pointed to communication, preparation, and becoming familiar with school settings as areas that could improve the process. Overall, these findings suggest that strengthening family-centered practices may help improve the transition experience for families.

Summary of Results

In summary, findings from this study show that parents' experiences transitioning from Part C to Part B services are shaped by a combination of variables, including communication, collaboration, barriers and challenges, and support. Across all four themes, communication played a major role in how parents understood and experienced the process. Gaps in communication led to parents' experiencing confusion and additional stress. Emotional experiences were also closely connected to the factors. Barriers such as differences in systems and challenges with eligibility also impacted parents. Parents reflections showed a need for more preparation, higher levels of communication and more familiarity with both Part C and Part B programs. These findings answer the research questions by showing parents' perceptions of the transition are influenced by communication, support and their understanding through the process.

Limitations

There are a few limitations to this study, mostly related to the sample size and design. This study included six participants and focused on parents' experiences during the transition from Part C to Part B. Given the small sample size, the findings should not be generalized to larger populations. In addition, the study took place within one school division and one early intervention agency in a rural area of Southwest Virginia, which may limit the applicability of the findings to other locations or settings.

The findings are also based on parents' reflections of past experiences. Because of this, some details may have been forgotten or remembered differently over time. Another limitation is the potential for researcher bias. Given the researcher's professional role in special education, prior knowledge and experience may have influenced how the data were interpreted. Efforts were made to stay consistent during interviews and when reviewing responses to help support the credibility of the findings.

Implications of Research

This research has implications for early intervention providers, school-based (Part B) teams, special education administration, and policymakers in early childhood.

Part C and Part B Service Transition Team. This study found that parents need clear communication and a clear understanding of the transition process. The data from this study directly ties back to how parents' experiences were influenced by the amount of communication provided. This also came up as a barrier and challenge to parents. Improved communication to provide clear timelines and next steps, explain the differences in Part C and Part B, and offer verbal and written information to parents. Additionally, checking in with parents at different points during the transition to assess their understanding would help reduce stress and uncertainty, both of which were commonly reported by participants in this study.

Findings from this study suggest that school-based teams play an important role in helping families feel prepared for the transition, several parents reported feeling unsure and nervous about what to expect, pointing to a need for clearer communication from school-based providers. This may include sharing more information about special education timelines, available options, and the assessment process and eligibility criteria.

Participants also noted the importance of becoming familiar with the transition team and the school setting. Early childhood teams could support this by offering school visits and opportunities for parents to meet staff, as well as providing time to ask questions. These experiences may help reduce stress and increase parent comfort during the transition.
Ongoing communication between meetings may also help families feel more supported and less confused as they move through the process. Continued collaboration between school-based teams and early intervention providers may further support a smoother transition for families.

Special Education Administrators. Another implication for school districts wanting to support families during this time better is the need for clear and consistent communication between Part B and Part C to facilitate collaboration between early intervention providers and school-based teams. Offering professional development opportunities on transition practices and communication and providing parents with written information that clearly explains eligibility, services, and options.

Policy Makers. Implications for local and state policymakers include creating and sharing clear transition guidelines, along with providing training so those practices are used consistently. There is also a need for clearer communication with families and better access to resources that help parents understand the transition process. Supporting stronger collaboration between early intervention and school-based programs may also help make the process smoother. In addition, policymakers may want to consider how to better support families in rural areas, where access to services can be more limited.

Recommendations for Future Research

Future research focused on improving the transition from Part C to Part B services under IDEA would be beneficial, particularly in the areas of communication, collaboration, and strategies to support parents. Continued work in this area could improve both perception and the overall experience of the transition of families, as well as support the agencies involved.

A study that includes a larger number of early intervention agencies and school divisions would also be valuable. Expanding the scope of participants could provide a broader understanding of effective practices and help identify ways to support successful transitions better. One limitation of this study was that it included only one school division and one early intervention agency in Virginia. Given that there are 133 public school divisions and 40 early intervention agencies across the state, the findings may not reflect the full range of experiences.

Future research could also look at differences between rural and urban settings. This study took place in a rural area of Southwest Virginia, where access to services can be more limited. Looking at similar experiences in an urban setting could offer additional insight, since those areas may have more resources and service options available.

Another area for future research could focus on differences in specific transition practices. Future research could explore across the state of Virginia or even at a national level. Looking at practices such as school visits, types of meetings, and structure of the transition process may help identify what works best in supporting families moving from Part C early intervention to Part B school-based services. Overall, expanding research in these areas can help identify more effective practices and improve support for families during the transition from Part C to Part B services.

Conclusions

The purpose of this study was to understand how parents experience the transition from Part C to Part B services under IDEA and what factors influence those experiences. While there is a large amount of research on the importance of early intervention, there is less focus on how families are affected when services shift to a school-based setting. Understanding parents' experiences during this process can help service providers, administrators, and policymakers better support families and reduce gaps in services.

Findings from this qualitative study showed that parents' experiences were strongly connected to communication, which influenced their understanding of the process, as well as the barriers they encountered and the emotions they experienced. When communication was clear and consistent, parents felt more supported. When there were gaps, parents were more likely to feel confused and stressed.

Overall, these findings show how important communication, preparation, and collaboration are in helping families through the transition process. By focusing on these areas, service providers and systems can work toward creating smoother and more supportive transitions for both children and their families.

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APPENDIX A: INTERVIEW GUIDE

Background Information

1. Could you tell me a little about yourself and your family?
2. What were your initial concerns with your child?
3. When did your child enter early intervention?
4. What types of services did your child receive during early intervention?

Main Questions

Communication

5. How did providers explain the transition process to you?
6. What information did you receive about the differences between part C and Part B services?
7. Were there barriers that made communication difficult (such as scheduling, language, or technology)?

Parental involvement

8 How were you included in conversations about your child's transition?

Interagency collaboration

9. Can you describe how different agencies or providers worked together during your child's transition from Part C to Part B?
10. Can you share examples of collaboration between early intervention and the school-based team that worked well, and what made them effective?

Emotional Impact

11. How did you feel when you first learned your child would be transitioning from Early Intervention to Early Childhood Special Education?
12. Can you describe the emotions you experienced during the transition process?
13. What were the most stressful parts of the transition for you?
    How did the transition affect your family as a whole?
14. When you think back on the transition now, what emotions stand out the most?
15. What would have helped reduce the stress or emotional challenges you faced?

Barriers or Challenges

16. Were there any challenges or barriers that your family or child faced during the transition process?

General Follow-up questions

17. Do you have any additional thoughts you would like to share?

APPENDIX B: PARTICIPANT STUDY INFORMATION

Dear Parent/Guardian,

I invite you to participate in a research study entitled *"Navigating the Shift: A Qualitative Study of Parents' Experiences and Perceptions During the Transition from Part C to Part B Services."* I am currently enrolled in the Doctorate in Special Education program at Slippery Rock University of Pennsylvania and am conducting this study as part of my doctoral dissertation.

The purpose of this research is to identify common themes in parents' experiences during the transition from Early Intervention (Part C) to Early Childhood Special Education (Part B) services. You are invited to participate because your child has received, or is currently receiving, services through both Part C and Part B.

Participation in this study is completely voluntary. You may choose not to participate, or you may decline to answer any questions that make you uncomfortable. All responses will remain confidential, and data will be stored in a password-protected file accessible only to the researcher. No identifying information (such as your child's name, age, or school division) will be collected or shared.

This study involves minimal risk, though you may experience mild emotional discomfort while reflecting on your experiences during the transition process. Every effort will be made to ensure that you feel comfortable and supported throughout your participation.

If you agree to participate, please contact me and I will send a consent form to be signed. Once the consent form has been received, an interview will be scheduled at a time that is convenient for you. If you have any questions about this study, please feel free to contact me at (540) 728-1663 or kcg1004@sru.edu.

Thank you for considering participation in this important study.

Sincerely,

Kristen Giarla
540-728-1663
Kcg1004@sru.edu
Doctoral Candidate, Special Education Program
Slippery Rock University of Pennsylvania

APPENDIX C: PARTICIPANT CONSENT

Slippery Rock University

College of Education

CONSENT TO PARTICIPATE IN RESEARCH

Navigating the Shift: A Qualitative Study of Parents' Experiences and Perceptions while Navigating the Transition from Part C to Part B Services

Transition from Part C to Part B Services

Principal Investigator: Dr. Jessical Hall-Wirth, jessica.hall-wirth@sru.edu
Co-Investigator: Kristen Giarla, kcg1004@sru.edu

Invitation to be Part of a Research Study

You are invited to participate in a research study. To be eligible, you must be at least 18 years old, an English speaker, and a parent or legal guardian of a child who was eligible for and received services under IDEA Part C and subsequently transitioned to IDEA Part B services. You must have experienced this transition within the past two years and currently reside in Washington County, Virginia. Participation is voluntary. You may refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled.

Important Information about the Research Study

Things you should know:

- The purpose of the study is to determine common themes and practices during the transition process from Part C to Part B services. Since this transition requires interagency collaboration and a change in services, the research will hope to determine practices that are effective and barriers that create challenges for families. This will take approximately 45-60 minutes through a one-time interview.

- Risks or discomforts from this research include the possibility of mild psychological or emotional discomfort when discussing personal experiences related to the transition from IDEA Part C to Part B services. There is also a minimal risk of breach of confidentiality; however, all reasonable measures will be taken to protect participant privacy, including the use of pseudonyms and secure storage of data. No physical, legal, or financial risks are anticipated.

Initials: ______

- The study will offer no direct benefits to participants. Indirect benefits may include the opportunity to reflect on personal experiences and contribute to research that may improve transition practices and support for families.
- Taking part in this research project is voluntary. You do not have to participate, and you can stop at any time. Please take time to read this entire form and ask questions before deciding whether to take part in this research project.
- Participation is completely voluntary. If you decide not to participate, there will be no penalty. Participation in this study will not affect your child's services, IEP, placement, or relationship with the school district in any way.

What is the Study About and Why are We Doing it?

The purpose of this study is to explore parents' experiences during the transition of their child from early intervention services under IDEA Part C to school-based services under IDEA Part B. The purpose of this study is to better understand how families experience this transition, including perceived support, challenges, and needs, in order to inform future practice, policy, and support services for families and professionals.

What Will Happen if You Take Part in This Study?

If you agree to take part in this study, you will be asked to participate in one interview lasting approximately [45–60 minutes]. During the interview, you will be asked questions about your experiences with your child's transition from IDEA Part C early intervention services to IDEA Part B school-based services. With your permission, the interview will be audio recorded to ensure accuracy. You may decline to answer any question and may stop participating at any time without penalty. Participation in this study will not affect your child's services, IEP, placement, or relationship with the school district in any way. You may withdraw from this study at any time without penalty or loss of benefits to which you are otherwise entitled. You will have the option to review your interview transcript and any direct quotes selected for use in reports or presentations before they are included. You may decline transcript or quote review without penalty.

How Could You Benefit From This Study?

You may not benefit directly from taking part in this study. However, sharing your experiences may be meaningful, and the results may help improve services for other families in the future.

What Risks Might Result From Being in This Study?

The risks of participating in this study are minimal. Possible risks include mild psychological or emotional discomfort when discussing personal experiences related to your child's transition from IDEA Part C to Part B services. There is also a small risk of breach of

Initials: _____

confidentiality: however, steps will be taken to protect your privacy and the security of your information. There is a minimal social risk that participants may perceive participation as influencing their child's services. To minimize this risk, the consent form will clearly state that participation does not impact services, placement, IEP decisions, or relationships with school personnel. The district will not be informed of who will participate. The Co- investigator is employed within the school district; however, she will not recruit, enroll, or interview parents of children for whom she currently provides direct services or has supervisory responsibility.

How Will We Protect Your Information?

We will protect your information by keeping it confidential. Your name will not be used, and you will be assigned a pseudonym. Any identifying information will be generalized to ensure potentially identifying information is protected. With your permission, interviews will be audio recorded for transcription purposes. Audio recordings will be saved locally to a password-protected computer and deleted after transcription accuracy has been verified.

De-identified transcripts and study data will be stored securely for three years following completion of the study and then permanently deleted. A master list linking your name to a code number will be stored separately and will be permanently destroyed once transcription accuracy has been verified and identifying information has been removed.

What Will Happen to the Information We Collect About You After the Study is Over?

After the study ends, your information will be kept secure, and your name will not be connected to the data. Audio recordings will be deleted after transcription accuracy has been verified. De-identified transcripts and study materials will be retained securely for three years following completion of the study and then permanently destroyed. A master list linking your name to a code number will be permanently deleted once transcription accuracy has been verified and identifying information has been removed.

De-identified information may be used in research reports or presentations. Because this study takes place within a small rural community, there is a small possibility that someone familiar with your situation could recognize your experiences despite efforts to remove identifying details. Identifying information will be generalized in reports to reduce this risk.

How Will We Compensate You for Being Part of the Study?

You will not receive any compensation for participating in this study.

What are the Costs to You to be Part of the Study?

There are no costs for participating in this study other than the time required to participate.

Your Participation in this Research is Voluntary

Taking part in this study is completely voluntary. You may refuse to participate or withdraw from this study at any time without penalty or loss of benefits to which you are otherwise entitled. Participation or non-participation will not affect your child's services, IEP, placement, or relationship with the school district. The school district will not be informed about who chooses to participate.

Contact Information for Questions about the Study

If you have questions about this study, please contact:

Dr. Jessica Hall-Wirth (Principal Investigator)
Email: jessica.hall-wirth@sru.edu
Phone: 724-738-2856

Kristen Giarla (Co-Investigator)
Email: kcg1004@sru.edu
Phone: 540-728-1663

Contact Information for Questions about Your Rights as a Research Participant

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Institutional Review Board
Slippery Rock University
104 Maltby, Suite 302
Slippery Rock, PA 16057
Phone: (724)738-4846
Email: irb@sru.edu

Your Consent

By signing this document, you agree to be in this study. Make sure you understand what the study is about before you sign. I/We will give you a copy of this document for your records. I/We will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree to take part in this study. I understand that I can withdraw at any time. A copy of this signed Consent Form has been given to me.

Printed Participant Name	Signature of Participant	Date

Initials: ____

By signing below, I indicate that the participant has read and to the best of my knowledge understands the details contained in this document and have been given a copy.

Printed Name of Investigator	Signature of Investigator	Date

Audio Recording Permission

With your permission, this interview will be audio recorded to ensure accurate transcription. Audio recordings will be used only for transcription purposes, will be stored securely on a password-protected computer, and will be deleted after transcription accuracy has been verified. Recordings will not be used for public presentations, media releases, or posted online.

Please indicate your preference:

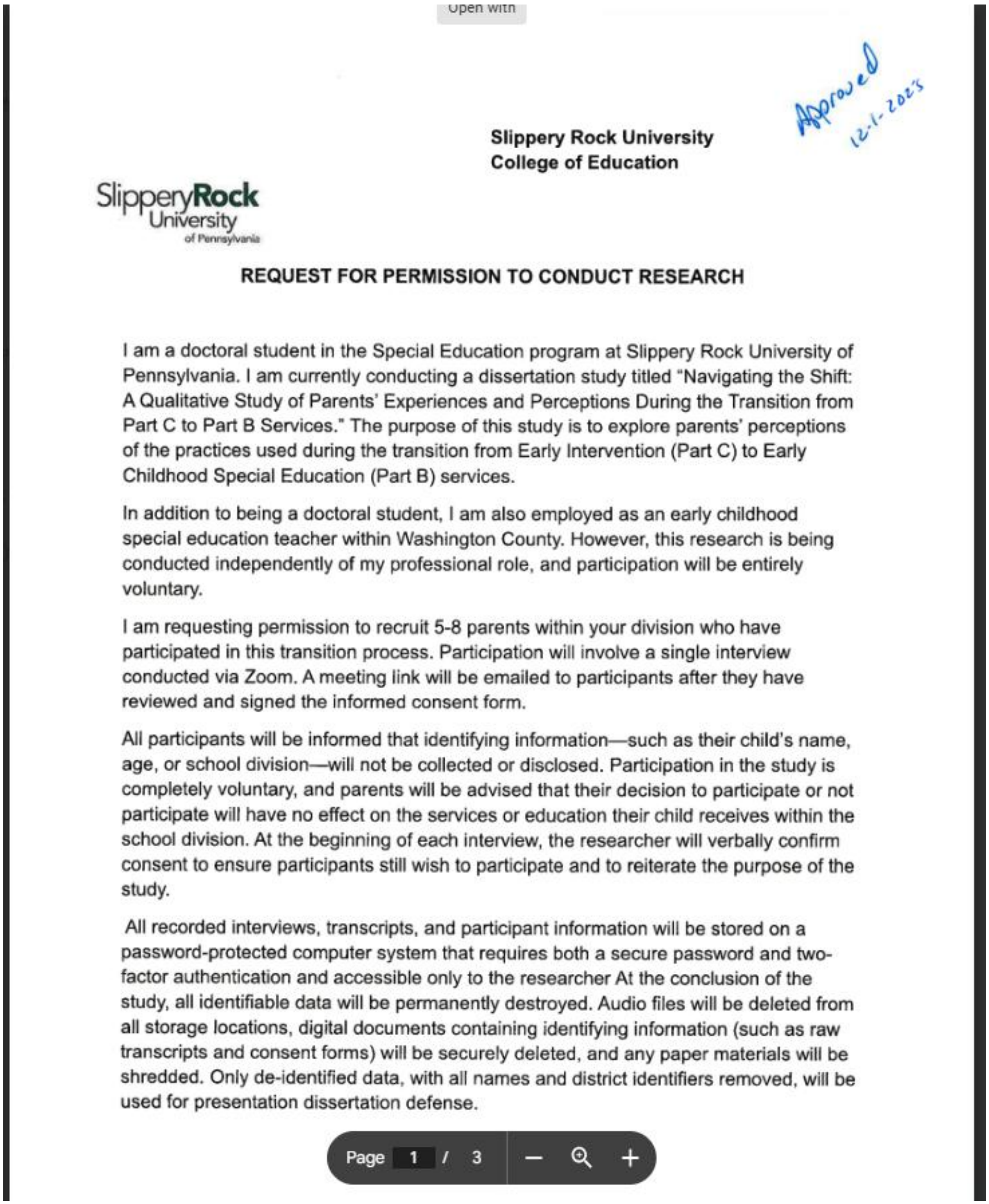
☐ I consent to audio recording.

☐ I do not consent to audio recording.

Printed Participant Name	Signature of Participant	Date

Initials: _____

APPENDIX D: REQUEST TO CONDUCT RESEARCH



Approved
12-1-2025

Slippery Rock University
College of Education

SlipperyRock
University
of Pennsylvania

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

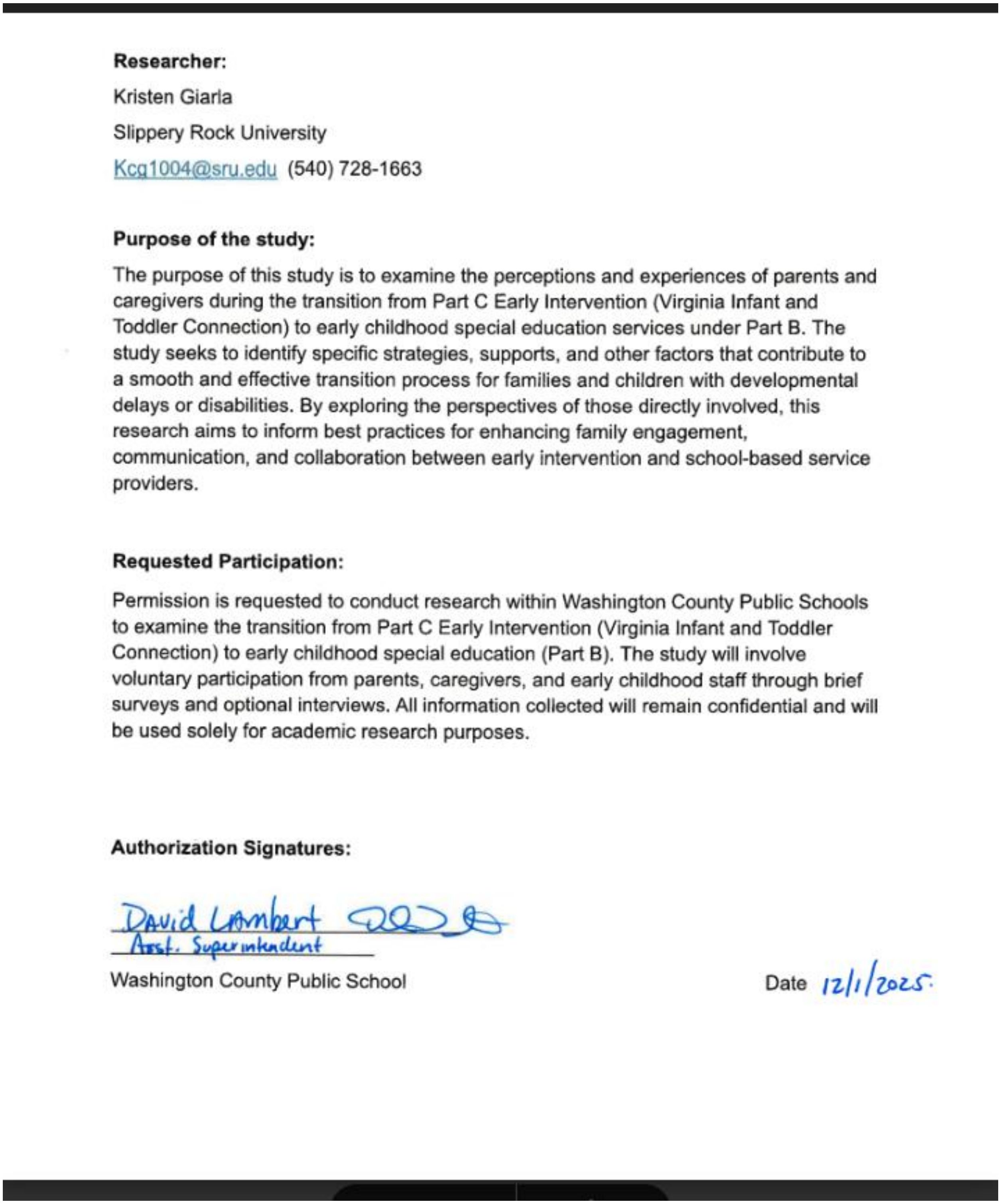
I am a doctoral student in the Special Education program at Slippery Rock University of Pennsylvania. I am currently conducting a dissertation study titled "Navigating the Shift: A Qualitative Study of Parents' Experiences and Perceptions During the Transition from Part C to Part B Services." The purpose of this study is to explore parents' perceptions of the practices used during the transition from Early Intervention (Part C) to Early Childhood Special Education (Part B) services.

In addition to being a doctoral student, I am also employed as an early childhood special education teacher within Washington County. However, this research is being conducted independently of my professional role, and participation will be entirely voluntary.

I am requesting permission to recruit 5-8 parents within your division who have participated in this transition process. Participation will involve a single interview conducted via Zoom. A meeting link will be emailed to participants after they have reviewed and signed the informed consent form.

All participants will be informed that identifying information—such as their child's name, age, or school division—will not be collected or disclosed. Participation in the study is completely voluntary, and parents will be advised that their decision to participate or not participate will have no effect on the services or education their child receives within the school division. At the beginning of each interview, the researcher will verbally confirm consent to ensure participants still wish to participate and to reiterate the purpose of the study.

All recorded interviews, transcripts, and participant information will be stored on a password-protected computer system that requires both a secure password and two-factor authentication and accessible only to the researcher At the conclusion of the study, all identifiable data will be permanently destroyed. Audio files will be deleted from all storage locations, digital documents containing identifying information (such as raw transcripts and consent forms) will be securely deleted, and any paper materials will be shredded. Only de-identified data, with all names and district identifiers removed, will be used for presentation dissertation defense.



Researcher:

Kristen Giarla
Slippery Rock University
Kcg1004@sru.edu (540) 728-1663

Purpose of the study:

The purpose of this study is to examine the perceptions and experiences of parents and caregivers during the transition from Part C Early Intervention (Virginia Infant and Toddler Connection) to early childhood special education services under Part B. The study seeks to identify specific strategies, supports, and other factors that contribute to a smooth and effective transition process for families and children with developmental delays or disabilities. By exploring the perspectives of those directly involved, this research aims to inform best practices for enhancing family engagement, communication, and collaboration between early intervention and school-based service providers.

Requested Participation:

Permission is requested to conduct research within Washington County Public Schools to examine the transition from Part C Early Intervention (Virginia Infant and Toddler Connection) to early childhood special education (Part B). The study will involve voluntary participation from parents, caregivers, and early childhood staff through brief surveys and optional interviews. All information collected will remain confidential and will be used solely for academic research purposes.

Authorization Signatures:

David Lambert
Asst. Superintendent
Washington County Public School

Date 12/1/2025.

APPENDIX E: IRB APPROVAL

SlipperyRock University of Pennsylvania
INSTITUTIONAL REVIEW BOARD
104 MALTBY AVENUE, SUITE 005
SLIPPERY ROCK, PA 16057
724-738-4846
irb@sru.edu

March 10, 2026

Dr. Jessica Hall-Wirth
Special Education

RE: Protocol Approved
Protocol #: 2026-068-88-B
Protocol Title: Navigating the Shift: A Qualitative Study to Parents' Experiences and Perceptions while Navigating the Transition from Part C to Part B Services

Dear Jessica:

Thank you for your new IRB submission. The Institutional Review Board (IRB) of Slippery Rock University has received and reviewed the above-referenced protocol utilizing the expedited review process. The IRB has approved the protocol under the “expedited” category.

You may begin your project as of March 10, 2026. Your approved protocol will expire on March 9, 2027. You will need to submit a Progress/Final Report at least 7 days prior to the expiration date. Please remember that all research must be conducted as described in the submitted approved materials. If any changes need to be made, a Change to Protocol Form must be submitted to the IRB Office for review and approval. A final report is required upon the closure of your research study. These forms can be on the IRB webpage, https://www.sru.edu/offices/institutional-review-board/how-to-apply-to-the-irb.

We appreciate your conscientious adherence to protecting the rights and welfare of human participants. If you have any questions or concerns, please contact the IRB Office by phone at (724)738-4846 or via e-mail at irb@sru.edu.

Sincerely,

Betsy Kemeny

Betsy Kemeny, Ph.D., Vice-Chairperson
Institutional Review Board (IRB)