



**GUIDELINES FOR  
EARLY CHILDHOOD TRANSITION TO SCHOOL  
FOR CHILDREN WITH SPECIAL NEEDS**

**Revised September 2002**

A partnership of:

**Manitoba Healthy Living · Manitoba Aboriginal and Northern Affairs · Manitoba Culture, Heritage and Tourism · Manitoba Education, Citizenship and Youth · Manitoba Family Services and Housing · Manitoba Health · Manitoba Justice · Manitoba Labour and Immigration / Status of Women**

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## **GUIDELINES FOR EARLY CHILDHOOD TRANSITION TO SCHOOL FOR CHILDREN WITH SPECIAL NEEDS**

### ***PHILOSOPHY OF INCLUSION***

*Inclusion is a way of thinking and acting that allows every individual to feel accepted, valued, and safe. An inclusive community consciously evolves to meet the changing needs of its members. Through recognition and support, an inclusive community provides meaningful involvement and equal access to the benefits of citizenship.*

*In Manitoba we embrace inclusion as a means of enhancing the well-being of every member of the community. By working together, we strengthen our capacity to provide the foundation for a richer future for all of us.*

*Manitoba Education and Youth  
2000*

The *Guidelines for Early Childhood Transition to School for Children with Special Needs* are based on the belief that those who know children with special needs well, their families, preschool service providers and support agencies, are the most effective people to work with school personnel to ensure a successful transition into the school system.

A carefully planned transition provides parents with an opportunity to participate as equal partners in the transition process and facilitates the child's entry to the school. Planning should begin at least one year prior to school entry.

It is recommended that communities create an inter-agency committee of service providers for preschool children with special programming needs, when appropriate. Membership might include parents, professionals from Manitoba Education and Youth, Family Services, Health/Regional Health Authorities, school division personnel, public health nurses, day-care coordinators and other service providers.

The frequency of the meetings should be decided by the inter-agency committee. The objectives of the interagency committee are to:

- a) establish a process for the early identification of preschool children (3-5 year olds) with special needs;
- b) provide parents of preschool children with special needs written information regarding the transition process from preschool to school;
- c) establish a long-range plan for supports and services required to meet the needs of identified students; and

- d) provide a vehicle for communication and collaboration among agencies and the school division.

Following are the roles and responsibilities of each partner in the transition -- the preschool sending agencies/organizations, the school division, the school, and parents -- in preparing children with special needs for entry into the school system.

## ROLES AND RESPONSIBILITIES FOR EARLY TRANSITION TO SCHOOL

The **Preschool/Sending Agency** will:

1. one year before a child's entry into school, collaborate with parents or initiate the transition in planning process. (Note: If more than one agency is involved with the child, agencies need to work together to ensure that relevant information is available from all service providers.);
2. collaborate with parents\*, as required, to complete the *Early Years Transition Planning Inventory*;
3. serve as a liaison between the family and the receiving program and attend intake meeting(s) with parents;
4. transfer information and reports after "Authorization for Exchange of Information" forms are signed; and
5. collaborate with parents and receiving program to develop a transition action plan. (Please refer to sample *Transition Action Plan*)

The **School Division (Student Services Administrator or designee)** will:

1. host the initial meeting of the school-based programming team, preschool/sending agencies/organizations and the family. The purpose of the meeting would be to:
  - a) identify what is known about the child, what needs to be known, and procedures for gathering further information to avoid duplicating assessments, evaluations and resources;
  - b) enable the Student Services Administrator to share information with parents, sending program, and school regarding school division policies and practice; and
  - c) collaborate with parents and sending program to develop a transition action plan.

The **Receiving School** will:

1. establish a team to attend transition meetings;
2. provide information about the receiving school and/or program to the family and the sending program;
3. receive and review relevant information and make it available to team members;
4. refer for required services and support (OT, PT, SLP, etc.); and
5. collaborate with parents and sending program to develop a transition action plan.

\*The term "parent" is used throughout to refer to parents, legal guardians, and/or others who have responsibility for caring for the child.

The **Parents** will:

1. contact the principal of the local school one-year prior to their child's entry to school. This can be done in collaboration with the child's preschool/sending agencies;
2. complete the *Early Years Transition Programming Information Inventory*, collaborating with the preschool/sending agencies, as required; and
3. attend transition meetings.

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***EARLY YEARS TRANSITION PLANNING INVENTORY***

(To be completed for students with special needs, by parents and/or preschool/sending agencies, prior to initial transition planning meeting.)

**Child Information**

Name \_\_\_\_\_

Date of birth (yy-mm-dd) \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Home School/School Division \_\_\_\_\_

Form completed by \_\_\_\_\_

Date completed \_\_\_\_\_ School entry target date \_\_\_\_\_

\* Please refer to *Guidelines for School Registration of Students in Care of Child Welfare Agencies*, if appropriate.

## Needs Inventory

Check the most appropriate item(s). Elaborate if necessary.

### **HEALTH CARE NEEDS**

- ( ) No health care intervention required
  
- ( ) Requires assistance to perform specific health care interventions during school hours; please describe \_\_\_\_\_  
  
\_\_\_\_\_
  
- ( ) Requires one or more of the following health care routines performed by a non-health care professional who receives training and monitoring by a registered nurse (*Unified Referral Intake System [URIS] Group B*)
  - \_\_\_ Clean, intermittent catheterization
  - \_\_\_ Gastronomy care and feeding and medication
  - \_\_\_ Emptying an ostomy bag and/or changing an established appliance
  - \_\_\_ Suctioning (oral and nasal)
  - \_\_\_ Responding to seizures when specific skills are required
  - \_\_\_ Assistance with blood glucose monitoring requiring specific action based on results
  - \_\_\_ Responding to low blood sugar emergencies
  - \_\_\_ Administration of pre-set oxygen
  - \_\_\_ Administration of adrenaline auto-injector
  - \_\_\_ Other health care routines required by the child and approved by URIS
  
- ( ) Requires complex medical procedures that must be performed by a registered nurse when apart from his/her family/caregivers (*URIS Group A*)
  - \_\_\_ Ventilator care
  - \_\_\_ Tracheostomy care
  - \_\_\_ Suctioning (tracheal/pharyngeal)
  - \_\_\_ Nasogastric tube care and/or feeding
  - \_\_\_ Complex administration of medication (i.e., via infusion pump, nasogastric tube or injection (other than Auto-injector)
  - \_\_\_ Central or peripheral venous line intervention
  - \_\_\_ Other clinical interventions requiring judgements and decision making by a medical or nursing professional

**SENSORY**

***Hearing***

- ( ) Normal
  - ( ) Deaf or hard of hearing
  - ( ) Other; please describe \_\_\_\_\_
- 

Environmental adaptation(s) (safety issues, equipment, materials, etc.) \_\_\_\_\_

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***Vision***

- ( ) Normal
- ( ) Low
- ( ) Glasses required
- ( ) Legal blindness

Environmental adaptation(s) (safety issues, equipment, materials, etc.) \_\_\_\_\_

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**MOBILITY**

- ( ) Independent
  - ( ) Independent with aids (e.g., walker, canes)
  - ( ) Mobile with aids; needs help on stairs, play structure, etc.
  - ( ) Mobile with aids under constant supervision
  - ( ) Independent wheelchair user
  - ( ) Wheelchair user, needs assistance (please specify) \_\_\_\_\_
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- ( ) Floor mobility only (e.g., hitching, rolling, crawling)
- ( ) Fully dependent for mobility

Environmental adaptation(s) (safety issues, equipment, materials, etc.) \_\_\_\_\_

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**FINE MOTOR OR PERCEPTUAL MOTOR SKILLS**

- ( ) Good fine motor skills
- ( ) Verbal guidance needed to make use of materials; some adaptation of materials needed
- ( ) Active guidance needed to use materials, limited coordination of fine motor skills
- ( ) Intensive guidance and repetition needed
- ( ) Incapable of many fine motor activities

Environmental adaptation(s) (safety issues, equipment, materials, etc.) \_\_\_\_\_

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**PSYCHOLOGICAL, EMOTIONAL AND COGNITIVE SKILLS**

***Attention and Concentration Skills***

- ( ) Able to independently engage in tasks for reasonable time with good concentration
- ( ) Verbal guidance needed to engage in tasks
- ( ) Active guidance needed to develop interest in tasks; difficulty focusing on activities
- ( ) Short attention span; severely limited in ability to focus on an activity or task

Comments \_\_\_\_\_

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***Communication Skills***

- ( ) Adequate receptive and expressive language skills
- ( ) Adequate receptive language but delayed expressive language
- ( ) Delayed receptive and expressive language
- ( ) Little or no expressive language but some receptive skills
- ( ) Severe communication disorder (receptive and expressive) -- needs multi-modal approach and direct assistance to communicate

Environmental adaptation(s) \_\_\_\_\_

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**Cognitive Skills**

- ( ) Above average cognitive skills
- ( ) Average cognitive skills
- ( ) Mild delay; some difficulty learning new skills; guidance and repetition needed
- ( ) Substantial delay in all area; difficulty learning new skills; guidance and supervision needed
- ( ) Severely limited ability to learn and much repetition needed

Comments \_\_\_\_\_

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**INDEPENDENCE AND ADAPTIVE SKILLS**

***Toileting***

- ( ) Fully independent
- ( ) Supervision required: please describe \_\_\_\_\_

\_\_\_\_\_

- ( ) Assistance required: please describe \_\_\_\_\_

\_\_\_\_\_

- ( ) Diapered

Environmental adaptation(s) \_\_\_\_\_

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***Dressing***

- ( ) Fully independent
- ( ) Verbal reminders and/or guidance required
- ( ) Periodic or partial assistance required
- ( ) Fully dependent

Environmental adaptation(s) \_\_\_\_\_

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### ***Eating***

- ( ) Independent
- ( ) Verbal reminders and/or guidance required
- ( ) Learning to eat; guidance and monitoring needed
- ( ) Constant supervision needed to ensure physical safety
- ( ) Needs to be fed
- ( ) Tube fed

Environmental adaptation(s) \_\_\_\_\_

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### ***Transitions (ability to change activities)***

- ( ) Changes handled easily
- ( ) Verbal cueing required
- ( ) Some behavioural reactions; adjustment period needed
- ( ) Severe difficulty with transitions

Describe \_\_\_\_\_

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### ***Ability to Play***

- ( ) Plays with other children
- ( ) Prefers to play alone; can play if guided to join activity
- ( ) Unable to play with other children; becomes easily overwhelmed or aggressive
- ( ) Does not interact with toys or objects

Environmental adaptation(s) \_\_\_\_\_

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### ***Social Skills***

- ( ) Age-appropriate social skills
- ( ) Needs help to plan and structure free play; needs guidance to be socially appropriate; responds to verbal prompting
- ( ) Active intervention needed for turn-taking, sharing; intervention required due to withdrawn behaviour
- ( ) Difficulty responding to limits; aggressive to self or others; often refuses to comply; very isolated from other children

Environmental adaptation(s) \_\_\_\_\_

***Required Supports***

Adaptations and/or equipment currently used at home and/or in preschool environment

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***Pertinent Diagnostic Information***

Diagnosis/Results of Assessment	Professional	Date

**Services The Child Is Currently Receiving/Attending**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Speech-Language Clinician \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Occupational Therapist (OT): \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Physiotherapist (PT): \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Day Care/Nursery School/Family Day Care \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Child Day Care Behaviour Specialist: \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Children's Special Services Family Services Worker \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Child Development Clinic Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

SMD (Preschool \_\_\_ Outreach \_\_\_) Contact \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

CNIB Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

St. Amant Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Rehab. Centre for Children Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Other Name/Agency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Please complete the attached "Authorization for Exchange of Information" form(s) so we are fully prepared for your child's entry to school.

**EARLY YEARS TRANSITION PLANNING INVENTORY**  
***AUTHORIZATION OF EXCHANGE OF INFORMATION***

I authorize:

\_\_\_\_\_ (sending name or agency)

\_\_\_\_\_ (sending name or agency)

\_\_\_\_\_ (sending name or agency)

to exchange written information concerning:

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

with \_\_\_\_\_  
(school division)

Parent/Guardian name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed \_\_\_\_\_

When completed, please send to the appropriate school division.

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***TRANSITION ACTION PLAN***  
**(sample)**

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

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

Summary of Needs (What do we know?)	Information Required (What do we need to know?)	Actions (What do we need to do?)	Roles and Responsibilities (Who will do it?)