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RESPONSE TO INTERVENTION: CHANGING THE WAY WE TEACH OUR CHILDREN

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RESPONSE TO INTERVENTION: CHANGING THE WAY WE TEACH OR CHILDREN

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ABSTRACT

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Passed on January 2, 2002, the No Child Left Behind Act has changed the way educators are looking at their student population. No longer are students in the wait- to- fail routine nor are they referred to Special Education for all minor or major discrepancies between their abilities and those of their peers. The nation today is implementing a multi-tiered, data-driven decision making procedure known as Response to Intervention to replace the learning disability discrepancy model which has been used for many years. Response to Intervention is a time consuming method used to intervene early to possibly detract from one's need for special education service. This thesis examines the good, the bad, and the ugly of Response to Intervention.

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CHAPTER 1

INTRODUCTION

Introduction

The purpose of this thesis paper is to look at the effects of Response to Intervention and how it affects our school systems, especially in the area of Special Education. More specifically, it answers the question…Will Response to Intervention lower the number of referrals for Special Education.

By definition Response to Intervention (RtI) involves regularly assessing proficiency of a skill. The skill can be academic, social, or behavioral. The assessment data provided from the assessment is then used to help group students and give them appropriate instruction in a way that will yield a positive result for them. Susan Hall, author of Create Your Implementation Blueprint, RTI Action Network, states that there are eight core principles of RTI.

1. Effectively teach all children.
2. Intervene early.
3. Use a multi-tier model of service delivery.
4. Use a problem-solving model to make decisions within a multi-tier model.

5. Use scientific, research-based validated intervention/instruction to the extent available.
6. Monitor student progress to inform instruction.
7. Use data to make decisions. A data-based decision regarding student response to intervention is central to RtI practices.
8. Use assessment for 3 different purposes (screening, diagnosis, and progress monitoring).

All students are able to partake in Response to Intervention. Not only does RtI provide the opportunity for educators to seek out students who have weaknesses but also students who have strengths in certain areas. These students with strengths also need to have specific instruction to meet their needs such as gifted and talented programs or higher level classes, as do students with identified weaknesses.

Chapter 2 clarifies terms that are specific to RtI and Special Education. The definitions include key terms and many acronyms that are used throughout the research. Also noted are brief descriptions of key people who share ideas and information on the subject of RtI and Special Education whose knowledge was used to provide accurate information and content to this thesis. The definitions provided serve the purposes of this paper and do not include multiple definitions unrelated to the content.

Chapter 3 examines the history behind RtI as well as the role that RtI plays in public schools today. It is not only changing the face of Special Education but also education as a whole. The discrepancy model is becoming a thing of the past and RtI is determining or will be determining the eligibility of students with specific learning

disabilities. RtI is relatively young in the history of education and as time goes on it will continue to grow and become more defined in the educational process.

In Chapter 4 the author uses research to explain and analyze RtI in order to evaluate the relevance and importance of this profound way of intervening in the lives of children every day in both academics and behaviors to ensure that they are receiving the most appropriate education. Researchers have given RtI much attention, although relatively new, to build a vast amount of research. Many schools are in the preliminary stages of implementing RtI, and they are eager to analyze data of their own to see the benefits that it has had on their student population.

For this thesis I surveyed teachers within local schools. RtI is affecting everyone in the education field. Locally we are not far behind the country when it comes to starting RtI and being flexible in our processes and outcomes. Sparta, Wisconsin is actually on the forefront of certain aspects of RtI. Regionally they are leading the way in basic skills assessments and progress monitoring in the elementary grades. Middle school and high school also receive RtI services. However, they focus on behavior and Positive Behavior Supports (PBIS).

Purpose of the Study

Over the past forty years, assessment and evaluation of student performance has been reviewed and discussed among educators across the world. The consensus has been that educators are embracing the need for change and with emerging federal policy they will receive the direction and guidance needed for this change. The No Child Left

Behind Act (2002) and the reauthorizations of it provides districts with the framework to begin the process of RtI. Framework is the key term. As with most legislation it does not give districts a set in stone model of what to do, but rather ideas and suggestions for implementation. These models leave school districts confused and often waiting until someone else comes up with a model to be successful.

There is little validity and consistency between districts that are using RtI. This is one reason that research is needed on this topic. There are many programs that are quoted as saying they will provide a total RtI package for districts willing to pay for their materials. RtI is in no way a quick fix program. Districts that are implementing RtI should expect to spend several years working through the ups and downs of the ever-changing ideas and practices surrounding RtI.

The success of RtI is in the details according to Dr. Fuchs (2006). If professionals are not administering the evaluation assessments appropriately the effort will be lost. Neither students nor professionals will benefit from this method. Research needs to be conducted to ensure that assessment programs are accurate and appropriate for meeting the needs of each student. Companies are selling programs to use for RtI but are not providing the training needed for the efficacy of the program.

As school districts start trying programs and meandering their way through the RtI trail, research will need to continue to determine the effects that it is having on their student population. This is going to be a very lengthy and involved endeavor.

This thesis investigates how RtI is being implemented regionally. In order to understand the regional effects, a better understanding of RtI as a whole was needed.

Importance of the Study

As a Special Education Teacher I am very interested in the effects of RtI within the Special Education realm. Each program that is brought in to our district affects us all. RtI will play a major role in early identification of student needs and hopefully will lower the number of Special Education referrals. My hope is that regular education and Special Education teachers can work more closely together to provide appropriate modifications and accommodations to all students, not just students in the Special Education program.

The results of this thesis are very important to my understanding and knowledge of RtI. Ideally I would like to be the RtI specialist in our district, and I feel that the research conducted for this thesis paper is a way to become as educated as possible in all that is RtI.

Limitations of the Study

RtI is a very complex program. The program is relatively new and because of that there is limited research and the research that exists is within the same scope. Because of the individual implementation of RtI the studies, results, and methods warrant limited research with limited scope.

Since the legislation is not specific on the method that each district must use in implementing RtI, the formats and strategies that each school implements is almost

incomparable. The overall goal of RtI is similar but the road each school is taking to get there is very diverse. Due to these variables, comparing data is difficult and often erratic. These limitations make gathering information challenging.

The study was conducted using districts in a primarily rural setting, and while the results may not be entirely applicable to districts of larger sizes, nevertheless, they will provide an important foundation that other districts can consider in their implementation process.

CHAPTER 2

DEFINITIONS and KEY AUTHORS

Definitions

The complexity of RtI necessitates the need for definitions of the many key terms and phrases that comprise RtI as a whole. The following is an abridged list of terms and that will be used throughout this thesis.

Accommodation: To change the environment, setting, or program that provides students with an opportunity to be successful and demonstrate what they know or have learned. Accommodations DO NOT change the standard or the expectations.

Adherence: To support, adhere; allegiance, or attachment (2010) Retrieved on February 15, 2010, from *http://dictionary.reference.com/browse/adherence*

Affirmative: To assert that something is true or positive, giving a word or statement to agree with or assent. (2010) Retrieved on February 15, 2010, from *http://dictionary.reference.com/browse/affirmative*

Allocation: To set apart for a special purpose; designate or distribute according to plan. (2010) Retrieved on February 15, 2010, from *http://dictionary.reference.com/browse/allocation*

Analysis: To separate an intellectual or material whole into its constituent parts for individual study (2010) Retrieved on February 15, 2010, from *http://dictionary.reference.com/browse/analysis*

Assessment: To assess; appraise or evaluate; to effect appraisal or evaluate on a specific skill or skill set. (2010) Retrieved on February 15, 2010, from *http://dictionary.reference.com/browse/assessment*

At Risk: To identify a child as needing additional assistance; or the team decides a student needs interventions for a developing behavioral problem.

Attention Deficit / Hyperactivity Disorder (ADD or ADHD): To be diagnosed with ADHD is primarily characterized by "the co-existence of attention problems and hyperactivity alone, with each behavior occurring infrequently. http://www.ask.com/wiki/Hyperactivity&qsrc=3044

Audit: To hold an official examination and verification of accounts and records (2010) Retrieved on February 15, 2010, from *http://dictionary.reference.com/browse/audit*

Baseline Data: To gather basic information before an intervention is in place. It is used later to provide a comparison for assessing program impact.

Examples: Current rate of Word Wall Word recognition

Number of times student displays interrupting behavior

Number of missing assignments/incomplete work

Benchmark: To achieve a standard by which something can be measured or judged. (2010) Retrieved on February 15, 2010, from *www.aimsweb.com*

Categorical: To be without exceptions or conditions; absolute; unqualified and unconditional. (2010) Retrieved on February 15, 2010, from *http://dictionary.reference.com/browse/categorical*

Component: To be an element or part of a whole.

Consent: To permit, approve, or agree; comply or yield. To gain acceptance.

Criteria: To have a standard of judgment or criticism; a rule or principle for evaluating or testing something

Disability: To possess the inability to pursue an occupation because of a physical or mental impairment; *specifically* : inability to engage in any substantial gainful activity because of a medically determinable physical or mental impairment that

can be expected to result in death or to be of long continued or indefinite duration in accordance with the Social Security Act. In *Merriam-Webster Online Dictionary*. Retrieved July 23, 2009, from http://www.merriam-webster.com/dictionary/casework

Disproportionality: To have an over or under representation of minority students in Special Education. In other words, there is a disproportionate number, either a significantly larger or smaller percentage, of students from a specific minority background receiving Special Education services than the percentage of that minority in the population generally.

Entities: To have an existence or something that is real.

Entitlement: To give (a person or thing) a title, right, or claim to something

FAPE: To stand for "free appropriate public education." This right is guaranteed to students with disabilities by IDEA. The provision states that Special Education and related services, in accordance with the state's standards, are provided free of charge under public supervision and direction in compliance with the student's IEP. It includes preschool, elementary school, or secondary school education.

Handicap: To possess a physical or mental disability making participation in certain activities of daily living more difficult than usual.

Impose: To take unfair advantage of; misuse.

Inclusion: To occur when students with disabilities are included in the general education classroom/program to the extent possible. Any support services the student needs will be provided in this setting.

Inclusionary: To include or make part of.

Individual Education Plan (IEP): IEP stands for *Individualized Education Program* (alternatively called an "Individualized Education Plan," "Individual Education Plan," or some combination thereof). This is a legally binding document that spells out exactly what Special Education services a child will receive and why. It will include a child's classification, placement, services such as a one-on-one aide and therapies, academic and behavioral goals, a behavior plan if needed, percentage of time in regular education, and progress reports from teachers and therapists. The IEP is planned at an IEP meeting.

Individuals with Disabilities Education Improvement Act (2004): To have federal legislation that requires state and local aid for Special Education and related services for children with disabilities. Most provisions of Public Law (PL) 108-446 went into effect on July 1, 2005. The requirements regarding "highly qualified" Special Education teachers became effective immediately upon signature.

Initiative: To act or step in an introductory method or leading action.

Instructional Strategy: To have an instructional plan and activities employed by a teacher to develop knowledge and skills. The activities are based on data about student needs. Examples: A teacher uses KWL graphic organizer to teach students the skill of activating prior knowledge. They also supplement verbal with visual instruction.

Integrity: To adhere to moral and ethical principles; soundness of moral character; honesty.

Intervention: To be an intervention there must be a systemic use of a technique, program or practice designed to improve learning or performance in a specific area of student need. An intervention includes:

* Specific, locally agreed-upon and measurable outcomes for academic, social and/or behavioral functioning

* A well-defined plan identifying participants, timelines, frequency, and scope of interventions

* Precise methods for monitoring progress at designated intervals

* Evidence-based or scientifically-supported practices implemented consistently with their design and purpose

* An explicit link to educational decision-making

Example: A student receives an additional 30 minutes of instruction 3 times a week using READ Naturally to improve reading fluency. A weekly check is used to monitor progress.

Learning disability: To have a disorder in which a person has difficulty learning in a typical manner, usually caused by an unknown factor or factors. The unknown factor is the disorder that affects the brain's ability to receive and process information.

Least Restrictive Environment (LRE): To refer to the concept that children with disabilities should be educated to the maximum extent possible with children who are not disabled while meeting all their learning needs and physical requirements. The type of setting is stipulated in a child's IEP.

Mainstream: To place a student with a disability into a general education classroom or any non-academic setting (such as physical education, lunch, etc.) for any part of the school day. This type of placement is often seen as being appropriate once it is determined that the child is able to keep up academically or interact appropriately with the other students.

Mental retardation: To have a developmental disorder characterized by a subnormal ability to learn and a substantially low IQ.

Modification: To provide changes to curricular or behavioral expectations, and/or standards for individual students. The resulting student end-product is not equal to that of other students. (Comment: keep in mind that fairness and equality are not the same thing.)

Examples: Including a student in the same theme or unit as peers but providing a different set of tasks or expectations.

Providing a word bank for fill-in-the blank assignments.

Substituting a 2nd grade word wall list with a 1st grade list.

Parameters: To be constant in an equation that varies in other equations of the same general form, especially such a constant in the equation of a curve or surface that can be varied to represent a family of curves or surfaces.

Paramount: To be the chief in importance or impact; supreme; preeminent.

Placement: To assign students to the appropriate location; arrangement of.

President's Commission on Excellence in Special Education (2002): To learn more about Special Education, on October 3, 2001, President George Bush established a Commission on Excellence in Special Education to collect information and study issues related to Federal, State, and local Special Education programs with

the goal of recommending policies for improving the education performance of students with disabilities.

Prevention: To prevent or impede; an act of hindrance.

Procedural safeguards: To define the rights of students with disabilities The Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities explains the specific rights and responsibilities of the parent in the Special Education process. The Individuals with Disabilities Education Improvement Act 2004 (IDEA 2004) requires school districts to give parents the Procedural Safeguards only one time a year, except upon: initial referral or on request for evaluation; the first occurrence of the filing of a due process hearing complaint; or upon request by a parent.

Progress Monitoring: To assess using a scientifically based practice that is used to monitor students' academic performance and evaluate the effectiveness of instruction over a set period of time.

Public school: To be a school that is maintained at public expense for the education of the children of a community or district and that constitutes a part of a system of free public education commonly including primary and secondary schools.

Reauthorization of IDEA: To change the original IDEA, The Individuals with Disabilities Education Act (IDEA) is the primary federal program that authorizes state and local aid for Special Education and related services for children with disabilities. On December 3, 2004, President Bush signed the Individuals with Disabilities Education Improvement Act, a major reauthorization and revision of IDEA. The new law preserves the basic structure and civil rights guarantees of IDEA but also makes significant changes in the law. Most provisions of Public Law (PL) 108-446 go into effect on July 1, 2005. The requirements regarding "highly qualified" Special Education teachers became effective immediately upon signature.

Rectify: To make, put, or set right; remedy; correct.

Refer: To recommend to someone or for something.

Reimburse: To make repayment to for expense or loss incurred.

Related Services: To provide any developmental, corrective, and other supplemental services that a child may need to benefit from his or her education. Examples include transportation, rehabilitation counseling, physical and occupational therapy, speech-language pathology and audiology services, recreation, counseling, social work services, psychological services, orientation and mobility

services, health related services, and assistive technology (Wisconsin Department of Public Instruction, 2007).

Response to intervention (RTI): To be an early intervening strategy; this includes the provision of systematic, research-based instruction and interventions to struggling learners. It is a comprehensive, multi-tiered intervention strategy to enable early identification and intervention for students at academic or behavioral risk. Instruction and interventions are matched to the student's needs and continuous monitoring of progress is conducted. RtI allows educators to identify and address academic and behavior difficulties prior to student failure.

Section 504 of the Vocational Rehabilitation Act (1973): Legislation that protects the rights of individuals with disabilities in programs and activities that receive federal funds from the U.S. Department of Education. Section 504 regulations require a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. This may be defined as regular or Special Education services. Section 504 does require development of a plan, usually referred to as a 504 plan, although this written document is not mandated. The Individualized Education Program (IEP) of IDEA may be used as the 504 plan. Typically, a student who needs 504 services needs accommodations and/or related services but does not need special placement or instruction from a Special Education teacher. For example, students with ADD or ADHD, who do not qualify under the disability categories of IDEA, often have

504 plans. General education teachers, resource teachers, and speech and language therapists usually provide the additional services.

Sensory Disorder: To possess a condition that exists when sensory signals do not get organized into appropriate responses.

Special Education: To describe Special Education refers to a range of educational and social services provided by the public school system and other educational institutions to individuals with disabilities who are between three and 21 years of age.

Specific learning disability: To have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculation. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include a learning problem that is primarily the result of visual, hearing or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage (IDEA Amendments of 1997, PL105-17, 11 Stat. 37 (20 USC 1401(26))

Standardized tests: To be a test that is administered or given according to specifically

instructed directions given to the instructor by someone within the school system or state.

Sustain: To keep in existence or maintain.

Systematic: To have, show, or involve a system, method, or plan.

Key Authors

Adam Battle: A research assistant who works at and assists on the National Center on Response to Intervention in web-based applications that support nation-wide training and development, website maintenance, and support with computer software. Adam worked for Mid Michigan Community College as a mathematics instructor. Adam graduated from Central Michigan University in August 2007 with a B.S. in Economics.

George W. Bush: A former president who passed the No Child Left Behind Act (2001) This act holds teachers accountable for all students they teach. It states that all children should be able to read by the 3rd grade. This act made many changes occur in the public school system.

Louis Danielson, Ph.D: A managing director serving as a Senior Advisor to the National Center on Response to Intervention. Dr. Danielson is a national leader in the field of Special Education who has been involved in programs that improve results for students with disabilities for over three decades. He brings an unparalleled and unique depth of knowledge in both Special Education policy and research. Dr. Danielson Ph.D. attended Pennsylvania State University. His career spans several roles in education including secondary school science and mathematics teacher, school psychologist, and university professor. Until recently, he held leadership roles in the U.S. Office of Special Education Programs and was responsible for the discretionary grants program, including technical assistance and dissemination, personnel preparation, technology, parent training priorities and state improvement grants. He has served in numerous research and policy roles and has been involved in major school reform activities. A frequent contributor to professional journals, Dr. Danielson has published extensively in the literature and is a frequent speaker at national conferences, international conferences and events focusing on Special Education. His particular areas of interest include policy implementation and evaluation and scaling up of evidence-based practices.

Amy Elledge: A senior research analyst, is serving as the Deputy Director for the National Center on Response to Intervention. Her areas of expertise include education policy analysis and program evaluation, particularly related to students with disabilities. In addition to the RtI Center, Dr. Elledge works at the Great

Lakes East Comprehensive Assistance Center which, in partnership with Learning Point Associates, provides customized technical assistance to three state education agencies to support local districts and schools in implementing the No Child Left Behind Act, the most recent reauthorization of the Elementary and Secondary Education Act (ESEA). Previously, Dr. Elledge worked on the National Longitudinal Study of the No Child Left Behind Act of 2001 (NCLB), which was a four-year longitudinal evaluation of the district and school- level implementation of NCLB.

Douglas Fuchs: A Nicholas Hobbs Professor of Special Education and Human Development and Co-Director of Vanderbilt University's Kennedy Center Reading Clinic. Dr. Fuchs has been the Principal Investigator of 45 federally-funded research grants, including Co-Principal Investigator of OSEP's Progress Monitoring Center and Co-Principal Investigator and Director of OSEP's National Research Center on Learning Disabilities (NRCLD). He has researched effective and practical pre-referral interventions, peer-assisted learning strategies in reading and math, curriculum-based measurement procedures, and methods of re-integrating students with high-incidence disabilities into mainstream settings. Dr. Fuchs has authored or co-authored more than 250 articles in peer-reviewed journals, and has won "best paper" awards for several of these publications, including the American Educational Research Association's Palmer O. Johnson Award, the American Psychological Association's Fellows' Award (Division 16), the Samuel A. Kirk Award (Division for Learning Disabilities of the Council for

Exceptional Children), and "Best Paper of the Year" Award (National Association of School Psychologists). In 2001, he was named Joe B. Wyatt Distinguished University Professor by Vanderbilt University. In 2003, along with Lynn Fuchs, he was awarded the Council for Exceptional Children's Career Research Award. In 2005, Dr. Fuchs received Vanderbilt University's Earl Sutherland Award for Achievement in Research.

Lynn Fuchs: A Nicholas Hobbs Professor of Special Education and Human Development at Vanderbilt University. Dr. Fuchs is a nationally recognized expert on classroom-based assessment and instructional methods to enhance outcomes for students with disabilities. She has been Principal Investigator of 45 federally-funded research grants. In addition to serving as senior consultant to OSEP's Progress Monitoring Center and as principal investigator of the National Research Center on Learning Disabilities (NRCLD), Dr. Fuchs is the co-director of the Vanderbilt Reading Clinic. Her research has examined methods to track and account for student growth and procedures for enhancing the outcomes of students with disabilities in reading and math. Dr. Fuchs was the co-editor of The Journal of Special Education for 15 years and currently serves on the boards of 10 journals. In 1998, she was the co-recipient of the Mayor's Award: Educator of the Year (Nashville, TN) and won the Palmer O. Johnson Memorial Award for the best article in an American Educational Research Association journal. Dr. Fuchs was also the recipient of the Samuel Kirk award for Best Practice Article in Learning Disabilities Research and Practice (2000), School Psychology Review

Best Article of the Year award (2001), and Career Research Award from the Council for Exceptional Children (2003).

Stephanie Jackson: A Managing Research Analyst, is serving as a Senior Advisor to the National Center on Response to Intervention. In addition to this role, Dr. Jackson serves as the Co-Project Director of the Task Ordering Contract for the Office of Special Education Programs (OSEP). She is responsible for assisting OSEP to assume a proactive stance to communicating research-based knowledge for improving results for children with disabilities to multiple audiences. For the past three years, Dr. Jackson has been directing the Special Education component of New York Special Education Audit Project, which examines the alignment of curriculum, instruction, and assessment as well as professional development, management, and compliance through multiple lenses of data collection and analysis in districts identified for corrective action under NCLB. The process is intended to generate findings in concert with district participants to help districts identify probably causes, areas for improvement, and ways to generate plans to overcome their individual barriers to success.

Maurice McInerney: A Managing Research Analyst, is serving as the Co-Principal Investigator for the National Center on Response to Intervention, as well as a Senior Advisor to the Center. Dr. McInerney is a nationally recognized expert on disability policy and translating research into practice for students with disabilities and their families. He has successfully directed over 50 research, training, and

technical assistance projects. Dr. McInerney also currently serves as Co-Principal Investigator of the National Center on Student Progress Monitoring. Notable accomplishments include his oversight of the Center's technical review of the scientific rigor of progress monitoring tools. This work is supporting increased national standards for progress monitoring in grades K-5. He also serves as Investigator on the Center for Early literacy Learning and is responsible for overseeing specialized technical assistance to states on scaling up evidence-based practices for early literacy. In addition, Dr. McInerney has directed AIR's Technical Support Contract with the Office of Special Education Programs (OSEP) since 1998. In this role, he conducts policy, communication, and evaluation tasks of interest to the Division's policymakers.

Anthea Medyn: A Research Associate, works with several of the Service Areas at the RtI Center, including Implementation Support, Communicating RtI Knowledge, and Evaluation, and also serves as a Technical Assistance Support Specialist for the Mid-South and Northeast Regions. Her responsibilities with the Center include supporting Technical Assistance, Information Sharing Communities, and Communicating RtI Knowledge. Anthea also works with the K-8 Access Center in dissemination of resources, and on the Systems Improvement in Children's Mental Health project. Anthea graduated from The College of William and Mary with a B.A. in Public Policy.

Dan Reschly: A Professor of Education and Psychology in Peabody College, Vanderbilt University where he is Chair of the #1 ranked Department of Special Education in

the U.S. He is widely recognized as an expert in RtI who regularly writes and presents on the topic of RtI and delivers continuing education workshops in 46 states. He has received three NASP Distinguished Service Awards, the NASP Lifetime Achievement Award, and the Stroud Award. In 1999 he was listed in the top 5 among school psychologists in career service contributions and in 2004 he was identified as the most widely cited author in school psychology books and journals over 2002-2004. From 1975 to 1998 Reschly directed the Iowa State University School Psychology Program where he achieved the rank of Distinguished Professor of Psychology and Education.

Tessie Rose: Analyst who serves on the National Center on Response to Intervention as the co-coordinator of Technical Assistance and Telecommunication Supports, Technical Assistance Liaison for the Southeast and Western Regions, and Task Leader for Technical Assistance Documentation and Evaluation. Prior to joining AIR, Dr. Rose served as a special education teacher in one of Utah's first RtI schools, an educational consultant for several large school districts, and a project coordinator for several grant and contract projects, including model demonstration sites in progress monitoring and response to intervention in elementary and middle schools. She is a former assistant professor at the University of Nevada, Las Vegas, and has conducted introductory to advanced trainings in RtI related topics for teachers, school administrators, and state officials in nearly 35 states. She has presented all over the country and authored several publications, including "How to Conduct Spelling and Writing Curriculum Based Measurement" in Hosp, Hosp, and Howell's The ABCs of CBM. Dr. Rose

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Nancy Safer: A Managing Research Scientist is the Co-Principal Investigator and director of the National Center on Response to Intervention. Dr. Safer has over 30 years of experience in special education with expertise in program development and policy research and analysis related to services for children and youth with disabilities. In addition to her role on the National Center on RtI, she is also Co-Principal Investigator of the National Center on Student Progress Monitoring and the Center for Implementing Technology in Education (CITEd), both funded by the U.S. Department of Education, Office of Special Education Programs (OSEP). Dr. Safer is the former executive director of the Council for Exceptional Children (CEC) where she provided, for almost 10 years, strategic and operational leadership in the management and coordination of the organization. At CEC, Dr. Safer provided conceptual leadership for the ERIC Clearinghouse on Disabilities and Gifted Education, the OSEP-ERIC Special Project, the ILIAD and ASPIIRE Partnership Projects, and the National Clearinghouse for Professions in Special Education. She also served as the Principal Investigator during the initial phases of the Partnerships Projects and the National Clearinghouse for Professions in Special Education. Dr. Safer was the former director of the Division of Educational Services at the U.S. Department of Education Office of Special Education Programs in which she was responsible for

the Infants and Toddlers with Disabilities Program and the Preschool Formula Grants Program, and eight discretionary grants programs. Dr. Safer is widely published including directing three annual reports to Congress on the implementation of the Education for All Handicapped Children Act and many other publications related to early childhood, special education, inclusion and other topics.

Jenny Scala: A Research Analyst, who is a Technical Assistance Support Specialist for the Southeast and Western Regions. In addition to the RTI Center, Jenny serves as a Technical Assistance Liaison for the National High School Center. She is currently the coordinator for a joint initiative with the High School Center, the RtI Center, and the Center on Instruction focusing on tiered interventions in high schools. Jenny has provided technical assistance to states, districts and schools for 10 years. Her experience includes assisting state education agency staff create new strategies for supporting underperforming districts and schools; assisting states in addressing issues related to high school redesign; aligning teacher certification and licensure requirements to include evidence-based practices; and creating statewide frameworks focused on improving adolescent literacy outcomes. She has also worked with districts to provide volunteers training aligned to district curriculum, and has provided social/emotional programs to both middle and high school students. Ms. Scala holds an M.A. in Education Policy and Management from the Harvard Graduate School of Education.

Darren Woodruff: A Principal Research Analyst who serves as Co-Project Director for

the National Center on Response to Intervention. Dr. Woodruff has a Ph.D. in educational psychology from Howard University, and works in a variety of research and technical assistance capacities on issues of school improvement and reform, supports for at risk youth, and disproportionality in Special Education. He also currently manages AIR's subcontract on the Great Lakes East Comprehensive Assistance Center, which provides technical assistance on disproportionality, RtI and other school reform issues in Indiana, Michigan, and Ohio. In April 2007, he was awarded an SEA contract to address disproportionality in Rhode Island. For the Elementary and Middle Schools Technical Assistance Center, he provided LEA training on effective behavioral supports and school violence prevention. Dr. Woodruff has also worked as an Associate Research Scientist with the Comer School Development Program at Yale University. Dr. Woodruff's numerous publications include the Harvard Civil Rights Project report, Racial Inequity in Special Education, and presentations on disproportionality at the NAACP, RRC, and Improving America's Schools national conferences.

CHAPTER 3

LITERATURE REVIEW

The Legal History of Response to Intervention (RtI)

The National Commission on Excellence in Education published A Nation at Risk in 1983, document which produced many questions and concerns about the state of education systems and practices in the United States. Since then, professionals at the local, state, and federal levels have placed an enormous amount of effort into improving student performance. Unfortunately the focus was placed on the "at risk" students rather than the student population as a whole.

In 1994 the Individuals with Disabilities Education Act was passed. This act brought regular education teachers and special education teachers together as one. Following this ground breaking act in 1994 the reauthorization in 2004 made a new path for the way students are evaluated and placed for special education services. The reliance on IQ testing is no longer the absolute. IDEA 2004 permits states to use an alternative method including the "response to intervention" model (RtI).

President Bush signed into law the No Child Left Behind Act on January 2, 2002. The main goal of No Child Left Behind (NCLB), is to ensure that students are making healthy social and academic gains within a school. It also holds schools accountable for

student growth. RtI gives schools a clear cut model of research-based interventions and data that can be used to measure each child's growth.

Where it All Began...

In 1920 the idea of the IQ-achievement discrepancy was introduced by R. Franzen. Franzen coined the term of *Accomplishment Quotient*, which he stated was the ratio of educational quotient (EQ) to intelligence quotient (IQ). The IQ was determined based on the power of adaptation, and its correlation to possible school progress. The quotient of what the child could do vs. what they were actually doing was thought of as the "discrepancy model" of the 1920's. Laziness was also a "label" of the 20's. Students who showed a lack of effort were thought to be dull students or students who did not meet requirements. These students did not meet the quotient required for extra help but did get a little extra push to be successful. In 1922 Franzen's work was reviewed and Toops and Symonds found that that there were a number of inconsistent and unreliable flaws in his method (Franzen, 1922). In 1923 J.C. Chapman pointed out that one cannot use data that do not match from test to test. W.R. Wilcom (1928) said those conclusions based on the use of the AQ are misleading and not valid (Wilcom, 1928).

The IQ achievement discrepancy was introduced by Bateman in 1965. By definition Bateman stated that an educationally significant discrepancy between estimated intellectual potential and actual level of performance related to basic disorders in the learning process is an IQ achievement discrepancy (Kavale, 1987). This method, however, was not written into new legislation. The definition of "severe discrepancy" has changed many times over the course of education. At times it compared students to

their same aged peers, to their grade level, or to percentage they achieved on any given assessment. By 1977, the specific learning formula had been dropped from the formula but not the concept of the discrepancy model. Vague definitions were given that described the limitations of a team in determining that a child has a specific learning disability.

Since the idea of a discrepancy model was still pertinent but without specifics, states were left on their own to determine methodology. Because states were using their own methods there was a dramatic difference in cases from state to state or even district to district. Since the 1920's the discrepancy model has been discussed, debated, and revised. Although discrepancy is not perfect it has been found, up until now, that it is a necessary evil in the process of learning disability determination. Discrepancy model usage can prove beneficial; however, researchers continue to ask that professionals use it only as a part of the whole when evaluating a student for a learning disability. The exclusive use of the traditional standard deviation of 1.75 points between ability and performance is going to be a thing of the past.

In 1976 the Education for All Handicapped Children Act of 1975 was passed. This act is also known as PL-94-142. This is one of the most influential laws in the history of Special Education. Several very important mandates came about through this law, some of which are: free and appropriate public education for students with disabilities, an education in the least restrictive environment (LRE), due process rights for parents, access to technically adequate and nondiscriminatory evaluation procedures as well as many other provisions.

IDEA was also reauthorized in 1997 to identify 13 categories of disabilities. Fifty-two percent of students with disabilities fall under the learning disabilities category. Definition and eligibility for those categories continued to be a concern and roughly debated topic. IDEA 97 also addresses the significance of new issues, such as interventions for Special Education students. Other methods such as problem solving and appropriate modeling were also brought to the forefront.

A New Beginning

As the idea of the discrepancy model became more and more of a hot topic the idea of RtI began entering the vocabulary of education professionals. The provision of IDEA in 2004 has changed the way that educators look at qualifying students for Special Education. The new language is as follows:

1. States *must not* require use of significant *discrepancy* as part of determination of Specific Learning Disability.
2. States *must permit the use* of a process based on a child's *response to* scientifically based *intervention* as part of determination of a Specific Learning Disability.
3. States *may permit* the use of other alternative research-based procedures to determine whether a child has a Specific Learning Disability (IDEA 2004).

The language change that is denoted in italics changes the options that professionals and parents have when determining if their student qualifies for a specific

learning disability. Once again the legislation is not telling states exactly what to do but rather telling them what not to do. This is the beginning of the debate on RtI.

As stated previously Response to Intervention, otherwise known as RtI, is an early intervening strategy, which includes the provision of systematic, research-based instruction and interventions to struggling learners. It is a comprehensive, multi-tiered intervention strategy to enable early identification and intervention for students at academic or behavioral risk. Instruction and interventions are matched to the student's needs and continuous monitoring of progress is conducted. RtI allows educators to identify and address academic and behavior difficulties prior to student failure. The wait to fail model is no longer the only option in identifying students with special needs. RtI opens doors that were never before available to teachers, parents, and students. Special Education teachers and regular education teachers are now working in a singular motion to achieve similar goals for their students. RtI focuses on every child, allowing all children to have access to the resources that they need.

The Basics of Response to Intervention

The primary understanding of RtI is in the pragmatics of the program. There are many key terms and without understanding of those terms RtI will not make sense. By reviewing the key terms and definitions section of this thesis the following information will become much clearer.

The United States Department of Education has charged schools with assessing all students in order to effectively evaluate them under the RtI model. To begin the RtI

process, educators must first decide what they will be assessing, whether it is academics, social skills, and/or behaviors. From this they must set up an intervention team in order to establish constancy, knowledge, and validity. This team must decide what method of assessment they will use and who will be administering it. Those who administer need to be well trained on any and all assessments that they will be using. After the assessment is conducted the intervention team must meet to evaluate the results of the assessment. The results will be analyzed and determinations will be made as to which tier each student falls under in each skill set. The following procedures will then be executed. Students who are not meeting expectations will receive interventions which will be established by the school. The students who that are above expectations should receive extra instruction or elevated instruction to match their abilities. The students that fall with in the average range will continue to be monitored to ensure that they are not falling in one of the other categories. The students who did not make the benchmark will need to be progress monitored every two weeks. This is to ensure that any interventions being conducted are proving to be beneficial to the student. The three steps of assessment are mandatory in the RtI process (McGraw Hill pg. 3). This seems as if it is a very basic model. The simplicity is deceiving. Much time needs to be spent on setting up benchmark expectation, assessment procedures, scheduling, and overall conducting of the RtI method. The way the model is carried out is the most crucial part of the whole experience.

Table 1. Purposes of Three Types of Assessment

	Screening	**Progress Monitoring**	**Diagnostic Test**
Population	School-wide	Class/small group of students	Individual student
Uses	Broad index	Specific academic skill or behavioral target	Specific academic, domains of knowledge, skills, or abilities
Frequency	Yearly/ 3X/Monthly	<3 weeks/weekly/daily	Yearly
Purpose	Identify students who are at risk	Regroup students	Identify specific student deficits
Focus	School focus	Student/Class focus	Student focus
Instruction	Class/School instruction and curriculum decision	Within intervention	Selecting curriculum and instructional methods
Implications	As first step for intervention planning	Continue or revise placement	Planning or specifying intervention

Why Use RtI?

For years educators have used the traditional discrepancy model which has been described as a search for pathology. Pathology is defined as being focused on what is wrong with the child (Merrel et al., 2006). Researchers are now suggesting that the focus be placed on helping the child rather than identifying problems (Merrell et al., 2006). RtI will provide "non-categorical" services to students. This will alleviate the problem of labeling and possibly avoid the negative affects that labeling can have on a student (Merrel et al.). It has been found that many students are labeled to possess a learning

disability and then receive Special Education services. Truth be told, the major problem is the core instructional programs not meeting the needs of the student population (Donovan & Cross, 2002). The overall quality of the instruction in traditional curricula also must be assessed to alleviate the chance that perhaps it is affecting the overall learning capabilities of a given set of students (Stecker, Fuchs, & Fuchs, 2005). Administration must evaluate and assess teachers in a similar fashion to assessing students on skill set capabilities. If teachers are struggling with methods of teaching administration could use an intervention to increase the teacher's knowledge as well. Monitoring the progress of the teacher and determining if the intervention is successful to ensure best practices for each student is a very important step in the overall procedure (Mathers, Oliva, and Laine, 2008).

RtI is designed to enhance academic and behavioral outcomes in all students. It ultimately provides professionals a research based method for determining the overall achievement of their students. Professor David P. Prasse states that "RtI models are worth the effort." He believes that RtI links two distinct domains which are identification and intervention (Prasse, 2008).

RtI Today

RtI has taken on a new role in school districts today. RtI is now a very large part of how many schools are qualifying students for Special Education. The diagram below illustrates how the make-up of a school should be based on the standards set by RtI and how each tier applies to each sub-set of students. Each tier provides a different type of

programming for a specific student or set of students. Each tier builds upon the other and student should remain in one tier for an extended period of time not to exceed 6-8 weeks.

Table 2. Response to Intervention Tiers

Tier 1	Tier 2	Tier 3
80% of student population	15-20% of student population	1-5% of student population
All students in Tier 1 receive high-quality, scientifically based instruction, differentiated to meet their needs, and are screened on a periodic basis to identify struggling learners who need additional support.	In Tier 2, students not making adequate progress in the core curriculum are provided with increasingly intensive instruction matched to their needs on the basis of levels of performance and rates of progress.	At this level, students receive individualized, intensive interventions that target the students' skill deficits for the remediation of existing problems and the prevention of more severe problems.

Adopted from: **http://www.rtinetwork.org/Essential/TieredInstruction**

Although RtI is a "newer" topic there have been several research based studies conducted on the topic. At the University of Texas, Sharon Vaughn completed the University of Texas model in 2003. Her study focused on the reading performance of 45 second graders who were at the second tier of the RtI model. At tier two they received intensive instruction in the five major areas according to the National Reading Panel. Ten weeks of intensive instruction improved the scores of 10 students enough that they were able to return to tier one. At 20 weeks another 14 students exited and at 30 weeks ten more students went back to the first tier. Vaughn came to the conclusion that most students at the tier two level need at least 20 weeks of interventions to successfully return to tier one (Vaughn, 2003).

O'Connor in 2003 found that in a control group 15% of students were identified as needing Special Education. However, at the school, when using a three tier model only eight percent were actually identified as needing Special Education services.

At the University of Iowa David Tilley examined the implementation of a four tiered model across many districts in the state of Iowa (YEAR). His findings were that the frequency of students identified for special education was reduced by 39% in kindergarten, 32% in first grade, 21% in second grade, and 19% in third grade.

Minneapolis Public Schools have been using a three tiered RtI model for the past 10 years. During a research study conducted by Marston, Muyskens, Lau, & Canter (2003) they found that the percentage of students enrolled in Special Education did not drop significantly. Although this information did not necessarily support their efforts they found many factors that were positive to the program of problem-solving interventions.

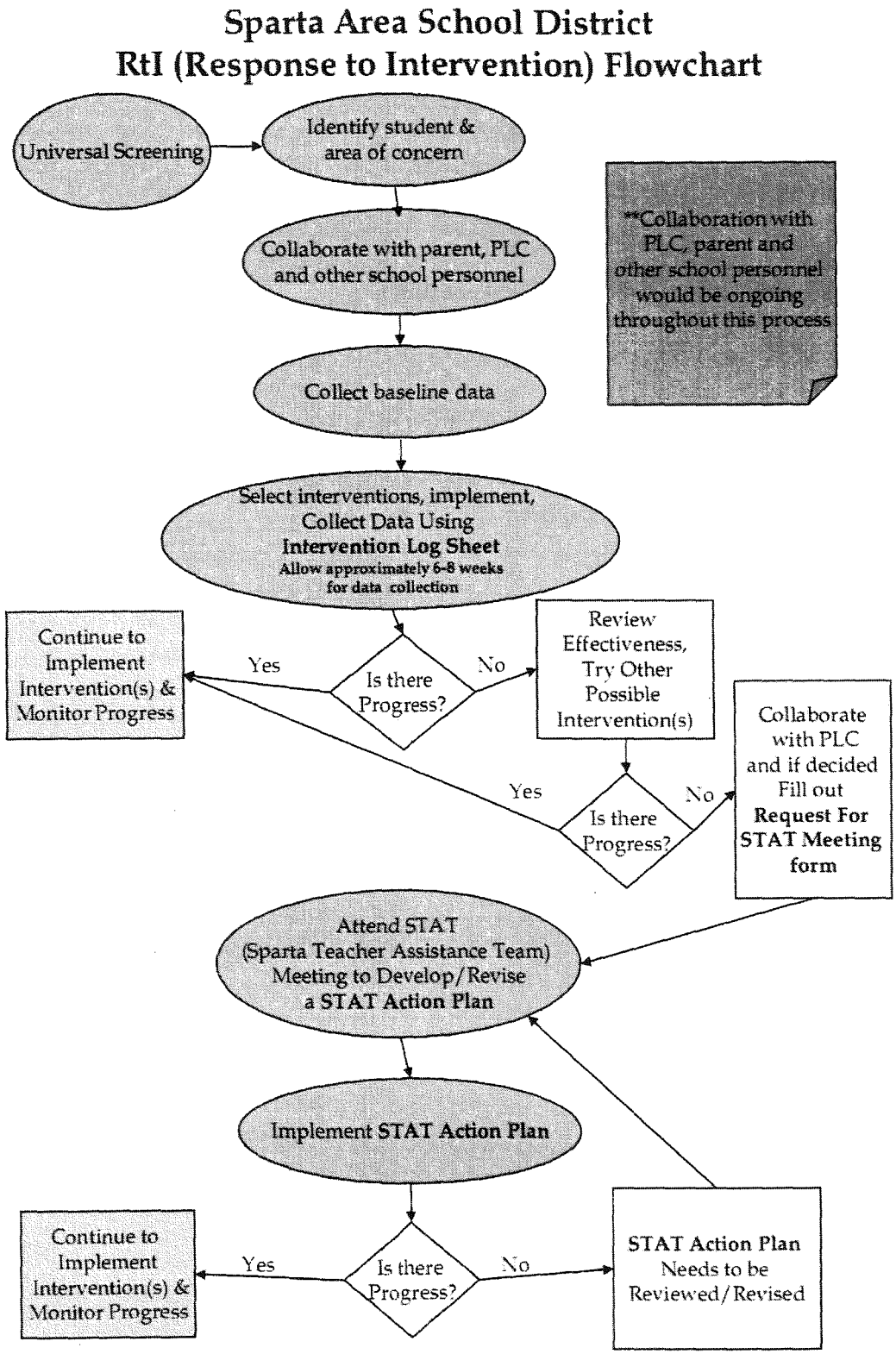
- In the RtI model, pre-referral interventions were better than those interventions used with the traditional approach.
- Students needing Special Education services were provided these interventions earlier than they would have in the past.
- Students eligible for Special Education using RtI and then compared to traditional special education criteria showed an overlap of 75%.

A survey completed by members of the University of Colorado – Boulder in 2007 found that one third of all states planned on implementing RtI in the near future. Of the fifty states 86% responded stated that they were doing something related to RtI. This study also found that much of the current research on RtI is being conducted on

intervention programs and intervention best practices. Little research is being conducted on the specifics surrounding RtI and how it is broken down in each school, more so, how it is actually affecting students (Hoover, 2007).

At this time Sparta, Wisconsin is carrying out many functions of RtI. They are creating their own documents and using them to aide in the process of RtI. Each document plays an integral role in validity of the RtI process along with RtI consistencies between the buildings. Below are two of the major documents that they are currently using.

Table 3. Documents used in Sparta, Wisconsin to carry out Response to Intervention



Intervention Log Sheet

Please fill out this form prior to requesting a STAT meeting. This form must accompany the STAT Request form. Please see the school counselor or psychologist for assistance if needed.

Please note : Daily and/or weekly documentation (i.e. behavior charts, number of words per minute read, percentage of assignments completed, etc.) of progress data is to be kept separate from this log sheet. Please save this data for purposes of tracking progress, which will be discussed at the STAT (Sparta Teacher Assistance Team) meeting. Please summarize this data in the Data Collection column on this log sheet.

Student: _____ **Teacher**: _____ **Grade**: ____

Universal screening data:	**MAPS Data**			
		Math		**Reading**
	Fall	RIT___ %tile___	RIT___	%tile___
	Winter	RIT___ %tile___	RIT___	%tile___
	Spring	RIT___ %tile___	RIT___	%tile___

Areas of Concern (Please check)	
Academics:	**Behavior**
Reading/Language Arts	❑ Uncooperative/defiant
❑ Phonemic awareness	❑ Inattentive/easily distracted
❑ Letters (knows/writes/sounds)	❑ Seems unmotivated
❑ Decoding strategies	❑ Disorganized
❑ Comprehension strategies	❑ Does not complete tasks/homework
❑ Fluency	❑ Off task behaviors
❑ Writing skills	❑ Impulsive
❑ Other	❑ Disrespectful to adults
Math	❑ Disrespectful to peers
❑ Numbers/numerals (knows/writes)	❑ Does not follow rules
❑ Problem solving	❑ Friendship problems
❑ Computation	❑ Physical aggression
❑ Math facts (addition, subtraction, division, multiplication)	❑ Repeats negative behavior after being corrected
❑ Other	❑ Frequent bus conduct reports
	❑ Frequent disciplinary action

Area of Concern #1 _____

Intervention	Baseline Data	Date Begun	Frequency	Date Ended	Summary of Data Collection

Area of Concern #2 _____

Intervention	Baseline Data	Date Begun	Frequency	Date Ended	Summary of Data Collection

Area of Concern #3 _____

Intervention	Baseline Data	Date Begun	Frequency	Date Ended	Summary of Data Collection

To find more documents similar to Sparta's you can visit The National Center on Response to Intervention.

Table 4. Summary of The National Center on Response to Intervention

The National Center on Response to Intervention (NCRTI) is a five-year technical assistance and dissemination center funded through a cooperative agreement to the American Institutes for Research from the Office of Special Education Programs. AIR works in consultation with RTI researchers from Vanderbilt University and in collaboration with RTI researchers and trainers from the University of Kansas. The mission of the NCRTI is to: *Build the capacity of State Educational Agencies (SEAs) to assist Local Educational Agencies (LEAs) in implementing proven and promising practices within a RTI framework.* The Center is accomplishing its mission by achieving three overarching objectives: **Objective 1**: To identify, adapt, evaluate, and scale up practices within a RTI framework to improve student achievement for all students and appropriately identify and serve students with disabilities; **Objective 2**: To provide SEAs and LEAs with ongoing TA support, as needed and appropriate, to implement comprehensive RTI frameworks in districts, schools, and classrooms nationally; and **Objective 3**: To disseminate information about proven and promising practices within a RTI framework to SEAs and LEAs and other targeted audiences including parents, service providers, program administrators, policymakers, and other interested stakeholders across the country.

http://www.rti4success.org/TAcall.php

Proper documentation is a major part of implementing RtI correctly. Legislation has made clear the importance of documentation when using the discrepancy model and it carries over into the RtI model as well.

Documentation was also a major part of completion of this thesis. The following chapter with explain the methods and results of the research conducted throughout this thesis process.

CHAPTER 4

METHODS AND RESULTS

Methods

The objective of this thesis was to better understand how RtI was affecting schools and Special Education. As a result, research and surveys were conducted to gather information pertinent to this objective.

The first survey which was sent was titled, Survey for RtI Implementation. This survey was completed by regional administration to gather data on whether or not they were implementing RtI in their district. If yes, the survey asked administration to discuss the training efforts that were being provided on their behalf as well as their staff. Surveys were sent to the respective administrators of the following six districts: Royall, Tomah, Holmen, West Salem, Sparta, and Bangor. The results were promising in that all districts are implementing some form of RtI within their buildings. Sparta and Royall seem to be on the forefront of the RtI movement and the others are not far behind.

Using the format and some content, the second survey was derived from the website www.kwiksurvey.com. This website allowed me as a resource, to create my own questions and format to address the issues of RtI. The survey was sent to the employees of the aforementioned districts. Since it had been established that these districts were implementing RtI in some aspect, questions from the survey addressed the intervention methods and intervention team dynamics. Results were again promising although

interesting in the fact that the staff views the implementation process much differently than the administration.

Results

The table below gives a breakdown of the information obtained from the first survey. This survey was sent to the administrators of the respective districts.

Table 5. Survey #1 Results

Key – Training Efforts being provided

Limited 1 Some 2 Extensive 3

Question	Average Score
Overview of RtI principles and practices	3
Process of education within each tier of instruction	2
School/District changes needed to successfully implement RtI	2
Roles of various educators in RtI process	2
Progress-monitoring procedures	1
Use of RtI to make Special Education decisions	2
Role of existing pre-referral practices in RtI	1
Evidence-based interventions implemented with fidelity	1
Culturally responsive instruction within RtI	1

Other information concluded from this survey was that all of the responding schools have specialists within their districts to service students in tier 2 and tier 3. Two of the schools surveyed, including Sparta High School and Elroy Elementary School, have rearranged their master schedules to implement Response to Intervention time. This seemed to be the hardest thing for school officials when asked to address what their major concerns were. It was also noted that the administrators are finding it much easier to implement RtI, especially the academic portion, in the elementary school. Behavioral supports are the most common form of Response to Intervention in the Middle School / High School setting.

Tarry Hall, Principal at Southside Elementary School in the Sparta School District, states that Southside Elementary has been implementing RtI for the past three years. They are focusing on providing interventions and data prior to using any traditional EEN methods or procedures. At this time they are working toward determining baseline data, resources for interventions, and working as a team to make these goals happen. Mr. Hall noted that their main focus has been on reading but now they would like to add math, science, and social studies to the list of interventions. He felt confident that they would be well on their way in another two years.

Professionals in the Elroy and Kendall Elementary School have been addressing the goal of Response to Intervention for the past five years as well. They are currently using a system known as AimsWeb to assess their student population in grades kindergarten through fifth grade. AimsWeb is a benchmark and progress monitoring system based on direct, frequent and continuous student assessment. The results are reported to students, parents, teachers and administrators via a web-based data

management and reporting system to determine response to intervention (www.aimsweb.com). According to Darcy Uppena, Elroy and Kendall Elementary School Principal, the system is very labor intensive in the initial assessment phase but the data it provides are invaluable. As a district they have established baselines for several categories that they deem important to the academic growth of each student. Those skills include letter naming fluency, letter sound fluency, initial sound fluency, nonsense word fluency, phoneme segmentation, oral reading fluency, reading comprehension (MAZE), missing number, number identification, quantity discrimination, and mathematical curriculum based measurement (MCBM). MCBM is similar to the traditional timed test. These assessments are given three times per year to benchmark each of the students. The students who do not meet the benchmark scores established by the school are then placed in intervention groups. Those students will receive more intensive instruction in those areas to better reach their needs.

After two weeks of interventions the students will be progress monitored to see if the interventions have had an affect on their skill knowledge. If they reach their goal they may be removed from the group. If they do not reach their goal then they will stay in the intervention group and receive different or more intensive instruction to meet deficits in the given skill. If the student is not making significant gains after 10-12 weeks of interventions, he or she will then be evaluated to determine the need for additional services. A team of diverse professionals has been established to discuss each case on an individual basis. The data from benchmarking and progress monitoring is used at the meeting to distinguish what has been tried and what may still need to be attempted in order to give the student the best chance at success.

The entire process requires a large amount of communication and scheduling in order for it to be successful. Ms. Uppena has changed the master schedule to include RtI times for both benchmarking and progress monitoring. She has also included intervention times for each teacher. Various staff members including Title 1, Special Education, aides, and other staff members are involved with the process of intervention groups. According to Ms. Uppena, the schedule was an integral part of making RtI work. Without scheduling the time it often got overlooked or pushed to the side in order to finish projects or missing assignments.

The Royall School District has created data collection forms for both baseline scores and continual progress monitoring. An intervention team is available for staff that has concerns regarding any given students. The following data reflects the responses from the second survey that was sent to the staff members.

Question 1

At my school the principal strongly supports RtI as a model for identifying educational disabilities.

0 - Lack skills or basic knowledge of this model	0	0%
1 - Just starting to learn this model (Beginning Phase)	0	0%
2 - Developing an awareness of this model (Intermediate Phase)	1	14%
3 - Fully knowledgeable in this model (Advanced Phase)	6	86%

Question 2

At my school the staff has received an overview of the RtI model, understands its general features, and knows how RtI differs from the traditional "test discrepancy" approach.

0 - Lack skills or basic knowledge of this model	0	0%
1 - Just starting to learn this model (Beginning Phase)	1	14%
2 - Developing an awareness of this model (Intermediate Phase)	5	71%
3 - Fully knowledgeable in this model (Advanced Phase)	1	14%

Question 3

At my school the majority of the staff appears ready to give the RtI model a try, believing that it may benefit teachers as well as students.

Strongly Agree	2	29%
Agree	4	57%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	1	14%

Question 4

My school's intervention team is multi-disciplinary, and has members who carry a high degree of credibility with other staff in the building.

Strongly Agree	2	29%
Agree	4	57%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	1	14%

Question 5

My school's intervention team follows a formal problem-solving model during meetings.

0 - Lack skills or basic knowledge of this model	0	0%
1 - Just starting to learn this model (Beginning Phase)	0	0%
2 - Developing an awareness of this model (Intermediate Phase)	3	43%
3 - Fully knowledgeable in this model (Advanced Phase)	4	57%

Question 6

My school's intervention team creates an atmosphere in which the referring teacher feels welcomed and supported.

Strongly Agree	4	57%
Agree	1	14%
Neutral	1	14%
Disagree	1	14%
Strongly Disagree	0	0%

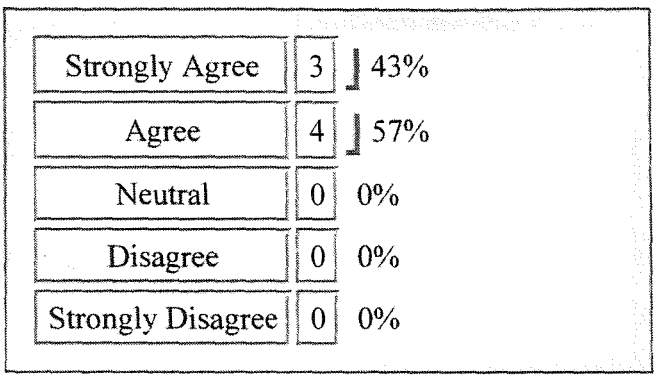
Question 7

My school's intervention team collects background knowledge on the student to be used at the initial meeting.

Strongly Agree	4	57%
Agree	3	43%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	0	0%

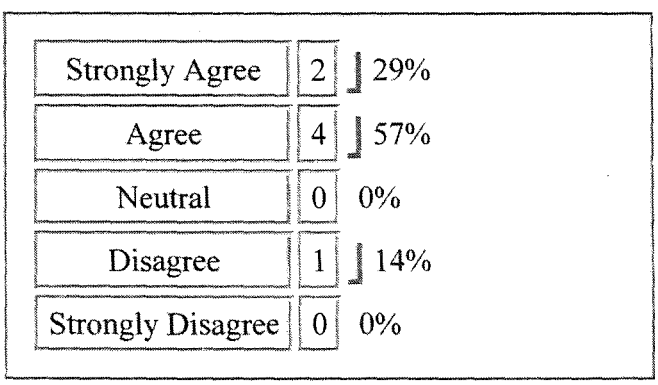
Question 8

My school's intervention team selects appropriate methods to track student progress (Dibels, AimsWeb, MAPS).



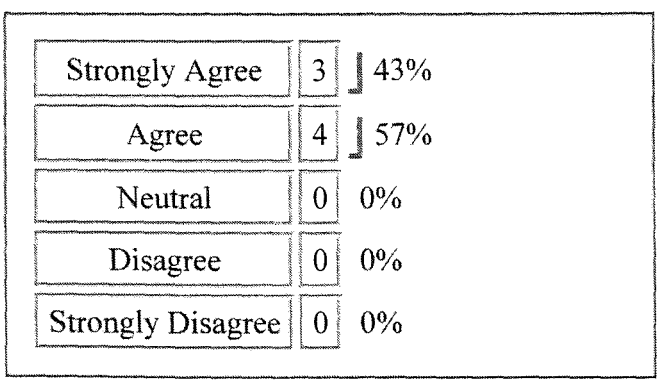
Question 9

My school's intervention team documents the quality of the referring teacher's efforts in implementing the interventions.



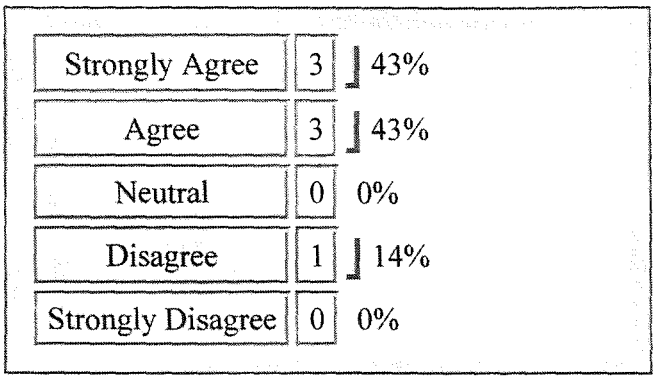
Question 10

My school's intervention team holds follow up meetings with the referring teacher to review student progress and judge whether the intervention is or was effective.



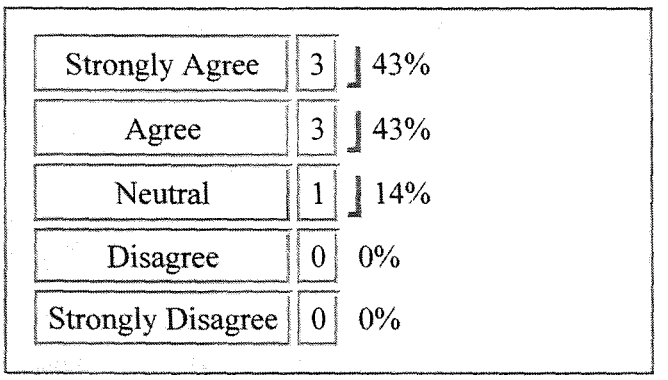
Question 11

My school has put together a library of effective, research based intervention ideas for common student referral concerns.



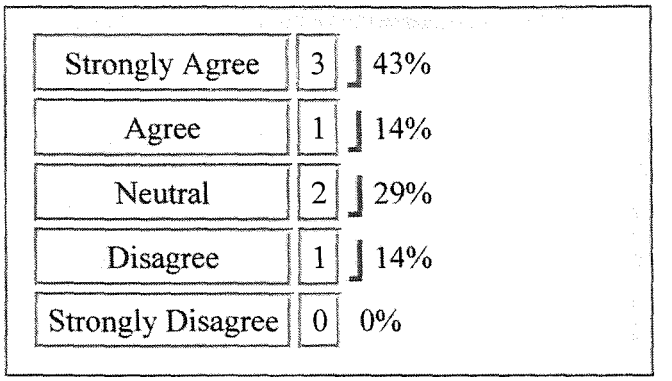
Question 12

My school tailors intervention ideas as needed to be usable in real-world classrooms while being careful to preserve the validity of each intervention.



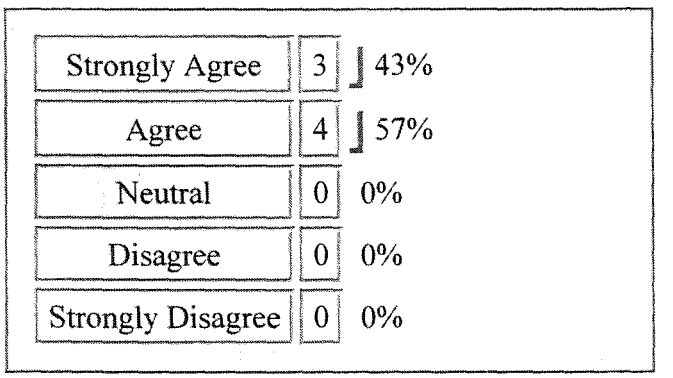
Question 13

My school follows up with teachers soon after a classroom intervention has been put into place to ensure that the instructor has been able to start the intervention and is implementing it correctly.



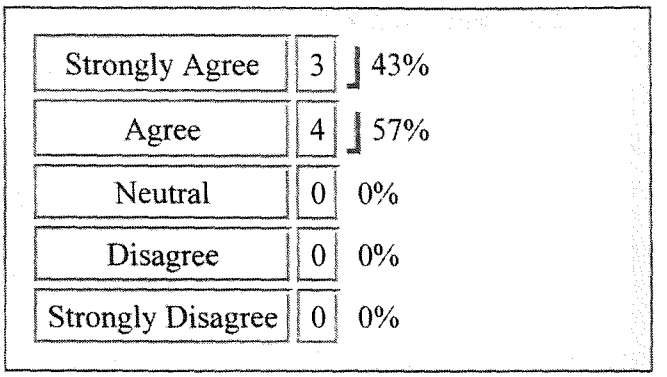
Question 14

My school can conduct structured classroom observations of students to determine rates of on-task behavior, academic engagement, work completion, and rates of positive or negative interactions with adults.



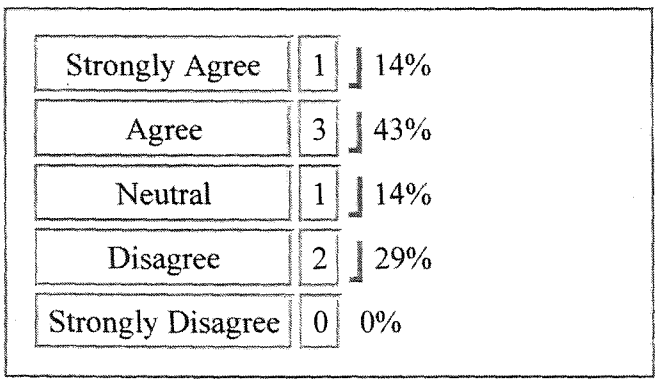
Question 15

My school can administer and score curriculum based measurement probes in basic skill areas: phonemic awareness, reading fluency, math computation, and writing.



Question 16

My school can convert progress-monitoring data into visual displays such as time series graphs to aid in instructional and behavioral decision making.



Question 17

My school can regularly share charted or graphed information with students, teachers, parents, and administrators as feedback about the effectiveness of the intervention.

Strongly Agree	2	29%
Agree	3	43%
Neutral	0	0%
Disagree	2	29%
Strongly Disagree	0	0%

Question 18

Do you feel that RtI will decrease the number of special education referrals?

Yes	6	86%
No	1	14%
No Answer	0	0%

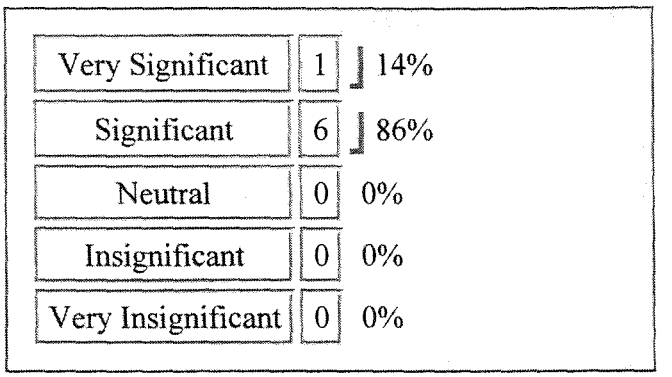
Question 19

Would you recommend using RtI to districts that are not currently using it?

Yes	7	100%
No	0	0%
No Answer	0	0%

Question 20

Do you foresee RtI making a difference in overall student achievement?



From the aforementioned survey results it can be determined that the schools surveyed felt they are developed or advanced in their knowledge of RtI. It can also be said that the school personnel are confident in the administration of curriculum-based measurements. The educators are also able to correctly conduct classroom observations for task related activities and interactions. Some of the skills that seem to be lacking are those of follow up, documentation of interventions being carried out, team atmosphere, and intervention strategies. One of the most interesting questions was number 18. When asked if they thought RtI would decrease the number of Special Education referrals 86% noted yes and 14% said no. At the time of the survey none of the school had data to determine if their Special Education referrals had increased or decreased.

The surveys provided important regional information and significant data to further the efforts of RtI. The schools surveyed also requested feedback on results from other districts. This seemed to be very important to me in that they were truly interested in what other districts are doing. During conversations many administrators and teachers

asked if this was another phase that education was going through. The research did not provide that answer for me; however, I am hopeful that this is not just a phase.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

Conclusion

After completion of this research I have concluded that RtI is a very complex program. By not providing specific methods legislation is not making implementation of this program easy and until specifics are provided for districts I do not see a consistent and comparable system being part of our educational system. I believe that the research has shown that individuals are going to use a program that meets the expectations that they have for their student population. Expectations will continue to be very different across the board. Until there is a form of stability within procedures RtI will be an ever-changing program. This is not to say that change is a bad thing, but in order to conduct solid research there must be a point of similarity between programs.

From the research I have conducted my understanding is that RtI will not be a fleeting thought in the minds of educators. It seems to be here to stay. With proper implementation throughout the country RtI has a very high likelihood of reaching struggling learners earlier and possibly reducing the number of referrals for Special Education. Early intervention is the most important step to improving student progress and RtI is the epitome of early intervention.

Recommendations

As an educator and a person who has been a RtI leader for four years I feel that RtI holds a very relevant position in the schools. Upon completion of this research I am even more positive that RtI is a necessity in order to increase our student academic, behavioral, and social futures. Early intervention in the most important step in reducing skill deficits for all learners. By having a program in place that offers appropriate and consistent assessments, interventions, and documentation the results will be tremendous.

In order to further the means of this study districts will need to record the appropriate data to allow researchers the means of tracking progress. This is a very important step in the future of RtI. Educator support and belief in this process will make or break the overall success of RtI.

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APPENDIX A

SURVEY FOR RtI IMPLEMENTATION

Table 6. Survey for RtI Implementation Blank Copy

Survey for RtI Implementation

The survey below assesses your school's effort in using Response to Intervention to meet the needs of learner's in your school.

Name of your school_____
Person completing the survey and their title_____

Please respond to each item as it reflects your school-wide efforts.

Is your school and / or district currently implementing RtI or considering implementing RtI? Yes or No

If you answered yes to either, please respond to the following: For which purpose or purposes are you considering using RtI? (check all that apply)

____ Instructional decisions (level of intensity of interventions to be used)
____ Determining eligibility for special education services or placement
____ Replacement for identifying learning disabilities (eliminate discrepancy model)

Are school / district wide training efforts currently in place or being developed?

Yes or No

If yes, complete the following questions by circling the correct response:
1- limited 2- some 3 - extensive

Overview of RtI principles and practices	**1**	**2**	**3**
Process of education within each tier of instruction	**1**	**2**	**3**
School/District changes needed to successfully implement RtI	**1**	**2**	**3**
Roles of various educators in RtI process	**1**	**2**	**3**
Progress-monitoring procedures	**1**	**2**	**3**
Use of RtI to make special education decisions	**1**	**2**	**3**
Role of existing pre-referral practices in RtI	**1**	**2**	**3**
Evidence-based interventions implemented with fidelity	**1**	**2**	**3**
Culturally responsive instruction within RtI	**1**	**2**	**3**

Which decision making model is your school/district considering using?	**Team solving (team process, personalized based on unique needs)**	**Standard treatment (use of same standard protocol for all learners with similar needs)**	**Combined problem solving and standard treatment**
Does your school or district have specialists to implement services in tiers 2 and 3? If so what title do they hold?	**Yes**	**No**	**Title?**
Have you adjusted your master schedule to allow for RtI time?	**Yes**	**No**	

Please provide a brief summary of any information that you feel would benefit the research involved in this thesis. Your input is greatly appreciated and will be used to complete an accurate synopsis of how RtI is working in Wisconsin.

APPENDIX B

RtI CLASSROOM INTERVENTION PLAN WILILAMSON CENTRAL SCHOOL DISTRICT

Table 7. RtI Classroom Intervention Plan Williamson Central School District

NAME_____ GRADE_____
TEACHER_____

RTI Classroom Intervention Plan

Student Concern:	

Intervention	Implementation Dates	Assessment and Target	Outcome

Intervention successful?	Yes		No		If successful, continue intervention, if unsuccessful implement an alternate intervention.

Intervention	Implementation Dates	Assessment and Target	Outcome

Intervention successful?	Yes		No		If successful, continue intervention, if unsuccessful implement an alternate intervention.

Intervention	Implementation Dates	Assessment and Target	Outcome

Intervention successful?	Yes		No		If successful, continue intervention, if unsuccessful implement an alternate intervention or refer back to RTI Team.

Intervention	Implementation Dates	Assessment and	Outcome

		Target	

Intervention successful?	Yes		No		If successful, continue intervention, if unsuccessful refer to RTI Team.

8/19/2009

APPENDIX C

WILLIAMSON CENTRAL SCHOOL DISTRICT RtI REFERRAL

Table 8. Williamson Central School District RtI Referral

Williamson Central School District

RTI Referral

Student Name _____ **Grade** _____

Individual Making Referral _____ **DOB** _____

Reason for Referral:

☐ Academic ☐ Attendance ☐ Health ☐ Behavior

Please list observed behaviors: Must be specific and descriptive; hearsay or subjective comments are inappropriate.

_____

_____

_____

_____

Parent Contact (Required prior to RTI referral):

Date(s) _____

Parent contacted _____

What was discussed _____

_____

Parent reaction _____

_____

Review of Records:

Please access the student's cumulative records obtain a copy of the following:

		Student's green card to review and attach to referral (HS info will need to be added).
		Current year academic report and interim reports; DIBELS report (ES).
		Transcript (HS) and copy of K-5 pink card.

MAP Scores:

Place the most recent MAP scores in the blank box for each test below.

Reading

	Student Score	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10
Fall		192	200	207	212	215	219	221	224
Spring		200	206	211	215	218	221	223	225

Mathematics

	Student Score	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10
Fall		192	203	212	218	224	229	232	235
Spring		202	211	219	224	228	233	234	237

Others to invite besides the referring teacher: _____

_____

_____

Teacher Signature _____ **Date** _____

Instructional Strategies and Accommodations

Please indicate the three priority strategies that you have implemented with the student.

Instructional	
Adaptation/Accommodation	**Dates Implemented and Outcome**
❑ Access to classroom aids (e.g. checklists, math tables, number line, word processor, speller)	
❑ Motivational Conferences	
❑ Read/re-read directions	
❑ Additional processing time	
❑ Examples/extra examples	
❑ Model responses	
❑ Provide repetitions	
❑ Gave student work at his/her level	
❑ Use of specific learning strategies (SQ3R, Graphic organizers, etc.)	
❑ Permit seat work for homework, rather than keep student in during recess	
❑ Frequent checks for comprehension or understanding of directions	
❑ Pre-teach concepts/vocabulary	
❑ After school or after class support	
❑ Other:	
Organizational	
❑ Home/school note	
❑ Use of contracts	
❑ Visual Aides (e.g. write instructions, memory cues, highlight key words)	
❑ Multicolored folders for various subject areas	
❑ Use of recorder to record thoughts prior to writing activities	
❑ Webbing/outlining information/framing	
❑ Visualization strategies	
❑ Practice silent rehearsal	
❑ Assign study partner/tutor	
❑ Use of marker to maintain place	
❑ Guides for writing mechanics (e.g. graph paper, margin guides)	
❑ Write all homework and long-term assignments on board	
❑ Write any changes in routine on board	
❑ Break longer assignments into shorter assignments	
❑ Provide written outline and/or guided notes	
❑ Review/Teach/Provide peer assistance with organizational skills	

❑ Allow student to have an extra set of books at home	
❑ Provide student with homework assignment book (SAB)	
❑ Nightly assignment check signed by teacher and parents	
❑ Provide list of study skill strategies for student and parents	
❑ Review student notes on a regular basis for accuracy and detail	
❑ Assist student in long term assignments by using a calendar	
❑ Provide periodic assistance in organizing folders, notebooks, etc.	
❑ Other:	
Environmental/Behavioral	
❑ Preferential seating	
❑ Use behavioral modification techniques	
❑ Stand near the student when giving directions or presenting lessons	
❑ Avoid distracting stimuli, i.e., computers, heaters, doorways, bathrooms	
❑ Seat student near positive role model	
❑ Use of individual study areas	
❑ Give extra privileges and rewards	
❑ Cue student to stay on task (non-verbal signal)	
❑ Ignore inappropriate behaviors not drastically outside classroom limits	
❑ Allow movement	
❑ Allow for short breaks between assignments/tasks	
❑ Adaptive seating (seat cushion, movement cushion, foot rest, etc.)	
❑ Behavior Intervention Plan	
❑ Other:	

Instructional Strategies and Accommodations

Please indicate the three priority strategies that you have implemented with the student.

❑ Provide student with homework assignment book (SAB)	
❑ Nightly assignment check signed by teacher and parents	
❑ Provide list of study skill strategies for student and parents	
❑ Review student notes on a regular basis for accuracy and detail	
❑ Assist student in long term assignments by using a calendar	
❑ Provide periodic assistance in organizing folders, notebooks, etc.	
❑ Other:	
Environmental/Behavioral	
❑ Preferential seating	
❑ Use behavioral modification techniques	
❑ Stand near the student when giving directions or presenting lessons	
❑ Avoid distracting stimuli, i.e., computers, heaters, doorways, bathrooms	
❑ Seat student near positive role model	
❑ Use of individual study areas	
❑ Give extra privileges and rewards	
❑ Cue student to stay on task (non-verbal signal)	
❑ Ignore inappropriate behaviors not drastically outside classroom limits	
❑ Allow movement	
❑ Allow for short breaks between assignments/tasks	
❑ Adaptive seating (seat cushion, movement cushion, foot rest, etc.)	
❑ Behavior Intervention Plan	
❑ Other:	

APPENDIX D

ROYALL SCHOOL DISTRICT RtI LOGS

First Grade AimsWeb Math Benchmark Assessments

Royall Schools, 2009– 2010

Given to _____

Guided Reading Level

Fall _____ Spring _____

	Benchmark # 1 Fall (9/18/09)	Benchmark # 2 Winter (1/15/10)	Benchmark # 3 Spring (5/14/10)
Oral Counting	_____ / 69	_____ / 81	_____ / 90
Number Identification	_____ / 43	_____ / 57	_____ / 62
Quantity Discrimination	_____ / 22	_____ / 31	_____ / 34
Missing Number	_____ / 12	_____ / 17	_____ / 19
MCBM	Not Given	Not Given	_____ / 29
Teacher Recommendation	Adv Prof Basic Min		Adv Prof Basic Min

First Grade AimsWeb Reading Literacy Benchmark Assessments
Royall Schools 2009– 2010

	Benchmark # 1 Fall (9/18/09)	Benchmark # 2 Winter (1/15/10)	Benchmark # 3 Spring (5/14/10)
Letter Naming	_____ / 41	Not given	Not Given
Letter Sounding	_____ / 26	Not given	Not Given
Phoneme Segmentation	_____ / 35	_____ / 47	_____ / 51
Nonsense Words	_____ / 25	_____ / 46	_____ / 58
Oral Reading Fluency	Not given	_____ / 22	_____ / 48
Maze	Not given	Not given	_____ / 7
Dolch, PP,P, 1	_____ / 92	_____ / 120	_____ / 133
Teacher Recommendation	Adv Prof Basic Min		Adv Prof Basic Min

* Computer generated number indicates benchmark.