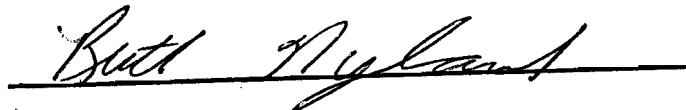Response to Intervention in the Classroom:

Educating the Educator

by

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A Research Paper
Submitted in Partial Fulfillment of the
Requirements for the
Master of Science Degree
With a Major in

Education

Approved: 2 Semester Credits

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May, 2008

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Title:        ***Response to Intervention in the Classroom: Educating the Educator***

Graduate Degree / Major:   **MS Education**

Research Advisor:   **Dr. Ruth Nyland, Asst. Professor**

Month / Year:        **May, 2008**

Number of Pages:    **44**

Style Manual Used:  **American Psychological Association, 5th Edition**

ABSTRACT

The purpose of this paper is to explain and analyze the Response to Intervention (RTI)
initiative in education. According to Wright (2006), many students who enter a school come with
learning difficulties and struggle to master the curriculum. However, all students need to be
educated and when the student has difficulties successfully mastering the curriculum,
interventions need to be put in place (35). Literature is included in this paper that explains the
RTI model and gives comprehensive information about intervention strategies.   Seventy-nine
educators responded to a survey answering the question of how familiar they are with the RTI
model. The results of this study, along with intervention strategies that teachers feel work for
them in their classrooms, are included in this paper.

The results of this study will be shared with administrators and teachers and will provide
research-based intervention strategies that educators can use in their classroom. Deshler (2005)
states that instruction needs to be intensive as well as validated and taught correctly (124).

Intensive instruction is especially important for students who have difficulties academically in the classroom. Teachers are responsible for opening the doors for all students and ensuring that all students successfully learn the curriculum. The intervention strategies listed in this paper can be used as a guide in helping educators provide the best instruction possible.

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Chapter I: Introduction

*Johnny is in first grade. His teacher reports that he is behind the other students academically, and he is causing behavior problems in the classroom. His reading and math skills are well below that of his peers. His teacher thinks Johnny might need special education services. When the teacher brings Johnny's information to the special education teacher, the classroom teacher learns that intervention services need to be provided before determining if Johnny will qualify for special education.*

This scenario is not uncommon in a school setting. Special Education is available for students who have difficulty academically or behaviorally and qualify for services, and the classroom teacher often identifies the student as a first step in providing a child special education services. Klingner and Harry (2006) explain that the process begins with a pre-referral meeting that consists of the classroom teachers, special education teacher, principal, school counselor, and parent. School psychologists and social workers may attend the meeting too. The group formed is called a Child Study Team (CST) and its purpose is to develop strategies that the classroom teacher can use with the student. Some strategies that might be suggested for the classroom teacher to try could include giving the student a peer helper, providing additional time to turn in assignments, or re-teaching an assignment. After the strategies have been put in place in the classroom and given a fair trial period, the team meets again. A referral can be made at this time if the strategies have not worked for the student. Research has found that 90 percent of students referred to the Child Study Team are tested for special education services (p. 2249-2250).

Special education services are not meant for every student who struggles academically or behaviorally in the classroom. The CST can assist classroom teachers in implementing

intervention strategies that can give students the skills they need to be successful. A new initiative in education was introduced in 2004 called Response to Intervention (RTI). It goes hand-in-hand with the CST model that has already been in place for several years, since RTI is used to help teachers identify students who are having difficulty learning the material in the classroom. Once the child is identified, the teacher immediately begins providing intervention strategies to the child; however, the child is not immediately diagnosed as needing an Individual Education Plan (IEP). Some students will show improvement with the intervention strategies and remain in the regular classroom without an IEP. The students that do require an IEP will not respond to the intervention strategies in the classroom. Special education services will be provided only for those students that really require the individualized services. RTI is a general education initiative, something teachers can and should use for all students, and by extension it becomes a special education tool because it helps identify those who truly need services.

*Statement of the Problem*

What exactly is RTI, and does it work for special education students? This paper will look at two areas where RTI correlates with special education. First of all, an analysis of the RTI model will determine what the initiative entails and show how the interventions help all students, especially students with learning disabilities. Secondly, a discussion of the intervention strategies will establish which ones work the best in the regular classroom.

The new initiative, RTI, is a three-tiered process for identifying children who are having difficulties in the classroom setting. These tiers are explained in the article *CEC's Position on Response to Intervention (RTI): the Unique Role of Special Education and Special Educators* (2007). The article states that the first tier identifies the child who is having problems in the general classroom. The second tier provides opportunities for extra help in the general

classroom. The third tier provides specifically developed instruction or special education services for the student who is having trouble academically. Harry and Klingner (2007) go on to say that in addition to recognizing that the child is having difficulty; the first tier provides quality instruction and monitoring. When benchmarks are not met in the second tier, the student receives intensive intervention support. When the first three tiers are not successful, an educator can recommend the student for special education services (p.21).

There are many fads that come and go in education, but RTI has been used successfully in several states. It also has been federally mandated and supported by Individuals with Disabilities Education Act (IDEA) and No Child Left Behind (NCLB). The United States Department of Education (2004) states,

> The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities.

According to the NCLB Act of 2001 Homepage (2007),

> NCLB requires States to create an accountability system - tests, graduation rates, attendance, and other indicators. Schools have to meet adequate yearly progress (AYP) goals, as set by each state, by raising levels of achievement for subgroups of students such as minorities, special education, and those from low-income families, to a state-determined level. Every student must reach proficiency levels, as determined by the state in which they live, by the 2013-2014 school year. A planned and escalating form of "help" is provided to students in schools that continually do not meet AYP.

Hilton (2007) states that IDEA insists that children are treated individually, which means that information must come from multiple sources (p. 18), and NCLB requires all students to meet basic skills based upon identified standards.

According to Holdnack and Weiss (2006), "School administrators must meet the challenge and allow the intelligent use of prevention, intervention, assessment, and accommodation" (p. 879). RTI ensures these conditions are met, says Fiorello, Hale, and Snyder (2006). In the early grades, the RTI model can often remediate students who have difficulty with academics at the first or second tier (p. 84). Berninger (2006) adds that school officials may use diagnostic training and RTI to qualify students for special education. RTI may lead to early interventions that will prevent the severity of reading and writing problems and also facilitate more frequent progress monitoring (p. 783).

The idea that teachers believe that all students should be given an adequate opportunity to learn brings educators together, says Ofiesh (2006). An adequate opportunity to learn does not mean that students have to wait for placement in special education services until they have completely failed (p. 882). Instead, in the RTI model, it is imperative that evidence- based services are provided to all students. Fairbanks, Sugai, Guardino, and Lathrop (2007) explain that educators must monitor each student's progress, and if students do not show improvement, educators must provide other interventions. Once educators have exhausted all interventions with no improvement in student achievement, evaluation for special education should begin (p. 29). According to the Department of Defense Procedural Manual (2005), there are five categories of eligibility in special education. Those categories include the following: physical impairments, emotional impairments, communication impairments, learning impairments, and developmental delay. Before any student qualifies for special education in any of these categories, interventions

must be put in place in the classroom. "Educational performance" is a key word in eligibility, as it refers to how a student functions in the classroom setting.

For example, an Attention Deficit Disorder (ADHD) diagnosis does not automatically qualify a student for special education services; say DuPaul and White (2006). Approximately 25 percent of students with ADHD have a learning disability. A student with ADHD needs both antecedent-based and consequence-based strategies in the classroom. Antecedent-based strategies include the posting of rules, shortening assignments, allowing for choices when a task is completed, and peer tutoring. Consequent-based strategies include point and reward systems, daily reports home, and time outs. Academically, an ADHD student benefits most from the antecedent-based strategies of peer tutoring and computer-assisted instruction. Several of the intervention strategies that help an ADHD student also help the whole class, so the teacher does not have to implement activities for only one student (p. 58-60).

Wilbur and Cushman (2006) explain that students go through four phases to learn new information. The first phase is the acquisition phase. In this phase, students are given direct instruction through teacher modeling and correction of errors. Once the students learn the skills, they can perform the skill with relatively few errors. The second phase builds off the first phase and is called the fluency phase because students are working on accuracy and fluency of the skills they learned in the first phase. The third and fourth phases go together and are the generalization and adaption phases. At this phase the students apply the skills in novel ways throughout the different contexts. The goal of these phases is complete mastery of newly introduced skills. Five common hypotheses along with the four phases explain why students experience academic difficulty. They include the following: the student is not motivated, lacks practice, lacks individual help, has not used the skill before in the required manner, the skill level

of the student and the difficulty of the material is improperly matched. As a part of RTI, interventions can be implemented at each phase. If the work is too difficult, the teacher can cut back the amount of work or teach easier skills. If the problem is lack of individual help, teachers can model, prompt, give performance feedback, use response cards, or provide choral reading opportunities (p.79-80). If the problem is motivational, teachers can add interactive lessons to their daily lesson plans. For a lack of practice or if the student has not used a skill before, teachers can assign similar problems as homework or provide additional practice and modeling of the skill in the classroom.

Certain negative words have become associated with RTI including the following: non-responders, inferior responses, failure to respond, and non-responsive. According to Colman (2006-2007), it has become normal in the past for experts and educators to use negative words to identify how a child is responding. These labels carry a negative message that can harm a child. Children who could prove otherwise may not respond because of the label. Another term associated with RTI is the term Tier 3 student or Tier 3 person, used to describe a person with extensive support needs. Tier 3 should not label the person, but rather the support or services that the student receives. Students' traits are not fixed and can change from year to year. Reinforcing positive words can improve how students do academically. All people, including students, respond better to positive reinforcement. When working with the RTI model, educators should praise the student whenever possible. Whether the student is on Tier 1 or Tier 3, the student will respond better to praise and positive reinforcement (http://www.cec.sped.org). Teachers should reward and celebrate even the smallest steps.

According to Riley-Tillman, Chafouleas, and Briesch (2007), the ongoing monitoring most widely accepted is systematic direct observation. This especially works well for behavior

data collections. Although validity and reliability limitations exist, systematic direct observation provides immediate feedback about a student's behavior. Educators can use codes when monitoring to make the process less time consuming (p. 78). Because of the large amounts of data necessary to implement and track the progress of the program, the article *RTI Summit Delves into Implementation, Current and Future Issues* (2007-2008) says educators should use technology as part of RTI services. It is important to look at data collected over a two or three year period to see what interventions work best for most students in the school's population. Willis and Dumont (2006) clarify that some situations are complex, and multiple problems are apparent. A single intervention might not work for these specific cases, but instead a comprehensive individual psycho educational assessment is necessary (p. 906).

*Need and Purpose*

RTI, the new general education initiative, is an intervention model used to identify students for special education. This initiative involves both the classroom teachers and the special education teachers. Some teachers are not familiar with the RTI model and need to be educated as to how the process works. Teachers also need to know which intervention strategies will work the best for the students in their academic area. One goal of this paper is to educate general education teachers in RTI intervention research based strategies and to implement the intervention strategies in the regular classroom. Another goal is to allow teachers who have experience with the RTI interventions to share their knowledge.

*Assumptions*

There is an assumption in special education that if a child does poorly in the classroom or has disruptive behavior, he or she automatically qualifies for special education services. Before a student can qualify for special education services, the student should show a lack of

improvement despite a variety of intervention strategies. Students who improve with the intervention strategies do not need special education services. Wright (2006) says that intervention teams can be set up within the school to provide intervention strategies. These teams are successful when research-based interventions that focus on a problem-solving model are implemented (39). The students who show no improvement with the intervention strategies in the classroom are referred for special education. Then assessment testing is done to see if the child qualifies for special education services.

Another assumption of "it's better to be safe than sorry" is sometimes present in special education. In other words, some might think that it is better to error on the side of caution and admit students to special education right away so that they don't get further behind. According to Mamlin and Harris (1998), the 1975 Education for All Handicapped Children Act resulted in changes as to the way students with disabilities were educated. There was a rapid growth in the number of mild to moderate students identified for special education. By 1993, over two million students were identified with learning disabilities. Since then the numbers of referrals to special education have dropped (p. 385). Educators have found that students who can learn without special education services benefit in the regular classroom because they can interact with peers. Greene (2007) says that placing students in special education and labeling them as "disabled" when they do not qualify can have a negative effect on these children. Parents and educators have lower expectations and the students' performance is not as great as it would be had they not been wrongly labeled (p.721). The least restrictive environment is a requirement on an IEP, and a child who can learn in the regular setting needs to stay in that setting.

Some people have the assumption that special education services will fix the child. Although the child cannot be fixed, he or she should show improvement with special education

services. Improvement comes because the student will be working on individually

selected goals. According to Cortiella (2007) the IEP is specifically outlined to work on a

student's particular needs (p. 4). The expectation for all students in special education is that they

will become proficient and be able to perform at grade level (p.5). However, mastery of skills

and acquiring academic knowledge may come slowly and require extensive instruction as

compared to other students (p. 6). Each year special education instructors, teachers, principals,

counselors, and parents look at the IEP to see what goals have been met and which goals

continue to be a need for the student. The child will continue in special education until educators

and parents determine that there is no longer a need for services.

*Definition of Terms*

School officials not only need to know important special education terms but also to

connect them to RTI in order to make the general education initiative effective in their schools.

Each of the following special education terms, when considered in conjunction with a child with

learning difficulties, provides a basis for understanding roadblocks to learning and a procedure

for intervention.

*Individual Education Plan (IEP)* A custom-made plan set up for a student in special

education focusing on meeting goals and objective needs for the student.

*Initiative* The steps that introduce an action (*Merriam-Webster dictionary on-line*

*version*).

*Referral* The process of placing in a group or directing a decision to be made (*Merriam-*

*Webster dictionary on-line version*).

*Intervention* The action of coming between to change the course or outcome of a process

(*Merriam-Webster dictionary on-line version*).

*Physical Impairments* A medical condition that can impact mobility. Heart disease, cerebral palsy, hydrocephalus, spina bifida, and muscular dystrophy are examples of a physical impairment. Students may have learning difficulties, sensory impairments or neurological problems (Durlington Schools On-line Promoting Inclusion, 2008).

*Emotional Impairments* Over a long period of time, a student exhibits characteristics that adversely affect educational performance. Intellectual, sensory, or health factors do not explain the inability to learn. The child is unable to develop or maintain interpersonal relationships in a satisfactory way with either teachers or peers. Types of inappropriate behavior under normal circumstances, pervasive mood of happiness or depression, and physical symptoms and fears associated with school or personal problems are all characteristics of emotional impairments (Brockton Public School, 2007).

*Learning Impairments* Dyslexia, attention deficit disorder, and retardation are all associated with learning impairments. The most common problem is processing and its impact on being able to use computer applications which interfere with the learning process. If information is presented at a pace and form appropriate individually, many individuals with learning impairments are capable of learning. A multisensory approach of audio speech and visual representation can benefit learning-impaired students. Reduction of distractions, both visual and auditory, can also benefit many people with learning impairments (Resource Guide for Individuals with Learning Difficulties and Impairments, 2008).

*Developmental Delay* When compared with norms, a child has a significant lag in his or her physical, behavioral, emotional, cognitive or social development (Linwood & Thomson, 2006).

*Methodology*

This paper looks at these aspects of RTI: 1) review of literature about specific intervention strategies. 2) A survey for education teachers addressing whether RTI strategies are used in the school they are currently teaching at. The survey also addresses which intervention strategies work the best in the classroom. The data is reported in this paper.

Since RTI is an initiative that all schools are expected to use, it is imperative that teachers become familiar with what it entails. Goals and objectives encourage teachers to identify how they can best use the information gathered from the literature and surveys. Teachers are encouraged to follow-up each year by assessing how the interventions are working for them in their classroom.

*Limitations:*

This study will have the following limitations.

1. Only a small sampling of educators from across the world will participate in this survey.

2. Since the survey will be sent out to a random list of people, some of the people that participate in the survey may be in education, but not classroom teachers. This may skew the number of people familiar with RTI interventions.

3. There is no guarantee that there will be a sampling across all grade levels from the educators that respond to the survey. The intervention strategies may be more effective in the lower grades as opposed to the middle school and high school grades.

Chapter II: Literature Review

*Past Practices Regarding Special Education*

According to Mamlin and Harris (1998), before 1975, one million students were excluded from education because of a disability. Additionally, three million students were underserved in education. Because of these problems, Congress passed the Education for All Handicapped Children Act. This changed the way students with disabilities were educated in the classroom. There was a rapid growth in the number of students who were identified with a disability and needed services. By 1993, there were 2.3 million students aged six to twenty-one years identified with a learning disability. Over five years, the University of Minnesota Institute for Research in Learning Disabilities conducted federally funded research on decision-making processes and assessment. The research found that students were referred for subjective reasons, tested inadequately, and placed in special education by a team meeting. In addition, school officials often made decisions using inconsistent criteria (p. 385).

Researchers offer numerous reasons as to why referral rates have been so high in schools; say Mamlin and Harris (1998). These include a teacher's lack of knowledge, preparation, and experience with the referral process when working with special needs students. In addition, high referral rates can be blamed on limited sources and services, economic and political motivators identifying children with disabilities, and a school's failure to accommodate individual differences within the heterogeneous population. Some teachers admitted to trying no pre-referral interventions prior to referral and tended to admit students who bothered them (p. 386).

Mamlin and Harris (1998) reported that educators in general education and special education became concerned about the past practices and began offering new approaches. Misidentification, over-identification, and bias happened much too frequently. Thus, the referral

to placement approach was replaced with a new referral to intervention approach.

Today this approach is known as pre-referral intervention and is supported by special education teachers and general education teachers in schools. A systematic problem-solving approach is used to provide collaboration between the child's school settings and home to meet the individual needs of the student. A pre-referral team can be successful in implementing programs that meet the needs of the student and decrease placement in special education (p.386). The Education for All Handicapped Children Act of 1975 was amended and reauthorized in 1997 and the name was changed to the Individuals with Disabilities Act (IDEA). Hale (2008) reported that in 2004, IDEA was once again changed to add RTI because more students could benefit and succeed in the classroom. The RTI model was implemented to provide a way of tracking the student's progress in the classroom (p. 1). Although RTI was added to IDEA in 2004, many educators remain unfamiliar with RTI and some educators who are familiar with RTI have difficulty knowing which intervention strategies should be implemented in their classrooms.

*Research Supported Problems*

In *Education Digest,* Wright (2006) reported that a problem in implementing the RTI model is deciding which intervention strategies to use in the Tier 1 and Tier 2 stages. Research has indicated that if a child's reading level skills fall significantly below that of his or her peers, he or she is at risk to experience reading difficulties throughout his or her school career (p. 35). With this in mind, teachers are aware that they have a big job ahead of them. Their students' futures are in their hands, and with the correct strategies, the student may be successful. Another problem with RTI is training teachers so they know which intervention strategies work the best and then taking those strategies and implementing them into the curriculum. Not all teachers feel that they have been adequately prepared to implement intervention strategies in

their classroom. Research done by Hegwer-DiVita and Pavri (2006) showed that some

teachers report that their university only somewhat prepared them to identify and meet the needs

of students who are identified for special education. Reports show that some teachers feel that

students' needs are different today from what they were when they received their credentials.

Although teachers may not feel completely knowledgeable, they realize it is their responsibility

to address the needs of all students including those who have academic, social, or emotional

needs (p.148).

*Whole Class Model*

Teachers may be more receptive to implementing intervention strategies in the classroom

if the strategies they use can benefit the whole classroom, says Wright (2006). The Universal

Design for Learning (UDL) is one such example of a "big idea" benefitting many people.

Architects found that designing buildings for physically disabled people could benefit all people.

Curb cuts that are designed specifically for the physically disabled can also be used for bicycles

and baby strollers. Like the UDL design, students who have learning or physical difficulties are

not a unique group, but rather fall into a continuum of differences among their peers. Teachers

who are the most successful adjust the content and alter their instruction so they have the

maximum amount of success in the classroom. Teachers should rely on a variety of resources to

teach the material. This should include digital materials, key concept illustration, and

reinforcement of learning (p.36). Implementing intervention strategies does not have to be

painful for the teacher since the whole class will benefit in a positive way.

*Classroom Atmosphere*

According to Hegwer-DiVita & Pavri, the classroom atmosphere is an important factor in

working with students who are struggling academically. Teachers choose which curriculum,

instructional strategies, and activities will be done in their classrooms. If an accepting

social climate is provided in the classroom, there will be a healthy rapport between the teacher

and students (p. 140). A positive social climate can bring about a positive academic change for

students, and praise needs to be included in the intervention strategies. A healthy classroom

atmosphere brings two things to mind: validating the student as a person and having faith that he

or she can learn.

*Strategies That Work*

Graydon, Jimerson, & Pletcher (2006) report that techniques that a classroom teacher can

use to provide intervention include, but are not limited to the following: direct instruction,

cooperative learning, mnemonics, and curriculum based measurement (p. 92). Direct Instruction,

according to the on-line article, *What the Data Really Show: Direct Instruction Really Works!*

(2004), is a fast-paced scripted method of teaching that provides constant interaction between a

teacher and students. Cooperative learning, according to the *Education Research Guide* (1998),

is a teaching strategy where students with different levels of ability are grouped together in a

small team. The students work together to do learning activities to improve understanding of a

subject. Members of the team are responsible for helping themselves and others learn. This

allows all students to achieve and be successful. Mnemonics, according to the *Merriam Webster*

*On-line Dictionary*, is a technique that is used to improve memory. For example, Mary's Violet

Eyes Make Johnny Stay Up Nights, Period—can be used to learn planets, if Pluto is included, or

Please Excuse My Dear Aunt Sally to learn the order of operations in math problems.

Curriculum based measurement, according to the article *What Is Curriculum Based*

*Measurement and What Does It Mean to My Child?* (2008), is used by teachers to show how

students are progressing academically. Each week, a child is tested and the teacher counts the

correct and incorrect responses. The scores are recorded on a graph that can be compared to the expected performance of the year. The graph allows teachers to easily compare performance and expectations.

According to Deshler (2005), teachers need to provide intensive instruction for the student. When a teacher engages a student, the student must be attentive and responsive. To ensure that intensive instruction is taking place, an instructor should use a progressive pace, frequently ask questions, and provide activities that require a physical response (p. 123). These strategies can be implemented rather easily into the regular classroom but should not be utilized in isolation. Parent involvement is also an effective strategy for learners with difficulties in the classroom. Parents can provide an atmosphere at home that encourages homework and study time to complement the work the student is doing in the classroom (p. 93).

*Classroom Specific Interventions*

In the *Student Accommodation Plan; Classroom Only* (2008), Dumont and Willis list quantity, time, support level, delivery of instruction, adapting the skill level difficulty, response to instruction, participation, and alternative goals as accommodations teachers can use when providing intervention strategies. Teachers can address quantity with fewer homework assignments, a reduction of concepts to be learned, or reduction of test questions. They can give additional time for assignments and tests and change the pace of instruction, providing for frequent feedback with the student. Peer tutors, study buddies, after school tutoring sessions, and parents can all give individual support to a student with learning difficulties. Teachers or aides can read tests aloud or send tests home for help from the parent. Teachers can provide an overview of a lesson before it is taught as a valuable way to give input to a student. It can include highlighting important concepts, giving concrete examples, providing notes, and giving clear

instructions with frequent feedback. When a skill is too difficult, teachers may give

grades for effort or improvement. Teachers may need to simplify vocabulary, have students

utilize calculators or computers, and grade only those items completed. Rather than using

traditional grades, teachers may give a Pass/Fail grade or Satisfactory/Unsatisfactory. Students

may get alternate ways to respond to instruction including orally answering questions, using the

textbook or notes for tests, or using alternate hands-on materials to show that they have learned a

concept. To encourage participation, teachers may allow the student to be the helper for projects,

use study carrels, or increase the students' ability to actively respond. Alternate goals such as

decreasing the amount of information a student is expected to learn may benefit the student with

a learning impairment.

*Reading Recovery as an Intervention Strategy*

O'Connor and Yasik (2007) say that prior to a special education referral; school officials

must put an intensive one-on-one intervention into place. One program that has been used in

some schools is a reading and writing program called Reading Recovery. This program provides

comprehensive information about a student's literacy progress as well as intensive instruction for

the child. Classroom teachers identify a student for Reading Recovery through his or her

performance on a standardized assessment called the *Observation Survey of Early Literacy*

*Achievement*. This is a systematic observation tool that is authentic and assesses a student's

reading and writing knowledge and ability though six literacy tasks, which are, according to

Bruce, Edwards, and Lupton (2006), "(1) The Content Frame (2) The Competency Frame (3)

The Learning to Learn Frame (4) The Personal Relevance Frame (5) The Social Impact Frame

and (6) The Relational Frame" (p.3).

The teacher designs the Reading Recovery program, reports O'Connor and Yasik (2007), and directs it towards the student's strengths and individual needs. For twenty weeks, thirty minutes a day, the student's individual instruction builds on what the child already knows. To determine if a student has accelerated progress, the teacher examines his or her reading and writing activities on a daily basis. Teachers must record and monitor the student's literacy knowledge and performance on a regular basis, recording observations on a detailed record document and using them to note changes over time. Teachers take daily running records to monitor the progress and observe problem-solving of the student (p. 134-135).

The Reading Recovery program's goal is that a student becomes an independent reader and writer, and knowledge is extended by pursuing every opportunity he or she can to read and write, say O'Connor and Yasik (2007). After the twenty weeks of Reading Recovery instruction is finished, school officials look at and make decisions about the student's progress. If the student has been successful in developing a self-extending system of reading and writing, he or she will discontinue the program. If the student has not caught up to the average of his or her peers, he or she will need long-term remediation and is referred to the School Based Support Team. Research has shown that the majority of students using the Reading Recovery program will be successful and be able to discontinue the program with no long term remediation necessary (p. 136).

O'Connor and Yakik (2007) add that the Reading Recovery information that was gathered on a daily or weekly basis can be used as part of the referral and assessment process as well as the intervention planning. The special education eligibility testing begins after a referral has been substantiated. School officials use norm-referenced tests for this, but these tests alone do not give a comprehensive picture of how the student performs academically. The Reading

Recovery teacher can be a useful source in providing information about the reading

and writing knowledge and skills of the student. Information gathered from the *Observation*

*Survey of Early Literacy Achievement* can provide useful information to write the IEP goals and

objectives for the individual student. This information can provide a plan of action that can

continue a student's progress in literacy development (p. 136 -137).

*Assessment and RTI*

RTI does not require one specific method for assessment. There are several assessment

strategies available in the RTI model, according to Dykeman (2006). "Thus, a number of

assessment strategies can be incorporated into RTI, including, among others, functional

assessment, authentic assessment curriculum-based measurement, play-based assessment,

applied behavioral analysis, formative evaluation and decision-making procedures. Indeed,

standardized, norm-referenced assessment can be included in RTI" (p. 268). The assessment

strategies are available to both special education and general education students and can serve as

pre-referral intervention strategies to students having difficulties in the classroom.

Functional assessment is a way of gathering information to find contextual causes so an

intervention plan can be developed to effectively and efficiently meet the student's needs. Pre-

intervention is assessed in several ways including academic concerns, the setting of the behavior

and how consequences affect behavior, the functional purpose of the behavior, and the

competence shown by the student. A positive support plan to put in place includes teaching

strategies, environmental strategies, and strategies the student can use. Functional assessment

looks for patterns of differences between students with a suspected disability and another peer as

to how much intervention is necessary for learning to happen. All observations are in a familiar

setting and the results of the assessment help educators to understand what the learning needs are for the child (p. 269).

Authentic assessment curriculum-based measurement is performance based and involves evaluating relevant and meaningful tasks. These tasks examine how a student learns academic material and transfers the study to activities in the real world. It can be described as a systematic collection of information of behaviors that occur naturally in a young child's daily life. The natural environment is the setting for authentic evaluation so it may occur in the classroom, the playground, or the home and involves observing and measuring of skills. Teachers, social workers, caregivers, counselors, and psychologists are qualified to give the test, as it takes no psychometric preparation. A benefit of authentic assessment is that the child is interested in the task, and knowledge is in different settings than just the school classroom. A drawback of authentic assessment is that a student could be assessed on prior knowledge rather than the ability to learn. Another drawback is that external factors such as noise on a playground or home distractions can reduce performance. Curriculum-based assessment items reflect content specifically given to students within the curriculum. Test scores from curriculum-based assessments are a purer measure of academic achievement than tests normed on a national sample. Nationally normed tests and standardized tests often include items that do not measure specific academic content and sometimes reflect psychological constructs like aptitude, intelligence, or just a lucky guess. Since curriculum-based assessments show specific content that has been presented to students, it is a purer measure of academic achievement. Schools sometimes develop student achievement norms which are labeled as a curriculum-based measurement. School officials can use this assessment measurement of academic achievement as a method of identifying a student with learning disabilities or special needs. When curriculum-

based tests are performed frequently using local norms, officials can develop a learning-curve comparison between typical performance students and those with learning disabilities. Students who are slow learners or have a developmental delay have a reduced learning-curve across all content areas. If a student has a reduced learning-curve in just a few areas, it may mean a learning disability in reading or mathematics. A student with a speech or language disability often has a reduced learning-curve on instructional materials that require expressive or receptive speech. Curriculum-based assessment allows educators to see the daily skill development of a student (p. 270-271).

Play-based assessment is used in evaluating a child's social-emotional behavior and is used to assess a child's cognition and intelligence, language and speech, and gross and fine motor skills. Toys that are used for this assessment are based on an associative value with the purpose of the measurement in mind. To assess for emotional adjustment, officials may use caricatures of family members and home setting items as well as puzzles and nesting containers to assess ability and measure problem-solving skills. Officials can measure short-term visual memory and object performance with disguised toys under containers for different periods of time. They can assess fine and gross motor skills with appropriate materials and speech and language with vocalization and verbalizations. Officials can use developmental toys in a play setting to assess a child on what he or she can and cannot do (p.271).

*Implementing Assessment Strategies*

Dykeman (2006) states that in the RTI model it is essential that each step in the process is reliable, valid, and fair. For the RTI model to be reliable, it must be consistent and precise when identifying, treating, and assessing children. When doing an assessment, educators must take care so that there is very little error in measurement. Officials can make errors in the recording,

graphing, interpreting, and reporting of data. In addition the selection and

implementation of interventions and the procedure for applying decision making can have errors.

RTI is expected to be a valid and useful procedure that is aligned to the curriculum. It is

important to implement meaningful scores and procedures through documentation. Through the

use of careful documentation, students can be accurately identified as needing intervention. Once

identified, the child's learning needs can be assessed. Then teachers can implement

scientifically-based interventions and evaluate to ensure the strategies align with the curriculum.

Although reliability and validity are emphasized in the RTI model, it can fail fairness issues if

the literature does not study impacts that RTI has on different cultural groups (p. 271).

Discrepancy-analysis models often take on a "wait to fail" approach while RTI avoids

this. Interventions are provided in RTI to all students who show areas of low performance, and

the assessment strategy allows for the correct treatment to be selected. RTI is a multi-step

process that allows educators to vary the way they implement the strategies. RTI models cannot

be generalized and the success of the interventions depends on linear sequences made by

educators using many measures of performance. RTI's efficacy and effectiveness as an

alternative intervention strategy for assessing a child's progress depend on evidence. There needs

to be a close correspondence between evidence-based assessment and treatment, especially those

disorders that are generally treated in special education. Evidence-based assessment needs to

show that the assessment is both reliable and valid. The assessment strategy will vary depending

on the disorder, but RTI strategies have proven to provide a strong evidence base, and treatment

is directly related. Multiple sources of data that could include standardized tests, symptom rating

scales, global impairment measures, structured interviews, and behavior observations are the best

assessment strategies that can provide the strong evidence base. The Joint Committee on Testing

Practices (2004) has provided standards for assessing the varying disabling conditions. Procedures are set forth in the standards for test development, and the educator administering the assessment is required to do so in a fair manner. The tests are standardized to ensure that all test takers are treated fairly and equally. Whether administering a conventional-discrepancy analysis strategy, RTI, or other alternative assessment, school officials must take care to ensure the assessment is consistent, accurate, meaningful, and fair (p. 272- 273).

Starkman (2007) states that tests should not be "one-size-fits-all". A "one-size-fits-all" test does not give students with special needs the attention that they require and may not provide a true picture of the student's abilities. These students need an individual assessment test, and Starkman says software makers are able to provide these to students who need them. An individual electronic assessment test can provide many benefits, including a snapshot of what a person can and cannot do academically. The results can guide the way to appropriate instruction. In addition to providing appropriate instruction, an individual electronic assessment can be used as an intervention with RTI. School officials can document problem areas and put in place intervention strategies in the areas that show the biggest discrepancies (Special Consideration).

Chapter III: Goals and Objectives

*Goal 1*

To educate general education teachers in RTI intervention research based strategies

*Objective 1*

To provide a survey addressing which intervention strategies teachers feel work the best for them in their classroom

*Objective 2*

To encourage teachers to educate themselves on the intervention strategies that can be easily implemented in the regular classroom

*Goal 2*

To encourage educators to implement intervention strategies in their classroom

*Objective 1*

To share this information with administrators and provide ways for educators to integrate intervention strategy materials in the classroom

*Objective 2*

To encourage educators to make a mental check yearly that the intervention strategies used are up- to-date and the students' needs are being met

Chapter IV: Project Methodology

Response to Intervention (RTI) is a relatively new initiative for education. According to Mastropieri and Scruggs (2005), it is unclear who is responsible and what role the classroom teacher, special education teacher, diagnostician, and school psychologist have in the RTI process. The RTI model is to be standardized systematically in all grades and in all curricula across the nation. Unfortunately, this is difficult because many teachers do not have the background knowledge or skills to present the scientifically based instruction material. Nonetheless, the adoption of the RTI model will reduce over identification of special education students. High-quality, evidence-based materials are available for those students caught in the middle, those students who are not disabled but have difficulty keeping up in class (p. 525, 526, 529). Still, not all special educators are familiar with this initiative or how they should go about implementing it at their school. General education teachers are unsure of which intervention strategies work the best in the classroom. They need guidelines to follow to launch this initiative and make it work at their school.

*Action Plan and Timeline*

The survey addresses whether teachers are familiar with RTI and intervention strategies. One question in the survey asks which intervention strategies the teacher currently uses and finds successful. These findings are recorded and shared in this paper. This information can be made available to school administrators and teachers throughout the school year as a teaching tool for the intervention strategies.

Classroom teachers are encouraged to implement some of the intervention strategies in the classroom. Many of the strategies can benefit both individual students who are having difficulty academically as well as the entire class. If after a month, a student continues to have

difficulty academically, the child will be referred for special education services. Most students will show improvement with the intervention strategies and have no need for special education services.

Educators are encouraged to seek out materials that can be used for intervention in the classroom. These materials may come from a lending library or purchased if funds are available. Reading and math intervention programs have been designed specifically for students who have difficulties in those areas. In addition, the teacher can supply tape recorders, headphones, calculators, spell checkers, and other assistive devices as necessary.

At the end of each school year, the classroom teacher and special education teacher will be encouraged to evaluate whether the intervention strategies are working in their classrooms. If the strategies are not working, educators should experiment with and implement different ones the following year. All students, but especially students who are having difficulty in the classroom, will benefit from the teacher's knowledge and willingness to use intervention strategies in their classroom. It is a win-win situation for both the teacher and students involved.

*Evaluation Plan and Tools*

I have disseminated a survey to teachers in many geographic locations asking specific questions about RTI and intervention strategies. Yes or No questions and Open-Ended Comment Box questions are provided for educators to respond to. The survey was open for thirty days with all results being e-mailed directly to me. I have analyzed and reported in percentage form the number of teachers familiar with RTI. I have also included classroom intervention strategies that teachers say work the best for them.

Chapter V: Results

Seventy-nine educators responded to the survey about RTI (see Table 1). Of those

seventy-nine people, 71 percent are unfamiliar with the RTI model, and 29 percent are familiar

with the RTI model. Although fifty-six respondents were unfamiliar with RTI, twenty-six

showed some familiarity as they were able to give intervention strategies that they feel are

effective in the classroom. Nineteen of the twenty-three respondents that are familiar with the

RTI model gave intervention strategies that they feel work best in the classroom. Four

respondents that were familiar with the RTI model reported that although they are familiar, they

have not implemented it in their classroom.

Table 1

*Educators' Response to RTI strategies*

|  | Number of Respondents | Percentage of Respondents |
|---|---|---|
| Familiar with   RTI | 23 | 29% |
| Unfamiliar with RTI | 56 | 71% |
| Feel Intervention Strategies are effective and fewer students are being referred for Special Education | 17 | 57% |
| Feel Intervention Strategies are not effective and fewer students are being referred for Special Education | 13 | 43% |
| No Response to whether Intervention Strategies are effective and fewer students are being referred for Special Education | 49 | NA |

The survey allowed for responses from educators teaching in grades pre-k to high school.

Thirteen respondents skipped this question and did not place themselves in any grade category.

Four educators checked multiple boxes indicating they teach at more than one grade level.

Thirty-five percent of the respondents were in pre-kindergarten to grade six. Fifty-nine

percent were in middle school and high school and sixteen percent did not specify a grade level.

Because some educators checked multiple levels of grades taught, the percentages do not add up

to one-hundred percent. Nine of the twenty-eight respondents in grades pre-k to grade six were

familiar with the RTI model. Twelve of the forty-six respondents in middle school to high school

were familiar with the RTI model. Two out of the thirteen respondents that did not specify a

grade level indicated they were familiar with the RTI model. Ten respondents from grades pre-k

to grade six checked they were unfamiliar with RTI but gave intervention strategies that they feel

work best in the classroom. Eighteen respondents who teach at the middle school and high

school level checked that they were unfamiliar with RTI but gave intervention strategies that

they feel work best in the classroom.

Table 2

*Number and percentage of participants that responded to the survey at each grade level*

| Grade Level | Number | Percentage |
|---|---|---|
| Pre-K, K | 7 | 11% |
| Grades 1-3 | 12 | 18% |
| Grades 4-6 | 9 | 14% |
| Middle School | 25 | 38% |
| High School | 22 | 33% |
| No Grade Specified | 13 | NA |

Thirty people responded to the question asking whether intervention strategies are

effective and if fewer students are being referred to special education because of this (see Table 1

on page 28). Forty-eight respondents chose not to answer this question. Of those thirty people

who responded to the survey, 57 percent had a yes response, and 43 percent had a no response. In addition, six respondents that answered yes to the question taught at the pre-k to grade six levels, ten taught at the middle school to high school level, and one indicated no grade level.

Several of the intervention strategies that were listed in the survey overlapped (see Appendix B and C). Whether teachers were familiar with RTI or not, similar strategies were used in the classroom. One-on-one or small group assistance, direct instruction, re-teaching, extended practice, positive reinforcement, pro-active discipline, and differentiated instruction seemed to be mentioned often in the survey.

VI: Discussion

Many educators who are unfamiliar with the term Response to Intervention (RTI) are familiar with, and are using, intervention strategies in their classroom. Since many teachers are already familiar with intervention strategies, learning about RTI, the new initiative mandated and supported by IDEA and NCLB, will be relatively easy. According to Tilly (2006), many strategies can be used individually or with groups as long as they are respecting children's rights and human dignity. The strategies used need to be effective and be scientifically research supported as much as possible. Using scientifically research-based interventions protects students and does not waste educators' time. A problem, however, is that there is no definitive research available on what works best. Therefore, to implement interventions, educators must monitor the effectiveness and modify based on results. Those strategies that do not work must be rejected and replaced.

Educators in the classroom have tried and tested the intervention strategies listed in Appendix B and C. These strategies are the ones that teachers feel work the best for them in their classroom. As Tilly stated above, there is no definitive list available as a guideline for educators. Therefore, teachers need to rely on what educators have found to work the best in their classroom. This survey can be used as a means of providing teachers with a list of research-based interventions that can be put in place in their classrooms. These strategies have been effective in the respondents' classrooms. In addition fifty-seven percent of the respondents felt that fewer students are being referred to special education because of the interventions in the classroom. It is a teacher's responsibility to decide which strategies will work best for a student. Just because a strategy works well for a particular student, it may not work well for another. Each student is unique and has his or her own way of learning information.

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Appendix A: Survey

## Response To Intervention in the Classroom [ edit ]

My name is Louise Zuiderhof and I am working on my Research Paper for my Master's Degree in Education. Your help in answering the questions to my survey will help me write my paper and finish my degree.

[ edit page properties ]

1. Are you familiar with the Response To Intervention (RTI) model?

   [ -- None -- ▼ ]

   [ edit ] [ move ] [ pipe ]

2. What intervention strategies have you seen that work best in the regular classroom?

   [ edit ] [ move ] [ pipe ]

3. Do you feel RTI intervention strategies are effective, and are less students being referred for special education services because of it?

   [ -- None -- ▼ ]

   [ edit ] [ move ] [ pipe ]

4. What grade level do you teach?

   ☐ Grades Pre-K- K

   ☐ Grades 1-3

   ☐ Grades 4-6

   ☐ Middle School

   ☐ High School

   [ edit ] [ move ] [ pipe ]

Appendix B: Survey Comments of Teachers Familiar with RTI

Intervention Strategies that teachers have seen work in the classroom
Anonymous comments from survey

***Small group reinforcement, re-teaching particular skills

***It's all about EARLY intervention. The later kids are identified, the harder it is to intervene successfully

***We are forming "Homerooms" that will meet every day to help meet this new mandate by our state

***Our school utilizes a S.A.T. (student assistance team) meeting approach for RTI. If a teacher/counselor/parent feels there is a need, a meeting may be called. This helps identify and make all parties aware of a problem. Students are not always referred for services. Sometimes making parents aware of a need helps solve the problem.

***Small group direct instruction in reading, positive behavior support plans that are implemented with integrity, picture schedules, self-monitoring sheets on student desk to improve attention and work completion

***Guided reading, differentiated instruction, cooperative learning, Title 1 resources, especially if they provide literacy coaching to the teachers, flexible grouping of students, and modification of the curriculum (i.e. Don't make the poor kid sit there and try to do math that he/she has no understanding of just because it's in the curriculum. I'm seeing that and it's awful. Teach the student has his or her level and help them learn from there.)

***Small group or pullout services that work on a focused task. I think students are able to have a teacher's attention to assist them with each step in the process. There are fewer distractions than with larger groups of students.

***Giving students credit for re-doing work.
Cutting the amount of work to make it manageable for students.
Reading to students—content and tests.
Alternate grading scale.

***Environmental modifications are the easiest and sometimes the most effective – removing distractions, moving the child closer to the teacher, placing reference materials on the child's workspace (rather than looking up
at a board to copy sentences, have them on the desk, alphabet strips on the desk, etc.) giving the child access to a computer for composition (for the reluctant writer), etc.

***In the setting I teach in, it is the group's responsibility to intervene initially for minor conduct, behavior, and other negative actions.

***My best advice is making sure your lessons are well prepared. Pre-assessments let you know what to teach. Teach vocabulary and main ideas before presenting a new lesson. Make your lessons as interactive as possible. NEVER just lecture! Keep the rigor at various levels for the various abilities in your classroom. Make your subject matter your passion. Your students will feel how sincere you are. If you are well prepared and your students are engaged, your intervention necessities will be few and far between.
Planning ahead can help to avoid conflict in the classroom. The success of intervention strategies varies per student. Keep an open mind and keep cool. Be firm but fair. Consistency is the key to a well-managed room.

***I have found that most of my I.E.P students who have different/varying needs from others are able to clarify, give examples of and demonstrate the style, melody and harmony content of all performance music.

***Additional practice in a small group or individual setting

***Free pass to leave the room, for 3 minutes and come back.
Colored cards to communicate on how they are feeling.
Being patient. Giving 10 seconds after a command to see if they follow

***Pre/re-teaching of vocabulary,
opportunities for repeated practice
guided readers
listening to fluent reading
monitoring progress, both fluency and comprehension

***I think most good teachers work with a particular student's abilities and needs. It does not take a CSC meeting to tell us that one student needs to sit close to the front of the room, or that some students need a little extra time to answer, or that we need to cruise past a particular student's desk more often.
Most middle school teachers differentiate their instruction when possible for everyone. We also offer a variety of avenues for students to express what they have learned: making factual lists, applying the content in creative writing, synthesizing the knowledge in class debates, or expressing the knowledge in artwork.

***Color coding assignments, highlighted texts, extra time for assignment completion, 1:1 tutoring

***Extended time, reviewing concepts, tutoring, parental involvement, peer coaching, study buddies, cooperative learning strategies

***Extended time to complete work
one to one attention
organization help (more so if parents also help with this, not just teachers)
behavioral interventions (reward system) – some teachers are good at this, but others struggle – it
takes a lot of work and "catching" a student being good
ORGANIZATION HELP AND BEHAVIORAL INTERVENTIONS FIT INTO THAT ONE TO
ONE ATTENTION AREA – THIS BECOMES A TIME FACTOR FOR REGULAR ED.
TEACHERS – AGAIN SOME ARE GOOD AT THIS, SOME STRUGGLE DEPENDING ON
THEIR STUDENT TO TEACHER RATIO AND THEIR OWN ORGANIZATION,
ATTITUDES AND THEIR FLEXIBILITY

Appendix C: Survey Comments of Teachers Unfamiliar with RTI

Intervention Strategies that teachers have seen work in the classroom
Anonymous comments from survey

***Frequent positive reinforcement

***Positive reinforcement, praise, consistent with a set discipline plan

***Peer tutoring, teacher tutoring, one on one instruction, reduced assignments, modified assignments

***A strategy I feel that is very effective is developing a more personal relationship with the student. Learn about their family live, struggles, interests, etc and then use that help them find motivation in their learning

***Bond with student; create a personal relationship that provides a safe learning environment.
Provide accommodations (with or without an IEP).
Work with special education teacher if there's an IEP.
Avoid public conflict with troubled student.
Build hope any way you can.
Individualize instruction to maximize success.

***I've made different test formats for them. I also try to differentiate in my lesson plans as well as incorporate an approach for multiple intelligences. I feel like treating all of my students as individuals is a form of intervention in itself.

***Small group learning
Some of our current concepts of human development and learning arise from isolationist thinking, such as Freud and Jung. Piaget's work helped us to reframe our understanding to include the social aspects of human development. Others such as Vygotsky identified social context learning - learning in small social peer groups - as key to cognitive development, offering the highest degree of cognitive integration. Personally, the combination of an individualized learning track and small group learning seems ideal. Would e learning be a useful bridge for some students who need intervention?

***If we're talking about strategies to address behavior issues, I use a hierarchy of intervention strategies that range from giving the student a look to restraint holds. If you want to know about interventions that help student's increase their achievement in reading, spelling, writing and other language arts skills, I would support identification of problem areas, increasing vocabulary through experiences, discussion, movies, and having books read to them, as well as providing additional instruction time in those areas.

***Collaboration with sped personnel regarding student need/expectation before the instruction begins, regular assessment ongoing during duration of the instruction, and consideration of other interventions when one preferred seemingly are not as affective.

***Standing near a person who is disruptive or not working
moving people away from a person who is distracted.
Moving a distracted person to another place
time out
changing the expected assignment
modifying an expected assignment

***Paraprofessional working with student

***Assigned seats, providing a structured environment, clear, precise simple class rules, verbal warnings - praise for good work habits, logical consequences....

***Direct instruction
The earlier obviously you can intervene the best

***I think just repeated practice with certain strategies/skills the student is having trouble with.

***A "Take a break"/"Timeout" chair
Letting students take a walk with a Para-educator if possible
Meeting with student individually
At times, calling a parent (but usually this only works with younger students).

***peer tutoring
review of task to be accomplished
think-pair-share to refocus workers
oral as well as written directions
model what is to be accomplished, if possible

***Maintaining a firm, fair, and consistent environment

***Working one-on-one with the student; pairing with another student

***Direct instruction

***Word banks for non-spellers, Reading aloud and oral practice/explanations for non-readers, oral testing for those having problems putting words on paper, re-testing, extra time spent on explaining concepts and giving examples

***Allowing additional time on task
decreasing amount of work
peer tutoring
small group work

***Redirection
proactive discipline... Paying attention to potential issues before they become problems and responding before
nonviolent crisis intervention

***Peer mentoring
Modified assignments
Wait time
Presentation to various modalities

***One on one remediation

***Reading Recovery in the Elementary

***Flex Lab at the middle school

***Small group interactions.
One-on-one help.
Presenting material often in many different ways to reach all styles of learning.