

RESPONSE-TO-INTERVENTION

Technical Assistance Document

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& the University of Nebraska**

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RESPONSE-TO-INTERVENTION IN NEBRASKA

Introduction and Overview

The purpose of this document is to provide an overview for Response-to-Intervention (Rtl) practices in Nebraska. As such, it will chart the course for school-wide implementation. It is not intended, however, to be a substitute for training. Several important training prerequisites are required to implement Rtl. Readers are encouraged to pursue supplementary training in each of the topics discussed in this document. The document is devoted to explaining the core components of Rtl and the systematic implementation of Rtl in schools. It is intended to help the reader to increase his/her understanding of the various aspects of Rtl and to identify areas that warrant future training within his/her school.

The rationale for implementing Rtl within schools is two-fold. Rtl is both (a) a useful framework for guiding instruction for *all* students (in general *and* special education) by means of a continuum of services, and (b) a legal and valid approach for identifying students with Specific Learning Disabilities (SLD). Rtl practices apply to all school personnel, not only those who work in the area of special education. The legal basis for using Rtl to determine learning disability eligibility is stated in the 2004 reauthorization of the Individuals with Disabilities Act (IDEA). The law states:

In determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific research-based intervention as a part of the evaluation procedures described in paragraphs (2) and (3) [20 U.S.C. 1414(b)(6)(B)].

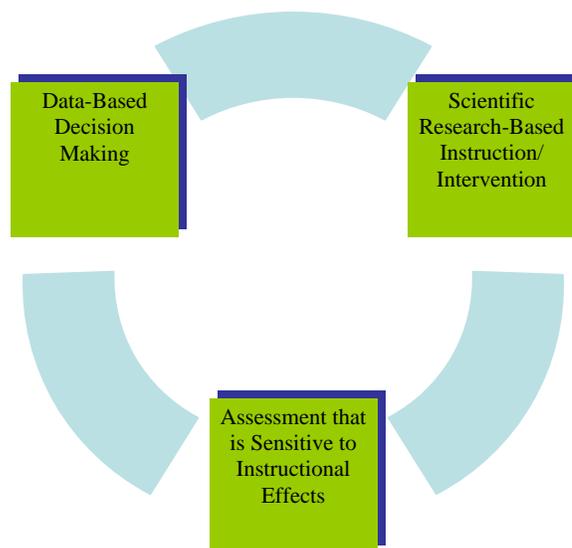
Rtl has been defined by the National Association of State Directors of Special Education (NASDSE) as “the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals and applying child response data to important educational decisions” (Batsche et al., 2005, p. 3). There are three key features of Rtl:

- Scientific research-based instruction and intervention;
- Assessment of the effects of instruction (i.e., child response data based on frequent progress monitoring); and
- Data-based decision making (i.e., using the child response data as the basis for decision making).

Each feature is part of an interrelated process (see Figure 1) which should be applied to *every* student, not just special education students. Essentially, instructional practices are evaluated and adjusted based on results of reliable, valid, and sensitive indicators of important student outcomes. If any piece is missing, the process breaks down.



Figure 1. *The three interrelated features of Rtl.*



Although Rtl appears in federal special education law, the reader will note that there is nothing unique to special education about these practices. They merely represent best practice in educating students. Although an administrative decision to classify a child as having a learning disability may be necessary under some conditions (which are described below), within an Rtl framework assessment is conducted first and foremost to improve instruction. The U.S. Department of Education said as much in their commentary on the proposed regulations for IDEA 2004 by stating, “In considering alternative models for identification, we believe that the focus should be on **assessments that are related to instruction**, and that identification should promote intervention” (emphasis added). What is unique about this new mandate is that it now allows schools to use the results of these assessments to make eligibility decisions.

Rtl is intended to improve upon many of the problems associated with the ability-achievement discrepancy model which has dominated eligibility practices for over a quarter of a century. Under the ability-achievement discrepancy model, student eligibility was based on a significant and severe discrepancy between IQ and norm-referenced achievement scores. This model came under close scrutiny of the federal government when President George W. Bush convened a commission to prepare for revisions to IDEA. After investigating the available research on current eligibility practices, the President’s Commission on Special Education (PCES, 2002) concluded that, “The Commission could not identify firm practical or scientific reasons supporting the current classification of disabilities in IDEA.” Furthermore, they reported that, “The IQ discrepancy model provides an arbitrary subdivision of the reading IQ distribution that is fraught with statistical and other interpretive problems.”

The ability-achievement discrepancy method was failing students for a number of reasons. The model has been characterized as a “wait to fail” model. Many students cannot receive remedial services until academic concerns become so severe that a discrepancy is achieved. In other words, schools saw themselves as having to wait until a student’s problem became severe enough for a discrepancy to appear in test scores before services would be offered. As schools became more aware of the need for prevention and early intervention, this approach to verification was increasingly seen as unacceptable. In addition, use of this model led to a high rate of classification errors, with many students not receiving services who had serious academic problems and many students receiving services whose academic performance could have been improved with simpler modifications to the curriculum. One of the other major problems with the ability-achievement discrepancy approach is that it lacks a direct link between assessment and intervention. The assessment data do not provide useful information about how to teach the student.

When schools use Rtl, students receive interventions as soon as a need is identified. Intervention is intensified progressively if the assessment data suggest that the student is not responding. Specific methods for doing this are described in more detail in the next section. Suffice it to say that early intervention and a focus on effective instruction make it more likely that schools will be able to keep more students in the general education classroom. Schools no longer have to wait until students fall far enough behind their peers to receive the kind of instruction they need. At the same time, the process involves an intense case study of each child with repeated assessments over time, which should reduce decision errors when the data are applied correctly to eligibility decisions. Finally, because assessments involve sensitive indicators of instructional effects, the results directly inform educators of strategies that work and do not work with a particular student.

What Rtl Is and What It Is Not

Rtl represents a fundamental shift in how schools will go about identifying and responding to students' academic difficulties. Therefore, it is essential to be very clear about what Rtl is and what it is not. Table 1 (contributed by Dr. Michael Bossard, Director of Special Education in the Lincoln Public Schools) outlines the real priorities of Rtl. Rtl is a significant opportunity for educators to come together to resolve children's learning problems by focusing first on students' instructional needs and only secondarily on eligibility decisions. In this light, Rtl is more about *what* will be done than *where* it will be done. Also, it is more about *how* the job will get done and less about *who* will get it done. Rtl requires educators to change how they view student difficulties and disabilities. Rtl procedures turn attention *away* from identifying deficits within the student (e.g., processing difficulties) and *toward* evaluating child progress over time on the basis of age-based comparisons and rates of learning. Therefore, students' academic performance is compared to the performance of other students in their school or district and student learning is evaluated based on how quickly that student acquires instructed material. The effect of this shift is that it forces educators to focus on how much and what types of instruction students need, which increases accountability for student learning.

Table 1
What Rtl Is and What It Is Not

Rtl IS...	Rtl IS NOT...
An initiative that supports general education school improvement goals	A stand alone special education initiative
Intended to help as many students as possible meet proficiency standards without special education	A means for just getting more students into special education
A method to unify general and special education in order to benefit students through greater continuity of services	A method for just increasing or decreasing special education numbers
Focused primarily on effective instruction to enhance student growth	Focused primarily on disability determination and documented through a checklist

Problem-Solving Process

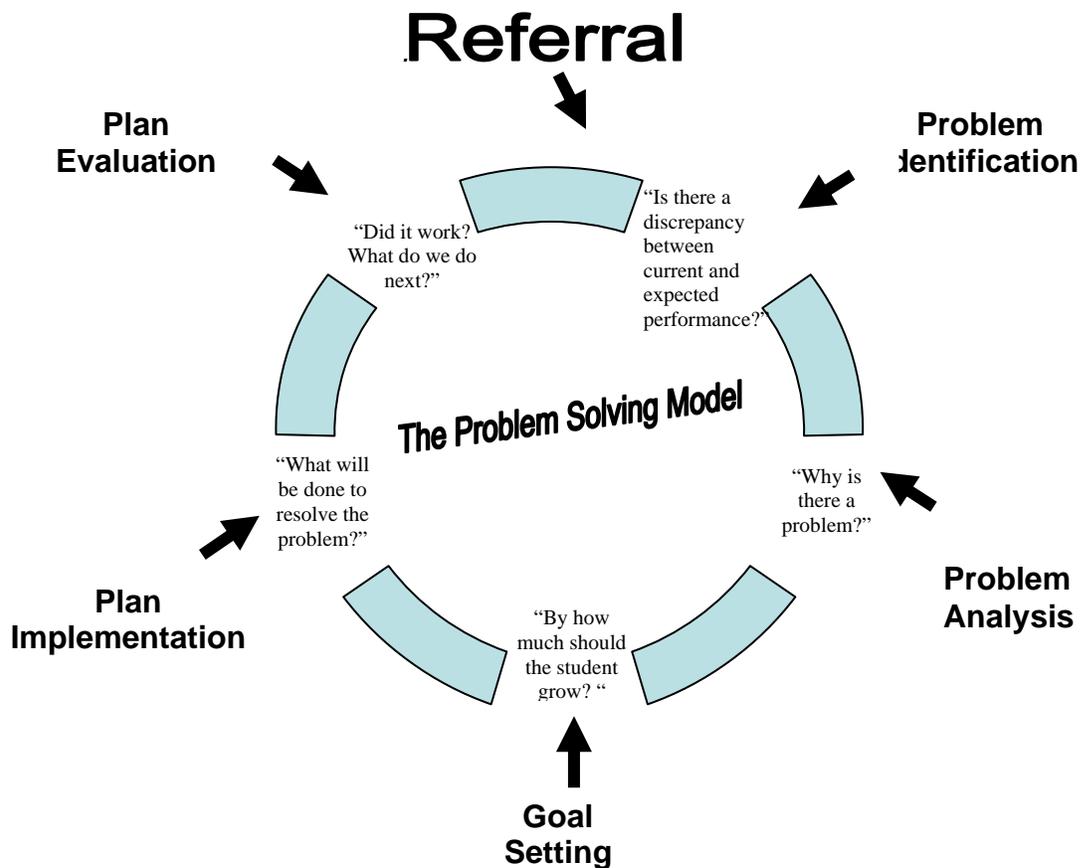
The importance of assessment and effective instruction for Rtl cannot be overstated. However, the problem-solving model serves as the overarching structure which organizes assessment and intervention activities. Therefore, problem solving lies at the heart of Rtl. Problem solving means going beyond fulfilling procedural requirements and checklists to doing what it takes to resolve students' learning problems. The problem-solving model has been organized into a series of steps, which can be found in Table 2. These steps are more than procedural formalities and the most

Table 2
The Problem-Solving Model

-
1. Problem Identification
 2. Problem Analysis
 3. Goal Setting
 4. Plan Implementation
 5. Plan Evaluation
-

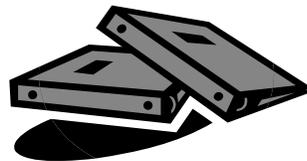
essential part of the process is obtaining outcomes (and not merely following steps). The steps are the outline of a method of investigation and can be organized into a series of questions that educators must answer if they are to improve students' learning opportunities. The questions that drive the process appear in Figure 2. Data are gathered at each step, making it a data-based

Figure 2. *Using the problem-solving model to investigate students' learning Difficulties*



problem-solving process with the goal to make instruction more effective for learners. The problem-solving model and the skills and procedures used to implement it are not new and have existed for well over 30 years (Deno & Gross, 1973). In many places, school-based problem-solving teams have been using this model to develop and evaluate pre-referral interventions for years. For those schools, Rtl will simply represent an extension of a process that is already in place.

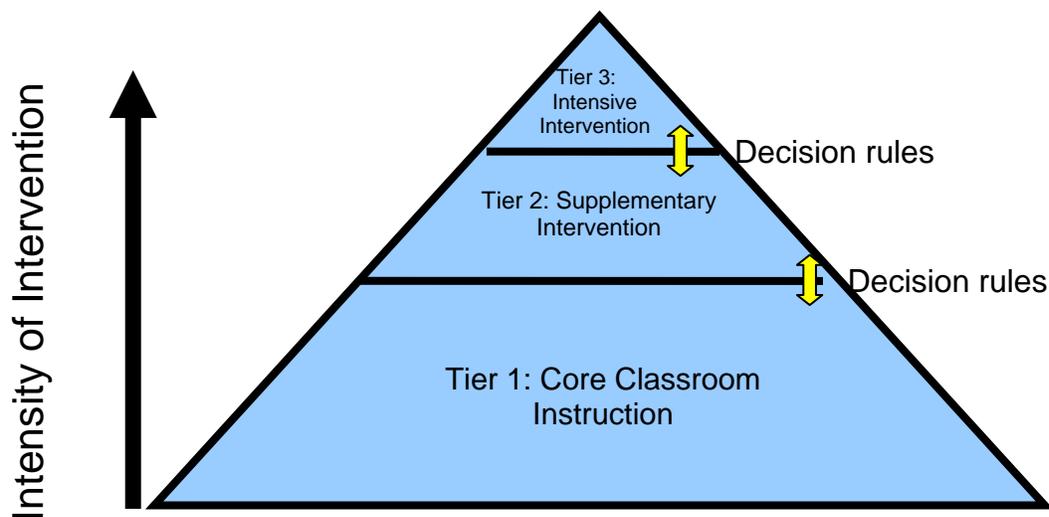
For schools to implement Rtl, they must systematically and rigorously apply all the activities discussed up to this point. The Nebraska Department of Education envisions schools concentrating the responsibilities and most of the activities within a school-based team. For example, schools must have a problem-solving team with detailed knowledge of and training in the problem-solving process. In addition, teams should have training in evaluation and decision making procedures, such as universal screening to identify students at risk for academic difficulties, progress monitoring, and data-based decision making. Also, team members should become intervention resources for their schools. Therefore, they should have knowledge of scientifically-based, valid practices and know how to strategically select interventions based on assessment data. Finally, teams should be experts in Rtl procedures and decision-making criteria.



THE CORE COMPONENTS OF RTI

Rtl targets *all* students, not just those with or at risk of having a Specific Learning Disability (SLD). Services occur across a continuum, which is often described as a multi-tiered model. An example of a three-tiered model is displayed in Figure 3. It starts with strong regular education instruction as the

Figure 3. *An Rtl continuum of services to meet students' needs.*



Service Delivery Models

The service delivery model for Rtl should be contextually appropriate for a school and/or district. In the examples below, regular student assessment data are used to guide intervention provision, often within multiple intervention tiers/levels.

Pre-referral-intervention problem-solving models. Since the early 1990s, the State Departments of Education in Ohio and Pennsylvania have both implemented problem-solving models that involve collaborative consultation conducted by school personnel to guide pre-referral interventions. Multi-step collaborative problem solving within the Ohio model (e.g., Telzrow et al., 2000) involves an Intervention Assistance Team (IAT) providing guidance for the following: defining a student's problem, collecting baseline data, setting goals, hypothesizing the cause for the problem, planning and collecting data on intervention implementation, collecting student data, and generating comparisons between post-intervention and baseline student performance. Problem solving within the Pennsylvania model (e.g., Conway & Kovaleski, 1998) includes the involvement of a support teacher, principal, and specialists who are members of an Instructional Support Team (IST) that assists classroom teachers in implementing interventions for identified students. Within the Pennsylvania model, interventions are delivered and student progress is monitored for up to 50 school days and then determination is made by the IST about whether additional evaluation of the student is required.

Four-level eligibility-determination problem-solving models. The Heartland Education Agency (Heartland; Ikeda, Tilly, Stumme, Volmer, & Allison, 1996) in Iowa and Minneapolis Public Schools (Marston, 2001) in Minnesota have implemented four-level problem-solving models to guide both the delivery of pre-referral interventions and the determination of special education eligibility. Within both models, students who are experiencing difficulties are identified at Level 1 through regular collection of data. Within the Heartland model, Level 1 consultation is then initiated with the students' parents. For both models, multi-step consultation (problem analysis, intervention planning, intervention delivery, and intervention effectiveness evaluation) involving input from school colleagues takes place at Level 2. If a student fails to exhibit adequate progress as a result of Level 2 consultation, a school-based (Minneapolis model) or regional (Heartland model) team conducts an extended problem-solving process (Level 3) that involves implementation of refined or redesigned interventions. Within both models, students who do not adequately benefit for Level 3 intervention are then considered for special education via a non-categorical identification process (Level 4).

Three-tier reading-intervention model. Although several three-tier reading intervention models have been developed, the most sophisticated model has been created by Sharon Vaughn and her colleagues at the University of Texas Center for Reading and Language Arts (Vaughn, 2003). Within this model, all students are provided with instruction at Tier 1 via flexible grouping for at least 90 minutes per day using a research-based core reading program emphasizing the five elements of beginning reading (phonemic awareness, alphabetic principle, fluency, vocabulary, and comprehension) outlined by the National Reading Panel (2000). Students identified through benchmark assessments each fall, winter, and spring as exhibiting reading difficulties receive Tier 2 small-group (4-6 students) interventions targeting phonics/word recognition, fluency, and comprehension for at least 20-30 minutes a day for 10-12 weeks. Students who continue to experience difficulties (based on progress monitoring twice a month) are assigned to (a) another round of Tier 2 intervention, (b) Tier 3 intervention, or (c) referral for special education. Individualized Tier 3 intervention is similar to Tier 2 in content but is provided in very small groups (2-4 students) for at least 30 minutes twice a day for as long as needed until benchmark goals are attained. Although research on the University of Texas model is currently in-progress, an initial study involving 45 second-grade students who received Tier 2 intervention found that within 20 weeks, 20 students met benchmark criteria (10 students after 10 weeks; an additional 10 students after 20 weeks; Vaughn, 2003).

foundation (Tier 1). When teachers use a scientifically supported curriculum and appropriate instructional practices, they are preventing many problems from occurring. Next, Rtl involves sequential and coordinated delivery of interventions to students who may not be responding to the general education curriculum. Movement to Tiers 2 and 3 is based on student assessment data and formalized decision rules. For example, students who are not progressing in the regular education curriculum are generally identified through universal screening of all students. When progress-monitoring data indicate that a student at Tier 2 has not improved following planned modifications to the curriculum, he or she may move to Tier 3, which is a more intense intervention. In some adaptations of this model, students in Tier 3 may be verified with a SLD and receive special education services. In other models, only students who fail to respond to individualized intervention at Tier 3 are verified and become eligible for special education. Models vary with respect to the criteria used to make tier-specific intervention decisions and the determination of SLD and eligibility

for special education. At both levels—Tier 2 and Tier 3—school-based teams rely on data-based problem solving to address students’ needs. The remainder of this section will describe Rtl practices within two broad domains: (a) evaluation and decision-making activities; and (b) strategically selected interventions.

Regular Evaluation and Decision Making within the Problem-Solving Model

Regular evaluation and decision making encompasses measurement practices, how they are used for identifying students who are in need of further intervention through universal screening, progress monitoring within the problem-solving model, and data-based decision making. Each is discussed in turn.

Measuring Student Performance

Measurement of student performance obviously is a critical component of Rtl. Often, schools use Curriculum-Based Measurement (CBM; Shinn, 1989) to assess students’ basic skills. CBM is designed to measure skill fluency in early reading literacy, oral reading, writing, and math computation skills. These brief probes (typically administered in 1 to 3 minutes) are used to monitor both the student’s level of performance and his or her rate of performance growth related to age or grade-level expectations. CBM is a reliable and valid indicator of basic skills that is sensitive to instructional changes and useful for setting student goals and predicting future student performance (Deno, 2002; Fuchs et al., 1984).

Student assessment for Rtl, however, is not limited to CBM. CBM is merely a well-researched set of methods for efficiently obtaining useful information. Whatever the student’s need, whether it is academic performance (e.g., reading, writing, math) or behavior (e.g., classroom disruptions), the same principles of assessment can be applied. These principles, which are objectives of the Problem Identification phase of the problem-solving process, are outlined in Table 3. A particularly useful resource that many schools have adopted to help them with student assessment is Curriculum-Based Evaluation (Howell & Nolet, 2000).

Table 3
***Principles of Student Measurement that
Should Be Applied to Data-Based Problem Solving***

1. The problem is defined in objective and measurable terms.
 2. The problem can be measured in terms of frequency, rate, duration, latency and/or intensity.
 3. The measurement procedures are sensitive to changes in the instructional environment.
 4. The measurement procedures produce reliable and valid results for describing the problem.
-

Although school personnel can design their own assessments (e.g., web-based tools for designing CBM materials are available via www.interventioncentral.org), materials for regular and ongoing measurement of students’ performance are commercially available. These materials include both measurement probes and accompanying software or web-based tools for interpreting students’ performance in relation to their peers. They help enable school personnel to identify (or “screen for”) students who have or are at risk of having performance deficits and to monitor these students’ performance over time. Published resources for screening and progress monitoring can be found in Table 4.

Measuring Student Progress

Student outcomes can be measured by monitoring the rates of student learning as well as the accuracy of student responses. Historically, the most common academic monitoring technique is curriculum-based measurement (CBM). Using CBM, student academic progress can be measured weekly or more often; data can be used to inform educational decision making; and responsiveness to intervention can be displayed visually on a graph. Existing, comprehensive CBM systems include DIBELS and AIMSweb. CBM is a part of a larger set of curriculum-based assessment (CBA) strategies which can be tailored and adapted to a variety of instructional areas (Shapiro, 2004). A well-developed example is curriculum-based evaluation (Howell & Nolet, 2000), which contains a comprehensive framework for assessment for instructional planning, delivery, and evaluation of outcomes.

In addition to CBA techniques, student outcomes can be measured through observations and permanent products. Student observations provide information about a student's classroom behaviors and levels of academic engagement, both of which impact student progress. Classroom behaviors of interest may include class work and homework completion, organization skills, and/or compliance. Furthermore, academic engagement, which is vital to progress in academic skills (Greenwood, Terry, Marquis, & Walker, 1994), can be observed. Instruction will be unproductive if a student is not attending to and actively responding to the instruction. Academic engagement is observed when the student is reading aloud, answering academic questions, asking academic questions, writing responses to teacher request, and/or silently reading (i.e., eye movements indicate student is scanning text). Classroom observers often use behavioral recording strategies like momentary time-sampling and partial-interval recording to collect objective data on student behavior during classroom instruction (Shapiro & Kratochwill, 2000a, 2000b).

Finally, many academic tasks result in permanent product data that can be examined. Completed worksheets and written stories can be used to identify skill weaknesses and to monitor child progress. Permanent products completed in the classroom often represent how well students perform tasks independently, which is important information about their skill proficiency. Permanent product data (e.g., journal writing entries, completed work sheets) also can be compared across time and displayed on a graph when the conditions (i.e., amount of time, difficulty level of the exercise, and content of the exercise) are kept constant. For example, if a teacher regularly devotes 20 minutes a day to journal writing, results might be displayed on a graph as number of correctly spelled words per 20 minutes.

Although CBM procedures are the most common technique for measuring child responsiveness to supplemental instruction, other important measures of student performance should not be overlooked. Academic responding is complex and each piece of data adds to the overall picture. The inclusion of observations and permanent products will assist in clarifying a student's level of responsiveness to instruction.

Resources and Research on Measuring Student Progress

- Greenwood, C. R., Terry, B., Marquis, J., & Walker, D. (1994). Confirming a performance-based instructional model. *School Psychology Review*, 23, 652-668.
- Heward, W. L. (1996). Three "low-tech" strategies for increasing the frequency of active student response during group instruction. In R. Gardner, D. M. Sainato, J. O. Cooper, T. E. Heron, W. L. Heward, J. Eshleman, & T. A. Grossi (Eds.), *Behavior analysis in education: Focus on measurably superior instruction* (pp. 283-320). Pacific Grove, CA: Brooks/Cole Publishing Co.
- Howell, K. W., & Nolet, V. (2000). *Curriculum-based evaluation: Teaching and decision making* (3rd ed.). Belmont, CA: Wadsworth.
- Shapiro, E. S. (2004). *Academic skills problems: Direct assessment and intervention* (3rd ed.). New York: The Guilford Press.
- Shapiro, E. S., & Kratochwill, T. R. (Eds.) (2000a). *Behavioral assessment in schools: Theory, research, and clinical foundations* (2nd ed.). New York, NY: The Guilford Press.
- Shapiro, E. S., & Kratochwill, T. R. (Eds.) (2000b). *Conducting school-based assessments of child and adolescent behavior*. New York, NY: The Guilford Press.
- Skinner, C. H. (1998). Preventing academic skills deficits. In T. S. Watson & F. M. Gresham (Eds.), *Handbook of child behavior therapy: Issues in clinic child psychology* (pp. 61 – 82). New York: Plenum Press.
- <http://education.osu.edu/wheward/Publications/Everyone96.pdf> Manuscript titled *Everyone Participates in This Class*, which includes information on using and evaluating response cards in the classroom to increase academic engagement.
- <http://dibels.uoregon.edu> Official DIBELS website
- <http://www.aimsweb.com> Official AIMSweb website

Table 4
Published Screening and Progress Monitoring Tools

Title	Publisher's website	Grade	Assessment content
AIMSweb	www.edformation.com	K-8	Early literacy/reading, spelling, writing, numeracy/mathematics
DIBELS	dibels.uoregon.edu (free/printable) www.sopriswest.com (published materials)	K-4	Early literacy/reading
Measuring Basic Skills Progress	www.proedinc.com	1-6	Reading, mathematics

Universal Screening

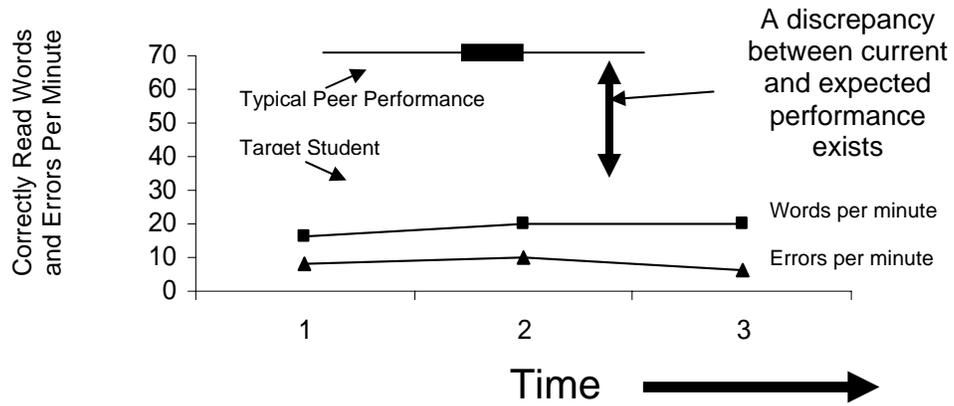
With a focus on all students, school-wide screening is an important component of the Rtl process. Screening is conducted at regular intervals (often once each fall, winter, and spring) to identify whether students are performing as expected in response to a school's core curriculum. Typically, screening involves administering brief assessments (e.g., CBM reading or math probes) to all students. Students' individual scores are then compared to some standard of performance, which is explained below. Those students whose scores indicate adequate performance often continue to receive general instruction, and those who are identified as "at-risk" are provided with supplementary intervention(s).

Determination of risk status through screening is obtained by comparing students' screening results to one of two types of comparison groups: (1) grade- or age-based local norms and/or (2) nationally-normed criterion benchmarks. Screening that makes use of local norms involves compiling all students' scores within a grade level or age group, grouping them by percentile ranks or quartiles, and then identifying students below a pre-determined level that represents an unacceptable level of risk (Shinn, 1989). In contrast, when criterion benchmarks are used, students' scores are compared to benchmark scores that represent large national samples of student performance. Students whose scores fall below such cut points are determined to be at risk. Determination of risk status varies as a function of the screening approach used (Jenkins, 2003). Because percentile ranks and/or benchmarks can be selected to represent different levels of risk, it is important that schools make use of screening approaches and risk decision criteria that identify the optimal number of students that can benefit from school-based intervention and services.

Progress Monitoring Integrated in the Problem-Solving Model

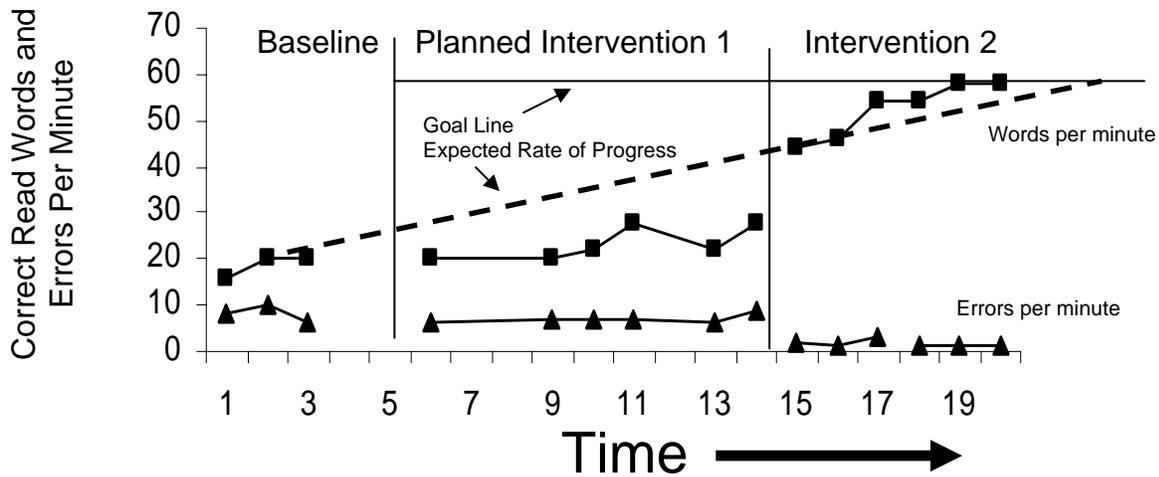
Students who are identified via screening as at-risk and move to Tier 2 services are monitored, typically using CBM probes, at regular intervals. Ongoing assessment of students' performance is used to determine which students are benefiting from intervention and which students are in need of additional support(s). Sufficient data should be gathered at each problem-solving step to make a reliable determination of student progress. For example, the results of initial baseline assessments for a student are displayed in Figure 4. Assessments of the target student's oral reading fluency were conducted on 3 separate days (one a day). The results include the number of correctly read words and errors per minute for both the target student and typical peer performance. Typical peer performance data may represent, for example, peers in the same school building or the same district. In the example, one sees a discrepancy between current and expected levels of performance for the student, which answers the first question of the problem-solving model (i.e., "Is there a discrepancy between current and expected performance?"). Based on these results,

Figure 4. Repeated assessments to identify a problem.



according to the problem-solving model, a goal will be established for the student and progress will be monitored regularly (e.g., weekly) over time. Figure 5 contains an example of progress monitoring data in relation to both a goal line and an expected rate of progress (which expresses when the student should reach the goal for performance). In the example, the student did not make adequate progress toward the goal during the first planned intervention. The intervention was then changed and results indicated that the student met the goal by the end of the second intervention period.

Figure 5. Progress monitoring data.



Problem Analysis and Functional Assessment

The outcome of the problem analysis phase of the problem-solving model is an intervention plan. The basis of that plan should be related to why the problem is occurring in the first place. Functional assessment is a set of strategies that can be used to identify the contingencies supporting problem behavior, answering the “why” question. Based on research demonstrating that changes in social attention, task demands, and access to other preferred objects directly related to occurrences of problem behavior, investigators began selecting intervention strategies that directly addressed the “function” of problem behavior to eliminate problem behavior. Functional assessment methods include structured interviews, checklists, record reviews, direct observation of behavior under natural classroom conditions, and direct observational tests of changes in instructional conditions (Watson & Steege, 2003; O’Neill et al., 1997; Witt, Daly & Noell, 2000). Interventions derived from functional assessments are more directly related to the problem and generally involve fewer procedural steps than commonly used token economies and response cost procedures, making them easier to carry out in classrooms.

Functional assessment has been extended to academic performance problems as investigators have set up assessment conditions that directly test instructional strategies (Daly, Witt, Martens, & Dool, 1997). For instance, functional assessment methods have been shown to be useful for testing performance versus skill deficits (Duhon et al., 2004). Other studies have focused on testing various instructional strategies (Daly, Martens, Hamler, Dool, & Eckert, 1999). These assessment methods have come to be called brief experimental analysis (BEA) in the professional literature (Daly, Andersen, Gortmaker, & Turner, in press). The basic idea is to test interventions for their effectiveness before recommending them to teachers and/or parents.

The quality and effectiveness of supplemental instruction and intervention is directly related to the quality of the problem-solving process. The appropriateness of any intervention hinges on formation of a correct understanding of why the problem is occurring. Using proven problem analysis strategies will increase the probability of appropriate intervention plans to remediate students’ skill problems.

Research/Resources on Problem Analysis

- Daly, E. J., III, Andersen, M., Gortmaker, V., & Turner, A. (in press). Using experimental analysis to identify reading fluency interventions: Connecting the dots. *The Behavior Analyst Today*. Available on-line at <http://www.behavior-analyst-today.com/>
- Daly, E. J., III, Chafouleas, S. M., & Skinner, C. H. (2005). *Interventions for reading problems: Designing and evaluating effective strategies*. New York, NY: Guilford Press.
- Daly, E. J., III, Martens, B. K., Hamler, K., R., Dool, E. J., & Eckert, T. L. (1999). A brief experimental analysis for identifying instructional components needed to improve oral reading fluency. *Journal of Applied Behavior Analysis*, 32, 83-94.
- Duhon, G. J., Noell, G. H., Witt, J. C., Freeland, J. T., Dufrene, B. A., & Gilbertson, D. N. (2004). Identifying academic skills and performance deficits: The experimental analysis of brief assessments of academic skills. *School Psychology Review*, 33, 429-443.
- Iwata, B., Dorsey, M., Slifer, K., Bauman, K., & Richman, G. (1982). Toward a functional analysis of self-injury. Analysis and intervention in developmental disabilities, 2, 3-20. Reprinted in *Journal of Applied Behavior Analysis*, 1994, 27, 197-209.
- O’Neill, R. E., Horner, R. H., Albin, R. W., Sprague, J. R., Storey, K., & Newton, J. S. (1997). *Functional assessment of problem behavior: A practical assessment guide* (2nd ed.). Pacific Grove, CA: Brooks/Cole.
- Watson, T. S., & Steege, M. W. (2003). *Conducting school-based functional behavior assessments: A practitioner’s guide*. NY: Guilford.
- Witt, J. C., Daly, E. J., III, & Noell, G. H. (2000). *Functional assessments: A step-by-step guide to solving academic and behavior problems*. Longmont, CO: Sopris West.
- <http://cecp.air.org/fba> This website provides step-by-step information on conducting a FBA (see Parts I and II).

Data-Based Decision Making

Within the tiered continuum of service delivery represented in Figure 3, decision rules are necessary for moving students back and forth across tiers as educators address their needs for intervention delivery and eligibility decisions. These decision rules must rely on relevant student assessment data. At each step of the process, good decision rules ensure effective, equitable, and fair treatment

across students. Schools will need to develop and maintain specific guidelines for each of the following practices:

- **Cut scores for determining risk status:** To identify students who are at risk for academic or behavior problems, schools will need to identify the scores (based on universal screening) that determine whether a student is deemed as in need of Tier 2 services.
- **The frequency and duration of progress monitoring:** During Tier 2 and Tier 3 service delivery, the frequency and duration of progress monitoring will have an impact on whether sufficient data have been collected to determine a student's responsiveness to intervention. First, data must be collected with sufficient frequency to detect changes in performance following instruction/intervention. Schools will need to identify the frequency with which data will be collected (e.g., once or twice a week). It should be no fewer than one time per week. Second, the length of the data collection period during intervention must be established. Schools will need to determine a length of data collection (e.g., 10 weeks) that allows them to reliably determine whether the student is responding during the intervention phase. The length of time should allow for no fewer than six data points during an intervention phase. As with any test, the more data that are gathered, the more reliable the decision will be about whether a student is responding to an intervention.
- **Criteria for determining a student's responsiveness to intervention:** Determination of whether students are eligible for or are responding to interventions requires specifying decision rules based on students' level and rate of progress, both prior to and after the initiation of intervention delivery. Schools need to identify both a performance level (e.g., reading at the 12th percentile) and rate of growth (e.g., improving weekly reading fluency at a rate of 3 additional words read per minute) for each phase of intervention. In addition, schools need to identify criteria for the strength of intervention within each intervention phase (i.e., number of sessions, consistency or fidelity of intervention, length of sessions, and type of intervention procedures), as well as the resources needed to adequately address the problem.
- **The determination of SLD status and eligibility for special education services:** According to federal regulations, SLD status is determined in part based on both an age-based discrepancy in performance and a discrepancy in expected rate of progress. Therefore, schools can identify students as having SLD if students who continue to receive interventions over adequate periods of time (as defined previously) have an ongoing discrepancy in both their level and rate of performance when compared to same-age peers. Decision rules pertaining to SLD determination within a school should be clearly defined. Although all at-risk students within the Rtl receive intervention, some schools may choose to deliver separate services for those who are identified as having SLD.

For each of these decisions, it is the responsibility of schools to gather sufficient data to assure that a reliable and valid decision has been made for each and every student and that decisions be consistent with the decision rules that are established *before* student evaluation. It is beyond the scope of this document to address the various methods that have been developed for each of these decision areas. Each school-based team should receive training in decision models before adopting one.



Strategically-Selected Intervention

Considerable planning needs to go into intervention selection before schools begin to apply them to students. Educators who are experienced with data-based problem solving have generally engaged in a planning process to evaluate how interventions will be chosen and structured in their schools. Interventions should be chosen within the general guidelines described in Table 5. These guidelines outline minimally acceptable criteria for valid interventions.

Table 5
Guidelines for Minimally Acceptable Interventions

1. Interventions are chosen based on classroom factors and reasonableness for the situation and severity of the problem.
 2. Scientific evidence for the effectiveness of the interventions must exist.
 3. Interventions are chosen based on students' instructional need (and not merely based on availability or convenience). This guideline means that there are individual student data to justify the choice of intervention.
 4. There should be a pre-specified, structured, and organized plan for each intervention session.
 5. Interventions should increase in intensity (i.e., frequency, length of intervention sessions, change in intervention strategies) in the event that a student does not make adequate progress as determined by the goal level established through problem solving (according to the criteria described in the previous section on data-based decision making).
 6. There should be a minimum of 24 intervention sessions before a determination of effectiveness is made.
 7. Intervention sessions should be carried out correctly and there should be some evidence that they were carried out as planned. Evidence can include training, permanent products, and direct observation by an independent party.
 8. There should be a minimum of two phases of intervention (based on decision criteria described in the previous section on data-based decision making) before a student should be considered as having a SLD.
-

Two general approaches to selecting interventions have emerged in the research literature—a standard protocol approach and a problem-solving approach. Although both approaches do in fact reflect the basic principles of problem solving (Batsche et al., 2005), they differ in terms of how interventions are individualized from one child to another within a school building. With a standard protocol approach, a single, well-validated protocol is applied to all the students at a particular tier. For example, students at Tier 2 would receive a similar intervention (which can be adjusted even within the tier) that is different from interventions delivered to students at Tier 3. A strong empirical research base supports this method of structuring interventions (Vaughn, 2003; Vaughn, 2005; Vellutino et al., 1996). Within a problem-solving approach, interventions are developed on a case-by-case basis and adjusted accordingly (Deno, 2005). Some schools find one strategy is a better fit for their instructional routines than another; others use a combination of both approaches. Schools should choose the approach that is most likely to be delivered consistently and correctly in their educational context.

Criteria for Determining Evidence-Based Instruction/Interventions

To increase the opportunity for students served at all levels of a multi-tiered model to benefit from the RTI framework, instruction and interventions delivered to students should be supported by evidence of their effectiveness. Evidence of an intervention's effectiveness can be obtained from previous research or ongoing local evaluation and is important for ruling out poor instruction as an explanation for inadequate student performance. To determine whether an intervention is effective, it is critical that the following criteria be met during evaluations: (a) the procedures for the intervention are clearly articulated; (b) a process is in place to ensure that procedures are followed; (c) the correct measures are used to evaluate outcomes that result from the intervention delivery; and (d) an appropriate means of comparing students' progress both with and without the intervention is in place.

Several approaches can be used to determine whether an intervention is effective, including the following:

Randomized experimental research. In randomized experimental research, comparisons are made in outcomes between students who are randomly assigned to a control group or a group that receives the intervention.

Single-case experimental research. In single-case experimental research, student outcomes are regularly monitored during an initial baseline phase and during/after an intervention is provided, to observe any improvements in performance. The inclusion of multiple students with baseline phases staggered over time (a "multiple-baseline" design) and/or a period where the intervention is removed (a "reversal" design) can help to increase confidence in conclusions made from single-case research findings.

Quasi-experimental research. In quasi-experimental research, student outcomes are compared between an intervention group and a control group. Unlike with experimental research, not all competing explanatory variables are controlled for (making it more difficult to have confidence in research results), often because students are not randomly assigned to groups.

Qualitative research. Because it can be used to investigate contextual issues and process variables related to intervention implementation, qualitative research is a useful complement to experimental or quasi-experimental research. Unlike with experimental research, claims made from qualitative research about "cause and effect" relationships (i.e., intervention effectiveness) should be interpreted with caution.

Because randomization is useful for ruling out any systematic differences (other than the intervention provided) between students assigned to the control group and intervention group, randomized experimental research is often regarded as the "gold standard" for making conclusions about an intervention's effectiveness (Kratowill & Stoiber, 2002; Shadish, Cook, & Campbell, 2002). Additional information on the importance of randomized experimental research is provided by the U.S. Department of Education's Institute for Education Sciences via a document titled *Identifying and Implementing Educational Practices Supported by Rigorous Evidence: A User Friendly Guide* (available at <http://www.ed.gov>).

Although evidence supporting an intervention's effectiveness is important, the intervention itself is only as good as the accuracy and consistency with which it is implemented. Regular monitoring of intervention delivery through observations and checklists is integral to ensuring that the interventions continue to be implemented correctly and accurately (i.e., with "fidelity") and to benefit those whom they are intended to serve. Several studies have found that implementation fidelity can affect outcomes resulting from intervention provision (Sanetti & Kratochwill, 2005; Telzrow, McNamara, & Hollinger, 2000).

Resources for Selecting Evidence-Based Interventions

Several web-based libraries have been created to assist school personnel in selecting evidence-based interventions. The following websites are among those most popular.

International Campbell Collaboration (www.campbellcollaboration.org). The International Campbell Collaboration maintains an online registry of reviews of evidence-based social, behavioral, and educational interventions.

Promising Practices Network (www.promisingpractices.net). The Promising Practices Network website provides descriptions of research-supported programs for improving child, youth, and family outcomes.

What Works Clearinghouse (www.w-w-c.org). The What Works Clearinghouse website, developed by the U.S. Department of Education's Institute for Education Science, provides educators with information about school-based practices supported by scientific evidence.

Reading Intervention Resources

Although numerous resources are available to assist educators in providing evidence-based reading interventions, the following three websites are particularly useful.

Big Ideas in Beginning Reading (reading.uoregon.edu). The Big Ideas in Beginning Reading website provides descriptions of reading research and examples of interventions based on the five Big Ideas in reading (phonemic awareness, alphabetic principle, fluency with text, vocabulary, and comprehension) that have been identified by the National Reading Panel.

Florida Center for Reading Research (www.fcrr.org). The Florida Center for Reading Research website includes information on reading research and links to reading intervention resources.

Vaughn Gross Center for Reading and Language Arts (www.texasreading.org). The Vaughn Gross Center for Reading and Language Arts website includes information on 3-tier reading intervention research and links to instructional materials for providing evidence-based reading interventions.

MOVING TOWARD FULL SCALE IMPLEMENTATION OF RTI

The Developmental Progression of Rtl Practices

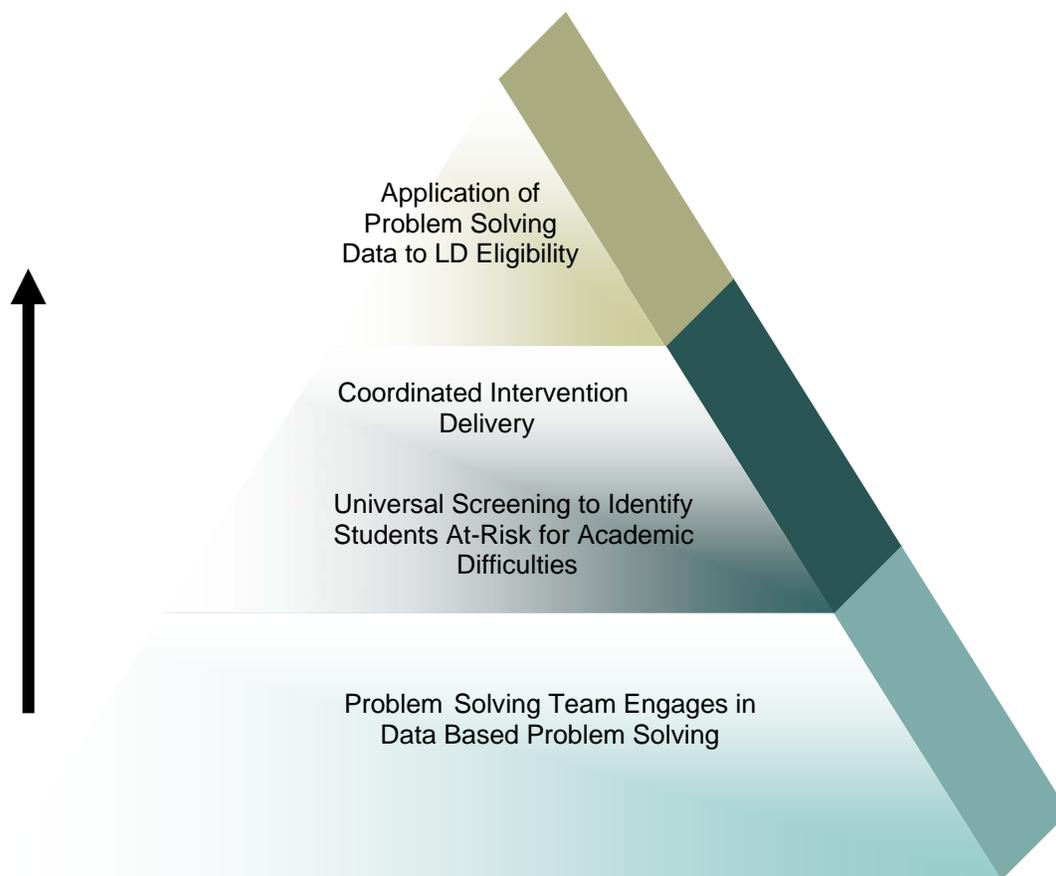
Full scale implementation of Rtl is the point at which a school is using data-based problem-solving data to guide intervention, learning disability eligibility, and entitlement decisions. The primary purpose of this process is to resolve students' academic problems through problem solving and not just to make eligibility decisions. The process of Rtl implies a continuum of services available to *all* students who are having difficulty in schools. With strong implementation of data-based problem solving, many of those problems will be solved before the question of special education eligibility is even raised. Nonetheless, one of the principle objectives of this change in federal special education law is to promote the use of higher quality assessment data for eligibility decisions than what has been used in the past. Eligibility determination may be called for when a particular student has not improved in spite of high quality interventions. The Rtl process allows schools to use data-based problem-solving intervention data for eligibility decisions. Therefore, schools need to be prepared to implement a broad continuum of services and decisions in order to fully implement Rtl.

Full scale implementation of Rtl is not something that occurs over night. It takes years of preparation for schools to reach the point at which they can actually use data to make informed decisions to guide intervention and learning disability eligibility. There is a developmental progression of practices that have to be adopted, implemented, and eventually institutionalized (Fullan, 2001) before teams will have adequate assessment data for eligibility decisions. This progression is represented in Figure 6. Until each element of the triangle (beginning from the bottom up) is well-coordinated at the school level and has become a routine part of practice, subsequent elements will not be meaningful or have the full impact that they were intended to have. Therefore, each element has a cycle of its own in terms of the process of adoption, implementation, and institutionalization.

Although some tasks (e.g., universal screening) may actually be easier to implement than others that precede them in the model (e.g., data-based problem solving), the developmental progression outlined in Figure 6 is critical to the success of the Rtl process. Data-based problem solving represents the core conceptual basis of addressing students' academic problems. Schools that are well-positioned to carry out full-scale implementation of Rtl have generally been applying the problem-solving model to child referrals for at least several years. Therefore, data-based problem solving is the very foundation of the Rtl process. When schools have a strong problem-solving process in place, the next step is for them to expand the scope of those services by creating (or adopting) a systematic method for identifying students in need of additional services. This is the point at which schools begin to implement screening methods on a school-wide basis (the second element and step in the developmental progression of practices).

Although data-based problem solving obviously includes selection and use of interventions, the third element in the process—coordinated intervention delivery—addresses the coordination and organization of interventions at a broader level. As schools address the needs of more students following universal screening, they will need resources and readily available intervention plans. For example, a school might allocate reading specialist time to implement supplemental small group reading interventions that are applied uniformly to each student who fell below minimal criterion levels of performance in the school-wide screening. Other issues related to coordinated intervention delivery include defining how interventions will be different from current classroom instruction, how they will be changed when students do not improve with intervention, how the interventions themselves will be monitored, and how long they will be implemented. For example, a school might choose to implement a cycle of two 8-week interventions, with the second 8-week intervention phase coming only if the student failed to meet performance objectives following the first intervention.

Figure 6. *Developmental Progression Toward Full Scale Implementation Of Rtl.*



Coordination of intervention delivery is essential to using assessment data for eligibility purposes. Before any eligibility decisions can be made, the length and types of interventions, as well as students' expected rate of improvement during intervention, need to be worked out and decided upon. All of this involves extensive planning and consistent implementation across students over time. Until schools reach this point, it is premature for them to move to the next phase of eligibility determination. When all of these elements are in place, however, schools then need to choose a framework and model for eligibility determination. Federal regulations indicate that the model chosen by schools must embrace both an *age*-based discrepancy in student performance (between current

and expected levels of performance) and a discrepancy in expected *rate of progress* when intervention has been delivered over time. Researchers have been investigating a variety of models for doing this (e.g., Barnett, Daly, Jones, & Lentz, 2004; Fuchs & Fuchs, 1998; Vaughn, Linan-Thompson, 2003). It is beyond the scope of this document to provide specific details of various models. Schools will need exposure to several models and time to reflect on and choose the model that works best in the context of how they serve their students. The Nebraska Department of Education recognizes that a “one size fits all” orientation will not work if schools are to do Rtl well. Essentially, the model constitutes the “rules” for determining eligibility that have to be described before the process is applied to eligibility determination. The Nebraska Department of Education is primarily concerned that the model be justifiable based on research and best practices. Schools that are at the point of exploring different models are encouraged to consult with other schools that actually have a model in place. Also, they are encouraged to attend training and do reading in the professional literature.

Treatment Integrity

The term “treatment integrity” refers to the degree to which interventions are implemented as planned. Much preparation goes into the identification of appropriate intervention services. However, it is also essential that safeguards be put into place to determine if those interventions are being carried out as they were intended. A student’s responsiveness to an intervention may eventually be used in eligibility decision making. Therefore, school personnel must be confident that the intervention was performed with high levels of integrity. When treatment integrity data are not collected, it is difficult to identify reasons a child does not respond to an intervention. In that situation, it could be hypothesized that the intervention was not implemented as planned. By collecting these data, that hypothesis can be eliminated and others considered.

Treatment integrity should be directly monitored by an independent observer other than the interventionist. To monitor integrity, the specific intervention components or steps must be operationally defined in a way that provides structure to the intervention session. One way to provide this structure is to develop an intervention script, which lists each intervention step that will be used during each session. The interventionist can use this script on a daily basis and an independent observer can use the script to identify components that are being used as intended. If the observer records the occurrence and non-occurrence of each step of the plan during the intervention session, it is then possible to calculate and report the percentage of intervention steps performed correctly for that session. Results can be summarized across sessions through descriptive statistics like mean, standard deviation, and range. In addition to observed sessions, indirect measures of treatment integrity can be used to supplement, but not replace, direct observation data. For example, rating scales, interviews or permanent products can be used to gain additional information about daily treatment integrity levels.

The question remains: “How many integrity data points are necessary?” Unfortunately, the answer will vary according to a variety of factors (e.g., degree of training provided, availability of other sources of evidence regarding treatment integrity), but it is necessary to observe more than one intervention session. Research has shown that integrity of interventions tends to decrease over time as the interventionist begins to deviate from the intervention plan. In addition, intervention effectiveness could change due to components that are modified or deleted.

Several factors have been found to be related to levels of treatment integrity, such as the complexity of the treatment, the time required to implement the treatment, available resources, and the perceived effectiveness of the treatment. If integrity levels are found to be low, it is important to use effective problem-solving strategies to determine the reason for the low integrity. In many cases, retraining will be required. In addition, the intervention may require modification or location of additional supports may be necessary.

Resources/Research on Treatment Integrity

- Gresham, F. M., MacMillan, D. L., & Beebe-Frankenberger, M. E. (2000). Treatment integrity in learning disabilities intervention research: Do we really know how treatments are implemented? *Learning Disabilities Research & Practice, 15*, 198-205.
- Gresham, F. M. (1989). Assessment of treatment integrity in school consultation and prereferral intervention. *School Psychology Review, 18*, 37-50.
- Telzrow, C. F., & Beebe, J. J. (2002). Best practices in facilitating intervention adherence and integrity. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology IV* (pp. 503-516). Bethesda, MD: National Association of School Psychologists.
- Wickstrom, K., Jones, K., LaFleur, L., & Witt, J. (1998). An analysis of treatment integrity in school-based behavioral consultation. *School Psychology Quarterly, 13*, 141-154.

Avoiding Pitfalls to Full Scale Implementation

There are several pitfalls that schools must avoid if they want to develop an effective Rtl process. First, leaders who are helping schools to move toward Rtl implementation need to build awareness and understanding of Rtl in their schools. Building awareness and understanding goes beyond defining Rtl and demonstrating practices associated with Rtl. It involves helping others to (a) see the need for Rtl (e.g., how schools have not met the needs of students who struggle but who do not meet former discrepancy criteria); (b) how it relates to other mandates (e.g., STARS, *No Child Left Behind* and Adequate Yearly Progress); (c) how it relates to shared values in the school (e.g., that every child should receive a Free and Appropriate Public Education); and (d) how it intersects with other practices going on in the building (e.g., how an existing problem-solving team structure can be used as a part of the process). Many innovations fail because school personnel lack clarity about what they are and what they involve (Fullan, 2001). Another pitfall, however, is when there is *false clarity* (Fullan, 2001), in which an innovation is oversimplified and people think they understand what to do when in reality they do not grasp the complexity and intricacies of the new innovation. In the case of Rtl, false clarity will result if schools jump ahead too quickly to eligibility determination models when other practices are not yet in place (e.g., data-based problem solving).

Procedural Integrity

The term “procedural integrity” refers to the degree to which specified Rtl procedures are implemented as planned. For some children, the end result of Rtl means verification for special education or related services. Therefore, it is essential that the procedures and core Rtl components be correctly and consistently applied. Missing steps or incorrectly followed procedures may invalidate the process for a student. Only when Rtl procedures are implemented with high levels of procedural integrity (consistency) can data be used for eligibility decision making.

Procedural integrity should be monitored by putting safeguards in place that increase accountability for accurate procedural implementation. Detailed record keeping is essential to document levels of procedural integrity for each child and to monitor a school’s implementation strengths and weaknesses across cases. In monitoring procedural integrity, a checklist should be developed which includes the substantive procedural steps of the Rtl process. Besides reflecting best practice, the steps also should safeguard children’s rights. At a minimum, the Rtl procedural checklist should address: (1) legal and ethical requirements; (2) assessment needs, including screening, baseline, and ongoing progress monitoring; (3) goal setting and plan development; (4) treatment integrity monitoring; (5) plan evaluation; and (6) planning and outcomes of decision-making meetings. Implementation of each step is recorded by team members and/or an assigned case manager and the date of completion for each step is noted. In this way, accountability is maintained and case progress is monitored and recorded.

The emphasis for school teams is to complete each step in the RTI process with the highest levels of integrity. If one or more steps are not being completed or are completed with low integrity, school personnel must investigate why and correct the situation. The process as a whole is just as important as any one step. The educational decisions being made about students through this process significantly alter their educational future. If the process is not completed as designed, then children’s education may suffer.

Resources/Research on the Integrity of Problem-Solving Procedures

- Barnett, D. W., Daly, E. J., III, Hampshire, E. M., Hines, N. R., Maples, K. A., Ostrom, J. K., & Van Buren, A. E. (1999). Meeting performance-based training demands: Accountability in an intervention-based practicum. *School Psychology Quarterly*, 14, 357-379.
- Bonner, M. & Barnett, D. W. (2004). Intervention-based school psychology services: Training for child-level accountability: Preparing for program-level accountability. *Journal of School Psychology*, 42, 23-44.
- Telzrow, C. F., McNamara, K., & Hollinger, C. L. (2000). Fidelity of problem-solving implementation and relationship to student performance. *School Psychology Review*, 29, 443-461.
- RTI Wire: http://www.jimwrightonline.com/php/Rtl/Rtl_wire.php

Fragmentation of services represents another significant pitfall to effective implementation of Rtl. Fragmentation occurs when professionals end up doing their job in isolation from one another. For eligibility determination, it was easier when the school psychologist could call a student to his or her office to administer intelligence and achievement tests. The discrepancy that was calculated did not rely on coordinated efforts across personnel, which made it more convenient. But, it was the students who failed to benefit from this error-prone practice (President's Commission on Special Education, 2002). Schools can avoid the pitfall of fragmented services by developing active stakeholder participation across a broad variety of roles, including administration, teachers (both regular education and special education), related service personnel, specialists, coordinators, and parents. Without broad, active involvement, each person in a different role will go about his or her business and a comprehensive response to the child's needs will not occur. Doing Rtl well requires tighter and more integrated coordination of services.

Perhaps the most critical pitfall (and one that cuts across all those already described) is adopting an innovation prematurely; that is, before there is an adequate infrastructure for an innovation. There are several conditions that must already exist before schools are ready to implement Rtl (see Table 6). Each of these features is related to one or more of the pitfalls to effective change. Rtl requires school-wide "buy in" and understanding. But, there must be a functioning team that will take leadership with coordinating efforts (i.e., training and institutionalizing new practices) throughout the school. The team must be sure that services are integrated across roles and personnel, lest Rtl fall into the fragmentation discussed earlier. Finally, schools need to create an infrastructure supporting

Table 6
Features of Organizational Readiness for Rtl

1. There must be school-wide awareness, understanding, and knowledge of the rationale for and structural elements of Rtl.
 2. There must be functioning team leadership for Rtl at the level of the school building, including someone who serves as a coordinator at the building level.
 3. There must be integration of services across roles and personnel across all levels of service delivery outlined in Figure 6.
 4. There must be school-wide awareness, understanding, and knowledge of the rationale for and structural elements of Rtl.
-

the practices carried out at all levels of service delivery (Tier 1, Tier 2, and Tier 3). This infrastructure includes resources, professional development, ongoing case and data management, assessment and evaluation activities, and intervention services.

Evaluating Organizational Readiness for Rtl Implementation

Schools can evaluate their readiness for implementing Rtl using the checklist found in the Appendix. Schools are strongly advised to evaluate where they stand on these factors by comparing their current performance to the rubrics outlined for each feature. This self-evaluation should be used in conjunction with a self analysis of existing practices that appear in Figure 6. Schools can move toward full scale implementation by setting goals and planning next steps according to where they stand in terms of the practices outlined in Figure 6 and the degree to which they have an adequate infrastructure for implementing Rtl.

FINANCIAL IMPLICATIONS

New resources and reallocation of current resources will be necessary to support the implementation of Rtl. As a new system is being introduced, funding sources and personnel assignments will change. The main funding implications are related to training needs for all school personnel, reallocation of current resources, and specific building needs.

Training

Funding is required to provide educators with an adequate degree of training and training will be required at all personnel levels. Training costs for schools could include registration fees, travel expenses, and substitute teachers/personnel. As Rtl is a school-wide initiative encompassing all school personnel, it is essential that all educators receive some level of training. General training in Rtl procedures is needed for all school personnel, such as administrators, special education and general education teachers, counselors, social workers, school psychologists, and paraprofessionals. However, more structured, in-depth training is necessary for direct service providers at the district and building levels. Training efforts for these personnel will require a focus on and understanding of the conceptual aspects to Rtl as well as the procedural specificity in implementing core Rtl components. In addition, each school will require educators with specialized training in areas such as intervention development and implementation, data-based decision making, and the problem-solving process. Finally, the administration should provide time to allow staff to take advantage of any training opportunities available. This may require funding support for substitute personnel while the teachers and staff are in training.

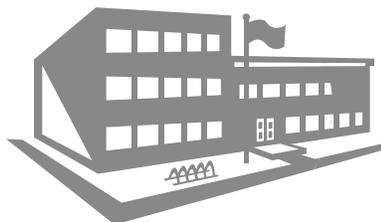
Hold Harm

One result of Rtl may be a reduction in the number of students served in special education. For Rtl to be successful, districts and buildings should not be penalized for any reduction in numbers. Instead, novel and creative uses for special education teachers and other personnel must be identified. If necessary, a reassignment of special education teachers to assist in regular education (prevention services) would support Rtl efforts. For example, special education teachers are specifically trained to teach supplemental instruction to individual students or to small groups of students. This expertise would be valuable to students receiving Rtl services. Although these services would be provided in the regular education environment, special education teachers would be indispensable in this role.

There is policy in place to support this reallocation of resources – financial and personnel. The reauthorization of IDEA [2004; Part B, Section 613f(1)] stated that up to 15% of Part B funds can be used for "early intervening services...for students in kindergarten through grade 12 (with a particular emphasis on students in kindergarten through grade 3) who have not been identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment." In the RTI Video Conference (2005) presented by the Nebraska Department of Education, Dr. Christensen, the Nebraska Commissioner of Education, stated that, "Districts now have the ability to use up to 15% of their IDEA funds on RTI types of activities." He also indicated that, "Districts can use 5% of state funds for the same kinds of things. We hope districts will take advantage because this is a significant amount of resources that can be pinpointed to the early intervention and prevention of learning disabilities."

Specific Building Needs

Each building should determine resources that will be required to fully implement Rtl. Those resources may include intervention personnel, norming assistance, or problem-solving team members. Many of these resources already exist in the current staff and funding streams. However, each building will be faced with individual areas of need, and it should be a priority of the district and building level administration to address these needs.



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APPENDIX

**Evaluation of Organizational Readiness
For Response to Intervention**

Evaluation of Organizational Readiness for Response to Intervention

Rate each item (in the furthest column to the right) according to the following scale:

- Not in place = 0
- Partially in place = 1
- Fully in place = 2

Please provide documentation of evidence for items that are either partially in place or fully in place.

<u>Feature</u>	<u>Evidenced By...</u>	<u>Documentation of Evidence</u>	<u>Score</u>
1. School-wide awareness, understanding, and knowledge of rationale for and structural elements of Rtl			
	a. All school personnel have participated in Rtl training.		
	b. School personnel understand the need for Rtl, links to other mandates (e.g., STARS, NCLB & AYP), and its relationship to school priorities and existing practices.		
	c. Rtl has been integrated within the School Improvement Plan.		
2. Functioning leadership team at the level of the school building			
	a. Rtl is led by an identifiable core team of individuals who represent a variety of roles.		
	b. The team has administrative support and authority.		
	c. The team has studied Rtl and has received adequate training.		
	d. The team has individuals with specialized skills necessary to carry out functions (classroom instruction, data-based problem solving, progress monitoring and evaluation).		
	e. The team consistently represents and demonstrates student outcomes in a data-based manner.		

<u>Feature</u>	<u>Evidenced By...</u>	<u>Documentation of Evidence</u>	<u>Score</u>
	f. The team gathers and evaluates outcomes of Rtl.		
	g. The team has access to and authority to distribute resources to achieve implementation objectives.		
3. Integration of services			
	a. Responsibilities are distributed across regular education, special education, special services, and administrative personnel.		
	b. There is ongoing contact and communication across personnel with different roles (e.g., between regular education teachers, special education teachers, special services personnel, administration, etc.) to meet students' needs.		
	c. A variety of different personnel (and roles) contribute to refinements and adjustments to service delivery.		
4. Infrastructure for Rtl implementation			
	a. Scientifically supported curriculum and sound instructional practices in the regular education classroom are in place.		
	b. There is an existing structure, administrative support, and encouragement for professional innovation (e.g., Professional Learning Communities).		

<u>Feature</u>	<u>Evidenced By...</u>	<u>Documentation of Evidence</u>	<u>Score</u>
	c. There are sufficient resources and time for assessment, data management, and case management for the problem-solving team.		
	d. Assessment and evaluation activities are in place—including universal screening and progress monitoring of students identified as “at risk” for academic performance problems.		
	e. There is an existing intervention delivery plan and structure.		
	f. Rtl procedures are clearly defined in a checklist format (for the purpose of communicating procedural components to stakeholders and for Rtl accountability purposes).		