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Practitioner Perceptions of their Implementation of Response to Intervention

Yvonne D. Perry

University of Miami, yperry@dadeschools.net

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UNIVERSITY OF MIAMI

PRACTITIONER PERCEPTIONS OF THEIR IMPLEMENTATION OF RESPONSE
TO INTERVENTION (RtI)

By

Yvonne D. Perry

A DISSERTATION

Submitted to the Faculty
of the University of Miami
in partial fulfillment of the requirements for
the degree of Doctor of Philosophy

Coral Gables, Florida

May 2012

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Yvonne D. Perry

Approved:

Jeanne Shay Schumm, Ph.D.
Professor of Teaching and Learning

Terri A. Scandura, Ph.D.
Dean of the Graduate
School

Elizabeth G. Harry, Ph.D.
Professor of Teaching and Learning

Wendy M. Cavendish, Ph.D.
Assistant Professor of
Teaching and Learning

Terrance Vaccaro, Ph.D.
Executive Director Exceptional Student Education
Miami-Dade County Public Schools

PERRY, YVONNE D. (Ph.D., Teaching and Learning)
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The reauthorization of the Individuals with Disabilities Education Improvement Act of 2004 set in motion the movement away from the typical Referral/IQ Discrepancy Model of Exceptional Student Education identification toward the Response to Intervention (Rtl) model for the identification of students with reading-related learning disabilities. This investigation explored practitioners' views of the five components of Rtl: (1) a multi-tier implementation, (2) student assessment and decision making, (3) evidence-based interventions, (4) maintenance of procedural integrity, and (5) systems level capacity. Barriers and facilitators to implementation were addressed as well as resources needed for successful implementation.

The research was conducted in three university-affiliated professional development schools (elementary) that serve large numbers of preservice teachers in their field experience and during their associate teaching semester. At each school, separate focus group interviews were conducted with Rtl leadership teams (LT) (n=13) and with teachers NOT on the leadership team (NLT) (n=15) to investigate perceptions of Rtl and their recommendations for preparing preservice teachers to implement Rtl. Focus group interviews were

audiotaped and transcribed. The Glaser and Strauss constant comparative method of analysis was used to code and categorize the data and to summarize the results (Glaser & Strauss, 1967).

While the majority of participants in both groups recognized that RtI holds potential for providing optimal instruction for all students, their concerns about its implementation dominated the conversation. A range of concerns were voiced in respect to logistics of assessment, effectiveness of intervention curricula, and their own professional preparation to implement RtI. In respect to preservice teacher education, practitioners strongly recommended more preparation in differentiated instruction and assessment as well as more intensive school-based experiences. Implications for practice, future research, and preservice teacher education are presented in the discussion.

Dedication

It almost seems unfair—the advantage I had at birth because I was born to the union of Nathaniel and Verneka Dames. Many parents expect children to “do as I say” but you two lived out lives of integrity and faith. Through your actions you taught me to dream big and work hard. Most importantly, you taught me that nothing is impossible if I believe. I am forever grateful.

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Chapter 1

Introduction

Increasing concerns about inappropriate placement of students with reading difficulties in special education led to United States (U.S.) congressional approval of Response to Intervention (RtI) as part of the 2004 reauthorization of the Individuals with Disabilities Education Improvement Act (IDEIA). RtI is a systematic, comprehensive approach to meeting the needs of children with reading challenges designed to ensure that children are provided appropriate, intensive, research-based instruction before being placed in special education. RtI is comprehensive in scope and requires school-based personnel to collaborate and communicate in largely unprecedented ways.

The federal RtI mandate has triggered reactions in educational circles. Indeed, many professional organizations have drafted position statements on the topic. Some position statements provide an endorsement of RtI models (National Association of State Directors of Special Education, 2005; National Association of School Psychologists, 2006; National Education Association, 2010). Others recognize the promise of RtI, but offer cautions as well. For example, the National Center for Culturally Responsive Educational Systems (2005) poses concerns about the implementation of RtI without attention to cultural considerations. Still others elaborate on the general principles of RtI and how they relate to professional subgroups (e.g., Council for Exceptional Children, 2008; International Reading Association, 2010).

The promise of Rtl is that all students will be provided excellent instruction in reading and that fewer students will feel the consequences of not learning to read. What happens when we fail to teach our students to read? Fielding, Kerr and Rosier (2000) say if children do not read by the end of third grade,

- we create unmotivated, inattentive, and unruly students who are four to five times more likely to be referred to the office; we create the pool from which most drop-outs come; and

As adults--

- they are chronically unemployed, underemployed, or unemployable;
- they form the single largest identifiable group of those whom we incarcerate, and to whom we provide public assistance, housing, medical care and other social services; and, they perpetuate and enlarge the problem by creating another generation of poor readers (Fielding, Kerr & Rosier, 2000, pp. 6-7).

How can the promise of Rtl be fulfilled? Because of the systemic nature of Rtl, procedures for assessment and instruction need to be envisioned quite differently. Key to the understanding of Rtl implementation is the perception of those directly responsible--school-based personnel. The intent of this proposed study is to add to the body of knowledge on Rtl implementation on two fronts. It will explore key school-based personnel's knowledge and perceptions of the components of Rtl.

Given the systemic nature of RtI, focus group interviews will be conducted with RtI leadership teams and general education teachers NOT on the leadership team to investigate perceptions of their implementation of the five components. Barriers and facilitators to implementation will be addressed as well as resources needed, including professional development. The research will be conducted in three university-affiliated professional development schools (elementary) that serve large numbers of preservice teachers in their field experience and associate teaching semester. Thus, practitioners' recommendations for preservice teacher preparation in RtI will also be explored.

Chapter 2

Review of Literature

The review of literature begins with an historical overview of struggling readers in the educational system of the United States. Next, three federally funded initiatives intended to meet the needs of students with reading challenges are discussed. Lastly, the review ends with a discussion of, the background and key components of Rtl.

An Historical Overview of Struggling Readers

In the early part of the twentieth century, reading moved from its position as a cultural asset, to a utilitarian one. This shift moved the discipline from oral reading dominance to an emphasis on silent reading. According to S. C. Parker (Wheat, 1923) prior to this time, (a) reading material was limited, (b) only a few people were able to read, (c) communication was slow, and (d) spoken language was the main way to communicate. As society evolved, reading material became plentiful, most of the population was able to read, and communication increased through the written word. This shift changed the instructional focus of reading in schools. As such, educators began creating standardized tests in 1924 to assess students' silent reading ability. During the same year, the *Maryland School Bulletin* recommended for the first time that students be placed in reading classes or groups, based on their ability-- thus, the genesis of the identification and remediation of struggling readers (Smith, 1934).

Dating back to the 1800s, clinical researchers and practitioners have sought to identify reasons why some students have struggled with the reading

process. Reasons given as causes for reading difficulty are quite varied. Monroe (1932) found that one reason for reading difficulty could not be isolated, but that reading “defects” may have multiple causes, be they visual, auditory, motor, conceptual, methodological, environmental, and/or emotional. In spite of this finding, some still sought singular reasons for reading problems. In their historical account of the history of clinical reading instruction, McCormick and Braithwaite (2008) report that some researchers asserted that “word blindness,” or the inability to see print was the cause. Other causes postulated were: word reversals due to a failure to establish “cerebral dominance”; faulty eye movements; and emotional disturbance, which was popular into the 1950s (McCormick & Braithwaite, 2008).

The history of reading disability research has been couched in various perspectives over the last century. The first model, popular around the early 1900s was the medical model which purported that reading disabilities derived from an assortment of brain dysfunction. This model, still around today is tied to later studies of dyslexia (Orton, 1925) and laterality studies that looked into relationships of the left and right hemispheres of the brain. This model, however, accounts for a very small percentage of reading disability (Wixson & Lipson, 1991).

Ultimately, the arrival of norm-referenced tests that measured silent and oral reading drove the psycho-educational perspective. This model of reading disability focused on a number of factors that may affect reading ability, such as physical, social, psychological, emotional, linguistic, and educational influences.

Studies conducted during this period focused on diagnosing the problem and finding ways to fix it and/or prevent it. During the psycho-educational period, the focus of disability research shifted from instruction to causation. During this period, Robinson (1946) studied 30 cases of students with reading problems over a five-year period, and found, as Monroe (1932) that various factors may contribute to reading disabilities. A social worker, a psychiatrist, a pediatrician, a neurologist, three ophthalmologists, a speech correction specialist, an otolaryngologist, an endocrinologist, a reading specialist, and the investigator examined each student in her study. The researchers found that different students presented different abnormalities. There was no *one size fits all* irregularity in any two cases, although the students with the most severe reading problems had more issues than others. The researcher discovered that social, emotional, and visual difficulties were the most frequent causes of reading problems, while neurological and speech problems occurred less often. Endocrine issues, general physical difficulties and poor auditory acuity accounted for the least important causes of reading disability. In addition to large studies, the psycho educational perspective also ushered in descriptive studies that focused on a single factor that contributed to reading deficiency (Wixson & Lipson, 1991).

Current perspectives of research involving students with challenges in learning to read focus on the information-processing, social, and interactive perspectives. The information-processing view focuses on the psychological processes of reading--specifically how information is processed and what mental

representations are developed (Just & Carpenter, 1987). Within this perspective, are three views: the cognitive view, which focuses on what's wrong with the individual; the metacognitive view, which emphasizes lack of strategy knowledge, as opposed to lack of a particular reading skill; and the motivational view which examines the beliefs, attitudes and expectations of readers (Wixson & Lipson, 1991).

The social perspective examines the sociocultural issues affecting reading disability. This view investigates the discrepancy between what students may experience at home and subsequently, what teachers may misinterpret as limited student ability, which may lead to instruction that is not suitable--or worse, poor access to rich literacy activities (Rist, 1970). This perspective asserts that *ability grouping* perpetuates the misevaluation of student ability (Wixson & Lipson, 1991) and access to rich instruction because students in low ability groups focus on word reading while students in high ability group focus on the meaning of text (McDermott, 1977).

Lastly, the interactive perspective represents the merging of the information-processing perspective and the social perspective. This view explores issues internal and external to the reader (Wixson & Lipson, 1991). According to Wixson and Lipson (1986) reading difficulties are not, "absolute properties of the reader, but rather relative properties of the interaction among specific reader, text, and contextual factors" (p.561).

While the researchers were looking for causes of reading difficulties in individual students and their environments, a controversial work by Rudolph

Flesch in 1955, *Why Johnny Can't Read*, shifted the focus from perceived inherent student problems to weaknesses in instructional methods. In his scathing piece, Flesch suggested that the United States' educational system was not teaching students to read, but teaching students to fail through the use of the ineffective "look-and-say" method. Flesch asserted that phonics should be the primary method used to teach reading. Later, in 1963, Clymer conducted a study in stark contrast to Flesch. In content analysis of children's reading material, he claimed that phonics rules taught by teachers were not useful because they did not work for most words. This changed the way teachers taught phonics. The debate over phonics versus whole word approaches, however, would be one that continued to rage for decades (see McCormick & Braithwaite, 2008, and Schumm & Arguelles, 2006 for discussions).

By the 1990s, the focus on phonics, or "word recognition processes" was resurrected. Experts agreed that there needed to be a "balance" between systematic phonics instruction and meaning, or literature-based programs (McCormick & Braithwaite, 2008). In 2000, the National Reading Panel, in an effort to identify research-based instructional methods, conducted a meta-analysis of reading studies and determined that five components were essential in reading instruction: (1) phonemic awareness, (2) phonics, (3) vocabulary, (4) fluency, and (5) comprehension (National Reading Panel, 2000).

Even with these guidelines in place, teachers the dilemma of struggling readers still plagued teachers. The report by the National Assessment of Educational Progress (2010) found that in the United States, 33% of fourth

graders are reading below grade level. These 2009 test results are unchanged over the 2007 data. The situation is dire when one-third of the nation's fourth graders cannot read on grade level. Researchers, practitioners, parents, and policymakers wonder why.

Some maintain environment is the cause. In their groundbreaking longitudinal study, Hart and Risley (1995) suggested that the problem could be explained by a child's home environment. They found that over a four-year period, the average child in professional families had an "accumulated experience" of almost 45 million words, while an average child in middle class families was exposed to 26 million, and the average child living in poverty was only exposed to 13 million words. This study indicated that children living in poverty begin school with an approximate accumulated experience **deficit** of 32 million words. This limited exposure to language places children living in poverty at a decided disadvantage as compared to their middle and upper class peers and unfortunately, oftentimes translates to difficulties in learning how to read. Hart and Risley's findings substantiate Keith Stanovich's notion of the Matthew Effect (Stanovich, 1986). Briefly, the more background knowledge and exposure to language that a child has, the more skilled the child will become in acquiring literacy skills. Conversely, the fewer skills a child has, the harder it is to acquire reading proficiency.

While environment certainly places a key role, much recent research goes beyond hypotheses from the past that essentially blame the struggling reader. Could teachers and/or their poor instructional methods, be the cause of reading

failure as previously postulated by Flesch (1955)? Recent research has suggested that poor reading achievement stems from poor teaching. Some claim that many beginning and veteran teachers lack the foundational knowledge required to produce fluent readers (Burns & Ysseldyke, 2005; Daly, Martens, Barnett, Witt, & Olson, 2007; Lyon & Weiser 2009; Moats & Foorman, 2003). Still others maintain that schools of education are to blame. Walsh, Glaser and Wilcox (2006) found in their study of 72 schools of education that only eleven (72 percent) of the schools in the study adequately addressed all five of the essential components of good reading instruction as identified by the National Reading Panel (2000). It seems, however, that even though studies show that teachers are not adequately prepared to teach reading, faculty in schools of education believe the leading causes of reading failure are: socio-economic status; family background; and, English as a second language (Joshi, et al., 2009). Again, the practice of placing the blame on the student seems predominant.

Although non-instructional, environmental influences cannot be ignored, research has indicated that *effective* teaching can cancel out these negative factors. Marzano, Pickering, and Pollock (2001) concluded that effective teachers are the most important factor in increasing student achievement. Snow, Barnes, Chandler, Goodman, and Hemphill (1991) suggest that high classroom support as evidenced by competent instruction goes far in producing success in students with low home support. Students with high levels of classroom support achieved success in school despite low levels of support from home. As the level of classroom support decreases, however, so does the level of success in students

with low home support. In essence, first-rate teaching can nullify the effects of low home support (Cunningham & Allington, 1999).

So, armed with decades of research, what has been done to meet the needs of struggling readers? Three federally proposed solutions have been Title 1, *Race to the Top*, and special education.

Federal Programs for Struggling Readers

Title I. In 1965, under President Lyndon Johnson and in conjunction with his War on Poverty initiatives, the United States Congress passed the Elementary and Secondary Education Act. Title 1 of this act was created to provide financial support to low performing students in high poverty schools to meet the demanding standards set by state departments of education. In 2006, Title I serviced about 17 million students—10.2 million students in kindergarten through fifth grade, 3.6 in sixth through eighth grade and 2.7 million in ninth through twelfth grade. Currently, schools with a minimum of 40 percent of its students receiving *free or reduced price lunch* qualify for Title I funds from the federal government. Title I sought to improve the academic achievement of low performing students through teacher preparation, accountability through state assessments, closing the achievement gap, using scientifically-based instructional strategies, and promoting school-wide reform (retrieved from: <http://www2.ed.gov/programs/titleiparta/index.html>). In 2001, Title 1 was reauthorized as the No Child Left Behind.

In 2001, Title 1 was reauthorized as the No Child Left Behind (NCLB, Pub. L. No. 89-10). This was due to a number of factors, primarily, Title I was not

achieving its main goal of ensuring that poor students receive support to close the achievement gap (see Allington, 2009 for a discussion). Money was being spent, and there was no system of accountability in place to measure adequate progress. NCLB came along and promised sweeping changes that introduced an accountability system and national standards. In essence, NCLB is built on 4 “pillars.” They are accountability, freedom for states to spend dollars as they choose, emphasis on scientifically-based instruction methods, and parental choice (Retrieved from: <http://www2.ed.gov/nclb/overview/intro/4pillars.html>). The most controversial aspect of NCLB is the high-stakes assessment component. States are required to administer tests in reading, math and science at specific grade levels. In addition, states must track the performance of “subgroups” of students to ensure that schools are adequately preparing all of its students to achieve success. The subgroups identified by the federal mandate are: Asian, Black, Hispanic, Native American, White, English Language Learners, Economically Disadvantaged, and Students with Disabilities. According to NCLB 100% of children in these subgroups, and subsequently in the public schools of the United States of America, must read, write, and perform math on grade level by 2013-2014. Many consider this an unattainable goal.

Forte (2010), on the other hand, asserts that the model used by NCLB to determine whether a school is actually in need of improvement is flawed. She says that the *Adequate Yearly Progress* model answers the question of whether students in schools achieved proficiency at a given level, but does not answer whether the school was “effective in supporting student learning and progress at

an appropriate rate..." or whether the school is "becoming more effective in supporting student learning and progress over time" (p. 77). Packer (2007) agrees that there are problems with NCLB, specifically the punitive measures enacted when states do not raise test scores. He asserts, however, that "NCLB has good intentions - closing achievement gaps between various groups of students, raising overall student achievement (at least as measured on statewide tests in reading and math), and ensuring that all students have highly qualified teachers" (p. 265).

Race to the Top. More recently, the *Race to the Top* program was authorized under sections 14005 and 14006 of the American Recovery and Reinvestment Act of 2009 (ARRA) to reward states that (1) improve standards and assessment, (2) improve the collection and use of data, (3) increase teacher effectiveness and equity in teacher distribution, and, (4) turn around struggling schools (Retrieved from: <http://www2.ed.gov/programs/racetothetop/faq.pdf>). The first grants were awarded in the spring of 2010. Forty states submitted grant applications for Phase One of the process. Of those forty, two states, Delaware and Tennessee were awarded grants for their comprehensive reform programs. In August 2010, the next round of winners was announced. Florida, Georgia, Hawaii, Massachusetts, Maryland, North Carolina, New York, Ohio, Rhode Island and Washington, D.C. received grant funding. This program represents "an unprecedented investment in educational reform of 4.35 billion dollars. (Retrieved from <http://www2.ed.gov/news/pressreleases/2010/03/03292010.html>).

Only time will indicate whether this latest initiative has any lasting impact. Historically, even with federally funded programs in place, there have continued to be issues with struggling readers.

Special education. The history of special education can be traced back to the mid-19th century when the concept of students not meeting normal expectations for academic progress was discussed (Mathes & Denton, 2002). Before the turn of the century, those who were seen as “mentally deficient” were essentially warehoused in institutions where there was very little training and education. With the advent of compulsory education, in the early 1900s, however, these same children were placed in public schools in special classes.

The advent of the intelligence test, developed by Alfred Binet in 1916, provided an instrument that educators employed to identify students who were “mentally deficient.”

Soon there were other categories of “mild retardation” identified. In fact, “Thousands of individuals previously unrecognized were now categorized and labeled as mentally retarded because their IQ fell below 70. By the early 1960s, there was growing recognition that a group of students existed who were *specific learning disability and perceptual problems*” (Heller, Holzman & Messick, 1982, p. 32). Heller, et al. (1982) said the term originated in the neuropsychological research, studying persons with traumatic brain damage, but “specific learning disability” was made popular by parent advocacy groups. Initially, this group was said to be a small segment of the student population who possessed average IQs, however, they had difficulty reading and doing math. Eventually, as time

passed, it became apparent that children classified as “specific learning disabled” were being treated the same as those classified as “mentally retarded” (Heller, et al. 1982).

Samuel Kirk, however, first used the term, *learning disability* in 1962 (Kirk, 1962) to describe problems in the areas of language, learning, and communication. In 1969, the Learning Disabilities Act made special education services available to all students. Unfortunately, with the government sanction of special education, came an overrepresentation of minority students in these programs (discussed later). In 1975, with the passage of the Education for All Handicapped Children Act (Public Law 94-142), regulations were established that required that before students were placed in programs for “retardation” they first have to go through a referral, testing, and placement process. Until that time, it was estimated that at least one-eighth of the nation’s struggling learners were not being serviced by the public school system. Of those that were, three-eighths were being serviced improperly. (Smith, 2005)

The Education for All Handicapped Children Act (Public Law 94-142) introduced standards for the education of children with learning disabilities. Schools were required to locate children with disabilities, and provide them with a “free and appropriate public education” (FAPE). This would be accomplished through providing nondiscriminatory assessment, the Least Restrictive Environment (LRE), and due process rights that afford parents the right to receive proper notification and the right to prior consent before services are rendered to their children. To facilitate implementation, Congress pledged to

supply the funding for schools to execute this massive undertaking on behalf of the nation's underserved students with disabilities.

In 1990, Public Law 94-142 was reauthorized as the Individuals with Disabilities Act (IDEIA). In 2004, the Individuals with Disabilities Education Act was reauthorized by the Congress of the United States as the Individual with Disabilities Education Improvement Act.

As a result of this federal legislation, many students have been placed in special education programs. However, placement of students in special education has been plagued with issues and concerns for decades. Of primary concern are issues related to placement using the IQ discrepancy model and overrepresentation of minorities in special education.

The IQ discrepancy model. One of the major culprits in the special education debacle is the controversial IQ Discrepancy Model used to place students in special education. This placement method has received criticism from many opponents (Stuebing, et al., 2002; Vaughn & Fuchs, 2003; Vaughn, Linan-Thompson, & Hickman, 2003; Vellutino & Scanlon, 2002; Vellutino, Scanlon & Lyon, 2000). According to the model, the criteria for placement in an ESE program is primarily based on a discrepancy of at least one standard deviation found between an IQ test score and achievement test scores. The IQ Discrepancy Model became the standard by which students were placed in ESE programs, principally because of the publication, *Procedures for Evaluating Specific Learning Disabilities* (USDOE, 1977). This publication stated that a severe discrepancy between achievement and intellectual ability in oral

expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematics calculation and or mathematic reasoning were primary criteria for inclusion in a Learning Disability program. Stuebing, et al. (2002) explored whether the classification of poor readers based on the presence or absence of an IQ discrepancy and reading levels is valid. In their meta-analysis of 46 studies and 4,952 subjects, they found that:

- The results of the meta-analysis do not provide strong support for the eligibility model recommended in the federal guidelines for identifying children with learning disabilities.
- There aren't substantial differences demonstrated by small effect sizes at the domain level between IQ-discrepant groups and IQ-consistent groups to justify the federal classifications.
- In reference to the constructs most closely linked to reading-phonological awareness, rapid naming, verbal short-term memory, and vocabulary lexical skills, effect sizes were small and demonstrate no appreciable difference between the IQ-discrepant and IQ-consistent groups.
- Many cognitive ability constructs not directly tied to reading proficiency show better performance by the IQ-discrepant group, indicating that the students who need the most help (IQ-consistent) aren't receiving it.
- Any classification of poor readers based on IQ-discrepancy is an artificial distinction based on arbitrary subdivisions of the normal distribution.
- The weak evidence found in this study for the validity of the IQ-discrepancy classification does not mean that the concept of LD is invalid.

The definition is valid, but the classification system is not (Stuebing, et al., 2002, p. 511).

The researchers do not deny that the model is a valid indicator of learning disability. They do find, however, that students with *IQ discrepancy* (those qualifying for a learning disabled program) and students who are *IQ consistent low achievers* (those who do not qualify because their IQ levels are consistent with their low performance) basically have the same deficiencies in reading proficiency. These “garden-variety” poor readers (Gough & Tunmer, 1986) are hung out to dry. As Stanovich (1988) said, “I view...the semantic debate... over what constitutes a qualitative as opposed to a quantitative difference as utterly futile and scientifically useless” (p. 590). Regardless of the reasons why, if two groups of students--one with a disability label and the other without one--have the same reading problems resulting in low reading ability, they should be treated similarly. A poor reader is a poor reader.

In their longitudinal research of 741 students tested at ages 7, 9, 11, and 13, Share, McGee and Silva (1989) found that IQ level does not limit reading progress, even in low IQ children, rendering the use of IQ tests futile. They found that “the relationship between IQ and reading was too weak to permit useful predictions for individual children on the basis of IQ alone” (Share, et al., 1989, p.100). Vaughn and Fuchs (2003) concur that there are few characteristics that distinguish poor readers with discrepancies from poor readers without discrepancies. In essence, students who do not meet the IQ discrepancy

standard are “left behind” because their learning needs are not addressed in a programmatic way.

Additionally, Shinn (2007) cites the inconsistent use of SLD (specific learning disabled) criteria in the key findings of Ysseldyke, et al. (1983):

- While schools collected plenty of data as part of the eligibility process that were related to the eligibility criteria (e.g., ability and achievement scores), they failed to use eligibility criteria in a consistent and predictable way, and as often as not, schools ignored the data;
- Based on the testing data collected as part of the eligibility process, it was difficult to detect meaningful differences between students labeled SLD and LA (low achieving);
- Schools often identify students as SLD when they do not meet the stated eligibility criteria (Ysseldyke, et al., 1983, p.603).

Minority overrepresentation in special education. An additional concern associated with the haste to “locate” students with learning problems is that minority students now are overrepresented in the ranks of special education classes (Donovan & Cross, 2002). Is this due to teacher beliefs noted earlier, that socioeconomic status, family background, and English as a second language status (Joshi, et al., 2009) are the primary factors influencing reading and other learning problems? Do teacher judgment and other pre-conceived notions affect the placement of students in special education programs?

Klingner, et al. (2005) assert that even after decades of research and concern expressed by parents, professional organizations, researchers and

litigation, the problem persists. They site that overrepresentation does not occur in low-incidence disability categories such as visual, auditory, or orthopedic impairment. Critics of the overrepresentation assertion claim that even if this is the case, students still benefited by being placed in these special programs (Klingner, et al., 2005). *Dumbed-down* programs, proponents rebut, are missing vital components of the general education that are essential to students' future success. Unfortunately, even when placed in general education/ inclusion settings, Schumm, Vaughn and Moody (2000) found that the majority of lessons conducted by teachers were whole group lessons, and little attention was devoted to students with reading problems using flexible group models. Harry and Klingner (2006) in their book, *Why Are So Many Minority Students in Special Education*, agree. They decry the placement of minorities in high incidence disabilities based on the "soft side" of clinical judgment, rather than on "hard data."

The issues and concerns surrounding struggling readers and placement in special education seem to question whether the nondiscriminatory, scientifically-based instruction and assessment practices mandated by IDEIA are actually being enacted in America's educational institutions. Educators find themselves in a quandary. What can be done to address the needs of the country's struggling readers?

Mandates of the No Child Left Behind Act make it imperative that schools address the needs of all of its students. By 2013, districts that do not meet the standard of 100% proficiency in reading and math for 100% of their students may

experience cutbacks in federal money. It is apparent that the clock has “run out” on schools and districts that continue to use the ineffective systems which have failed to identify and treat students who have not made sufficient gains in literacy achievement regardless of learning disability labels.

Response to Intervention

What is the solution to this very serious issue that faces our nation’s educational system? Many educators believe the answer may be found in Response to Intervention (RtI). The foundation of RtI was introduced by Heller, et al., (1982) who were the first to suggest that before we place children in special education, we should first conduct a two-phase evaluation. The first phase would be an evaluation of the learning environment, and the second phase the evaluation of the student. First, the authors assert that the curriculum that is used should be research-based and proven effective with the population served. Second, the teacher should implement the program effectively. Are the majority of the students in the class making progress? Is the student receiving adequate instruction? Is he absent excessively? Is he in class but not attending to instruction because of behavior issues? Third, it must be objectively proven, that the student has not made progress. The authors emphasize that school personnel should not wait too long to monitor progress because there is substantial risk that students who are not identified early, fall farther behind. Finally, the authors suggested that if a problem is discovered, students should receive remediation. Qualified personnel (school psychologists, curriculum support personnel) may consult with teachers to plan a program of remediation.

Perhaps a change in curriculum or teacher may be warranted. All attempts and plans used to remedy the student's deficit must be documented and only if progress is not sufficient, should a student be referred for formal evaluation- which is phase two of the process. The emphasis of the entire process is "systematic educational intervention *before* a child is referred for individual assessment" (Heller, et al., 1982, p. 72).

RtI was included in the 2004 reauthorization of the Individuals with Disabilities Education Act (IDEIA) because of two key reports, both released in 2002: *President's Commission on Excellence in Special Education* (2001) and a report from the National Academy of Sciences. The first report emphasized the need for a focus in special education on the instructional needs of the students as opposed to the documentation regulated by the law. The second report highlighted the overrepresentation of minorities in special education and suggested that more be done in the general education setting to improve reading achievement among struggling readers.

Is RtI the solution? According to Burns, Jacob and Wagner (2008), RtI has been shown to reduce the number of referrals and placements in special education. RtI is defined in various ways. Daly, et al. (2007) said RtI involves "ongoing evaluation of children's responsiveness to different levels of evidence-based interventions as a basis for eligibility determination." It may also be defined as a multi-tier framework designed for early, and if necessary, sustained intervention for students who are unsuccessful in the general education curriculum (Hudson & Johnson, 2007). It should be noted, however, that multi-tier

instructional programs have been in place before RtI. Simeonsson (1994) and Vaughn and Fuchs (2003) introduced multi-tier systems of instructional models to help prevent reading difficulties before the advent of RtI.

Most researchers agree that a sound RtI program is one that includes “a scientifically-based core curriculum program (Daly, et al., 2007; Hudson & Johnson, 2007; Kovaleski, 2007); universal screening with Dynamic Indicators of Basic Early Literacy Skills (DIBELS) or other instruments (Daly, et al., 2007; Elliott, Huai, & Roach, 2006; Fuchs & Fuchs, 2007; Glover & Albers, 2007; Glover & DiPerna, 2007; Hudson & Johnson, 2007; Kovaleski, 2007; Wanzek & Vaughn, 2007); targeted intervention (Daly, et al., 2007; Fuchs & Fuchs, 2007; Glover & DiPerna, 2007; Wanzek & Vaughn, 2007); differentiated instruction in general education; and school-wide behavior supports. The National Association of State Directors of Special Education defines RtI as, “...the practice of providing high-quality instruction and intervention based on a student’s needs, changing instruction and/or goals through frequent monitoring of progress, and applying the student response data to important educational decisions.” (Retrieved from: <http://doe.sd.gov/oess/specialed/forms/RtI/index.asp>)

As previously stated, the groundwork for RtI was laid by Individuals with Disabilities Act of 2004 that offered local education agencies a choice to use RtI as a major component for special education eligibility. This legislative document demands that for exceptional student education, scientifically-based interventions must be used *before* a child is referred for a special education program (Cummings, Atkins, Allison, & Cole, 2008; Daly, et al., 2007; Heller, et al., 1982).

According to Fuchs (2003) the purpose of Rtl is to guide service delivery by evaluating the effectiveness of basic instruction. Those who make limited progress are assigned to an intervention. If they fail to improve, they are considered for the Specific Learning Disabled (SLD) program.

Five components of Rtl. Glover and DiPerna (2007) maintain that to ensure that Rtl programs are effective, they should consist of five components: (1) a multi-tier implementation, (2) student assessment and decision making, (3) evidence-based interventions, (4) maintenance of procedural integrity, and (5) systems level capacity.

Within these five components, Rtl can be fleshed out in a number of ways.

Program implementation may differ in the number of levels in the multi-tier system, the people who deliver the implementation, and whether the process is the evaluation for a special education program placement, or a precursor to it (Fuchs, Mock, Morgan & Young, 2003).

Multi-tier implementation. While multi-tier models have been used intermittently before the advent of Rtl, they are essential to the correct implementation of an effective Rtl program. Multi-tier models do not wait for students to fail but set standards and procedures to identify need and levels of intervention (Chard & Linan-Thompson, 2008). In a multi-tier implementation model, all students are evaluated to measure individual levels of risk (Glover & DiPerna, 2007) and all students receive support based on the needs identified on a universal screening.

The first level of the multi-tier system usually refers to “high-quality, research based instruction in the general education setting” (Bradley, Danielson, & Dolittle, 2007, p. 9). Mathes and Denton (2002) assert that if “empirically proven best practices” were used at this first tier, only about 6% of students would require secondary intervention. At the next level, those who are identified as at risk for reading failure receive an intervention. When, and if the intervention at the secondary level does not produce a significant level of progress, a tertiary intervention, which is more intensive is implemented (Burns, et al., 2008; Gersten, et al., 2008; Glover & DiPerna, 2007; Mathes & Denton, 2002). Many researchers have found multi-tier programs to be effective (Ardoin, Witt, Connell, & Koenig, 2005; Chard, et al., 2008; Fuchs & Fuchs, 2007; Vaughn, et al., 2003). Tilly (2003) found growth in early reading performance and a reduction in referrals for special education; Marston, Muyskens, Lau, and Canter (2003) and Reschly and Stark-Weather (1997) found that overrepresentation of minorities decreased; and Hartman and Fay (1996) and Kovalesski, Gickling, Morrow and Swank (1999) found decreases in retentions and special education referrals and placements.

Marston, Muyskens, Lau, and Canter (2003) stated that their problem solving multi-tier model used in the Minneapolis school system yielded positive results. Since 1994 when the model was implemented, they have seen: a drop in the percent of students classified as learning disabled from 6% to less than 3%; better identification of general education students in need of special assistance; increased use of research-based interventions; and, better performance of

students of color. This change in student identification led to changes in the roles of general educators, special educators, school psychologists, and school social workers. General education teachers had to provide a greater array of intervention strategies to teach students who were below grade level. Special education teachers had to become more involved in the general education setting and share intervention strategies and special knowledge of differentiation. School psychologists and social workers are now more involved in the classroom sharing their knowledge, assisting in the classroom, working as trainers, as data collectors and as participants in intervention assistance teams.

Additionally, Simmons, et al. (2008) found the use of a multi-tiered system to be effective in identifying and remediating reading difficulties. In their longitudinal study of 41 students who scored in the at risk category of the DIBELS assessment in Kindergarten, they found that after intensive code-based instruction, 38 of the 41 students scored above the 50th percentile by the end of third grade. Kamp, et al. (2008) conducted a study of 83 kindergarten students at risk for reading failure. They found the use of secondary and tertiary levels in a three-tiered system to be effective in early identification and remediation of reading difficulties.

From a practitioner point of view, multi-tier models have proven effective in decreasing the number of students referred and identified as learning disabled and decreasing the number of minorities identified. It has also permitted more efficient use of differentiated instruction in the first tier because the universal screening administered to all students identifies strengths and

weaknesses. However, issues of concern with the effectiveness of tier 2 interventions remain, as well as the ability to implement with fidelity, the programs needed for tier 3 because of limited funding.

Student assessment and decision making. The next component that must be in place for an effective Rtl program is student assessment and decision making. This component of Rtl is essential to identify students who need focused reading intervention (Marston & Magnusson, 1988; Shinn, 2007).

According to Schumm and Arguelles (2006), assessment plays a pivotal role in establishing “student profiles and helps teachers better meet individual needs.” They cite six purposes for assessment:

1. to screen students for initial grouping, instruction, and needs for further assessment;
2. to identify individual student strengths and areas in need of improvement in reading and writing;
3. to monitor ongoing progress in reading and writing development;
4. to determine student outcomes in reading;
5. to evaluate the strengths and weakness of instructional programs at the classroom, district, state, and national levels; and,
6. to account to parents, administration, community, and policy makers (p. 36).

The first four purposes, which focus on individual students, define the purpose of assessment in the Rtl model. Students are screened to predict outcomes, and make decisions about placement based on strengths and

weaknesses. Progress monitoring is implemented to see if interventions are helpful and are having an impact on student learning.

Universal screenings and diagnosis. Universal screenings must make effective use of time, be technically sound, (Elliott, et al., 2006) and be contextually appropriate and usable (Glover & Albers, 2007). Glover and Albers (2007) go on to distinguish among the three types of assessments often administered by schools: universal screenings, readiness assessments and, diagnostics assessments. Universal screenings are administered to all students in a school to determine those at risk of failure who may benefit from intervention. The data from universal screenings are derived from students currently in school. Readiness assessments, on the other hand are given to students before they enter school to ascertain if they have the required skills necessary (Meisels, 1987). Diagnostic assessments, according to Satz and Fletcher (1988) are longer, and given by specialized personnel such as school psychologists to assess the extent of academic problems. In the Rtl process, these normally occur at the last tier, when it is determined that the students have not responded to intervention.

It is important that universal screenings are sensitive, specific, have positive predictive value and negative predictive value. Sensitivity is defined as the correct identification of students who are truly at risk, while specificity is the correct identification of those students who are not at risk. Positive predictive value is the accuracy in identifying the proportion of students who are correctly identified as at risk out of all students who were identified as such on the

screening instrument. Negative predictive value is indicated by the proportion of students correctly identified as not at risk out of all the students identified as such on the screening instrument (Glover & Albers, 2007; Glover & DiPerna, 2007; Hudson & Johnson, 2007). Researchers want to make sure that students at risk for reading failure are correctly identified on universal screenings so that they receive appropriate instruction and intervention.

Elliott et al. (2007) identified various types of screenings that may be used to spot students at risk for reading failure. DiPerna and Elliott (1999, 2000) developed an integrated model of social behavior and academic skills called the Academic Competency Evaluation Scales (ACES). This screening contains five predictor variables of reading success: a) prior achievement; b) interpersonal skills; c) study skills; d) motivation, and; e) engagement. Through structural Equation Modeling, they found these to correlate highly to reading success.

Another type of screening tool is teacher judgment. Teachers are the key service delivery agents in the educational lives of schoolchildren. While one may believe that teacher judgment is subjective, Hoge and Coladarci (1989) found a strong correlation between teacher judgment and student achievement.

The predominant method used by schools to perform universal screenings is curriculum-based measurement (CBM). Deno (1985) defined CBM as a measure for monitoring student growth and a way to evaluate the effectiveness of an instructional program. It was developed to give teachers a method to monitor the progress of their students in order to gauge their response to instruction (Wayman, Wallace, Wiley, et al., 2007). CBM has distinct advantages

because it can be adapted for local (classroom teacher) use and can be used in a low stakes environment. CBM entails the direct measure of basic academic skills (Elliot, Huai, & Roach, 2007). It is important that CBM be simple and easy to administer on a frequent basis by teachers in the classroom, but also valid and reliable so that teachers get accurate information for which to plan instruction (Deno, 1985). Studies have shown that it provides effective means for planning instruction, monitoring student progress, and making decisions about student placement (Marston, 1989). CBM is linked with multiple positive student academic outcomes (Fuchs, Fuchs, Hamlett, & Stecker, 1991; Fuchs, Fuchs, Mathes, & Simmons, 1997).

In their literature synthesis of CBM, Wayman, Wallace, Wiley, et al. (2007) focused on the technical adequacy of the measures, materials, and student growth of CBM. They reviewed 66 studies and discovered the following:

1. CBM reading-aloud measures are valid enough for use by classroom teachers as an indicator of reading performance for grades 2-5. (p. 109)
2. There is evidence to support that that reading-aloud is an indicator of general reading proficiency. (p. 109)
3. Reading-aloud measures are not always strongly correlated to criterion measures. Most are in the .70 range, but a few studies have been found them to be in the .40s. (p. 109)
4. Word identification measures may be more appropriate than reading-loud measures for Kindergarten and first grade students,

while reading-aloud may be more appropriate for 2-5 grade students. (p. 109)

5. CBM measures may overestimate the performance of African American and English Language Learners and could result in under identification of these students. (p. 109)
6. CBM progress monitoring using reading-aloud measures can be used across various curricula and instructional approaches. (p.113)
7. Questions about how to measure student growth remain unanswered. How much growth should educators expect at different ages? Should educators develop national norms? (p. 113)

Schatschneider, Wagner and Crawford (2008) also investigated the use of student growth measures. In their two-year longitudinal study of 23,438 first grade children, they found that growth measures did not adequately predict future reading proficiency. In other CBM research conducted by Silberglitt, Burns, Madyun and Lail (2006), they found in a 7-year longitudinal study of 5, 472 students in grades 3, 5, 7, and 8 that reading fluency test scores are highly correlated to statewide assessments. The correlation, however, diminishes as students get older. This is consistent with Wayman, et.al. (2007) who found that as students grow older, the reading fluency measure diminishes in its ability to demonstrate reading proficiency.

Progress monitoring. CBM is also used to conduct progress monitoring, a very important component of the RtI process. Stecker, Fuchs, and Fuchs (2008) define progress monitoring as short assessments given often, at least once a

month, to gauge students' progress toward assigned goals. Scores are plotted on a graph and a line of best fit is drawn to show the rate of growth. The information gives teachers both an academic level and a rate of improvement, which is used to determine whether a child is responding adequately to intervention.

Progress monitoring is different from universal screenings. They differ in duration and frequency of the assessment, and consistency and equivalence of what is assessed (Stecker, et al., 2008). In addition, the information gathered in progress monitoring is used to determine whether a student is responding to an intervention, whereas universal screening is administered to all students to determine general placement and risk levels. Lastly, progress monitoring may be used to evaluate the effectiveness of an instructional program.

Progress monitoring may consist of a sampling of specific reading skills, or what is most commonly done—a single behavior that measures overall reading competence (Stecker, et al., 2008). As stated earlier, measures such as read-alouds, word identification, and maze passages have been found valid and reliable tools to be used in progress monitoring (Wayman, et al., 2007). Progress monitoring may occur during Tier 1 and/or Tier 2 in Rtl models. In Tier 1, teachers may use it to monitor students who scored below average on the universal screening before automatically referring them for supplemental assistance in Tier 2. Often, students improve and do not need to move on to Tier 2 (Stecker, et al., 2008). Additionally, monitoring the progress of targeted students at Tier 1 permits better allocation of needed resources.

At Tier 2, after the intervention period has been completed, decisions need to be made about student placement. If students are not responding to the supplemental assistance, they may be placed in another round of intervention, or they may be referred for special education services. If a student is placed in special education, progress monitoring must still be conducted to keep an eye on the student's progress. Progress monitoring may be done at this level to identify goals and objectives for IEPs (Busch & Reschly, 2007). It is important to understand, however, that Tier 3, or special education, is not meant to be a permanent placement. Based on progress, students may move back to Tier 2, and even to Tier 1. The amount of time and the number of progress monitoring probes given may vary between schools and districts, but a standard must be set to ensure student needs are adequately met (Stecker, et al., 2008).

There are other purposes of progress monitoring. It can be used to identify teachers who may need professional development. If it is discovered that certain classes are not making progress, teachers may need professional development emphasizing best practices in the areas of student need. Progress monitoring may also be used to keep track of those students who scored well on the benchmark assessment to ensure that they are still making adequate progress (Stecker, et al., 2008).

The most highly researched progress monitoring tool is Dynamic Indicators of Basic Early Literacy (DIBELS). The main purpose of DIBELS is to identify students at-risk for reading failure and to monitor and evaluate the effectiveness of reading interventions used to facilitate reading success (Good &

Kaminski, 2002). DIBELS provides educators with an indicator of basic literacy skills. It assesses phonological and phonemic awareness, alphabetic understanding, accuracy, and fluency in reading unfamiliar words and connected text. Not only does DIBELS measure early reading skill development, but it also indicates students who may encounter future reading difficulties, an essential purpose of RtI assessment (Good, Gruba, & Kaminski, 2002; Good, Simmons, & Kame'enui, 2001).

Research on the effectiveness of DIBELS is mixed. Hagans (2008) found in a study of 75 first-grade students that the use of the phoneme segmentation fluency task from the DIBELS assessment was effective in informing instructional planning thereby increasing phoneme segmentation skills. Additionally, Elliott, et al. (2007) provided data noting strong reliability for various DIBELS subtests, and touted its treatment utility, while Kame'enui (2002) confirmed DIBELS as a useful tool. Hudson & Johnson (2007), however, found that the assessment overestimates both sensitivity and specificity. They go on to state that the "strategic" or middle group of students is not labeled as *at risk* or *not at risk*. They also state that the Oral Reading Fluency subtest is inadequate as a classification tool. Shelton, Altwerger, and Jordan (2009) agree. In their study of 14 second graders, they compared reading rates for DIBELS ORF (Oral Reading Fluency subtest) to reading rates for literature. Using the DIBELS data, 10 of the 14 students would be classified as low risk. Applying the same criteria to the literature stories revealed that 10 of the 14 students would be classified as "some risk" or "high risk." The authors found that high ORF scores do not necessarily

indicate faster and accurate readers. They contend that fluency measures without comprehension standards are not valid in predicting future reading success. Miller and Schwanenflugel (2008) found that prosody, “adult-like intonation” in first grade is a better predictor two years later of comprehension than fluency alone (p.350). Perhaps the most outspoken opponent of the DIBELS assessment is Kenneth Goodman. Goodman (2006) suggests that DIBELS actually hurts children. He asserts that reading cannot be reduced to a few skills and that a few subtests completed in a minute or so can’t possibly accurately measure whether a student can make meaning from text.

In general, the assessment component of RtI has been somewhat troublesome for practitioners. The DIBELS assessment was criticized because many teachers claimed it didn’t include a comprehension measure, which they felt essential to identifying students with reading deficits (in the fall of 2009, the State of Florida implemented the Florida Assessments for Instruction in Reading, [FAIR] to replace DIBELS). Additionally, many practitioners do not yet have a firm understanding of the progress monitoring process—what to use, how often to use it, and finding the time to use it.

Evidence-based intervention. The next facet of RtI is evidence-based intervention. This mandate is designed to meet the standard set by No Child left Behind Act of 2001 (NCLB, Pub. L. No. 89-10) as intervention that: has been researched using systematic, empirical methods; involves rigorous data analysis; and, relies on measurements that provide valid data across evaluators and multiple measurements. Additionally, studies examining research-based

interventions must be accepted by a peer-reviewed journal or independent panel of experts.

There are two general types or protocols for interventions for RtI—problem solving (individualized) and standardized. The problem solving approach is specific to the behavior needs of the child. A plan is established that identifies settings and goals, and interventions are designed based on the student's specific needs (Fuchs, et al., 2003). Fuchs, et al. (2003) describe a “four-stage process” involving problem identification, problem analysis, plan implementation, and problem evaluation. Finding answers in the problem solving method entails using trial and error. The trial and error process, however, is based on solid data collected about the student during the four-stage procedure. This protocol is used by several school districts, but there is very little data available concerning its effectiveness (Wanzek & Vaughn, 2007).

The standard protocol specifies that the reading intervention be implemented within an established framework by trained personnel for all students needing supplemental instruction. It is not personalized and it is easier to implement because one intervention is used for all students (Fuchs, et al., 2003). Unlike the problem solving protocol, it has been the subject of numerous studies examining its effectiveness in generating a positive response to reading intervention.

Wanzek and Vaughn (2007) conducted a meta-analysis of 18 studies of kindergarten through third grade students to explore the implications of early reading interventions. They sought to compare the standardized and

individualized protocols (encompassing at least 20 weeks of daily intervention). The researchers, however, did not find any studies that addressed the individualized approach, so they looked at studies that had varying levels of standardization. High standardization interventions included curriculum with little room for modification, while low standardization interventions were less specific and allowed for more responsiveness to individual student needs.

Additionally, Wanzek and Vaughn (2007) explored whether the length of time spent on an intervention, group size, or the grade level at the start of the intervention, affected student progress. The researchers found that: (a) there were no statistically significant differences in student progress shown between high and low standardization interventions; (b) intensity can be increased by decreasing group size; (c) the one-on-one instructional format yielded higher effect sizes; (d) there were no statistically significant effects based on duration of instruction, even though the researchers said that greater gains do result from more time spent in intervention; and, (e) studies with the highest effect sizes emphasized both phonics instruction and text reading. The data also suggests that early intervention is best. Higher effects sizes were found when intervention began in first grade as opposed to second or third grade.

In their study on the impact of intensifying instruction through increased intervention time, Harn, Linan-Thompson, and Roberts (2008) agreed with Wanzek and Vaughn (2007). They found that the students who received 60 minutes of intervention daily, out-performed those receiving 30 minutes daily on fluency-based measures of sight word, word analysis, and passage level reading.

In examination of group sizes, research has found that students who received instruction in groups of three or one-on-one made far greater progress than those receiving instruction in groups of 10. Others have found no significant differences when students are taught in groups of three as opposed to one-on-one (Elbaum, Vaughn, Hughes, Moody, & Schumm, 2000; Vaughn, et al., 2003). Whatever the ideal size, smaller group sizes are an important factor in the success of reading interventions (Elbaum, et al., 2000).

Many studies have examined the effectiveness of reading interventions:

- Kamps, et.al. (2008) conducted a two year study examining the effectiveness of various types of interventions on 83 kindergarten students at risk for reading failure using a quasi-experimental design (sample was extracted from a larger study). They found that the interventions resulted in learning gains and that, in particular, two curricula (*Direct Instruction* and *Open Court*) were more effective for phonemic awareness and decoding skills. Generally, the results indicated that highly structured, explicit instruction is most successful with students at risk for failure in reading. Torgesen, et al. (1999); Foorman & Torgesen (2001); and Harn, Linan-Thompson and Roberts (2008) agree.
- Linan-Thompson, Vaughn, Prater, and Cirino (2006) found in a study of 103 first grade English Language Learners, that after receiving an intervention 50 minutes daily for seven months, 93% of students met proficiency at the end of first grade (as opposed to 70% of the control group). Additionally, 100% met proficiency at the end of second grade (as

opposed to 92% of the control group) on a word attack and passage comprehension measure.

- Mathes, et al. (2005), conducted a study of three types of reading interventions. The two-year study looked at two cohorts of first grade students who were at-risk for reading failure. The identified students were randomly assigned to one of three treatment groups: enhanced classroom instruction plus *Proactive Reading*, enhanced classroom instruction plus *Responsive Reading*, and enhanced classroom instruction, only. These three groups were compared with a group of typically achieving students in order to provide a benchmark of reading development on a posttest measure. The supplemental intervention was provided to groups of three students for 40 minutes a day, five days a week, for eight months. Results indicated that on measures of phonological awareness and untimed word reading, the Proactive and Responsive interventions conditions yielded significantly higher scores than the classroom only group. On the word reading fluency measure the Proactive and Responsive groups had higher scores than students receiving classroom only instruction, while on the nonword reading and passage reading fluency measures, the three interventions had comparable scores. In all posttest measures, however, the intervention groups consistently scored lower than the typically achieving students did, even though on many of the measures, the intervention groups had more rapid growth rates.

- McMaster, Fuchs, Fuchs, and Compton (2005) found in their study of 56 below average first grade readers that about half achieved average reader status after a one-to-one tutoring program was administered.
- Musti-Rao and Cartledge (2007) found in their investigation (using a multiple-baseline-across-students design) of seven kindergarteners and one first grader that the supplemental reading program *Early Reading Intervention* administered three days a week for 20 minutes for 8, 12, and 16 weeks by a paraprofessional was successful in producing moderate to substantial increases scores over baseline data in phoneme-segmentation fluency and nonsense word fluency.
- Simmons, et al. (2008) proved the effectiveness of explicit intervention in their longitudinal study of 41 students who scored in the at risk category of the DIBELS assessment in Kindergarten. Their research found that after intensive code-based instruction, 38 of the 41 students scored above the 50th percentile by the end of third grade.
- Velluntino and Scanlon (2002) found in their study of 76 struggling first grade readers that the intervention, *Interactive Strategies*, administered daily for 30 minutes over a span of one to two semesters, brought almost 70% of the students to an average reading level.

Some students, even after participating in interventions, however, still do not make progress. These students are referred to as “nonresponders” or “treatment resisters” (Wanzek & Vaughn, 2008). Al Otaiba and Fuchs (2002) in their review of 23 studies found that between 8% to 80% of students in various

intervention programs do not make sufficient progress. Studies implementing explicit instructional methods, however, had few nonresponders with an approximate failure rate of 2% to 6% (Torgesen, 2000).

In another study, Wanzek and Vaughn (2008) explored the amount of time spent on intervention for first grade students with low Rtl. Two groups of first grade students each received reading intervention. Group 1 received a *single dose*, 30 minutes daily of phonics and word recognition (15 minutes); fluency (5 minutes); and passage reading and comprehension (10 minutes). Group 2 received the same in a double dose consisting of two 30-minute sessions daily. They found that increasing the intervention by double dosing did not increase student Rtl. In another intervention study involving 45 second graders, interventions of 10, 20, and 30-weeks were analyzed for effectiveness in identifying students for a learning disability. The students received 35 minutes of intervention daily consisting of: fluency (5 minutes); phonemic awareness (5 minutes); instructional level reading (10 minutes); word analysis (10 minutes); and, writing (3 to 5 minutes). The researchers found that after 30 weeks, all but 11 of the 45 students met exit criteria. As will be discussed later, in order for interventions to be successful, teachers need support and feedback from their colleagues (Mortenson & Witt, 1998).

Perhaps more relevant than the effectiveness of the various reading interventions is the controversy surrounding the concept of “research-based.” It is well recognized that research-based programs must have undergone testing using systematic, empirical methods and rigorous data analysis (Stanovich &

Stanovich, 2003). Nonetheless, questions remain about bringing research into practice (Boardman, Arguelles, Vaughn, Hughes, & Klingner, 2005). Is the research conducted with populations similar to an individual school in question? Can teachers implement these programs with fidelity? Are teachers aware of what research-based practice is? Are they willing to implement research-based programs? Do teachers feel current interventions are not successful in advancing the reading skills of struggling students. All these questions surround the effective implementation of tier 2 interventions.

Maintenance of procedural integrity. In RtI, much of the service delivery model is predicated on the integrity and fidelity with which the process is implemented. Effective programs of student assessment and evidenced-based intervention especially depend on adherence to an established protocol. Failure to maintain the standard will result in faulty decision-making that will undermine the process and jeopardize the identification of students at risk. If a student is assigned to a high quality intervention to prevent reading failure, how can we determine RtI if that intervention is implemented with low fidelity (Glover & DiPerna, 2007)? This is a serious component of RtI that must be firmly established or the entire “house of cards” will fall.

What factors affect procedural integrity? Elliott and DiPerna (2001), identified acceptability, training and support as the primary factors. Treatment acceptability is the extent to which people perceive an intervention as “appropriate, fair, and reasonable.” The level of treatment acceptability is tied to the effectiveness of an intervention. If an otherwise “unfavorable” intervention

produces positive results, it may achieve a more favorable rating (Kazdin, 1981). Witt and Elliott (1985) stated that intervention use, integrity, and eventual effectiveness depend on acceptability. People will not implement an intervention with fidelity if they do not approve of it or believe it can work.

The second component of maintaining procedural integrity is training. Sterling-Turner, Watson, Wildmon, Watkins and Little (2001) conducted a study of three types of training to identify which type is most effective. Sixty-four undergraduate participants were randomly assigned to one of three training situations: didactic (lecture); modeling (demonstration), and; rehearsal/feedback training (modeling, rehearsal, and feedback provided). The results indicated that the rehearsal/feedback training had higher levels of treatment integrity than the didactic method. High quality training produces high fidelity.

The third component, support, is essential to procedural integrity, because, unfortunately, many classrooms are not set up to accommodate the routines needed for interventions to be implemented with fidelity (Noell, et al., 2005). Noell, et al. (2005) investigated three levels of support: weekly interviews between the interventionist and the consultant; interviews that emphasized a commitment to proper implementation of the intervention; and, performance feedback. They found that performance feedback produced high treatment fidelity and child behavioral outcomes than the other two support conditions. In order to ensure that appropriate levels of acceptability, training, and support are available, a professional development program has to be in place (Kratochwill, Volpiansky, Clements, & Ball, 2007).

In its standards for staff development, The National Staff Development Council says that professional development that improves the learning of all students can be divided into three categories, context, process, and content as follows:

Context

- Organizes adults into learning communities whose goals are aligned with those of the school and district;
- Requires skillful school and district leaders who guide continuous instructional improvement; and,
- Requires resources to support adult learning and collaboration.

Process

- Uses disaggregated student data to determine adult learning priorities, monitor progress, and help sustain continuous improvement;
- Uses multiple sources of information to guide improvement and demonstrate its impact;
- Prepares educators to apply research to decision making;
- Uses learning strategies appropriate to the intended goal;
- Applies knowledge about human learning and change; and,
- Provides educators with the knowledge and skills to collaborate.

Content

- Prepares educators to understand and appreciate all students, create safe, orderly and supportive learning environments, and hold high expectations for their academic achievement;
- Deepens educators' content knowledge, provides them with research-based instructional strategies to assist students in meeting rigorous academic standards, and prepares them to use various types of classroom assessments appropriately; and,
- Provides educators with knowledge and skills to involve families and other stakeholders appropriately. (Retrieved from: <http://www.nsd.org/standards/index.cfm>)

For Rtl to be successful, a program encompassing these standards needs to be provided in schools. Garet, Porter, Desimone, Birman, & Suk Yoon (2001) in their research concurs that collaboration is an important aspect of professional development. They found that study groups, and what we now call learning communities, are more effective than traditional workshops and conferences in changing teaching practices. They also found that groups of teachers meeting from the same school affect greater change than those that meet across departments or schools.

Additionally, the Coordination, Consultation, and Evaluation Center in year two of their 5-year longitudinal study found the following professional development activities being implemented in Rtl programs: (1) training was built

around systems that already existed on site and the previous knowledge and training of the participants; (2) active learning was used through role plays, discussions and case studies; (3) collaboration is key; (4) coteaching, coaching, mentoring and in-class support were utilized throughout the implementation; and, (5) observations and self-reports were used commonly for evaluation (Kratochwill, et al., 2007).

In practice, procedural integrity is essential to successful implementation of Rtl. Acceptability, training and support are the pillars of procedural integrity. Realistically, however, training and support are expensive and the scarcity of the two can lead to weak implementation and subsequently, low acceptability.

Systems level capacity. The fifth component of Rtl is systems level capacity, which even though it is mentioned last, in the literature (Glover & DiPerna, 2007), it must be in place before an Rtl program can be successful. Rtl requires an overhaul in the way that people think about how they meet the academic and behavioral needs of students. Palenchar and Boyer (2008) emphasize that the change necessitates a distinct expression of a vision along with the beliefs and values needed by those committed to the program. Lastly, a structure of collaboration needs to be established that is flexible enough to withstand challenges.

Adelman and Taylor (1997) developed a four-stage process for systems change in schools: creating readiness, initial implementation, institutionalizing new approaches, and ongoing evolution and renewal. Stakeholders have to first develop an atmosphere that is ready for change. Next, sequenced

implementation must take place along with support. New policies and practices must be initiated and sustained, and lastly, ongoing change must be welcomed as the system encounters challenges and grows to accommodate them.

Unfortunately, there are few practical models of systems change available, and even in light of what is known, many schools relegate systems change efforts to a “one-time training workshop” which will not accomplish long-term systems capacity (Glover & DiPerna, 2007). If a shift is to occur in how educators deliver instruction, it is necessary that policy makers do whatever is necessary to implement and sustain effective systems (Danielson, Doolittle & Bradley, 2007).

For practitioners, the one-time training workshop is the norm when it comes to systems change. Is this enough for practitioners to make the change from the referral-based system to RtI?

Purpose and Research Questions

Focus group interviews of RtI leadership teams in three professional development schools (elementary) were used in the study to identify themes and issues to assist schools and districts as they plan effective systems of professional development to maintain procedural integrity and develop systems level capacity. RtI is a relatively new mandate with a limited research-based on implementation effectiveness. As Fontana and Frey (2005) point out, focus group interviews are particularly useful in areas where research is limited and where issues and concerns of key stakeholders are not well documented in the literature. This investigation explored school site personnel's (inclusive of teachers, school counselors, school psychologists, and school administrators)

perceptions of the RtI process and their implementation of RtI. The focus was primarily on RtI as it pertains to the needs of students who struggle in learning to read. The following questions guided this research:

1. How do practitioners define RtI?
2. How do practitioners define the five key components of RtI (i.e., multi-tier implementation, student assessment and decision making, evidence-based interventions, maintenance of procedural integrity, and systems level capacity) and how are they implemented in their school?
3. What are the barriers and facilitators to building systems-level capacity at the school level?
4. What resources (including professional development) do practitioners feel they need for effective implementation of the components of RtI?
5. What competencies do preservice teachers need for effective Implementation of the components of RtI?
6. What are the promises and potential pitfalls of RtI in meeting the needs instructional of students who are struggling to learn to read?

The lack of research on teacher perceptions of the essential components of RtI makes this a significant addition to the body of knowledge on the subject. This study has far-reaching significance for school level as well as district level practitioners. On the district level, policy makers will gain insight about the implementation of the program from those who work on the ground floor. They will find out what works, and what does not, and will be able to make informed

decisions about what steps to take to resolve issues. School level personnel will learn more about their professional colleagues' attitudes about how the process functions at the school level. Dialogue will develop about how to make processes more efficient and increase the level of efficient implementation of Rtl among school staff.

Chapter 3

Methods

Research Approach-Qualitative Methods

All research is guided by the worldview of the researcher. Worldviews may be influenced by the type of research, purpose of research, past experiences, and/or beliefs of the researcher (Creswell, 2009). Philosophical foundations, or the how and why for conducting research, are rooted in the researcher's worldview. A worldview is "a basic set of beliefs that guide action" (Guba, 1990 in Creswell, 2009). This study is guided by the *pragmatist* worldview. There are many types of pragmatism. Patton's (2002) brand of pragmatism asserts that in determining methodology for a study, *methodological appropriateness* rather than *methodological orthodoxy* should be the sole criteria. Creswell (2009) states that pragmatists are concerned with "practical applications and what works." The philosophical underpinnings for this research stem from a combination of the two—both Patton's assertion, that the purpose and nature of the research should guide methodology, in tandem with Creswell's declaration that emphasizes the desire to discover real answers to real world problems. The Pragmatic worldview is concerned with what works—practical application to problems that arise in real world situations. This approach emphasizes research *problems* and uses all available methods to solve these problems. The pragmatist believes problems should be understood and solved by "any means necessary." Having established pragmatism as the foundation, this research used qualitative methods to explore the questions being posed.

Participants

For this study, purposive, non-probability, non-randomly selected sampling procedures were used to select participants (Patton, 1980). As Vaughn, Schumm, and Sinagub, (1996) assert, the goal is to identify a sample that will allow the researcher to *understand* the phenomena rather than to make generalizations about it, in keeping with the pragmatic worldview. Additionally, in focus group interviews it is essential that non-random selection is used to form homogeneous groups (Basch, 1987; and Krueger, 1986) so that individuals feel a greater level of comfort when sharing, thereby eliciting more open and honest responses to focus group questions (Vaughn, Schumm, & Sinagub, 1996).

For the purpose of this study, practitioners were interviewed in two groups. The Rtl Leadership Team (**LT**) comprised of school psychologists, counselors, and administrators (this team is in charge of spearheading the implementation of Rtl) and practitioners that are NOT on the Leadership Team (**NLT**). This group was comprised of general education teachers and special education teachers. Participants were from three professional development schools (elementary). The professional development schools host numerous preservice teachers in their field experiences throughout their teacher preparation program as well as their semester-long associate teaching program.

Two focus group interviews were conducted at each school site. The first focus group interview included members of the school's LT. Individuals identified were contacted and asked if they were interested in participating in the research. Similarly, at the elementary level, one teacher from each grade level was invited

to participate in a focus group interview consisting of NLT practitioners. In each case, those willing to participate were compensated.

The total number of participants was 28 (13-LT; 15-NLT). The number of participants by school was: School A (4- LT; 6-NLT), School B (7-LT; 5-NLT); School C (2-LT; 4-NLT). The following tables provide demographic information for the LT participants, NLT participants and the three schools.

Measures and Procedures

A focus group interviews protocol was designed to understand the process and overall perceptions about Rtl from the personnel involved on the front lines of implementation. The discussion of perspectives in a permissive, nonthreatening environment allowed for the free exchange of ideas regarding the subject matter (Krueger, 1988). The goal was to garner views from such differing perspectives as teachers, school psychologists, counselors and school-site administrator's promises to provide a rich data set, heavy with personnel insight about the effectiveness of the Rtl program being implemented in the school district.

The interview protocol began with a general purpose statement that established what we *want to know* and what we *don't want to know*. After clarifying the purpose, questions or probes were written based on the research questions. Probes are particularly important to assure participation of all subjects (Vaughn, Schumm, Jallad, Slusher, & Saummel, 1996). Subsequently, a moderator's guide was developed to direct the focus group interview (Vaughn, Schumm, & Sinagub, 1996, See Appendix A).

A district school psychologist well-versed in RtI methodology and school-based practices reviewed the focus group interview protocol and provided ideas for participant-friendly definitions and probes. Changes were made to the protocol to ensure efficient data retrieval. All participants in the pilot study and in the proposed investigation completed a brief demographics form (See Appendix B) to facilitate description of the sample. Components of the demographics form included: gender, ethnicity, current grade level and subject area, areas of certification, number of years teaching, and highest degree held.

A single moderator conducted all interviews. The moderator participated in a minimum of 3 hours of training, which consisted of listening to audiotapes and reading transcripts of previously conducted focus groups (Vaughn, Schumm, & Sinagub, 1996).

Light refreshments were served at the beginning of the focus group. Participants were asked to complete demographic data (see Appendix C) and consent forms. A moderator began the interview with an overview of the purpose and guidelines for conducting the interview. Participants were informed that the session would be audiotaped and later transcribed without any identifying information. At the end of the interview, the moderator conducted a member check by verifying key points and asking clarification of any unclear responses. Focus group interviews lasted approximately 1-1/2 hours.

Data Analysis Procedures

The focus group interviews were audiotaped and transcribed verbatim to ensure that all relevant responses were included in the analysis. For analyzing

the data procured through the focus interviews, both an inductive and deductive reasoning method was employed. Vaughn, Schumm and Sinagub (1996) suggested use of a method adapted from the constant comparative method of analysis (Glaser & Strauss, 1967).

The first step in this procedure is *Identifying the Big Idea*. This step happens during and directly after the focus group interview takes place. The researcher must consider what ideas and responses were prominent in the discussion. What aspect of the conversation distinguished itself during the interview process? These initial *themes* were noted and reviewed at the end of the analysis. The next step in the analysis is called, *Unitizing the Data*. This step is a variation of the coding process. In this case, line-by-line coding was used to code the data using the software program, *ATLAS.ti 6.0*. This process produced 94 codes. Next in, *Categorizing the Units*, the 94 codes became 37 codes and were categorized into “code families” within the research questions. In *Negotiating the Categories*, the code families were analyzed to determine categories/themes.

Lastly, in *Identifying Themes and Use of Theory*, the first step of the process was revisited to explore whether the big ideas that presented themselves after the initial focus group interviews were found to be substantiated by the analytic process.

Table 3.1
Description of LT Participants

Characteristic	School		
	A	B	C
Total Number of Participants	4	7	2
Gender			
Female	4	6	2
Male	0	1	0
Current Position			
General Education Teacher	0	2	0
Reading Coach	1	0	0
SPED Teacher	0	0	0
Counselor	1	1	1
School Psychologist	1	1	1
Media Specialist	0	1	0
Administrator	1	2	0
Total Years in Current Position (Avg)	8.25	10.64	2.5
Certification			
Elementary Education	2	4	1
Special Education	0	2	0
Counseling	1	2	1
Reading	1	1	0
Educational Leadership	2	2	0
School Psychology	1	0	0
Highest Degree			
Bachelor	0	2	0
Master	1	2	1
Specialist	2	2	1
Doctorate	1	1	0
Ethnicity			
Black/African American	2	1	0
Caucasian	0	0	0
Hispanic	2	6	2
Native American	0	0	0
Multi-ethnic	0	0	0
Grade Taught			
KG	0	0	0
1 st	0	0	0
2 nd	0	0	0
3 rd	0	1	0
4 th	0	0	0
5 th	0	0	0
Combination	0	1	0

Table 3.1 (Continued)

Characteristic	School		
	A	B	C
Subjects Taught			
Language Arts	0	2	0
Mathematics	0	1	0
Social Studies	0	0	0
Science	0	0	0
Reading	0	0	0
Elective	0	0	0
Combination	0	0	0
# attending an Rtl Training	4	6	2

Table 3.2
Description of NLT Participants

Characteristic	School		
	A	B	C
Total Number of Participants	6	5	4
Gender			
Female	6	5	4
Male	0	0	0
Current Position			
General Education Teacher	5	5	4
Reading Coach	0	0	0
Math Coach	0	0	0
SPED Teacher	1	0	0
Total Years in Current Position (Avg.)	8.83	7.2	10.75
Certification			
Elementary Education	5	5	4
Special Education	2	0	0
Counseling	0	0	0
Reading	2	2	0
Educational Leadership	0	0	1
School Psychology	0	0	0
Highest Degree			
Bachelor	3	1	2
Master	3	4	2
Specialist	0	0	0
Doctorate	0	0	0
Ethnicity			
Black/African American	4	1	0
Caucasian	2	1	1
Hispanic	0	3	2
Native American	0	0	0
Multi-ethnic	0	0	1
Grade Taught			
KG	0	2	0
1 st	0	1	2
2 nd	1	0	0
3 rd	0	0	2
4 th	0	1	0
5 th	2	1	0
6 th	0	0	0
Combination	3	0	0

Table 3.2 (Continued)

Characteristic	School		
	A	B	C
Subject Taught			
Language Arts	0	0	0
Mathematics	1	0	0
Social Studies	0	0	0
Science	1	0	0
Reading	0	0	0
Elective	0	0	0
Combination	5	5	4
# attending an Rtl Training	3	2	4

Table 3.3

Demographic Information on Participating Schools and School District

School	Percentage of students free/reduced lunch	Percentage of Limited English Proficient Students	Percentage of SPED Students	Race/Ethnicity of students	School grades	Number of Students
Elementary School A	87.7%	14.2%	9.8%	White 5% Black 49% Hispanic 42% Asian/ 4% Indian	C	528
Elementary School B	21.7%	1.4%	11.6%	White 23% Black 27% Hispanic 48% Asian/ 3% Indian	A	233
Elementary School C	16.9%	12.0%	4.1%	White 35% Black 7% Hispanic 51% Asian/ 6% Indian	A	1114

Chapter 4

Results

Results are reported for two groups of participants. Practitioners **ON** the school's Leadership Team (**LT**), and participants **NOT** on the school's Leadership Team (**NLT**), in each of the following: (1) definition of Rtl and perceptions of the five components of Rtl; (2) resources needed for effective Rtl implementation; (3) competencies needed for preservice teachers to effectively implement Rtl, and; (4) promises and pitfalls of Rtl. The LT participants were school-site administrators, psychologists, counselors and reading coaches. NLT participants were general and special education teachers.

In this study, three schools were identified to participate based on their affiliation as a professional development partner with the university. In some cases, responses varied greatly and general themes could not be established among all three schools because there were variations in student demographics, knowledge of Rtl, and school culture.

For the purpose of description, the schools are labeled School A, School B and School C, (see Appendix D). School A had the highest percentage of students receiving free and reduced-price lunch. The staff attended more training, and therefore had more knowledge of Rtl procedures. Additionally, the staff appeared to want to learn all they could about the process. School B had a low free-reduced lunch percentage. The staff was not as knowledgeable about Rtl procedures, and as a whole was somewhat resistant to the new mandate. School C, the most affluent of the three, had the fewest number of students

receiving free or reduced-price lunch. The staff had a limited understanding of the RtI process and had few students who would qualify to be included in the process. As results are explained, emerged themes are detailed by school, as warranted.

Practitioner's Definition of RtI and its Five Components

RtI is a multifaceted process and few practitioners in either LT or NLT groups defined it fully. However, many were aware of the various components, and the overall purpose of RtI. For the most part, both LT and NLT Practitioners stated that RtI is a system that seeks to improve the academic progress of students by addressing areas of instructional need. They understood it to be a fluid process involving three tiers. They also understood that it involves monitoring the progress of students as they received additional support in the various tiers. Following are typical descriptions:

The process used to help children succeed academically.

I see response to intervention as a preventive measure where interventions are put in place; the children are monitored through data-driven assessments; and the interventions are tailored to meet... the child's needs in order to prevent further deterioration academically or behaviorally.

And actually monitoring their progress. The steps are very important but what I find important is actually the OPM, the ongoing process to monitor them. 'Cause they might be able to move out of like intervention, or they may need more.

...the process in which you intervene as far as the steps to take to get the child to the grade level that they should be on.

And also to document to make sure that that's in place.

One of the things I would add to that is that it's looking at all children. Before we had child who, I would say, fell through the

cracks. Now we're looking at everybody and everybody is receiving some form of intervention, be it within the classroom or further on, but now every child is being looked at.

Both LT and NLT practitioners also stated that RtI looks at all children to determine who may need special attention. They said the process involved tracking responses to interventions, monitoring progress and documenting growth, or lack thereof. LT and NLT practitioners both recognized that it is the *new* process by which special education placements are determined.

Noticeably absent in the definitions of RtI were the two components, *maintenance of procedural integrity* and *systems level capacity*. Maintenance of procedural integrity is basically adherence to a standard protocol, while systems level capacity concerns an organization's readiness for a shift in thinking and or behaving. It is not unusual that they were not mentioned, because these two components are usually controlled by district level administration. District administration is in charge of the preparation and training of school staffs. In addition, they set the protocols for program implementation with fidelity. Later in the focus groups, practitioners did mention that procedural integrity was lacking in terms of standards across schools for the length of time spent in each tier. Also mentioned were issues with the perceived lack of professional development which is a consequence of poor systems level capacity. These will be discussed later.

While there was a general consensus about what RtI is, there was a misunderstanding among several LT practitioners at School B about the purposes and procedures surrounding RtI. They felt that RtI waits for

children to fail before their needs are addressed. They were under the impression that a student had to be retained before the process could begin. One LT practitioner said that there are too many meetings and that students are suffering as a result.

The five components of Rtl. The five components of Rtl are (1) a multi-tier implementation, (2) student assessment and decision making, (3) evidence-based interventions, (4) maintenance of procedural integrity, and (5) systems level capacity. Focus group interviews included questions and probes for each of these components.

Multi-tier implementation. Most participants from both the LT and the NLT groups indicated that Rtl involves multi-tier implementation. The first, not as intensive, and done in differentiated groups in the classroom; the second, more intense and in smaller groups pulled out at specific times of the day, and finally; the third tier, the most intense and specific to the needs of the child.

Representative comments follow:

Tier one.... Yeah, small groups differentiated things like that. Tier two would be the actual pull out method of intervention where your coaches are involved. The school has been alerted about the level or the abilities of that particular student and we're looking for something outside the classroom environment to maybe assist the students like computers, success maker, interventions like that. And then tier three would be the students who are getting tier one and tier two and maybe need another type of evaluation so that we can find out if, in fact, we should proceed with RTI process and request evaluations or something outside of what the classroom teacher and the coaches, and the counselors and seeing with that student.

I think they increase in the amount of help you're providing; in each tier as you're going along, you're providing more and you're evaluating how successful the interventions have been so you can plan what to do next.

Student assessment and decision making. The State of Florida mandates that each child be tested using the Florida Assessments for Instruction in Reading (FAIR) for universal screening, progress monitoring, and to predict probable success in passing the state's high-stakes assessment, Florida Comprehensive Assessment Test (FCAT). In elementary schools, students are tested in grades K-5 using various subtests of the instrument. Students in grades K-2 are tested individually by a test administrator, while students in grades 3-5 are tested in an online environment. See Appendix E for details about FAIR test administration.

Both the LT and NLT practitioners had various opinions of the assessment and decision making process. Some questioned the validity of the statewide assessment, "we found the scores didn't really match the other data that we had..." Others mentioned the difficulty teachers have in administering the test because of budget cuts reducing the number of personnel who can assist in the testing process.

Assessment validity and trustworthiness. A common theme that arose across both LT and NLT practitioners in Schools A, B, and C was the concern of the validity of the FAIR test results in grades 3-5. They mentioned that older students don't attend to the test as they should because it's computerized and they just, "... click, click, click, click, done." "Yes, you're walking around monitoring it, but you can't monitor 15 kids at the same time." "...many of my five lowest students actually moved down despite the fact that I know that they've made leaps and bounds this year." They said they prefer the method of one to

one testing used with primary students where they can control and monitor students' better.

Difficulties during test administration. The NLT practitioners from School A mentioned the difficulty they have testing a single student while other students are given independent activities to complete, because they are interrupted with questions by other students during the process. "...it is hard when you're trying to do a one on one and you have 20 children that are finishing... and you're doing the hand signs, and you're giving them the look, and you're doling out lollipops and you're bribing them." NLT practitioners from School B said it takes away from instructional time, "What always concerns me is how much time then it's taking away from actual instruction, because if you're investing so many minutes per day, per child, testing, then that's 19 other people you're not instructing." A shared concern from NLT practitioners from Schools A and B was that the test is too lengthy:

I just wish it didn't take so long, because they give you a month, a little over a month window, which is great, to make sure you get everybody in.

I'm a departmentalized teacher, so I have double the kids for the reading. So, I'm sure to get them all in that window, but at the same token, that's a month in something that you're pulling kids one by one. Maybe you get a couple a day done, and then it takes away - like she said - from the actual instruction of the class. It takes a long time. And then you do it three times a year.

There is another aspect to the assessment process that involves progress monitoring that should be administered every 20 days with students in tier 2. None of the three school made mention of whether this monitoring is done.

One concern held by the LT from School A was scheduling and the personnel available to administer the test:

That self-contained was easier for her to test because she could manipulate her schedule. She could do it during her science time or social studies. Whereas, the reading teachers had to do it - they would figure out a time, like maybe their writing time or in a small group, like they'll service their low group, and then the next 20 minutes they'll spend just testing a kid...

AP1 and AP2, we were able to provide coverage for them where we had people go in and give them some time to test. Unfortunately with AP3, due to the budget we lost positions as far as our paraprofessionals, so they could no longer go in to assist.

Benefits of the assessment. The LT practitioners from School A and the NLT practitioners from Schools A and B all had positive things to share about the assessment in reference to the benefits of the analysis, the teaching and learning aids, and the parent letter.

I think it helps with flexible grouping, because you see common mistakes so you can group them for a specific skill, like blending or beginning sounds or ending sounds or vowels or the medial sound. It does help with pulling groups.

I think it's a good instrument to share with parents. At least it gives them some type of idea, coming from some type of formal testing that they feel it's not only your judgment. It's actually coming from a test that's research-based.

And the letters that the program generates afterwards that you're sharing with the parents - they're very valuable to the parents. The suggestions that they have for the things they can practice at home are very good.

Besides questioning the validity of the FAIR test results, School C shared little about FAIR test administration in their building.

Evidence-based intervention. Schools in the district are responsible for organizing materials and resources for tier one intervention which is slated to take place during the differentiated instruction period in the ninety-minute reading rotation. To assist them, the Florida Center for Reading Research (FCRR) provides many resources linked to reading deficiencies as indicated in individual student's FAIR score reports. FCRR binders can be found in most reading classrooms and teachers make frequent use of the research-based resources.

For tier two intervention, a standardized protocol is implemented. The district supplies the Voyager program, published by the *Cambium Learning Group* as the evidence-based intervention. There is no prepackaged program supplied for tier three instruction, however, resources from FCRR may be used to satisfy the intervention needs of students in this tier.

Tier two and three intervention services take place in small groups and are conducted for thirty minutes daily by an interventionist. Intervention at these levels may be provided by classroom teachers, special area teachers, paraprofessionals or part-time hourly teachers. The staff member that implements the intervention is dependent on the number of students to be serviced at tier two and tier three, and the amount of dollars available to the school's administration to hire additional personnel.

Even though other interventions were mentioned by both the LT group and the NLT group, the Voyager intervention was used in some capacity by all three schools. All three also used Reading Plus (Taylor Associates) and SuccessMaker (Pearson Education) as an intervention tools.

Limited intervention options. Both the LT group and the NLT group felt that when it comes to reading interventions, the use of a standardized protocol was questionable. In other words, *one size does not fit all*:

It doesn't work for everybody, but it's the penicillin the district gives us.

... but I think there's going to be now like a menu of interventions where you can pick and choose from depending on the child's needs.

...it would be nice to have clinics, a clinic for phonemic awareness, a comprehension clinic...

This is only for children who are having - who are still reading word for word for word, children who are having problems with decoding.

...to me saying that this is the program that we're gonna do for intervention is not right. We should have a variety of things the child can work with.

...for a child that is reading it's not a good program. It's not a good program at all.

You just read the script. Yet, I feel that that doesn't necessarily match every single child's need.

It's just very, very basic, and you usually don't have the student who's at that level. It's like a chewed up type of regurgitation lesson after lesson of basically the same skills.

...it's assuming that this intervention works for everyone, and that's not true.

Scheduling. A theme that arose from both the LT and NLT practitioners was scheduling. The practitioners expressed displeasure about the way intervention is scheduled. They were concerned that interventions are scheduled during special areas, which cause students with talent in art and music to miss

those classes. Additionally, some were concerned that they don't have enough time to implement the *Voyager* intervention with fidelity.

...then they lose out on maybe another special area. They might lose out on Spanish.

So, whenever they've been pulled out of interventions, it's been during specials, which sometimes doesn't make the parents happy. ... So, whenever I had to work with a child who's in an intervention...I've pulled them out of music, and P.E...

...if you really wanted to do the *Voyager* program as it is, you can't do it in half an hour, which is basically the amount of time that you have. And think of half an hour with the kids coming in, sitting down, getting started, no matter how quickly I had them. If you wanted to do the full program the way it has been done - word sounding, the whole thing, you cannot do it in half an hour. No way.

At School B, a NLT practitioner had the same concern:

And the other problem I find is the scheduling because I know they're trying to pull them out of their specials, but there are children who excel in music and art, and I think it's a crime to take them out of those classes when those are strengths that those children have.

Even if it's not their strength, it's where they can let loose and breathe.

Student placement. Student placement in the *Voyager* program was a concern of the NLT practitioners at School A. Generally, they didn't believe placement decisions were made in the best interest of the students.

...if you're doing *Voyager* as an intervention, how do you determine where to start the kids? 'Cause if there's intervention and you're trying to get the student to work at their independent level, how can you give them a *Voyager* level in 5th grade if they're not reading on 5th grade level? So it just kinda seemed like it wasn't really meeting their needs because I was using material that really wasn't effective for each student.

Putting a 5th grader on a 5th grade level that has a learning level, a reading level of 2nd grade doesn't benefit the child. Putting a 2nd grader on a 2nd grade level who, and I had one child last year who did it in 2nd grade, did not know the alphabet. Putting him in a 2nd grade Voyager level was cruel because he couldn't do anything. He couldn't mark the words, he couldn't follow.

Maintenance of procedural integrity. Practitioners were not familiar with this aspect of Rtl until the moderator defined the term. Once understood, only the LT from School A understood some of the specifics about procedural integrity.

One practitioner from this school explained the progress monitoring process:

The rule of thumb is this. When you're documenting Tier 2 Voyager, you need three data points, so it depends how often you're monitoring. Technically when you're in Tier 2, and Voyager is supposed to be documenting every 20 days. You're supposed to be doing an OPM, so every 20 days, about once a month, once you have three data points that you can create some kind of a trend with, you're good to go. You can look at the data. Then when you're in Tier 3, you need at least four data points, but in Tier 3, you have to be documenting every week, so it's another month, about.

An NLT practitioner from School A noted that when a student transfers from one school to the next, intervention data is often lost and students' progress is hampered.

Systems level capacity. Adelman and Taylor (1997) define systems level capacity as a four-stage process for systems change in schools: creating readiness, initial implementation, institutionalizing new approaches, and on-going evolution and renewal. Several themes emerged related to systems level capacity including teacher attitudes about Rtl, professional development for Rtl, and the influence of prior experience in a program that was a precursor to Rtl in the district.

Teacher resistance. At School A, there was a distinct difference between the LT practitioners' perceptions of systems level capacity and the NLT practitioners' perceptions. The LT practitioners' perceptions were more complex. They were anxious to receive in-depth training so that they would be able to effectively relay the information for implementation to their faculty. "Please send somebody out." "I kept requesting..." The NLT practitioners, on the other hand, were basically resistant to the change: "I wait two years before I engage in anything..." "I'm guilty because I should have taken an Rtl PD (i.e., professional development)..." Some expressed that new programs are always coming out and they don't feel many initiatives are here to stay. Others blamed the district for not providing enough professional development. Others admitted that they just did not understand what they were supposed to do.

The LT practitioners at School A were aware of the sentiments of the faculty. They said that the teacher practitioners were resistant, "They probably thought that if they resisted long enough, it would go away, and we'll go back" and "right from the beginning the teachers were very resistant."

Teacher initiative. The LT practitioners at all of the schools, however, showed more initiative in wanting to learn more about the Rtl implementation process than their NLT counterparts. This may be due to the fact that the NLT practitioners were teachers, and they normally depend on their leadership team to train them on the latest program. The LT practitioners who are the decision makers would naturally be more concerned about getting the information so that

they can share it with staff. As a result we see a higher level of initiative among the LT practitioners.

Some mentioned that they called the district asking for people to come to the school to train their staff. Another said she went to another state's website to "steal documentation." Another went to the Florida Department of Education website and did an online training for RtI. In fact, the district told all staff to register and sign up for on a periodic basis through the district's communication system. It seems the LT practitioners wanted to learn as much as possible but felt they were not receiving what they needed. One said, "I signed up for one independently one day because I'm like, "I need to know a little more about this."

District RtI training. The school district provided RtI training in phases during the first year of implementation. In reference to the preparation received from the district, however, there were mixed reviews. Members of both the LT and the NLT felt the district did not prepare them adequately: "...I feel we could use a little more PD." "I think it's training that needs to be done throughout the year. I don't think it's one training. Hey, you got it. It's something that needs to be done in phases." Although the training was provided in stages, it seems practitioners only attended one of those trainings.

Staff training. LT practitioners from School A that were trained by the district and told to return to their building and train the staff said they did not feel prepared to do so. They were adamant that if they were going to share information on such an important topic that they wanted to be very sure that they were sharing the correct information.

...they make us go to this massive training with a million people... You walk out of there with like a PowerPoint, and you're like, okay, now what do I do with this? Then, you have to go and explain all this to your teachers. It's a little difficult.

...what they do is send me...to take a PD. It's a three hour PD. We're kind of lost. I'm not comfortable coming back and teaching the wrong thing to a teacher...

Student teacher support team (ST2). ST2 was a program designed by the district and piloted in approximately 65 schools as a precursor to Rtl. According to the district's ST2 manual, the program was designed to use ongoing progress monitoring and focused interventions to target professional development meeting the specific instructional needs of students at risk. It featured a support team that consisted of a school administrator, professional development specialist, reading coach, school psychologist, and an interventionist who was a certified hourly teacher. A member of the LT at School A was employed at an ST2 school prior to arriving at School A.

At School A, one LT practitioner told members of the focus group that the district *did* prepare schools well for Rtl. The practitioner stated:

... I knew that if everyone wasn't getting it, I had small groups. I knew if they didn't get it there, I was in my Voyager. I knew then I had to track how they're doing in that system... Even in a small group, if I'm here intervening for this child with main idea issues, okay, I know I'm not just... gonna wait for the next interim to say, "Oh, he still didn't get it?" I know that in between my two assessments, I want to gauge how well he's doing so I can prep myself for my data chat...

Despite this assertion, practitioners in the LT and NLT in all schools felt that they were not well-prepared for the implementation of Rtl. ST2 was phased out with the onset of Rtl implementation.

Resources Needed for Effective Rtl Implementation.

Resources including personnel, materials and supplies are needed to effectively implement Rtl. Experts in Rtl are needed to conduct professional development. Personnel are also needed to work as interventionists with tier two and tier three students. Additionally funds are needed to purchase materials, in the form of intervention products to implement the model with fidelity.

Professional development. As seen in the results in Systems Level Capacity, the overwhelming consensus for both the LT and NLT practitioners was the need for effective professional development. Some members of the LT at School A felt the training should be done in phases. They feel Rtl is too big to handle all at once. Others in the group felt that it should be given all at once because they wanted to see the big picture before implementing the first aspect of the system. They wanted to be trained by the experts and not by someone merely regurgitating a PowerPoint presentation. Finally, they wanted more time to learn the program before having to implement it.

Expert interventionists. In order for students to make sufficient gains in tier two or tier three, skilled interventionists are needed to conduct the intervention. One LT practitioner said she wants experts to perform the intervention services for her students. A paraprofessional thrown in to fill a void is not good enough. She wants to know for sure that the skills are being taught correctly.

Competencies Needed for Preservice Teachers

These focus group interviews were conducted when the university was in the midst of evaluating and redesigning its preservice teacher education program. The revised program would result in eligibility for dual certification in elementary general education and in special education.

Internship placement and length and timing. This question incited passionate responses from both the LT and NLT practitioners at all three schools, but especially at School B. Clearly, all of the practitioners expressed the need for more intensive student teaching experiences as well as field experiences leading up to student teaching. Major concerns include: the lack of real world experiences in schools that have children with real issues; when exposure to the classroom begins, and; the length of the internship.

When I did my internship...I did it at XXX, so I mean the kids, it might as well have been a private school.

I'm not saying the pretty schools aren't real...it did you a disservice.

Some of those who will begin living it early on realize this is not for me and then they go on and do what they were really meant to do. But, what happens is they become interns and then they see everything else that's involved with teaching and you have, we've experienced here, the shock... this is not what I signed up for, what have I done? ... they just weren't ready to experience and live what they're going to be living as teachers.

...need to experience the entire school year, not just a semester.

I know that seems like a long time, but then when they start the school year, they see how the teachers really learn to pick out the children that are struggling from the git-go, and they see what happens to them along the way.

Rtl endorsement. The LT practitioners from School A were more specific in citing the competencies they feel preservice teachers needed. They felt teachers should graduate with an endorsement in Rtl. This was not mentioned by the NLT practitioners. Most LT practitioners believe students need to be well-versed in both whole group and small group instruction, especially differentiated instruction, because that is a pillar of effective Rtl implementation.

The mentality that a beginning teacher's gonna come in a classroom and teach whole group for the vast majority of time is – that's not reality.

They are very proficient in what was teaching a whole group....but then that is no longer classroom reality. Classroom reality is flexibility. Classroom reality is differentiation. Classroom reality is being able to diagnose and see where this child is and what this child needs and in order for you to do that you need the experience, you need to do it in small chunks, you need to be aware of what diagnostic tools are out there, you need to be aware of what strategies are available for you - reachable - where to get those resources so that you are a specialist and you can feel comfortable and say, this child is having problems with blends and I can find information on blends here, and that's what they need.

Along with the suggestion that preservice teachers become Rtl endorsed to ensure that teachers have the skills necessary to implement an effective Rtl program, some also suggested that preservice teachers become knowledgeable of the Florida Center for Reading Research (FCRR) website. One LT participant said, "They need a clear course at the college level on how to pool resources for differentiated instruction." FCRR is pivotal to understanding the FAIR assessment and the multitude of resources available to teachers to provide effective differentiated instruction.

The LT practitioners at School B said it is important for preservice teachers to be able to multi-task. During center rotations, there is a teacher-led center and often 2-3 other centers where students work independently. Teachers have to be aware of what is happening not only in the group she is working with, but the other groups of students as well. This skill is learned best through practice, they said.

In conjunction with that, The LT practitioners at Schools A and B expressed concern that preservice teachers don't understand the importance of centers in the reading classroom.

And centers have to be very academically geared. Centers are no longer the fun little puzzle things. You got to find, in those centers, who's the person that needs that challenge and who's the person that needs phonics and guide it. Even though you have a guided reading you really have to be all over because I know that I can be here, but I'm also there and I'm also there and the people coming from the university are not – they are gearing the centers the way they were 15 years ago and it's not that way.

Practitioner Views of the Promises and Pitfalls of RtI

The LT and NLT practitioners were asked what they felt were the promises of RtI? What potential benefit lies in the successful implementation of the program. Practitioners from both groups were also asked to elaborate about the potential pitfalls or negative aspects of the RtI implementation.

Pitfalls. In some instances, misunderstanding about the implementation of RtI led to frustration and an uninformed assessment of the pitfalls, which will be discussed in the next chapter. There were clear differences here between the LT practitioners and the NLT practitioners. The LT practitioners at School A and B were concerned about the tools of

implementation, sufficient data and loss of special education staff. They mentioned the limited number of personnel to implement interventions as a pitfall. A school psychologist was concerned about limited data available to diagnose a student's condition, if psychological evaluations are not used the way they used to be. Another LT practitioner at School B felt that schools will lose money because fewer students will be staffed into Special Education programs, leading to few teachers being hired. NLT practitioners from School A, on the other hand, were concerned about more practical matters. They felt there isn't uniformity of implementation across schools. A few believe there should be uniform standards across the district for the length of time students are in tier one and tier two.

Teacher accountability. A theme that arose at School A during the conversation about the definition of RtI among the LT practitioners was teacher accountability. Even though it was not named as a pitfall by these LT practitioners, it may be considered a consequence of RtI. Practitioners said that not only are children assessed and their progress monitored, but instructors as well. When instruments indicate that whole classes are not achieving, the deficiency is laid at the feet of the teacher. They feel RtI places the burden of student achievement more on the teacher than any other time in the past.

You need to track them. You need to be able to pull your reports so you know exactly where your children are from this point to this point. You have administrators who are following you and tracking you, but what are you doing in that classroom every day when

you're sitting up at that board and you're giving a lesson, and Johnny still doesn't get it? Are you pulling Johnny in that group?

The teacher has to look at themselves. You've got a lot of teachers who are a little resentful of that because when you talk to teachers, they're like, Now, it's not the kid. Now if the whole class is failing, then we're failing.

We were told that it's not a child with a learning deficiency. It may be the teacher with a teaching deficiency.

Teacher Accountability is an important aspect revealed in this study that will be discussed in detail in the discussion chapter.

Promises. The theme among both the LT and the NLT practitioners is that Rtl is well-meaning and holds tremendous promise for raising academic achievement. They felt Rtl addresses the needs of all learners; tackles problems early and provides a systematic method to track the effectiveness of interventions and promotes teacher accountability.

I think there are children that used to not receive special education help before because their numbers didn't crunch. They were just kind of like those low achieving children all around, but their potential's also low. Before we used to say, "Well if he's got this IQ and he's achieving here, then there's nothing wrong with him, right?" He's not gonna make it unless we give him that extra push. Those kids are now benefitting ... They're qualifying because the data shows that they're not responding to this intervention.

...before Rtl...the child would not have gotten interventions until they were officially staffed.

...it's more instantaneous, you give... a test and if you're not doing well, they get some type of intervention...

...because of the Rtl process I know that there is a system in place to monitor interventions on a regular basis...

What I like about the process is it allows the teacher to kind of look at themselves as well.

Chapter 5

Discussion

The purpose of this study was to identify practitioners' perceptions of their implementation of Response to Intervention (RtI). The practitioners at three professional development schools were interviewed in focus groups based on their RtI Leadership Team status: those on the Leadership Team (LT) and those NOT on the Leadership Team (NLT). This chapter begins with a discussion of findings by research question followed by limitations and implications for research, implementation of RtI, and preservice teacher education.

The RtI Mandate

In July of 2010, the school district where this study was performed mandated the RtI model as the new paradigm for identifying students with learning disabilities, eliminating the IQ discrepancy model that had been the standard for decades (*Procedures for Evaluating Specific Learning Disabilities*, USDOE, 1977). The IQ discrepancy model was found to be defective for a myriad of reasons. Given the growing belief that poor readers who are IQ discrepant are the same as poor readers who are not (Vaughn & Fuchs, 2003), many students needing the most help were not receiving it (Stuebing, et al., 2002). Another major issue with the IQ model was the overrepresentation of minorities in special education classrooms (Donovan & Cross, 2002; Harry & Klingner, 2006; Klingner, et al., 2005). The 2004 reauthorization of the Individuals with Disabilities Education Act (IDEIA) established the standard for RtI implementation.

Moreover, the department of education in the state where the investigation was set published the *Problem Solving and Response to Intervention Project* (PS/Rtl) in 2008. The purposes of the PS/Rtl Project are to organize and deliver statewide training and evaluate the impact of the PS/Rtl model on district, building and student outcomes. Standards for the implementation of Rtl have been set in the state's Multi-tiered System of Supports (MTSS) defined as:

...an evidence-based model of schooling that uses data-based problem-solving to integrate academic and behavioral instruction and intervention. The integrated instruction and intervention is delivered to students in varying intensities (multiple tiers) based on student need. "Need-driven" decision-making seeks to ensure that district resources reach the appropriate students (schools) at the appropriate levels to accelerate the performance of ALL students to achieve and/or exceed proficiency (p.3).

MTSS has identified implementation components to ensure common language and understanding regarding MTSS and the use of Rtl data.

To facilitate implementation, the school district produced a *Problem Solving (PS)/Response to Intervention (Rtl) Guide*. This guide delineates and supports the school district's commitment:

The school system embraces the PS/Rtl framework model, now part of educational law, as a system of service delivery that uses evidence based instruction and interventions, progress monitoring, and evaluation, for on-going tracking of individual students in making informed decisions about the student's educational and behavioral programming needs. This framework provides students who do not respond to instruction with increasingly intensive levels of intervention. Each school in ... is dedicated to meeting the requirements of the PS/Response to Intervention Framework Model through the School's Rtl Leadership team's oversight of procedures and fidelity of implementation.(p.2).

In addition, the state has made numerous tools available to districts to effectively implement the Rtl model. They include reference documents and a comprehensive online Rtl course.

Now that the state and the school district are firmly on board with Rtl, are schools ready? What perceptions did school practitioners have after the first year of Rtl implementation?

Definition of Rtl and the 5 Components

Based on the data collected, both the LT and the NLT practitioners exhibited at least basic knowledge of Rtl. Both groups were able to define Rtl and four of the five components detailed by Glover and DiPerna (2007). They were not familiar with systems level capacity but that was not surprising, given the fact that this aspect of Rtl is under the auspices of district and state leadership and policy makers.

Definition of Rtl. Practitioners were universally aware of the basic premises of the Rtl model, even though no *one* respondent provided every facet of Rtl. They understood that the process was a federal mandate to identify students at risk for learning to read at an early age and provide interventions to assist them to become successful readers. Both LT and NLT practitioners concurred with Burns, Jacob and Wagner (2008), that Rtl had the potential to reduce the number of referrals and placements in special education. Practitioners were also aware of the multi-tier process and what each tier entailed.

Multi-tier implementation. Both the LT and NLT practitioners understood that Rtl is a model containing tiers with each one offering intervention that is progressively more intense and in smaller groups as movement is made from tier one to tier three. In similar study about teachers' perceptions of an Rtl reform effort done by Greenfield, Rinaldi, Proctor and Cardarelli found that (2010) there

was confusion on the part of the general education teachers about the difference between the tiers. In that study they felt the professional development they received was “positive and instrumental”, yet it didn’t inform practice in that respect.

Assessment and decision making. One theme that arose in participants’ responses was the perception (of both the LT and the NLT groups) that the state-mandated instrument used as the general screening and progress monitoring measure was not valid for students in grades 3-5. Both the LT and NLT practitioners felt that the results didn’t line up with what they knew of students from other assessments. Many said the computerized format lends itself to students not attending well. In their study investigating teacher agreement and disagreement with a universal screening instrument (DIBELS), Shapiro, et al. (2011) found that when there were additional measures administered to students, there was more disagreement with the universal screening tool. This illustrates the importance of reviewing multiple sources of data when deciding whether a student needs to be placed in tier two intervention. Limited resources for personnel to conduct interventions make this practice even more essential.

One concern that the LT practitioners had was the scheduling of testing and the personnel to perform the assessment. These responses are not surprising, since it is expected that school leadership be concerned about the scheduling and the budget as they conduct program implementation. In the NLT group, the concerns were typical of classroom teachers. The primary grade practitioners, in particular, had concerns about the lack of time available to

conduct the assessment. They did feel, however, that the data the test generates is quite helpful in helping to identify the strengths and weaknesses of students. There was also mention made of the benefits of the reports available for both teachers and parents.

Evidence-based intervention. There were issues in the intervention category with intervention choice, scheduling, and student placement. Both LT and NLT practitioners felt that they needed “choices” of interventions because the one supplied by the school district did not meet the needs of ALL of the students. In fact, in some cases teachers wanted to create their own interventions. On the contrary, Greenfield, et al. (2008) found in their study that when students were determined to have an instructional need, teachers could not identify instructional practices to remediate that need. There were also concerns about the intervention scheduling. Basically there isn’t enough time allotted to implement the intervention with fidelity. This is a concern because Harn, et al. (2008) and Wanzek and Vaughn (2007) both found that increasing the length of time of an intervention increase student gains. In addition, there was a feeling that scheduling during special areas (art, music) deprived students with talent in those areas both of realizing their full potential and of achieving success in at least one area at school. Finally, in terms of student placement, NLT practitioners felt that not every student at a particular grade level needed to be placed identically in the reading intervention. Not all fourth graders belonged in the fourth grade program. Some, based on their needs would fare better in a second or third grade treatment program.

Maintenance of procedural integrity. Even though practitioners weren't aware of the definition of this component initially, they did say they believed students would benefit from a district-wide system to maintain fidelity from school to school.

Systems level capacity. Several themes arose in the discussion of systems level capacity. Initially, LT and NLT practitioners were not aware of the definition of systems level capacity. Once clarified by the moderator, distinctive differences existed between the LT and NLT groups.

Teacher Attitudes. The LT group in one school felt that the NLT practitioners were resisting the change from the IQ Discrepancy and the increased individual accountability that accompanies it. They didn't want to be bothered with the paperwork and assumed Rtl would not be around for long. The LT group, on the other hand, seemed to be more eager to increase their knowledge of precise program implementation, which is in line with LT priorities in most schools.

In Greenfield et al. (2010) even though teachers found the professional development to be positive, many still felt that the program was implemented too quickly. There was confusion about the goals, and content knowledge associated with the Rtl implementation. One teacher said, "Long-time teachers feel that they knew how to teach their kids and were *nuisanced* by the implementation of yet another school reform effort."

Teacher Accountability

One of the most strongly voiced responses came from the LT practitioners in one school who realized that the implementation of the RtI process meant increased levels of teacher accountability. They understood that the responsibility of ensuring that each student gets the intervention that they need falls largely in the hands of the classroom teacher. As one practitioner so succinctly stated, it may not be the child with the learning deficiency, but the teacher with a teaching deficiency (Burns & Ysseldyke, 2005; Daly, Martens, Barnett, Witt, & Olson, 2007; Lyon & Weiser 2009; Moats & Foorman, 2003). Teachers in Greenfield, et al. (2010) felt the same as one teacher who acknowledged that she is responsible, along with her coworkers for making sure the children in her classroom learn how to read. No Child Left Behind, and more so, Race to the Top are increasingly tying student performance to teacher pay.

Some argue, however, that RtI may help with teacher fears about accountability as it employs a system of progress monitoring that can assist teachers to track the progress of their students allowing them to better meet their needs (Stecker, et al., 2008; Wayman, et al., 2007). This built-in system of assessment, intervening, and progress monitoring can only result in more information in the hands of teachers that can be used to improve student achievement in this high-stakes testing environment.

Professional Development

Another finding was that the schools involved had such different perceptions of the details of the implementation process. In a large school

district, such as the one in this study, this finding may not be unusual.

Practitioners are responsible for registering for professional development on their own. District and school administrators may have urged attendance, but many teachers chose not to attend for various reasons. Some felt that Rtl was a “fly by night” program that would not be around for long, while others simply didn’t find time to register for the professional development.

Having said this, both the LT and the NLT practitioners felt more intensive professional development could have been implemented to address the system-wide change. This research indicated, however, that school Leadership Teams that were trained and returned to the school site to train staff had the most accurate view of the implementation process and met regularly to discuss and ensure program success.

Indeed research indicates that professional development is key to successful implementation of Rtl. Kratochwill et al. (2007) stated that teachers must be trained in the “conceptual, methodological, and practical aspects of RTI.” The only issue is that training materials are just appearing and studies justifying methods of implementation are not yet plentiful.

Differences between LT and NLT

It was noted that there were minor differences in the perceptions of the Leadership Team (LT) practitioners and the **NOT** Leadership Team (NLT) practitioners. The members of the Leadership Team were basically very aware of the issues faced by the NLT practitioners and hence they shared many of the same views of their perception of their implementation effectiveness. This is an

indication that school leadership in the current educational era is substantially more involved in the inner workings of classrooms than in times past. The areas of distinction that did exist between the two groups were specific to activities performed by classroom teachers (NLT).

Since there is little research on practitioner perceptions of implementation of the Rtl process there is not much to compare in terms of previous investigations. As such, this investigation offers insight that may assist school districts with a plan of professional development and training to effectively implement Rtl in school districts. Perhaps, in light of high-stakes testing, state and district personnel should highlight Rtl as a tool for improving student achievement thereby decreasing the burden of merit pay as salary is increasingly being tied to student performance.

Resources Needed for Effective Rtl Implementation

Topping the list of resources needed to effectively implement the program for both the LT and NLT groups was increased professional development. There was disagreement, however, as to the breakdown of the process. Some felt it should be done all at once and others wanted the training in phases. Brown-Chidsey and Steege (2005) have recommend that professional development in Rtl involve three components: schedule, teacher learning outcomes, and indicators of mastery of RTI methods. They said trainings should be done in several sessions with the first being the longest, offering a general overview of the entire process. Subsequent sessions should focus on the various components of the process. The school district in which this study was conducted

held a general session initially on the process and a follow-up session in addition to the state's on-line RtI course. LT Practitioners also held the view that they prefer *expert interventionists* as opposed to paraprofessionals to perform the interventions to ensure the program is implemented with fidelity and that students make progress. While most would agree, many districts don't have the budget to hire experts in addition to the regular classroom teacher to conduct interventions. Lastly, it should be noted that the district in which the research was conducted acknowledges that the implementation is a work in progress and estimates that full RtI implementation will be a 4-5 year process involving communication between district policy makers and practitioners about what works and what does not work. When these data were collected, the district was in year 2 of the roll out plan (Vaccaro, personal communication).

Competencies Needed for Preservice Teachers

An important caveat to mention in this category is that this investigation occurred at a time when the university affiliated with the schools in the study was in the midst of a major alteration of the undergraduate teacher preparation program. Students in the new program would earn eligibility for certification in elementary education and special education as well as eligibility for endorsement in reading and teaching English as a Second Language. This revision also included revamping field experiences and re-constructing the associate teaching manual and evaluation system. Thus, input from professionals in affiliated schools was invaluable to the planning and implementation process.

Having said that, of all the questions posed during the focus group interviews, this one perhaps elicited the most fervent responses. Both the LT and NLT practitioners said that preservice teachers are not adequately prepared for the modern classroom implementing the RtI process. Begeny and Martens (2006) support this assertion. In their study of masters' level elementary, secondary and special education candidates surveyed, about 25 practices and principles involved in RtI, they found that there was limited course preparation for RtI implementation. Specifically, the participants recommended that preservice teachers have more intensive instruction in differentiated instruction, development of learning centers or stations related to curriculum objectives, and classroom management as it relates to juggling the responsibilities of assessment and instruction.

One LT practitioner stated that she thought there should be an "RtI Endorsement" just as there are *English Language Learner* and *Reading Endorsements*. In an exploratory study done by Harvey, Yssel, Bauserman, and Merbler (2010) there was agreement from teacher education programs that they should prepare students for inclusive classrooms by focusing courses on co-teaching and collaboration. Many of those surveyed said that they offered an introductory class in special education. There were others who said that they offer exposure to diverse learners through professional development, service learning projects and charter schools.

In addition to concerns about RtI implementation, practitioners were concerned about when the internship experience occurred in their preservice

preparation and the types of schools where they are placed. Some expressed the opinion that internships should occur in low performing schools where preservice teachers would receive real world experience. While many agree that school-based experience is important in helping preservice teachers connect classroom learning to practical application (Anders, Hoffman, & Duffy, 2000; Pang & Kamil, 2003), there was little research to substantiate that completing field experience or internship requirements at low-performing schools as opposed to high-performing schools produced teachers better suited for the classroom. A recent study by Ronfeldt (2012) suggests that the opposite is true. The quantitative study of 2,860 first year teachers employed in New York City found (using “stay-ratios” which calculate the number of teachers who “stay” at a school rather than those who leave, referred to by the author as “easier-to-staff schools) that, on the contrary, completing field experience in a high “stay-ratio” (high-performing) school led to higher student achievement and better teacher retention over a five year period, even for those who were employed at low “stay-ratio” or hard-to-staff schools. The author states that even though more research is needed on why this is the case, easier-to-staff schools have “higher quality administration and support, better staff relations and collegiality, and a more experienced faculty.” These data have major implications for schools of education as they contemplate school site selection.

Practitioners were also concerned that the internships don't occur at the right time in the college career of education majors. Some practitioners felt that if the internship came perhaps during the first or second year of college that

students who are not “cut out” to teach can move on to a major where they are proficient.

Practitioner Views of the Promises and Pitfalls of RtI

While the majority of participants recognized that RtI holds potential for providing optimal instruction for all students, their concerns about its implementation dominated the conversation. Among NLT practitioners, there were concerns that there were no standards set across schools as it pertains to timeframes for implementation activities. For instance, practitioners wanted a specific number of days/weeks that students should be in each of the tiers. They wanted dates scheduled on the school’s calendar for movement from one tier to the next. This is not likely possible due to the size of the district in which the study was conducted. Being able to recruit, hire and train personnel, and purchase materials to implement at a synchronized level cannot be coordinated on such a scale.

Practitioners cited other issues that they felt negatively impacted RtI implementation. The LT practitioners stated that there were not enough personnel in their buildings to implement the intervention mandated. Budget cuts across the school district restricted their ability to hire certified teachers to implement the prescribed program with fidelity. Other pitfalls of the LT practitioners centered on the lack of data available to accurately diagnose issues of students if comprehensive IQ tests are not administered to all students at Tier 3. An interesting perspective by one LT practitioner was that an effect of RtI would be that there will be a decrease in the number of Special Education

teachers hired due to the decreased numbers of students being staffed into special education programs. This consequence would also affect the majors that schools of education offer.

Limitations

There are benefits and potentially negative consequences that may result from using focus group interviews as a method of data collection. Benefits of the method include direct contact with the research subjects. This allows the researcher to witness dynamic interaction, flourishing with participation and candor, which produces rich, in-depth data (Vaughn, Schumm, & Sinagub, 1996). As with every research method, however, there are negative consequences associated with this method. For instance, the purposive sampling technique which is used to identify subjects with knowledge and views of the research topic can sometimes hamper the process when the researcher cannot locate key members of that population to participate. Another con of focus group interviews is inexperienced moderators who are not skilled at creating the right balance of scientific questioning in an atmosphere of casual conversation, thereby yielding insignificant, trivial data. Lastly, perhaps the greatest danger in focus group interviews is peer pressure. It may be in the form of a dominating participant who intimidates others so that they don't respond candidly, or the participant who wants to say the right thing to please the moderator. Either of these scenarios can be detrimental to collecting rich data (Vaughn, Schumm, & Sinagub, 1996).

The only limitation of those listed above that apply to this study was the consequence of purposive sampling which resulted in small sample sizes. The

schools involved in the research were selected from a pre-existing group of schools affiliated with a Research One University in the area. The typical focus interview group is comprised of about 8-12 participants, yet the average composition of the focus groups in this study was 4.6 because some members of the target population were reluctant to participate. This limitation may have been occurred at School C where the fewest number of participants were recruited. Reluctance to participate may have been a perception of limited knowledge about the research topic. This limited knowledge, however, may be attributed to the fact that the student population is high-performing, warranting limited knowledge of the implementation process.

Other limitations, as mentioned earlier, include the fact that the findings at the various schools varied greatly. These differences may be due to the quantity and quality of training received by the practitioners on both the LT and NLT. As a result, many findings were specific to individual schools. This may be seen as a limitation, or merely a byproduct of focus group research. School cultures vary from building to building for various reasons—student population, leadership, teacher experience, student and teacher mobility, and collective efficacy—and as a result, data is school specific. This is not to say, however, that the data cannot fit similar environments.

Future Research

Future studies may explore many aspects of Rtl implementation. First of all, districts must establish that they have systems level capacity. Research can explore what works when rolling out a full scale implementation. In addition, as

stated by Kratchowill et al. (2007), there are few studies demonstrating the effectiveness of professional development programs and Rtl. This area is ripe for investigation.

Another aspect for future research includes expanding the participants beyond university-affiliated schools. Perhaps selecting two to three schools from high- mid- and low- performing student achievement categories to see if similar results are garnered from schools serving different student populations. Researchers can explore practitioner perceptions at the onset of the Rtl implementation and 3-5 years later. Perhaps after years of implementation, practitioners' sense of collective efficacy will increase. Researchers can explore what program characteristics led to collective efficacy in Rtl implementation. In addition, researchers may conduct investigations on the problem solving method. Currently, there is very little research on this method most likely because it is time consuming and requires additional resources that school districts may not have-- but this method may prove more successful in moving students from *at risk* to successful readers. Practitioners expressed that students' needs are best addressed when interventions are tailored specifically to individual needs.

Implications for Practice

The findings from this investigation have implications for states and school districts as they implement Rtl as well as for teacher education programs as they prepare a new generation of the teaching workforce.

In reflecting on the results of this study, it is valuable to peer through the lens of systems change theory (Fullan, 2005). Fullan highlights among other

essentials, that in preparing for change, motivation is key. It is the cornerstone of the change process. In addition to motivation, capacity building through support and professional development, engaging in reflective action and being “persistent in staying the course” is important in implementing change. As states, districts, schools and teacher education program policy makers reflect on the data collected and the implications for practice, focusing on these features of change are important.

Fullan (2005) said that there are many well-meaning reforms that don't succeed because a *theory in use* has not evolved into a *theory in action*. He states that change involves seven premises in order for system change to happen. At the state level he details that, among other things, there must be constant communication between stakeholders, capacity building, peace with the unions, and the financial support to make it all happen. He also states that there must be a concerted effort to incorporate communication between schools in school districts and between the various districts in the state. Highlighting and celebrating small growth in individual schools or districts does not produce systemic change.

With this in mind, how do states begin? The state department of education bears the burden of informing not only the school districts in the state, but also the political policy makers and general community of the major changes on the horizon with the implementation of RtI. Perhaps developing a public information campaign highlighting the philosophy and benefits of RtI and how it will help to reform education. The public should also be educated about IDEIA so

that they will be informed about what will be happening in classrooms in the neighborhood schools. It is important that this public information campaign begins at least a year in advance of the actual implementation and continues throughout the implementation so that everyone understands its importance.

In addition to the state, this research has implications for urban school districts as they attempt to implement Rtl in schools. Fullan (2005) emphasizes that real change does not happen unless cultures change. Culture change happens when people are motivated. At the district level in many states, there is often pressure exerted in the absence of meaningful, practical support. As such, implications for the type and timing of professional development are key to a successful implementation process. Pilot programs such as the ST2 described in this paper may be helpful in the transition process. In order to motivate, people must *understand* and *own* change.

A relevant backdrop to Rtl implementation is funding. We know it is essential to supporting change, but in this cash-strapped, “let’s starve education” political environment, how is Rtl implementation going to be funded? Fuchs, Fuchs, and Compton suggest a “Smart Rtl” model that they say cut expenses because of its “levels versus tiers” approach. In this model, a two stage screening process, which decreases the number of false positives, and consequently the number of children receiving intervention services, is hailed as a measure that will cut intervention costs. Additionally, the model supports identifying students who will not benefit from a secondary intervention and would send them directly to a tertiary intervention. Again, doing this, saves money that

would be wasted on an intervention that is predicted will not achieve the desired results. When faced with budget constraints, all options need to be explored in order to both raise student achievement and be fiscally responsible.

Next, who should administer the assessment and conduct tier one instruction? Teachers' classroom time is limited because of stringent time requirements for core subjects. Precious teaching time is allocated for administering these screening instruments and these precious teaching moments cannot be recouped. To complicate this matter even further, *Smarter RtI* proposed by Fuchs, Fuchs, and Compton (2012) discussed in the last paragraph, suggest a two-stage screening. If teachers are finding it difficult to administer one screening, what burden will administering two place on instructional time?

On the other hand, if teachers don't assess their own students, how will they know exactly what each child needs? Yes, the reports the assessment produces are thorough, but there's nothing like seeing for yourself what a child is struggling with during an assessment and being able to identify materials and or strategies to remediate those areas of need.

In conjunction with the assessment issue, there is the major skill of effectively conducting a reading rotation with well-functioning differentiated centers in operation. This skill has so many layers: (1) identification of skills needed for student groups; (2) identification of materials and resources to assist these students; (3) well-defined routines for movement from one group to the next; and (4) well-defined standards for classroom behavior. Professional

development must be intently focused if the first tier, which addresses the majority of students, is to be effective.

The validity of the screening tool came under fire, especially with the intermediate students (grades 3-5). Practitioners stated that when compared to other assessment instruments and teacher judgment, scores just were not accurate. They believed the computer format did not lend itself to valid results. School leadership must ensure that teachers are using many tools to assess the knowledge and skills of all of their students. In addition, perhaps computer test-taking skills need to be taught, especially since this format is becoming the norm.

Teacher accountability may be viewed as either a positive or negative aspect of practical implications of this study. The RtI model requires that we test, intervene, progress monitor and make adjustments based on students' progress. When students are not progressing as they should within the requirements set, teachers have an obligation to request a meeting to move to the next level. The various components of the RtI process may make this task easier by providing benchmarks for identifying appropriate progress.

The last, and perhaps most important implication for practice involves what schools of education can do to better prepare teachers for RtI. Kozleski (2011) proposes that the dialogue of what works in teacher education should enter a *third* space. She categorizes this as a conversation where all viewpoints are heard without bias to what "we are used to doing." This is essential if teacher education programs are to evolve and transform into what is needed in this new RtI culture.

This is essential because in today's environment, practitioners' roles are becoming blurred. Many general education teachers are in inclusion settings and need to understand the nature of disabilities as they endeavor to educate all children. General education teachers need to acquire the more specialized ability that special education teachers have—and that is knowledge of *differentiated instruction*. Special education teachers have long known about the inner workings of the Individual Education Plan (IEP). Identifying the strengths and weaknesses of their students and charting a course through the IEP for academic success. General education teachers must become well-acquainted with this process of diagnosing, intervening, progress monitoring, data analysis and adjusting if students are to achieve success.

In the August 2011, special edition of the journal, *Teaching Education and Special Education*, various topics concerning collaborative teacher education, or dual degreed teachers and teacher education programs are explored. Brownell, Griffin, Leko and Stephens (2011) discussed the importance of research on the topic of teacher collaboration. Among keys points is the need to establish what it is that faculty is looking for in collaborative teacher education. What is effective inclusion teaching? How do you chart it? How do you teach it through coursework, field experiences, and internships? Why is this important? Because the way that teachers are educated at the preservice level needs to change with the implementation of RtI.

In writing about the teacher education program at the institution where she is employed, Olyer (2011) stated that students seeking single certification have

two semesters of internship experience while those who seek dual certification have a *three semester* experience. Practitioners in this present study voiced their concern that they believe it is important to expose preservice teachers for an extended period of time in real-world situations. This type of dialogue is necessary as we enter the *third space* and explore every avenue available for improving teacher education.

As Pugach, Blanton, and Correa (2011) noted in their historical perspective on joining special education and general education, schools of education have moved from requiring one special education course in the general education teacher's curricula to open dialogue about dual certification with many teacher education programs across the country embarking on making the change. An interesting question was posed in this article: Should special education teachers also have general education certification?

It seems to me a time is coming where there will be *no distinction*. Teachers will be certified in their area of specialty *which will include* detailed knowledge of both general and special education students. Cash-strapped school budgets will dictate the extent this becomes reality, but I see it occurring sooner than we think. Schools are cutting back on special education personnel in buildings, and as it stands, many schools do not have the personnel to provide resource (pull-out) classrooms. The one special education teacher in the building co-teaches in inclusion classrooms. Borrowing from Blanton and Pugach's (2011) terminology, both programs may soon be merged in that the departments may literally become one.

These questions and concerns posed by this study have major implications for schools of education as they seek to shift into this Rtl revolution. Do universities need to change the fundamental framework of the internship process and ultimately the manner in which preservice teachers are trained? Should preservice teachers automatically be given a degree and license to teach just because they complete four years of coursework and pass state exams even if they fail miserably in the classroom during the internship process? If after 4 years of schooling, a student is denied a degree because of failure during the internship process, are schools of education prepared to deal with the consequences of angry parents who have spent thousands of dollars? Or are internships perhaps moved to the beginning of the 4 year process? These are serious questions that require much consideration on the part of education programs across the country if we are to improve the state of education in this country.

Participants in these focus group interviews recognized the accountability realities of Rtl. They recognized that the demand for greater precision in terms of assessment and instruction is a reality facing the teaching workforce today. Their primary request was more professional development for meeting these demands. Their primary recommendation was that schools of education ratchet up the school-based experiences for preservice teachers to better prepare the workforce for the future.

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Appendix A

Response to Intervention Focus Group Interview Protocol

Time: 60 minutes

Group: 8 to 10 participants

General Purpose Statement:

The purpose of this focus group interview is to gain a greater understanding of how Response to Intervention (RtI) is implemented at your school to help students who are struggling in learning to read. RtI is a relatively recent federal and state mandate and we are all in the process of learning what it is, how to implement it, and how effective RtI is in help student achievement in reading.

We understand that because RtI is in its infancy, some of us are more knowledgeable about it than others – so if you are unsure about various aspects of RtI, it's OK to say so. Knowledge of what you see as potential barriers and facilitators to the implementation of RtI are important so that future professional development can be planned.

In order to protect confidentiality, you will be assigned false names for data analysis purposes so that you will remain anonymous. Additionally, the tape will be destroyed. We ask that you refrain from discussing the comments of group members and that you respect the right of each member to remain anonymous.

Procedure:

Introduction:

- Welcome
- Moderator introduction
- Reason for participant selection
- No right/wrong answers-not a test
- Encourage contradictory points of view
- Want to know everyone's perspective
- Responses strictly confidential-recording techniques explained

Guidelines:

- No need to speak in any particular order
- No speaking when someone else is speaking
- Refrain from interrupting
- We want to hear everyone
- Do not need to agree with anyone/everyone
- State point of view without making negative comments
- Time is limited-may need to stop or redirect discussion

Warm Up:

- Participant Introduction-Name, # of years in the system

Clarification of Terms:

ST2 will be used to refer to the district's *Response to Intervention* program

Questions:

1. Response to Intervention has been defined in various ways in the literature. How would you define Response to Intervention?
2. Please describe how Response to Intervention is currently being implemented in your school? Probe for:
 - a. Multi-tier implementation
 - b. Student assessment and decision making
 - c. Evidence-based interventions
 - d. Maintenance of procedural integrity
 - e. Systems level capacity
3. What are the barriers and facilitators to implementing Rtl in your school?
4. What resources do you need to implement Rtl effectively? Probe for:
 - a. Professional development
5. What competences do preservice teachers need for effective implementation
Of the components of Rtl?
6. Overall, what do you see as the pros and cons of Rtl in respect to meeting the instructional needs of students who are struggling in learning to read? Probe for:

- a. What are the promises?
- b. What are the potential pitfalls?

Wrap Up:

Express regret that time is running out
Identify and organize the major themes
Solicit any clarifications--correct misinterpretations

Express regret that some topics were mentioned but not pursued/substantiate importance, but reiterate purpose, if needed

Member Check:

Determine how each member perceived selected issues
If not clear, verify responses individually

Closing Statements:

Inform participants that they will be assigned pseudonyms for the purpose confidentiality during data analysis. At the conclusion of the analysis, the audiotape will be destroyed. Anything said by members of the group is not be shared, so as to respect everyone's right to anonymity.

Appendix B
Educational Background Form

Please complete the following.

1. Name of your School _____
2. Ethnicity
_____ Black/African-American _____ American Indian
_____ Caucasian/Non-Hispanic _____ Caucasian/Hispanic
_____ Asian/Pacific Islander _____ Other
3. Sex _____ Female _____ Male
4. Current Position:
_____ General Education Teacher _____ Special Education Teacher
_____ Counselor _____ School Psychologist _____ Administrator
5. Total Years in Current Position: _____
6. Grade(s) taught: (Circle all that apply) K 1 2 3 4 5
7. Subjects taught: _____
8. Highest degree held:
_____ Bachelor's _____ Specialist _____ Master's
_____ Doctorate
9. Do you have certification in Elementary Education? ____ Yes ____ No
10. Do you have certification in Special Education? ____ Yes ____ No
11. Do you have certification in Counseling? ____ Yes ____ No
12. Do you have certification in Reading? ____ Yes ____ No
13. Do you have certification in Educational Leadership? ____ Yes ____ No
14. Do you work in an ST2 school? _____ Yes _____ No
15. If yes, how many years has ST2 been in your school? _____
16. Have you participated in Rtl training? Please describe. _____

**Appendix C
Basic FAIR Information K-2**

Broad Screen

	Kindergarten			First			Second		
	AP1	AP2	AP3	AP1	AP2	AP3	AP1	AP2	AP3
Letter Naming And Sounds	√	√							
Phonemic Awareness	√	√	√						
Word Reading			√	√	√	√	√	√	√

AP-Assessment Period

Targeted Diagnostic Inventory

Kindergarten	<ul style="list-style-type: none"> •Print Awareness •Letter name and sound knowledge •Phoneme Blending •Phoneme Deletion Word Parts/Initial •Letter Sound Connection Initial •Letter Sound Connection Final •Word Building –Initial Consonants •Word Building –Final Consonants •Word Building –Medial Vowels
First Grade	<ul style="list-style-type: none"> •Letter Sound Knowledge •Phoneme Blending •Phoneme Deletion Initial •Phoneme Deletion Final •Word Building –Consonants •Word Building –Vowels •Word Building –CVC /CVCe •Word Building –Blends
Second Grade	<ul style="list-style-type: none"> •Phoneme Deletion Initial •Phoneme Deletion Final •Word Building –Consonants •Word Building –CVC /CVCe •Word Building –Blends & Vowels •Multisyllabic Word Reading

Appendix D

INFORMATION AND CONSENT FORM ADMINISTRATOR

Practitioner Perceptions of their Implementation of Response to Intervention

Purposes: You are being asked to participate in a research study. The purpose of this research study is to explore practitioners' views of the five components of Rtl: (1) a multi-tier implementation, (2) student assessment and decision making, (3) evidence-based interventions, (4) maintenance of procedural integrity, and (5) systems level capacity. As part of this study we are asking teachers of the participating schools to take part in focus group interviews. In these focus group interviews questions regarding Rtl implementation and its effectiveness will aid stakeholders in refining aspects of the program and also furnish recommendations for Rtl training for preservice teachers.

Procedures: We are asking teachers, counselors, and school psychologists from university-affiliated professional development schools to consent to participate in a single focus group that will last 1 hour to 1 hour 30 minutes. This focus group will include you and the other practitioners from your school. It will be scheduled at your personal convenience and the convenience of the other practitioners. The purpose of the focus groups is to obtain descriptive information about your perception of the implementation of Rtl at your school.

Questions might include, but are not limited to your perceptions of the five components of Rtl, the FAIR assessment, and professional development.

We will audiotape the focus group interview. The group moderator will refer to participants as *practitioner 1*, *practitioner 2*, and so forth.

Risks: We do not anticipate you will experience any personal risk or discomfort from taking part in this study.

Benefits: There are no direct benefits to you for participating in this study. The results may help children, parents, and educators in the future.

Compensation: To express our thanks for your participation in this focus group in the Study of Practitioner Perceptions of their Implementation of Rtl, you will receive a \$25.00 gift certificate. You will also receive dinner at the conclusion of the focus group interview.

Alternatives: You have the option not to participate in this study. You may refuse to respond to any questions we ask during the focus group interviews. Also, you may withdraw your consent to participate at any time during the study and nothing bad will happen as a result.

Confidentiality: As noted above, we will ask for your consent to audiotape the session. Only the investigators (Dr. Schumm and Ms. Perry) will have access to the tapes and/or any notes from the session. The tapes and written records will be destroyed as soon as the transcripts are summarized as results. As noted above, you will be referred to by a number rather than by your name. Although quotes are cited to illustrate consensus opinions, they are difficult to attribute to a given individual subject. This is the case because quotes represent those expressed by multiple subjects and you will not be identified in any publications of reports of the research results. Also, the findings will be reported as group data for and across schools. Until they are destroyed, the tapes, transcriptions and written notes of your focus group will be kept in the locked files of Dr. Schumm.

The U.S. Department of Health and Human Services (DHHS) may request to review and obtain copies of your records. Also, your records may be reviewed for audit purposes by authorized University or other agents who will be bound by the same provisions of confidentiality.

Source of Funding: Funding for this research study is provided by a research grant from the Barbara Marks Research Support Scholarship.

Right to Withdraw: Your participation in this study is voluntary. You may decide not to participate or you may withdraw from the study at any time without penalty. Your participation in this study may be stopped at any time by the investigator without your consent. Your standing as an employee at your school will not be impacted by your participation or withdrawal from the study.

Contact Information: You are encouraged to ask any questions you may have about this study. If you have questions about the study, you may call Dr. Jeanne Schumm, Principal Investigator, at 305-284-4970; or Yvonne Perry at 954-294-9987. If you have any questions about your rights as a participant in research, you may contact the Human Subjects Research Office at the University of Miami, at 305-243-3195. Do not sign this consent form unless you have received satisfactory answers to all of your questions. If you agree to be in this study, you will receive a copy of this signed and dated consent form for your records.

Consent: I have read the information in this consent form. All my questions about the study and my participation in it have been answered.

I have read this consent form, and **I agree to participate and be audiotaped in this study.**

Please Print Your Name

Signature of Participant

Date

Signature of Person Conducting Informed Consent Discussion

Date

Appendix E

VOLUNTEERS WANTED

(Teachers, Counselors, School Psychologists, School Social Workers)

University of Miami Research Study

LET YOUR VOICE BE HEARD!



Share your thoughts and opinions about Response to Intervention (RtI)

Participate in a research study on educators' perceptions of RtI implementation during a **one-time** hour-long focus group interview session held after school in your building!

For more information, email:

Yvonne Perry
yperry@dadeschools.net

This research is conducted under the direction of Dr. Jeanne S. Schumm, Professor, Department of Teaching and Learning, University of Miami.

Research Participants will receive compensation in the form of a \$25 Gift Card and Dinner.