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The title of this chapter may sound familiar to many because it is an intentional paraphrase of the first chapter in Shinn’s (1989) curriculum-based measurement (CBM) book written by Doug Marston. The reason for this paraphrasing is because much of the basis for response-to-intervention, CBM, and many current initiatives in education can be traced to the work on data-based decision making by Deno and Mirkin (1977) and the A Nation at Risk report (U.S. Department of Education, 1983). It seems that data-based decision making is a concept whose time has come in education, but it has been a long time coming. Thus, we kept the title of the first chapter the same for the second edition of the book, even though the field has progressed much since the first edition was published.

Response-to-intervention (RtI) is the systematic use of assessment data to allocate resources most efficiently in order to improve learning for all students (Burns and VanDerHeyden, 2006). Thus, it is the latest installment of the data-based decision-making movement that began with Bloom, Hastings, and Madaus’s (1971) seminal work on formative assessment, which was then further operationalized by Deno and Mirkin (1977). However, the recent federal provision for RtI was the culmination of years of events that affected how RtI is conceptualized today. Therefore, the goal of this first chapter is to discuss how we got here, what RtI is, establish problem solving as the basis for RtI, what has changed since the first edition was published, and what happens when RtI is implemented.

HOW WE GOT HERE

The 2004 reauthorization of the Individuals with Disabilities Education Improvement Act stated that a local education agency “may use a process that determines if the child responds to
scientific, research-based intervention as a part of the evaluation procedures” (Pub. L. No. 108-446 § 614 [b][6][A]; § 614 [b] [2 & 3]). That relatively simple sentence is the basis for a great deal of change, possibility, and controversy, but it did not start there. The role of the federal government in funding special education, dissatisfaction with special education, an increased knowledge of learning and academic interventions, and the accountability movement in this country all contributed to RtI’s development and popularity, and all need to be discussed to understand the direction and promise of RtI.

**ROLE OF THE FEDERAL GOVERNMENT IN FUNDING SPECIAL EDUCATION**

When IDEA was first enacted into law, it was expected that the federal government would fund 40% of the excess cost of providing special education services. The current federal share of the cost is approximately 15 to 20%, with approximately 60% of those funds going toward students identified as learning disabled (LD). With that information in mind, prior to the 2004 IDEA reauthorization, the federal government was interested in examining ways to prevent students from experiencing significant academic failure. RtI emerged as a viable method for preventing academic failure and reducing the LD prevalence rate through universal screening for achievement difficulties, early intervention and prevention programs, and accountability for results through frequent progress monitoring.

**Concerns About Special Education**

Special education has been controversial since it was first mandated in 1975 (Ysseldyke, Algozzine, and Thurlow, 2000), due in large part to debates regarding the diagnostic procedures. Federal regulations for P.L. 94-142 were approved in 1977 and included the now-infamous discrepancy model in which children were identified as LD only if there were a severe underachievement as compared to the child’s intelligence. This definition of LD was the result of a compromise because there was no widely accepted or supported diagnostic model in 1977 (Gresham et al., 2004). Shortly after the regulations obtained the power of law, the Office of Special Education Programs (OSEP) in the U.S. Department of Education funded the Institute for Research on Learning Disabilities (IRLD) at the University of Minnesota to study LD diagnostic practices.
Research from the IRLD quickly began questioning the model in place in federal and state regulations, but the funding and subsequent research occurred after the model was enacted.

Today there is consensus that the discrepancy model failed (Aaron, 1997; Fletcher et al., 1998), but RtI is only one allowable alternative approach. The federal special education regulations specify that state educational agencies (a) cannot require the use of severe discrepancy between intellectual ability and achievement for determining whether a child has an LD; (b) must permit the use of a process based on the child’s response to scientific, research-based intervention as part of the evaluation process; and (c) may permit the use of other alternative research-based procedures for determining whether a child has an LD. Some states have allowed the use of a pattern of strengths and weaknesses (PSW) approach in which cognitive and achievement profiles for individual students are examined for consistency with theoretical LD profiles.

There are several different models for PSW, but all seem to operate around four basic principles: (a) a full-scale IQ score is not needed to identify LD unless a cognitive impairment is suspected, (b) children who are identified as LD have isolated areas of weaknesses in academic and cognitive skills, (c) deficits in specific academic areas are matched with specific cognitive deficits, and (d) most cognitive abilities, and those not related to the academic deficit, are within the average range or above (Washtenaw County Specific Learning Disabilities Work Group, 2010). Advocates for the PSW approach argue that measures of cognitive processing are needed to identify LD and the resulting data can be used to develop interventions for individual students (Hale et al., 2010).

To fully evaluate the PSW model would certainly go beyond the scope of this chapter and perhaps the entire book, but recent research has questioned the diagnostic utility of cognitive processing assessments (Fletcher et al., 2011) and measures of phonological memory, verbal ability, and nonverbal ability added zero or close to zero variance beyond measures of reading (Hatcher and Hulme, 1999). Moreover, the lack of a consistent PSW model is worrisome and was a criticism of the discrepancy model as well (Dean and Burns, 2002). Finally, the lack of diagnostic and instructional utility for cognitive processing assessments was reportedly a motivational factor for the Office of Special Education Programs and the authors of IDEA legislation to allow the RtI framework. The United
States Department of Education (2007) stated in a question and answer document that,

The reports of both the House and Senate Committees accompanying the IDEA reauthorization bills reflect the Committees’ concerns with models of identification of SLD that use IQ tests, and their recognition that a growing body of scientific research supports methods, such as RTI, that more accurately distinguish between children who truly have SLD from those whose learning difficulties could be resolved with more specific, scientifically based, general education interventions (p. 2).

Meta-analytic research by Kavale and Forness (1999) found small average effects for cognitive-based interventions such as perceptual training, matching a child’s modality, and psycholinguistic training, and a review of research found no relationship between aptitude and treatment outcomes (Pashler et al., 2009).

It appears that considerable research and policy guidance is needed before PSW can be used with confidence. Of course, the same statement could be said for RtI, but at least there are multiple studies that demonstrate the positive effects that RtI has on student learning (Ardoin et al., 2005; Burns, Appleton, and Stehouwer, 2005; VanDerHeyden, Witt, and Gilbertson, 2007).

KNOWLEDGE OF HUMAN LEARNING AND INTERVENTIONS

The research on student learning has greatly enhanced the knowledge base from which we practice. Meta-analytic research has identified several effective practices for struggling learners with and without disabilities (Kavale and Forness, 1999; Swanson, Hoskyn, and Lee, 1999). Perhaps more important is a line of research demonstrating the physiological effects of effective interventions. Simos and colleagues (2002) studied a group of children who were diagnosed as LD and who matched the brain activation pattern while reading of children who are LD. Children with learning disabilities tend to focus on the right hemisphere of the brain while reading, or have no clear pattern. Skilled readers tend to focus their neurological activity on the left hemisphere of the brain where language functions are centered. Simos and colleagues implemented an intervention with a strong research base and then
repeated the imaging of the children while reading and found that the activity pattern had normalized. What this study demonstrated is that although we tend to focus on changing “brain chemistry” to change behavior, modifying behavior changes the chemistry and is the more plausible option in our schools. Needless to say, RtI is an attempt to improve learning by changing the behavior for individual children rather than following a traditional line of diagnosis to treatment.

**Accountability Movement**

The *A Nation at Risk* (U.S. Department of Education, 1983) report led to dramatic changes in American education by emphasizing a need for educational reform and leading to an increased interest in educational accountability (Ravitch, 1999). Salvia and Yssledyke (2001) defined accountability as documentation for people in authority that “desired goals are being met” (p. 644). Prior to the amendments to IDEA in 1997, desired goals were not specified for children with disabilities, but that changed when it was mandated that children who participated in special education participate in state accountability tests.

Although RtI was born in special education law, it was conceived in the No Child Left Behind Act (NCLB; 2001). NCLB specified that the educational skills and progress of all children be measured, including those with disabilities, those for whom English is not their native language, and those from low socioeconomic backgrounds. This emphasis on measuring student learning was consistent with the data-based decision-making movement that began in the 1970s, and was endorsed by the President’s Commission on Excellence in Special Education (PCESE, 2002) because “those that get counted, count.” As a result, the 2004 version of IDEA specified that children could be diagnosed as LD if “the child fails to achieve a rate of learning to make sufficient progress to meet state-approved results in one or more of the areas identified in paragraph (a)(1) of this section when assessed with a response to scientific, research-based intervention process” (P.L. 108-446, §§ 300.309). Thus, NCLB and IDEA were inexorably and forever linked.

It is important to recognize the contextual basis for RtI in order to understand what RtI is and why we do it. The goal of RtI is not to identify children who are “truly LD” or even to improve the diagnostic procedures, but to enhance the learning of all children. The accountability movement led to an increased interest in monitoring how well children are
Implementing Response-to-Intervention in Schools

learning; research on instruction for children with disabilities showed us our instruction for children with disabilities matters and that these children can learn, and research on special education suggested that changes were needed. The culmination of these events led to a data-based decision-making model to enhance learning for all children.

WHAT IS IT?

RtI should perhaps be conceptualized much the same way that we view positive behavior supports (PBS; Sugai and Horner, 1999) because both involve using data to better target resources to student needs. Thus, RtI involves four components: (a) systematic use of assessment data, (b) efficient allocation of resources, and (c) learning enhancement (d) for all students (Burns and VanDerHeyden, 2006). In other words, the goal is to seek instruction and intervention that will allow a child to be successful rather than identifying children for whom previous and presumed future interventions lacked success. In this approach, special education becomes the funding avenue for children whose needs are so intense that they require the resource expenditure allotted to special education.

The resource allocation model of RtI functionally places the primary jurisdiction over RtI in general education. Therefore, it is most effectively accomplished through a three-tiered model of increasing intensity of service and frequency of assessment (Tilly, 2003), all of which are operated by general education. Table 1.1 is based on Burns, Deno, and Jimerson (2007) and lists the three tiers and the activities associated with each. Tier 1 of an RtI model involves quality core instruction in general education and benchmark assessments to screen students and monitor progress in learning. Students who do not make adequate progress in general education despite a sound core reading curriculum receive additional support in Tier 2, which involves providing small-group interventions (four to six students) to approximately 15 to 20% of the student population and have a standardized component to assure efficiency.

Students who do not adequately respond to interventions provided in Tiers 1 or 2 receive daily individualized interventions for at least 30 minutes per day with at least weekly progress monitoring in Tier 3. These interventions are usually developed from a problem-analysis procedure often involving a problem-solving team, and are delivered by general
education. However, if the individualized interventions required for the child to be successful are extensively resource intensive, then special education resources would be committed to sustain success and the child would be identified as having a disability.

### Problem Solving as the Framework for RtI

The origins of RtI can be traced back to Deno and Mirkin’s (1977) seminal *Data-Based Program Modification* manual in which a problem-solving framework was proposed for special education. The framework was called the IDEAL model (Bransford and Stein, 1984), which consisted of the following steps:

1. Identify the problem: What is the discrepancy between what is expected and what is occurring?
2. Define the problem: Why is the problem occurring?
3. Explore alternative solutions to the problem: What is the goal and what is the intervention plan to meet this goal?
4. Apply a solution: How will intervention integrity be ensured?
5. Look at the effects of the application: Was the intervention plan successful?

Different names are often used for the various steps, but most problem-solving frameworks adhere to this process (Batsche

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**Table 1.1 Three Tiers of Response-to-Interventions**

<table>
<thead>
<tr>
<th>Tier</th>
<th>Student Population</th>
<th>Description</th>
<th>Frequency of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All Students</td>
<td>Universal: Adherence to a research-based core curriculum in general education.</td>
<td>Benchmark assessment at least three times/year.</td>
</tr>
<tr>
<td>2</td>
<td>Approximately 15%</td>
<td>Targeted: Small-group (three to five students) interventions delivered as part of general education.</td>
<td>At least monthly progress monitoring.</td>
</tr>
<tr>
<td>3</td>
<td>Approximately 5%</td>
<td>Intensive: Individualized interventions based on problem-solving models. Could include special education services.</td>
<td>At least weekly progress monitoring and frequent informal classroom-based assessments.</td>
</tr>
</tbody>
</table>
Implementing Response-to-Intervention in Schools


One important way in which RtI systems have changed over the past 20 years is the reduced emphasis on problem-solving teams. Many of the earlier models such as the Heartland Education Agency model (Ikeda et al., 1996), Minneapolis Public Schools’ Problem-Solving Model (Marston et al., 2003), and Ohio’s Intervention-Based Assessment model (Telzrow, McNamara, and Hollinger, 2000) relied heavily on identifying interventions for individual students through some interdisciplinary group collaboration. However, the early intervention and prevention focus of RtI makes it impossible to conduct in-depth analysis and individualized interventions for every student receiving a Tier 2 intervention. Thus, the problem-solving process is often applied by grade-level teams for groups or even entire classrooms of students, but the level of analysis differs by tier and a problem-solving team is not used until considering a Tier 3 intervention. However, the problem-solving process remains the foundation from which RtI operates. Below we discuss each step in more detail.

**Identify the Problem**

The problem identification step helps teams consider a variety of data to prioritize areas of concern. Problems are defined as a discrepancy between what is expected and what is occurring in a particular environment. For example, a grade-level team could compare a student’s current level of performance (30 words read correctly [WRC] per minute) to the expected level of performance (90 WRC) and conclude that the student’s actual performance is below target and discrepant from local expectations, so the process should continue. Additional data are then collected to find converging evidence across multiple datapoints because important decisions about students should never be made on any single point of data. Moreover, the grade-level team may compare the median score for an entire class and determine that it is below expectations, which suggests a problem for the entire class.

**Define the Problem**

Once a problem is identified, then data are analyzed to develop an alterable hypothesis about why the problem is occurring. The analysis will involve information collected during problem identification, and may include collecting additional data. This information will be collected through a review of student
records, interviews with key stakeholders, observations of student and environment, and tests of the relevant constructs. Following the analysis, an hypothesis will be generated about why the problem is occurring, which can be used to develop interventions for individual or groups of students.

Interventions should address the reason that the student or group of students is experiencing difficulty. Student difficulty is regarded as the result of a mismatch between student need and the resources that have been provided. Rather than considering a problem to be the result of inalterable student characteristics, grade-level teams and problem-solving teams should focus on changes that can be made to the instruction, curriculum, or environment that would result in a positive student outcome. The hypothesis and intervention should focus on those variables that are alterable within the school setting.

**Explore Different Solutions to the Problem**

After an hypothesis has been developed about the cause of the problem, the next step is to develop an intervention plan. Before teams engage in any discussion regarding possible intervention plans, the team must agree upon a specific goal, including a timeline for reaching this goal, and develop an individualized graph. Goals are derived from existing local or broader normative data, criterion-referenced targets, or local professional expectation for acceptable performance (Fuchs and Shinn, 1989). The final intervention plan should address a number of logistical issues including who will implement it, and where, when, and how often it will occur.

**Apply the Solution**

After developing the intervention plan, the next step is to implement the plan and determine if the intervention is being implemented with integrity. Plan implementation is often an overlooked phase (Upah and Tilly, 2002), yet difficulty with implementation integrity is a common cause for low rates of student success (Noell, Gresham, and Gansle, 2002).

**Look at the Effects of the Application**

During the final step, teams review student data and make a determination regarding the success of the plan. Data gathered during the problem-solving process are used to make decisions regarding the best education strategy for a student or groups of students. These decisions are based on a trend of student
performance over time, during the application of the intervention, rather than on any one measure of student performance.

The major question addressed at this step is to determine whether the identified problem continues to exist. Grade-level and problem-solving teams will examine the data to determine if a performance discrepancy exists between what is expected and what is occurring. Data-based decisions about program evaluation can follow the decision rules discussed in Chapter 3.

WHAT WOULD HAPPEN?

Implementing RtI on the national level would have widespread implications for children given that those diagnosed as LD represent over 50% of all children identified with a disability, and approximately 5% of the total school population (Lerner, 2002). Therefore, some have prognosticated negative affects for children (Hale et al., 2004). We cannot accurately predict what will happen if RtI is implemented nationwide or in your school district, but we can examine what has happened when RtI was implemented in local schools or even at a statewide level.

Outcomes

A meta-analysis of research found that RtI led to improved systemic (e.g., reduction in children referred to and placed into special education) and student (e.g., higher achievement scores, reduced behavioral difficulties, etc.) outcomes (Burns, Appleton, et al., 2005). More specifically, it was found that more children demonstrated proficiency on state accountability tests (Heartland, 2004; Sornson, Frost, and Burns, 2005), reading skills improved among children identified as at risk for reading failure (Marston et al., 2003; Tilly, 2003), and children demonstrated increased time on task, task completion, and task comprehension during instruction (Kovaleski, Gickling, and Morrow, 1999).

Special education in an RtI model becomes much more special in that children with disabilities receive more services and additional specialized instruction as compared to more traditional approaches (Ikeda and Gustafson, 2002; Reschly and Starkweather, 1997). Moreover, these services began at earlier grades (Reschly and Starkweather, 1997) because the dependency on a discrepancy between intelligence and achievement scores associated with traditional LD diagnostic approaches made it almost impossible for many children to
score low enough on a standardized norm-referenced achievement test for a discrepancy to occur. Thus, a “wait-to-fail” model (Donovan and Cross, 2002) was used in which the child was tested and retested until approximately third or fourth grade when a discrepancy could be detected, but unfortunately a critical window of learning had closed (Snow, Burns, and Griffin, 1998).

The Twenty-Ninth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (U.S. Department of Education, 2007b) reported that 4.1% of the total student population in this country were diagnosed with a learning disability. On average, less than 2% of the student population in various studies and program evaluations of RtI were identified as LD (Burns, Appleton, et al., 2005). Thus, concerns about large numbers of children identified as LD, or the “open-the-floodgates” concern about RtI (Hale et al., 2004) were not validated by previous research. However, approximately 6% of the student population in these studies were referred to the RtI model through problem-solving teams and the like (Burns, Appleton, et al., 2005).

Given that children’s needs are better met in general education and special education becomes more intense and individualized, special education services also become more efficient. Sornson and colleagues (2005) found that when an RtI approach was implemented in one school district, the percentage of children identified with a special education disability declined from 10.2% to 6.6% over a 10-year period, but the state average during that same time period increased from 10.8% to 13.4% of the student population. If this particular district had to keep up with the state average, in other words if their prevalence rate grew at the same pace, they would have had to increase spending by $2.9 million. If their disability prevalence rate matched the national average of 11% of the student population, then they would have had to increase spending for special education by almost $2 million. Thus, children’s needs were being met, but at an overall decreased cost.

The National Association of State Directors of Special Education is currently publishing a book that details the research base for RtI (Griffin et al., 2007), which is quite extensive. That is, the research supporting the various components of RtI is well established, but it is somewhat limited when examining the compilation of those components into one model. We have learned much from our predecessors, but much remains to be learned.
QUESTIONS TO CONSIDER IN YOUR DISTRICT
The aforementioned meta-analysis of RtI research had one interesting finding: RtI initiatives that were field-based (started by school district staff and existing before the research was conducted) led to better effectiveness than those started by university faculty for the purposes of research (Burns, Appleton, et al., 2005). Although there are several plausible explanations for these findings, one could be that the RtI implementation process is a long one, requiring an extended time period of training, refinement, and retraining. In other words, when RtI is implemented in a local school or district, unforeseen difficulties will occur that need to be addressed through a modified model and retraining. This is an especially critical point because implementation integrity of the RtI process may very well be the most significant obstacle to implementation on a national level. Several questions need to be addressed both at the national and local level. Listed below are a few of the more critical questions with which local school districts will need to struggle.

Leadership
Research on school effectiveness consistently finds that instructional leadership by the school principal is a critical component (Levine and Lezotte, 1990). Thus, effective leadership is important for success in schools and RtI is no exception, but who should lead the effort? Most districts center RtI implementation within special education departments and provide leadership through the director and supervisors of special education. Although special education should be involved, RtI should be perceived as a general education initiative with leadership coming from building principals, school superintendents and assistant superintendents, and other general education administrators such as curriculum directors. Perhaps districts could assemble a leadership team made up of various disciplines, including special education, but general education’s leadership role needs to be explicit.

Training and Professional Development
Some have wondered if schools have sufficiently trained personnel to successful implement RtI (Vaughn and Fuchs, 2003). We believe that many practitioners have the basic skills necessary for RtI (e.g., assessment, data-based decision making,
reading instruction, etc.), but talent and expertise need to be pooled into one multidisciplinary resource. School psychologists may bring expertise in collecting and using data, but it may be the school’s reading specialist who guides intervention selection efforts. However, all need some level of training in the basic RtI model and local specific implementation guidelines before implementation to assure common understanding, language, and goals. Discussing how this is best accomplished would exceed the scope and sequence of this book, but we can state that training efforts should include some measure of ongoing coaching (perhaps through study teams) and performance feedback in the basic components laid out in this volume.

Secondary Level
RtI implementation has clearly focused on elementary grades with few attempting it at the secondary level. Some models do exist, and are discussed later in the book, and have resulted in positive outcomes for students (Windram, Scierka, and Silberglitt, 2007). However, school districts will need to decide when, rather than if, and how RtI will begin in its middle and high schools. We suggest focusing on elementary schools in the initial phase of implementation, but eventually to include secondary schools in practice and to include them throughout the planning process.

Parental Role
Most current RtI initiatives only involve parents in a perfunctory and superficial manner through obligatory methods such as parental notification (Lau et al., 2005). Given that longitudinal research found positive and direct links between academic achievement and parental involvement (Englund et al., 2004), including parents in the RtI process in meaningful ways seems important. However, what that would entail is yet to be conclusively determined and should probably be addressed based on the unique needs of the district and its relationship with its parents. We suggest including parent representatives on planning committees, and forming a separate group to suggest how to best engage parents in student learning within the RtI model.

THE CURRENT BOOK
A recent national survey found that 71% of schools that responded had either implemented or were piloting an RtI

http://www.routledgementalhealth.com/9780415500722
model, but continued to experience barriers such as insufficient teacher training, lack of intervention resources, and lack of data, knowledge, and skills for monitoring progress with data (Spectrum K12 School Solutions, 2009). Thus, there remains a perception of a lack of necessary skills to implement RtI. This is important given that implementation integrity has repeatedly been identified as perhaps the most significant obstacle to widescale implementation for RtI (Burns and Ysseldyke, 2005; Gansle and Noell, 2006). Thus, the goal of this book is to provide a resource for practitioners that discusses how to implement RtI in easy to understand terms and easily implemented procedures. Specifically, Chapter 2 discusses assessments to use at each grade level and how to structure data collection so that they can be quickly and efficiently conducted, as well as methods for progress monitoring and methods with which to store, access, and present the data. Chapter 3 also addresses assessment, but focuses on how to use data for instructional and intervention decisions. Thus, the third chapter discusses deriving benchmark and target goals, how to judge adequate progress toward goals in all three tiers, and how data can be used for special education eligibility decisions. Chapter 4 depicts how to organize the school, school personnel, and school day to best accomplish successful implementation, and Chapter 5 discusses a scientifically based curriculum for all children and how to differentiate classwide versus individual difficulties. Chapters 6 and 7 address Tiers 2 and 3, respectively, in that the former lays out how to best organize small groups for intervention (Tier 2) and the latter focuses on detailed problem analysis to best identify specific interventions for individual children (Tier 3). Chapter 8 discusses the application of RtI to early childhood settings. Finally, Chapter 9 presents common difficulties in RtI implementation and how we suggest addressing them.

The second edition of the book differs from the first edition in several important ways. Of course, we updated the research upon which the book was based. Moreover, secondary schools have many challenges that do not exist in elementary settings. Secondary schools often have larger student enrollment with multiple feeder schools. Teachers have curriculum specializations, and the emphasis is on knowledge dissemination and independent skill application. Because the buildings are larger, there are more staff members, which typically results in fewer opportunities for schoolwide meetings. Parental involvement
tends to decrease, while at the same time student performance discrepancies increase. Despite these challenges, secondary settings can and should implement an RtI framework to ensure accountability for improved outcomes. Thus, we added a section titled “Considerations for Secondary Schools” to each chapter so that applications to secondary schools could be explicitly and clearly discussed.

Additional changes to the second edition include increased information about English language learners, which is an ever-increasing population in schools. We added additional information about math assessment and intervention, and an entire chapter regarding applications to early childhood settings. Finally, we updated the list of frequently asked questions based on questions that we received during recent training sessions.

Our hope is that this book will assist the efforts of those actually doing the work. We provide several examples of forms and materials that can be used in the accompanying “Practical Resources” CD that can be used as is or modified to meet the unique strengths and needs of various schools and school districts. Our motivation for this book is that we have seen RtI improve the education of countless children and believe that it can help districts be more effective and efficient. However, we are concerned that schools will implement ineffective practices in the name of RtI, or will implement an effective model without fidelity, both of which will result in a lack of improved student outcomes and continued status quo. Thus, our fear is that RtI will be abandoned without ever being truly tested, as is so often the case in education. In fact, Ellis (2001) stated that “today’s flagship is tomorrow’s abandoned shipwreck” (p. 253) because of how often schools try something new in the never-ending search for improvement, only to give up shortly thereafter because the “new” initiative was not based on research or was not implemented correctly, which is why we emphasize the importance of implementation integrity. RtI is not anything particularly new, but could result in improved outcomes if practitioners are adequately trained and supported and various implementation issues are considered beforehand. We hope this book will help with both.