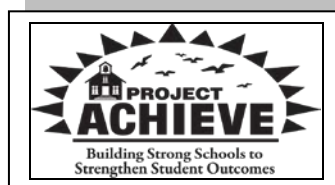


Implementing Response-to-Intervention at the School, District, and State Levels:



Functional Assessment,
Data-based Problem Solving, and
Evidence-based Academic and
Behavioral Interventions

Howard M. Knoff, Ph.D.



Project ACHIEVE Press

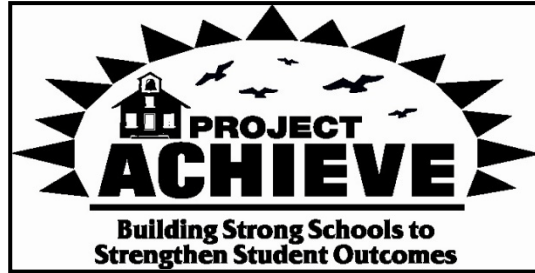
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***Project ACHIEVE Press
Little Rock, AR***

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PROJECT ACHIEVE PRESS
A Division of PROJECT ACHIEVE INCORPORATED
49 Woodberry Road
Little Rock, AR 72212

ISBN 978-0-9796564-7-7

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Designed by Howard M. Knoff, Ph.D.
Printed in the United States of America

This book should be cited as: Knoff, H. M. (2009). Implementing Response-to-Intervention at the school, district, and state levels: Functional assessment, data-based problem solving, and evidence-based academic and behavioral interventions. Little Rock, AR: Project ACHIEVE Press.

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Foreword

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Howie Knoff has “traveled” many professional roads, and we now have an opportunity to benefit from his experiences and expertise. He has been a school psychologist in Lenox, Massachusetts; an assistant professor at the State University of New York at Albany; and a state delegate, then Treasurer, and finally President of the National Association of School Psychologists. After a 20-year tenure at the University of South Florida, Howie continued his life work as a school psychology practitioner by becoming the Director of the Arkansas Department of Education’s State Improvement Grant in 2003. Project ACHIEVE, developed and enhanced by Knoff and his colleagues at the University of South Florida, has become a model for the Arkansas Response to Intervention (RtI) initiative and that of many school districts throughout the nation. The important work of applying parts of Project ACHIEVE to RtI efforts jumpstarted this text.

This most practical book—Implementing Response-to-Intervention at the School, District, and State Levels: Functional Assessment, Data-based Problem Solving, and Evidence-based Academic and Behavioral Interventions—is one of the most important, comprehensive, thoughtful, and significant new books in the field. Howie Knoff has forced us to think about where RtI fits into our professional context, and he guides us—at different levels of practice—in many, many ways to practically implement RtI. Indeed, not only has he defined and operationalized constructs that others mention as if they are shared and agreed upon across the country (e.g., the functional assessment, problem solving process; progress monitoring at the upper elementary and secondary levels; the specifics of Tier 2 and Tier 3—secondary and tertiary—interventions), but he has also addressed critical new topics that lay the foundation for RtI success in schools and districts (e.g., the blueprints for Positive Academic Supports and Services and the Positive Behavioral Self-Management System). Knoff also has expanded the RtI context and discussion into new and important areas—at the school, district, and state levels. For example, Howie’s detailed discussions about (a) the integration of the “Problem Solving, Consultation, Intervention” service delivery model; (b) the creation and use of the Grade-level SPRINT team; (c) the many important school and district articulation processes; and (d) the need for states to attend to upgraded recruitment and retention practices, to adaptations within the teacher/educator tenure system, and to the importance of social marketing demonstrate how RtI is not just a general education initiative, but an effective schools initiative.

Significantly, in Implementing Response-to-Intervention at the School, District, and State Levels: Functional Assessment, Data-based Problem Solving, and Evidence-based Academic and Behavioral Interventions, Howie Knoff does an exceptional job of analyzing the current and needed state of RtI with chapters that clearly address its implementation at the student, staff, school, and system (school, district, and state) levels. Citing some of the most-recent national reports evaluating RtI's current status, the book also provides many very practical step-by-step implementation sections, tables, forms, and resources that will help practitioners nationwide to move beyond our current status. For example:

- In Chapter 1, the legal and regulatory context of RtI is discussed along with descriptions of the specific components of Project ACHIEVE's PASS (Positive Academic Supports and Services) and PBSS (Positive Behavioral Self-Management System) blueprints. The chapter provides a step-by-step outline of the RtI process, from Tier 1 through Tier 3, and it emphasizes that the RtI process begins with effective classroom instruction and behavior management, focusing on the adaptations, supports, interventions, and services needed by "non-responding students" to help all students be academically and behaviorally successful.
- In Chapter 2, Knoff describes, in great detail, a data-based, functional assessment problem-solving process that basically applies the scientific method to students' academic or behavioral challenges. An important point here is that everyone in a school needs to be trained and functionally competent in this process so that strategic interventions are linked to the underlying and confirmed reasons for existing "problems," and so that early intervening services have integrity and a high probability of success at the classroom level. A number of very useful appendices in this chapter help practitioners learn and master the problem-solving process, as well as collect and analyze the important historical and "current status" data that forms the foundation of a functional assessment of the student, the teacher-instructional process, and the classroom ecology.
- Knoff describes in Chapter 3 ways to build the "infrastructure" within a school and district so that the RtI process is supported with the best policies, procedures, personnel, and other resources. In this chapter, he does an excellent job of clearly discussing the professional development process needed for RtI success, and provides school and district implementation blueprints that are explicit, sequential, and practical. Finally, this chapter addresses the importance of having a Grade-level SPRINT (School Prevention, Review, and Intervention Team) and Building-level SPRINT, offering specific job descriptions, meeting schedules, suggested roles and responsibilities, and an outline of what a typical SPRINT meeting should involve and include.
- Chapter 4 is focused on the end-of-the-year "articulation" processes that every school and district should perform—helping staff evaluate the student, instructional, and other RtI accomplishments from the past school year, plan for a smooth transition to the next school year, and maintain and extend the school's academic and behavioral successes with all students—and, especially, those students receiving more specialized

interventions. This chapter provides essential information that schools often talk about on a conceptual level, but rarely accomplish on a practical level. In fact, a great deal of this information has never been discussed in any book that I know. This chapter provides a major contribution to RtI practice. Its theme, “The Beginning of the School Year Starts in April” is one that every educator needs to embrace and employ.

- Chapter 5 is equally impressive. Focusing on what states need to do to support a systemic level of RtI success, the chapter presents a SPRINT/RtI Implementation Model that consists of seven interdependent components: (a) Strategic Planning and Organizational Development; (b) Personnel Identification, Recruitment, and Retention; (c) Communication, Outreach, and Social Marketing; (d) Data Management, Evaluation, Outcomes, and Accountability; (e) SPRINT/RtI Content; (f) Professional Development and Training; and (g) Law, Regulation, and Policy. Each of these components is described in detail—many times with pragmatic, yet new, “21st Century” ideas that align the RtI process with effective school and schooling processes.
- Finally, in Chapter 6, Knoff presents a Case Study of middle schools’ current and needed RtI processes from a strategic planning and organizational development perspective. Drawn from an actual consultation, the analyses and recommendations in this Case Study are specific, targeted, insightful, and important. This chapter is a wonderful way to conclude this book—demonstrating, again, the applied nature of everything in the previous five chapters, and emphasizing that this is not about theory—it is about students and their academic and social-emotional/behavioral success.

This is a well-organized, well-written, and essential book for educators serving at the classroom, school, district, and state levels of practice and preparation. This book should be required reading in undergraduate or graduate general and special education pre-service courses, in programs training related services professionals, and in courses for prospective school or district administrators. If used “with integrity,” this book should accelerate our RtI and effective school and schooling knowledge and practice in profound and significant ways. Its contribution to the field will be striking. And, its potential to positively impact the educational and behavioral lives of all students—at all school-aged levels—is enormous.

Jim Ysseldyke

March 16, 2009

Minneapolis, MN

Chapter 1

Background and Context to Rtl: Laws, Models, and Evidence-based Blueprints

Implementing Response-to-Intervention at the School, District, and State Levels:

Functional Assessment, Data-based Problem Solving, and Evidence-based Academic and Behavioral Interventions

Book Sample

Implementing Response-to-Intervention at the School, District, and State Levels:

Functional Assessment, Data-based Problem Solving, and Evidence-based Interventions

Chapter 1

Background and Context to RtI: Laws, Models, and Evidence-based Blueprints

Over at least the past twenty-five years, virtually every state and school district in the country has worked in the area of school improvement in order to enhance the academic and social-behavioral outcomes of all students. Continuous school improvement is now, fundamentally, a federal mandate with the 2002 reauthorization of the federal Elementary and Secondary Education (the No Child Left Behind) Act, and the 2004 reauthorization of the federal Individuals with Disabilities Education Act (IDEA). Together, the U. S. Department of Education, through Congress and NCLB, and the Departments of Education across the country have established a course and set goals in the following areas:

- ❖ Comprehensive and planned school improvement
- ❖ Highly Qualified Teachers and effective classroom instruction
- ❖ Scientifically-based or research-based school and schooling practices
- ❖ Standards-based assessments and academic progress for all students (AYP)
- ❖ Safe schools and effective classroom management
- ❖ Academic interventions and ongoing “progress monitoring” assessments for students not passing benchmark skills in literacy
- ❖ Professional development for all educators with documented accountability
- ❖ Parent outreach and involvement

Most Departments of Education, responding to the requirements of IDEA, have also identified the need for:

- An articulated continuum of services from general to compensatory to special education in both academic and social-emotional/behavioral areas, and from prevention to strategic intervention to intensive need/wrap-around services.
- Positive behavioral support systems that result in positive school and classroom climates and high levels of school safety; students with effective interpersonal, problem solving, and conflict resolution skills; and staff with the skills to conduct functional assessments and implement strategic and intensive interventions for students with pivotal social-emotional/behavioral needs.

- Free and appropriate educational services in the Least Restrictive Environment, defined, as much as possible, as the general education classroom with instruction in the various general education curricula.
- Equity, whereby identifiable groups of students (especially minorities) are not disproportionately found to be eligible for specific areas of disability and/or do not disproportionately receive excessive levels of discipline (i.e., corporal punishment, suspension, expulsion, alternative learning environment placements).
- Functional assessment, Data-based Problem Solving, and strategic or intensive intervention, in academic or social-emotional/behavioral areas, when students do not respond to effective classroom instruction or effective classroom management, respectively (i.e., “Response-to-Intervention”—RtI).
- School-based or School-linked mental health services

While practiced for decades (if not longer) within the health community, “Response-to-Intervention” (RtI) is now being explicitly applied within the school and schooling process. RtI, simply:

Involves evaluating the degree that students (a) master academic material in response to effective instruction and (b) demonstrate appropriate, prosocial behavior in response to effective classroom management. When students are not progressing or “responding,” academically or behaviorally, to effective instructional conditions, RtI relies on a functional assessment/problem solving process to determine the reason(s) for the lack of success, and the implementation of strategic or intensive interventions to help those students progress and be successful.

While RtI must be conceptualized within the broader context of school improvement and student mastery, RtI has its most recent legislative roots in IDEA 2004 in those areas specifically addressing students with specific learning disabilities. IDEA 2004 states the following:

- ♦ “(A) **IN GENERAL.**—Notwithstanding section 607(b), when determining whether a child has a specific learning disability as defined in section 602, **a local educational agency shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability** in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning.
- ♦ “(B) **ADDITIONAL AUTHORITY.**—In determining whether a child has a specific learning disability, a local educational agency may use **a process that determines if the child responds to scientific, research-based intervention** as a part of the evaluation procedures described in paragraphs (2) and (3).”

Section 300.309 of IDEA 2004's implementing regulations (34 CFR 300.309) also states the following relative to determining the existence of a specific learning disability:

- “To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in 300.304 through 300.306—
 - Data that demonstrate that prior to, or as part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
 - Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's' parents.”

Critically and appropriately, most state Departments of Education have decided that their state-wide RtI models and processes will be led by their general education (as opposed to compensatory or special education) divisions. Given this, the RtI process should be focused, first and foremost, on the progress of all students in the academic and behavioral curricula required by these states as taught by general education teachers in their classrooms. Within this context, attention should move to those students who are not responding to effective classroom instruction and/or effective classroom management, using evidence-based curricula, methods, and strategies.

Beyond this, at this point in time, most state legislatures have now passed the laws that will govern, for now, their respective state RtI processes—whether focused only on special education, or on education in a broader sense. Thus, most state Departments of Education are now in a continuous strategic planning and/or professional development/training mode relative to facilitating state-wide RtI implementation. Critically, to accomplish the task at-hand, it is recommended that state Departments of Education attend to four essential elements:

1. The functional characteristics of effective instruction for all students, from the most to least capable;
2. The functional assessment/problem solving process that will be needed for at-risk, underachieving, and unsuccessful students so that evidence-based interventions can be identified and implemented;
3. The training process needed to effectively implement RtI across the state; and
4. How ongoing technical assistance will be provided to districts so that the training is implemented with integrity and evaluated to determine its success.

For districts and their schools, attention to #1, #2, and #3 (see below) are critically important, as most Departments of Education are going to provide various RtI options, rather than take a prescriptive, “top-down” approach to implementation. In the end, the challenge **for all educators and related services professionals** is how to develop, disseminate, and consistently and effectively implement an integrated RtI model that—through professional development and training, mentoring and supervision, and formative and summative evaluation—is successful on behalf of all students, staff, and schools.

In order to meet the challenge above, four elements are needed and proposed in order to effectively execute RtI implementation:

- An integrated, research-based RtI Instruction and Response Model for academic and behavioral success;
- An RtI Data-based Functional Assessment, Problem Solving Process to identify interventions to facilitate student success, and then to track that success;
- An RtI Training and Implementation Plan to provide the professional development for school and district implementation; and
- An RtI Technical Assistance and Evaluation Plan to provide ongoing support to districts and schools that are implementing the process and dedicated to evaluating their success.

The RtI Instruction and Response Model

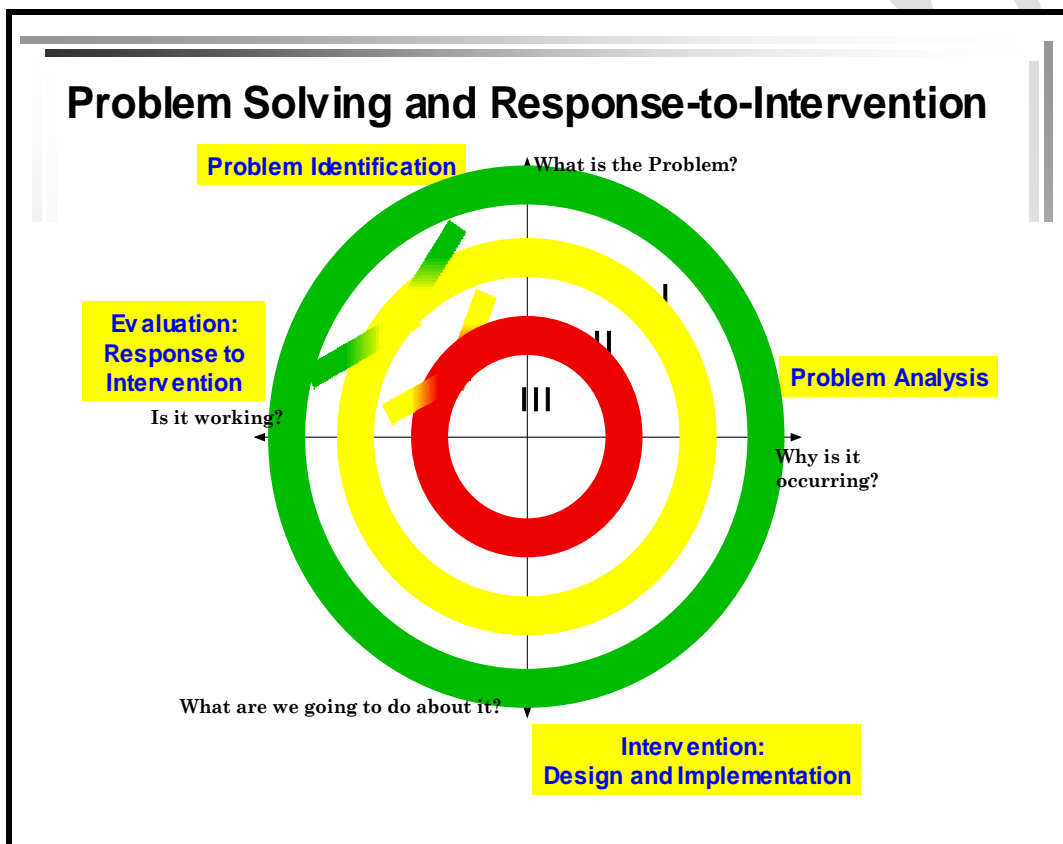
RtI begins with the requirement that all students receive effective academic and behavioral instruction in the general education classroom, and have a continuum of supports and interventions available, based on their needs, if they are not mastering material in response to this effective instruction. Within this continuum, an effective RtI model must integrate effective instruction, progress monitoring, functional assessment, and intervention, with data-based evaluation and decision-making as a guiding process. But, again, effective instruction is the key as innumerable studies have demonstrated that student success depends largely on the quality of the classroom teacher (McCaffrey, et al., 2003; Rivkin, Hanushek, & Kain, 2002; Rowan, Correnti, & Miller, 2002; Sanders & Rivers, 1996. Critically, Goe (2007) noted that students of poor quality teachers lose from one to three years in cumulative academic growth over time.

Beyond this, research also clearly demonstrates that students' academic achievement is influenced interdependently by (a) their academic and behavioral readiness and mastery of skills over time, (b) teachers' effective instruction and classroom management, and (c) research-based curricula that are matched or cross-referenced to state standards and that can be delivered in differentiated ways. Given these factors, an integrated academic and behavioral model for RtI is recommended and presented below. The primary goal of this "instruction and response" model is to maximize students' speed of academic and behavioral mastery, their academic achievement and independent learning capacity, and their social-emotional learning and behavioral self-management.

At an operational level, it is suggested that RtI proceeds through a flexible, three-tiered system that is guided by and sensitive to student needs and specific academic and behavioral outcomes. The goal, ultimately, is to facilitate learning and mastery by ensuring effective instruction and classroom management for all students (Tier 1), and by speeding early and effective interventions to those students who need more strategic interventions (Tier 2) or more intensive interventions (Tier 3) (see the diagram below). Critically, the RtI process focuses on (a) interventions, not diagnostic labels; (b) individualized, functional assessment, not universal, or standard assessment batteries, tests, or evaluation protocols; and (c) student-focused, contextual decision-making, not rigid, psychometric decision rules.

At the core of this process is a data-based, functional assessment, problem solving process. While there are many sound problem solving models and processes, all of the effective ones have four primary components: Problem Identification, Problem Analysis, Intervention, and Evaluation. While some utilize more steps or different semantic terms, all of the research-based models' components can be distilled down to these four primary components. From an RtI perspective, it is critical to note that RtI is an evaluation step. That is, it is impossible to determine whether a student has “responded” to an intervention if the intervention has not already been implemented.

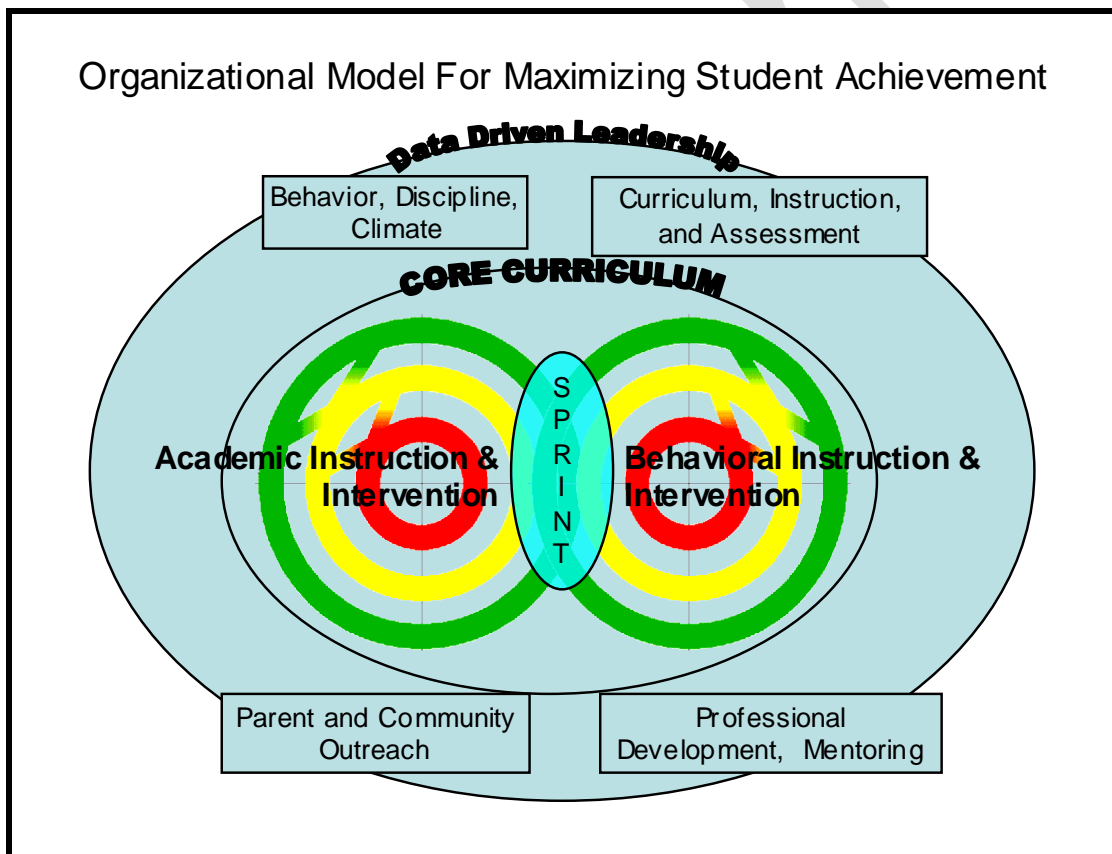
Given this, several states (starting largely in Iowa, Pennsylvania, Illinois, Ohio, and Florida, and embraced by other states) are now using different diagrammatic models to represent their problem solving approaches. The diagram below, adapted from Iowa and Florida, conceptually represents Arkansas' RtI process, and the one used throughout this book.



Graphic 1. Source: Arkansas Department of Education/Project ACHIEVE Press, 2007 as adapted from a Dorman (2005) graphic with permission.

Focusing, again, on a student’s needed services and interventions, this model is particularly elegant, effective, and efficient. For example, it figuratively shows that problem solving is a fluid process—both within the problem solving steps (or components) and across the different levels of intensity. Nonetheless, it also shows that, despite its fluidity, there is a sequential nature to the process so that the components are inter-related and implementation and treatment integrity can be maintained. Finally, this figure shows that services and interventions can move across different levels of intensity as a function of a student’s response.

Relative to this latter point, this model reflects an emphasis on services or intervention intensity that is directly responsive to student need and, then, student response. At an extreme level, let's assume that a successful student (functioning at "Tier 1") demonstrates an acute emotional reaction to a traumatic event that impacts both her academic progress and her social-emotional behavior. In order to help her, she needs, receives, and responds to intensive ("Tier 3") interventions for six weeks, and then she returns successfully to her fully functioning "Tier 1" status with minimal support services. Significantly, this model allows for this Tier 1-to-Tier 3-and immediately back to-Tier 1 potential. This student would not get "locked into" a label, a status, an inflexible IEP or treatment plan, or a service delivery approach that "required" her to move sequentially up and down from Tier to Tier. Like the previously healthy (Tier 1) patient who suddenly spikes a 104 degree temperature, is immediately hospitalized (Tier 3) to receive emergency medical treatment, responds to the treatment in three days, and returns to home and work (Tier 1) within five days, the focus is on the student's behavior or status, the interventions needed to change and improve that status, the student's response, and then the need for any further services.



Graphic 2. Source: Arkansas Department of Education/Project ACHIEVE Press, 2007 as adapted from a Dorman (2005) graphic with permission.

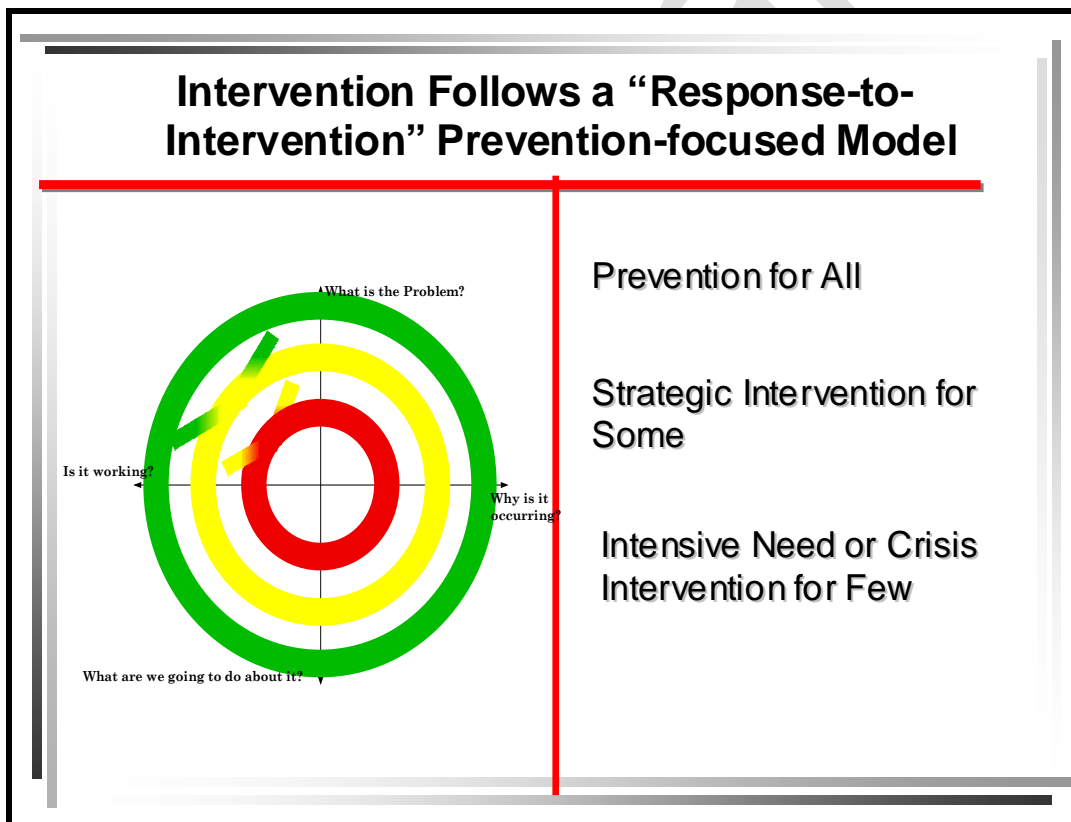
Recognizing that RtI focuses on both academic instruction and intervention (as needed) and behavioral instruction and intervention (as needed), this data-based, functional assessment, problem solving model can be expanded to reflect both. As such, the diagram above shows the interdependency between academic and behavioral instruction and intervention with the data-based problem solving process (identified as the SPRINT process in the diagram) as a critical part of the interface. SPRINT stands for “School Prevention, Review, and Intervention Team,” and it (and the other components in this diagram) will be described in later sections both from a Grade-level and Building-level team perspective, and from a functional assessment leading to strategic intervention perspective.

In a broad sense, and as represented in the two diagrams above, the RtI process proceeds fluidly, academically and behaviorally, along the three tiers in a flexible manner. Below is a blueprint describing this “flow,” with an emphasis on this being a student-centered, student outcome oriented, and not a “lock-step,” process.

Tier 1

- ◆ RtI “begins” in the general education classroom with evidence-based curricula taught by Highly Qualified Teachers using effective instructional and differentiated practices, supported by effective classroom management and positive classroom climate processes.
 - For Academics: RtI involves the ongoing process of providing effective, differentiated instruction to all students, and determining their mastery of material through authentic, curriculum-based, formative assessments and progress monitoring.
 - For Behavior: RtI also involves the ongoing process of creating and maintaining positive classroom climates, using effective classroom management strategies and social skills instruction, and determining students’ mastery of and demonstration of prosocial skills through classroom assessments, behavioral observations, and progress monitoring.
 - Relative to the “Universal Academic Screening” of All Students in specific Academic areas, it is strongly recommended that this be done using a combination of student grades, work samples and authentic assessments in the classroom, prior teacher observations and evaluations, current teacher data and analysis, existing state standards and other student progress assessments, and student self-report.
 - Relative to the “Universal Behavioral Screening” of All Students in Social-Emotional/Behavioral areas, it is strongly recommended that this be done using a combination of formal and informal observations and behavioral reports of teachers and other staff in the classroom and in other common areas of the school; prior teacher, support staff (including counselors, social workers, and school psychologists), administrative, and parent observations and evaluations; current teacher and staff observation, information, and analysis; peer reports, and student self-report.

- ◆ RtI “continues” in the general education classroom when students are not mastering skills and/or curricular (including social skills) material, when their speed of acquisition of skills differs from the larger peer group, or when their ability to transfer material to applied or new learning situations is not occurring easily or independently over time. When this occurs, a review and analysis of existing information and data is completed to determine the source(s) of the “problem,” and decisions are made based on the need for classroom-centered curricular modification, skill remediation, or setting or condition accommodation. When remediation is needed, this should largely occur in targeted groups of students who either have similar intervention needs or who can benefit from the additional supports provided by these interventions.
- Academics: If students are not mastering academic material or are not mastering and/or applying material as quickly as other students, teachers determine the need for curricular modifications, remedial strategies, and/or classroom accommodations.
- Behavior: If students are not demonstrating appropriate interpersonal or interactional behavior or are not mastering and/or applying social skills as quickly as other students, teachers determine the need for behavioral modifications, additional strategies, and/or classroom accommodations.



Graphic 3. Source: Arkansas Department of Education/Project ACHIEVE Press, 2007 as adapted from a Dorman (2005) graphic with permission.

Tier 2

- ◆ If students still are not successful after classroom-oriented interventions, RTI moves toward a more formal Data-based, Functional Assessment, Problem Solving process that identifies either more formal accommodations or more specific, targeted interventions. Here, appropriate accommodations or interventions are generated with the assistance of knowledgeable colleagues (i.e., teachers working as a grade- or department-level consultation team) or multidisciplinary professionals (i.e., working as an integrated building-level intervention team). This process begins with a comprehensive review of all student records, reports, and documents; proceeds through functional assessment; and moves to identifying needed accommodations or interventions and how their outcomes will be evaluated through continuous progress monitoring.
- ◆ At this point, identified classroom accommodations are documented by the multidisciplinary team, with parent involvement, and a 504 Plan might be written and implemented; or
- ◆ If strategic (academic, behavioral, or combined) interventions are identified, these could be documented through an AIP—Academic Intervention Plan, or a BIP—Behavioral Intervention Plan. Critically, either type of Plan needs to identify the short-term and long-term goals of the intervention process, who will implement the intervention and how, and how treatment or implementation integrity will be tracked and measured. In addition, the Plan should specify the outcome data required to evaluate the progress of the student and the success of the intervention(s), and how and when these data will be collected and measured.

Interventions

Interventions should:

- Be linked to the results of a data-based functional assessment that answers the question “WHY is the referred problem occurring?”

Intervention Plans should identify:

- Short-term outcomes
- Long-term outcomes
- Implementation steps and needed resources
- Time-frame needed before outcomes will be seen
- How implementation integrity and outcomes will be evaluated

Graphic 4. Source: Project ACHIEVE Press, 2007.

- ◆ After identifying the accommodations or strategic interventions, and writing the appropriate Plan, the need to provide consultative support to the classroom teachers who will be implementing the approaches is essential. This consultative support may be provided by a variety of professionals (e.g., from colleagues, instructional experts, behavior management specialists, and others), but it is largely provided in the setting (typically the classroom) where the situation of concern exists in an active, collaborative fashion with the teacher(s).
- ◆ “Intervention” here is broadly defined. Academically, it may include curricular or instructional changes, computer-based instructional approaches, or evidence- or research-based intervention strategies resulting in the enhancement or mastery of specific skills and outcomes. Behaviorally, it may include student-focused interventions that introduce or enhance low levels of existing appropriate behaviors; decrease or eliminate inappropriate behaviors; increase attention, self-control, or emotional-control skills; and/or address other internalizing or externalizing behaviors using evidence- or research-based intervention strategies.
- ◆ All Tier 2 interventions should be implemented in the general education classroom, or a related setting, again with documented treatment integrity, and for a length of time that is based on research studies that have actually used the intervention with individual, or groups of, students.

Tier 3

- ◆ Tier 3 processes are used for students (a) who do not respond to Tier 2 interventions (that are implemented with integrity and monitored over time through the collection of reliable and valid data) or (b) who demonstrate significant, immediate need for intensive intervention. In the latter case, Tier 2 processes and interventions may be expedited, reduced, or bypassed, as determined by a building-level, multidisciplinary problem solving team. Regardless, at Tier 3, the problem solving process becomes even more formalized as (a) multi-faceted and comprehensive functional assessments are completed, (b) resulting in more intensive classroom-based interventions, (c) where student progress is monitored more frequently, and (d) data continues to be used to determine the success of the interventions or the need for even more intensive services.
- ◆ Interventions here, typically, are even more specialized and/or intensive than those at Tier 1 or 2, and require more specialized, multidisciplinary consultants, supports, and resources in order to produce improved student outcomes.
- ◆ While not required, these interventions may be delivered as part of an IEP if the students’ lack of response to the interventions implemented, along with other assessments consistent with IDEA, demonstrate that they have a disability that is impacting their educational progress.

- ◆ Finally, it is recognized that, for some students, Tier 3 interventions may require Assistive Supports in order to academically and/or behaviorally progress, and that some students can only make progress through compensatory approaches or technologies that completely substitute for skills or abilities that they cannot perform due to specific disabilities. All of these supports and approaches typically are provided through formal special education IEPs.

When reviewing the RtI continuum above, it is critical to note that it does not advocate a lock-step approach to intervention where, for example, a student experiencing academic difficulties automatically goes into a specific curricular intervention program implemented for a fixed number of minutes per day and weeks per program before an evaluation determines its success (or the student's response). Indeed, as emphasized above and in the Chapter 2, which discusses the Data-based, Functional Assessment, Problem Solving process, the reasons why a student is not responding to effective instruction in the regular classroom curriculum must be analyzed and identified so that the interventions needed are functionally and strategically targeted to address these reasons.

The student-centered approach referenced above minimizes the potential for a student to be placed, for example, into a 15-week Tier 2 "remedial program" that has nothing to do with the reasons why the student is not learning and mastering essential skills and material. Certainly, a medical doctor would not prescribe a 15-week program of diet and exercise if that program had nothing to do with the patient's etiology. This would only result in a "loss" of 15 weeks where the patient should have, with proper diagnosis, received the correct medical treatment. Similarly, a 15-week remedial program that does not directly address the student's instructional and learning needs results in a loss of crucial intervention time, and it creates the potential of an additional 15 weeks of student failure, resulting in a student who is more resistant to the next (even correct) intervention and more convinced that s/he will "never learn this material anyway."

The RtI continuum above also emphasizes the importance of universal academic and behavioral screening for all students. However, it encourages the use of already-existing, classroom-based academic assessments along with ecologically-based behavioral assessments with the classroom teacher at the forefront. Beyond a well-designed and valid comprehensive kindergarten screening process, too many districts have enacted excessive, costly, and time-consuming whole-school universal testing programs that assess narrow areas of the academic curriculum or social-emotional and behavioral spectrum. The cost-and time-effectiveness and predictive validity of these programs need to be evaluated, as these programs sometimes expend monies that could be directed to instruction and intervention, take time away from classroom instruction and student-teacher interaction, and collect data that need to be scored and interpreted, and that result in alarmingly high false positives and false negatives. Said another way, we believe that the classroom teacher is the first and best academic and behavioral screener, and that authentic and ecological classroom-generated data are the best initial sources of universal data.

Finally, the RtI continuum above clearly is organized in a three-tiered orientation. However, as noted earlier, this is a fluid and flexible system that is guided by and sensitive to students' academic and behavioral outcomes, and is focused on effective instruction, learning, and skill/performance mastery. In encouraging this approach, we are trying to minimize a lock-step

approach to assessment and strategic or intensive intervention, and an unintended outcome where a student's "tier of service delivery" becomes his or her new "label" (as in, "He's a 'Tier 2' student; She's a 'Tier 3' student"). Students have difficulties in specific skill or performance areas (e.g., math or literacy or motivation or interpersonal relationship skills), and the intensity and success of the interventions or services needed is more important than an artificial designation of the "tier" where those services exist. At the same time, the placement of interventions or services into a fluid and flexible tiered system may facilitate communication or evaluation, personnel and process decisions, funding and reimbursement streams, or other strategic management determinations. More functionally, the tiers in a multi-tiered system could be organized as a function, for example, of students' (a) time out of the general education classroom or curriculum needed, (b) intervention or additional service delivery time needed, (c) personnel needed, (d) progress monitoring or evaluation frequency or depth needed, or (e) level of documentation needed. And so, if choosing a tiered approach, districts will need to decide which variables to use in organizing their service delivery system, and what decision rules to apply to guide the movement of students from Tier 1 to Tier 2 or Tier 3, Tier 2 to Tier 1 or Tier 3, and Tier 3 to Tier 2 or Tier 1 services. This is a strategic decision; no one way is correct. But this decision will have important implications for students, staff, and schools, relative to both service delivery processes and academic and behavioral outcomes.

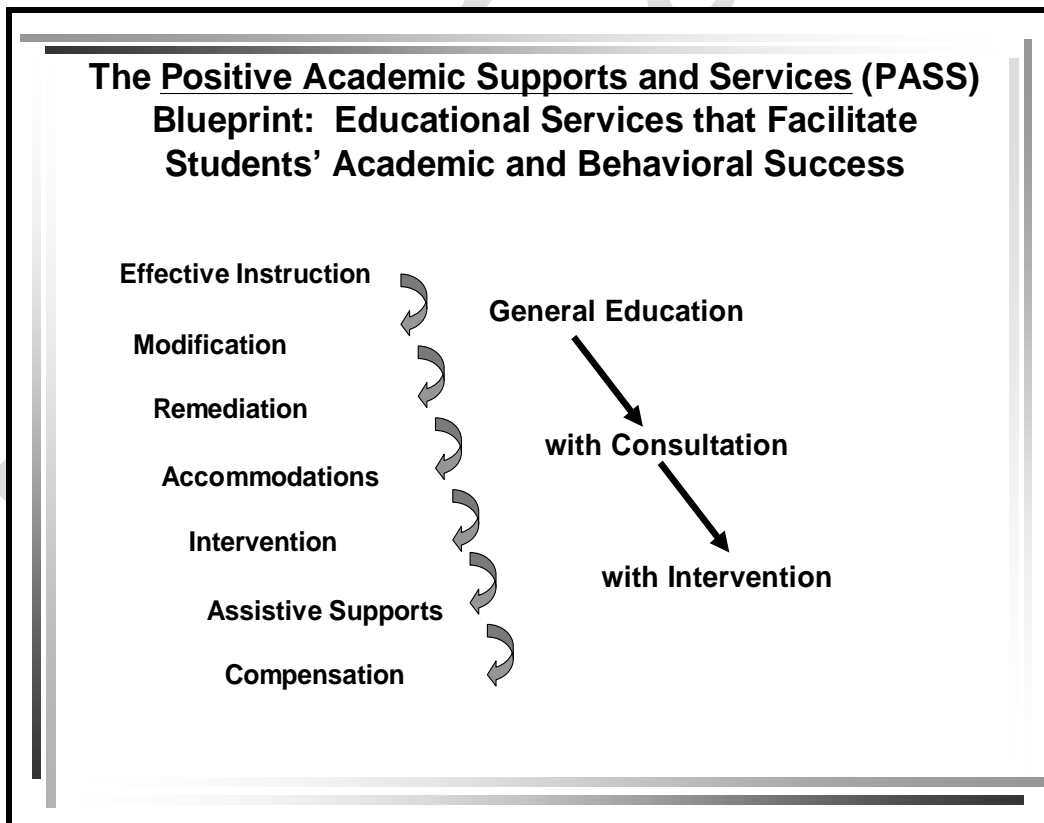
Below, the RtI approach is further operationalized by providing two important additional blueprints, one outlining the continuum of academic and intervention supports or services (the Positive Academic Supports and Services blueprint—PASS), and the other outlining the continuum of positive behavioral supports and services (the Positive Behavioral Self-Management System—PBSS).

A Positive Academic Supports and Services (PASS) Blueprint. Diagrammatically, the description above suggests a continuum of academic and intervention services, distributed along the tiers, that are matched to students' responses to evidence- or research-based interventions. This continuum has been organized into a blueprint, called the Positive Academic Supports and Services (PASS) blueprint, and it is shown in the diagram on the next page. Critically, while there often is a natural sequencing down this continuum for many students, the PASS is a strategic and fluid—not a lock-step—blueprint. That is, the supports and services are accessed based on the needs of the student. If reliable and valid assessments indicate that a student needs immediate accommodations to be successful in the classroom, then there is no need to implement modifications or remediations just to "prove" that they were not successful. In addition, there will be times when students will receive different supports or services on the continuum simultaneously. For example, some students will need both modifications and assistive supports in order to be successful. Once again, the PASS is a strategic and fluid blueprint. Students having these modification and assistive support needs should receive them in a timely way.

The foundation to this continuum is effective and differentiated classroom instruction where teachers use evidence-based curricular materials and approaches that are matched to students' learning styles and needs. Within this general education context, when students have had a reasonable period of instruction, practice, and support and they still have not mastered academic materials that are presented in effective ways, teachers make decisions relative to modification, remediation, and accommodation.

Briefly, modifications involve changes in curricular content—its scope, depth, breadth, or complexity. Remediation involves strategies that teach students specific, usually prerequisite, skills to help them master broader curricular, scope and sequence, or benchmark objectives. And, accommodations change conditions that support student learning—such as the classroom setting or set-up, how and where instruction is presented, the length of instruction, the length or timeframe for assignments, or how students are expected to respond to questions or complete assignments. Accommodations can be formal or informal. Informal accommodations are implemented by classroom teachers to enhance students’ learning environments—making it easier for them to learn and master academic material. Formal accommodations are delivered through a 504 Plan (named for the federal statute in this area), and help students to compensate for learning processes or disabilities that cannot be remediated. While they do not change the specific nature of the weakness or disability, they help to minimize, eliminate, or circumvent it such that a student can learn and demonstrate mastery.

As noted above, modifications, remediations, and accommodations are implemented in the general education classroom by the general education teacher. While they involve functional assessment and data-based problem solving, and they may include collegial consultation to facilitate implementation, the focus is on helping students to master academic and/or behavioral skills and move toward a level of autonomy so that the need for future modification, remediation, or accommodation decreases or is eliminated.



Graphic 5. Source: Project ACHIEVE Press, 2007.

Strategic Interventions focus on changing a student’s skills or behaviors, motivation, or ability to transfer skills or behaviors to new situations, settings, or contexts. In the PASS continuum, Strategic Interventions are linked to formal and comprehensive functional assessment processes, usually at the multidisciplinary team level, and they often involve either an Academic or Behavioral Intervention Plan or an Individualized Education Program (IEP) through which special education services are authorized and provided. At this level, once the interventions have been identified, the team must determine the optimal setting within which to provide the services. While services and supports within the general education classroom (i.e., the least restrictive environment) are most desirable, other options include co-teaching (with general and special education teachers) in the general education classroom, pull-in services (with special education teachers in the general education classroom), short-term pull-out services with timely transfer back into the general education setting, or more intensive pull-out services—all based on students’ needs, response to previous interventions, and desired outcomes.

Assistive Supports involve specialized equipment, technologies, medical/physical devices, and other resources that help students with significant disabilities to learn and function—for example, physically, behaviorally, academically, and relative to communication. Assistive supports can be used anywhere along the PASS continuum. For example, assistive supports could be used to support or facilitate accommodations needed by specific students. In most cases, however, they are used with students with significant disabilities, and most often, through an IEP.

Compensatory Approaches, meanwhile, extend all of these interventions, supports, and services by literally helping students to compensate for disabilities that cannot be changed or overcome (e.g., being deaf, blind, or having physical or central nervous system/neurological disabilities). Often combined with assistive supports, compensatory approaches are most often provided to students with disabilities that significantly or pervasively interfere with their learning and academic progress. For example, a very small number of students will never learn, due to neurological dysfunctions, to decode sounds and words. At the same time, they can learn to compensate for these circumstances and become literate by teaching them, for example, through tape recorded or web-based talking books. Once again, compensatory approaches are “positive academic supports” that typically are provided through the IEP process as part of a comprehensive educational program for a student. As such, multidisciplinary and data-based problem solving and SPRINT consultations are virtually required here in order for these interventions to maximize their impact and intent.

The Importance of Effective Instruction, Academic Curricula, and Evidence-based Interventions. On an instructional level, the characteristics of effective teaching have been empirically recognized since in the early 1980s. One synthesis of the research was completed by Ysseldyke and Christenson (1993), and their results continue to be largely replicated over time. Graphic 6 summarizes their results, identifying the critical elements of effective teaching along yet another continuum.

Beyond this, for academic outcomes, much of the three-tiered approach involves either programmatic/curricular or direct/skills-based intervention approaches. For example, in the area of literacy, examples of Tier 1 curricula (identified by the Oregon Reading First Program)

include: Trophies (Harcourt School Publishers, 2003), Open Court (SRA/McGraw-Hill, 2002), Reading Mastery Plus (SRA/McGraw-Hill, 2002), and Success For All (1998-2003). Tier 2 curricula include: Early Soar to Success (Houghton Mifflin), Read Well (Sopris West), Reading Mastery (SRA), Early Reading Intervention (Scott Foresman), and Ladders to Literacy (Brookes). Examples of Tier 3 curricula include: Corrective Reading (SRA), Language! (Sopris West), Wilson Reading System, Reading Mastery, Great Leaps/Read Naturally (in Fluency), REWARDS (in Fluency and Comprehension, and Vocabulary in the Plus Program), and Soar to Success (in Comprehension).

**Developing and Implementing Positive,
Supportive, and Effective Classrooms**

*** Teacher Professional Skills and Practices:**

- Instructional Planning
- Positive Classroom Climate/Environment
- Teacher Expectations
- Cognitive Emphasis
- Motivational Strategies
- Instructional Presentation
- Prompts for Student Understanding
- Relevant Practice
- Academic Engaged Time
- Informed Feedback
- Adaptive Instruction
- Progress Monitoring and Evaluation

From The Instructional Environment System-II (TIES-II; Ysseldyke & Christenson, 1993)

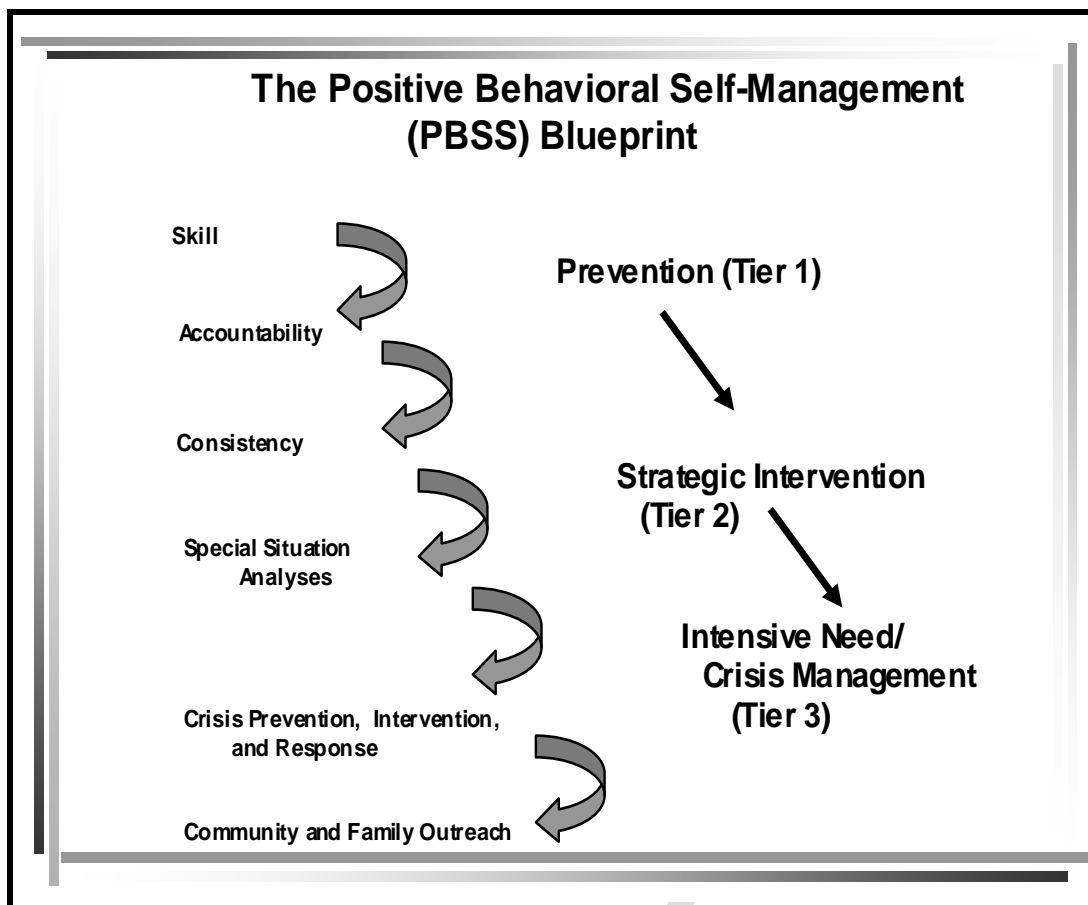
Graphic 6. Source: Project ACHIEVE Press, 2007.

Relative to direct literacy interventions, across the three-Tier continuum, one example of an RtI-driven web-based resource (literacymatrix.com) was developed through the Arkansas Department of Education-Special Education Unit's State Improvement Grant. Fully aligned with the state's English/Language Arts frameworks, this website organizes Tier 1 literacy lessons/interventions from the preprimer through high school levels and across the five nationally-accepted levels of literacy. Each lesson also includes modifications, accommodations, and suggested assessments to meet the needs of students who require Tier 2 and Tier 3 interventions, including low incident populations and students with severe disabilities.

After identifying the specific scope and sequence or benchmark skill of concern, the severity of the problem, and possible reasons for its existence, teachers can review a number of explicit step-by-step evidence-based or research-based approaches to address a literacy area of concern. The website also outlines lessons/interventions for students with oral language and writing difficulties. Thus, the interventions on this website cut across the Instructional Support and RtI continua, with one section that, again, reinforces and explicitly describes the characteristics of effective literacy instruction.

An Evidence-based Positive Behavioral Support (PBS) Blueprint. From a behavioral perspective, many states have been implementing Positive Behavioral Support systems using the small number of available school-wide models (e.g., PBIS, Project ACHIEVE, Safe and Civil Schools, among others). In most cases, these models have adopted three-tiered RtI approaches that focus on prevention, strategic intervention, and intensive need/crisis management services. Project ACHIEVE's Positive Behavioral Self-Management System (PBSS), for example, utilizes an evidence-based blueprint comprised of seven functional components that involve: (a) Social Skills Instruction for all students; (b) building-wide Accountability processes; (c) staff and administrative Consistency; (d) a "Special Situations" Process focusing on student behavior in the common areas of a school and as related to student teasing, taunting, bullying, harassment, and physical aggression; (e) Intensive Interventions for challenging and challenged students; (f) school-based Crisis Intervention and Response Strategies; and (g) Community and Parent Outreach activities (see the diagram below).

Social Skills: Implementation and Research. The ultimate goal of a social skills program is to teach the interpersonal, problem-solving, and conflict resolution skills that students need to become competent in their interpersonal, problem-solving, and conflict resolution interactions. In a generic sense, then, students with good social skills are unlikely to engage in inappropriate internalizing or externalizing behaviors. More specific to externalizing behaviors, however, good social skills can help students to (a) prevent, respond to, and/or de-escalate situations that might result in serious levels of aggression and/or violence. Research and practice (Bandura, 1977; Cartledge & Milburn, 1995; Goldstein, 1988; Knoff, 2000; Meichenbaum, 1977) suggest that an effective social skills program: (a) is based on a social learning theory model that uses teaching, modeling, role-playing, providing performance feedback, and an active focus on the transfer of training across time, setting, people, places, and circumstances for instruction; (b) uses a core (universal) language that facilitates cognitive behavioral scripting and mediation, and conditions self-control and self-managed behavior; (c) is explicit and developmentally appropriate, yet flexible and adaptive to students' individual language levels, cultures, maturational levels, and needs; (d) provides a defined, progressive, yet flexible, sequence of social skills that recognizes that some prerequisite skills must be mastered before more complex skills are taught; (e) employs an evidence-based pedagogical approach to instruction that sequences instruction, application, and teachable moments; (f) was designed for implementation by regular classroom teachers as the primary instructors; and (g) has been demonstrated to be acceptable, socially valid, and easily implemented with treatment integrity.



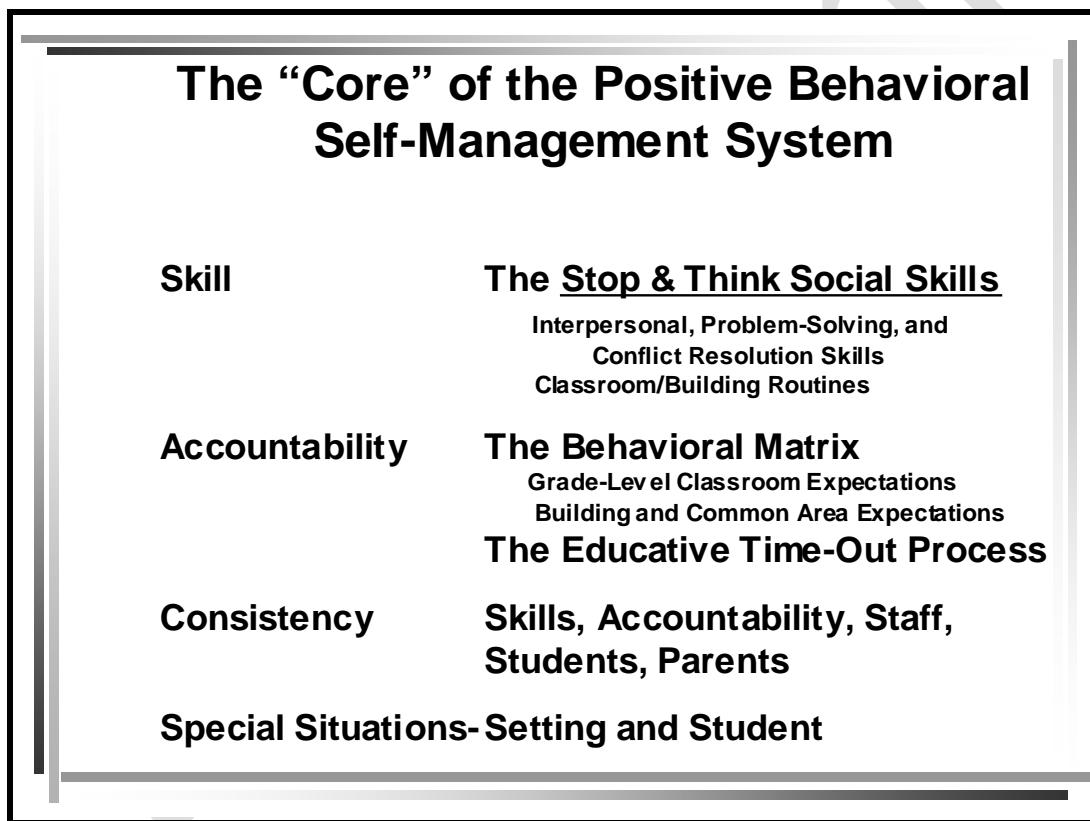
Graphic 7. Source: Project ACHIEVE Press, 2005.

Project ACHIEVE’s evidence-based Stop & Think Social Skills Program was designed to address all of the above criteria. Organized in four age- and developmentally-sensitive levels (from Preschool through Middle School), the Program is ready-made for a PBSS initiative. At a primary prevention level, the Stop & Think Social Skills are taught to all students focusing on practical skills that help all students to be successful in most situations and settings. Among these skills are: Listening, Following Directions, Asking for Help, Ignoring Distractions, Dealing with Teasing, Accepting a Consequence, Dealing with an Accusation, Setting a Goal, and Understanding Your Own or Someone Else’s Feelings.

At the secondary and tertiary prevention levels, the Stop & Think Social Skills Program is used more strategically, and it is connected to other needed behavioral interventions, self-control and anger management strategies, and behavior therapy interventions. For example, for situations where there is significant bullying and aggression, the social skills can be organized into strategic skill clusters (a) for aggressive and violent students: Relationship skills (e.g., Asking for Help, Apologizing, Dealing with Peer Pressure), Emotional Control skills (e.g., Understanding your Feelings, Dealing with Anger, Avoiding Trouble), and Consequence/Response skills (e.g., Dealing with Fear, Failure, and Accusations) ; (b) for victims: Prevention skills (e.g., Avoiding Trouble, Evaluating Yourself), Problem-Solving skills (e.g., Asking for Help, Dealing with Peer Pressure), and Protection skills (e.g., Dealing with Fear, Standing Up for

Your Rights, and Walking away from a Fight); and (c) for peer on-lookers or by-standers: Recognition skills (e.g., Understanding your Feelings, Evaluating Yourself), Response skills (e.g., , Being a Good Leader, Dealing with Peer Pressure), and Resolution skills (e.g., Problem Solving, Dealing with Consequences).

Accountability: Implementation and Research. Even when students have mastered their social skills, they still need to be motivated to use them. And when the peer group (who says, “Be cool”) competes against teachers and other educators (who say, “Focus on school”), the importance of school-wide accountability approaches is apparent. School accountability processes consist of meaningful incentives and consequences that motivate students to use their prosocial skills. These processes are important because (a) socially skilled students still need motivation to use their skills, (b) some students (called performance deficit students) lack this motivation, and (c) some students are more reinforced by the outcomes of inappropriate behavior than appropriate behavior.



Graphic 8. Source: Project ACHIEVE Press, 2007.

Project ACHIEVE’s PBSS component helps schools to establish and implement grade-level and building-wide accountability systems that include progressively tiered and developmentally-appropriate and meaningful incentives and consequences that motivate and reinforce students’ appropriate interactions. This is accomplished by creating, formalizing, and implementing a “Behavioral Matrix” that establishes a set of behavioral standards and expectations for all

students. Created predominantly by staff and students, this matrix explicitly identifies, for all grade levels, behavioral expectations in the classroom and in other common areas of the school (connected with positive responses, incentives, and rewards), and different “intensities” or levels of inappropriate student behavior (connected with negative responses, consequences, and interventions as needed). Relative to the latter, Intensity I behaviors involve “routine” discipline problems that teachers handle with corrective prompts; Intensity II behaviors involve more challenging behaviors that teachers handle with prompts plus classroom-based consequences; Intensity III behaviors are more serious, usually involving office referrals and strategic intervention; and Intensity IV behaviors are the most serious, generally involving office-based consequences and intensive interventions.

Critically, because the behaviors at each intensity level are agreed upon by staff and taught and communicated to students, student behavior is evaluated against a set of explicit “standards” (rather than individually or capriciously by teachers or administrators), staff responses to both appropriate and inappropriate student behavior is more consistent and expected, and students know, in advance, what will occur for incidents ranging from teasing through physical aggression. All of this facilitates an atmosphere that reinforces student responsibility and self-management.

With the Behavioral Matrix as the primary school-wide accountability vehicle, a number of “evidence-based principles” (Kazdin, 2000; Kerr & Nelson, 2002) are infused into staff practice: (a) all students in the school experience five positive interactions (collectively, from adults, peers, or themselves) for every negative interaction; (b) students are largely motivated through positive, proactive, and incentive-oriented means; (c) consequences, not punishments, are used; (d) when consequences are necessary, the mildest possible consequence needed to motivate students’ appropriate behavior is used; (e) when consequences are over, students must still practice the previously-expected prosocial behavior at least three times under simulated conditions; (f) staff differentiate and respond strategically to students with skill deficits versus those with performance deficits; and (g) staff recognize that incentives and consequences must remain stable because previous inconsistencies may have strengthened some students’ inappropriate behavior.

All students—at the primary, secondary, and tertiary levels—are held accountable to the Behavioral Matrix. However, as students engage in Intensity III and IV behaviors, the need for functional assessment and strategic intervention becomes more apparent.

Consistency. The Stop & Think skills, Behavioral Matrix, and related other accountability processes are necessary but not sufficient conditions for effective safe and self-managing schools. Interdependently, staff need to teach, apply, and reinforce their social skills program and the implementation of meaningful incentives and consequences in a consistent manner. Ultimately, this consistency reinforces the importance and need to use prosocial skills, and helps maintain the integrity of the accountability system in the students’ eyes.

Critically, consistency is more of a process than something that teachers explicitly teach (as in skills) or provide (as in incentives and consequences). Thus, the PBSS addresses skill consistency by evaluating the integrity of the social skills program’s implementation in the

classrooms and across the school; accountability consistency through the development and continuous monitoring of the Behavioral Matrix; and staff consistency by establishing and empowering a representative School Climate Team that encourages positive staff communication, commitment, trust, collaboration, and celebration.

However, consistency also necessarily involves the students, who contribute to a prosocial atmosphere of prevention and communicate a “no-tolerance” attitude for inappropriate peer behavior. Thus, the PBSS helps schools create conscious and explicit values, expectations, norms, procedures, and interactions that prevent or respond to such behaviors as teasing, taunting, bullying, harassment, and aggression. This is best done by involving different student clubs and organizations, along with a school-level “social marketing” approach that is geared toward positive student and staff interactions.

The last four primary areas in Project ACHIEVE’s PBSS address more specialized school circumstances related to violence prevention and response. They involve (d) a “special situations” process that analyzes setting-specific and peer-specific circumstances from an ecological perspective; (e) the provision of intensive intervention to the most-challenging and challenged students through functional assessments completed by the school’s SPRINT team (already discussed above); (f) crisis intervention and response strategies and approaches as needed; and (g) Community and Family Outreach. Areas (d) and (f) are generally supervised by the school’s Discipline or Climate Team, while Area (g) may be jointly addressed by the school’s Discipline and Community/Parent Outreach committees.

Special Situations. Two types of “special situations” are used to prevent or address behavioral issues that transcend school settings and/or large groups of students: setting-specific situations for the school, cafeteria, hallways, buses, and other common areas of the school, and student-specific situations for peer-mediated “events” that include teasing, taunting, bullying, harassment, and aggression. In order to develop strategic interventions for these situations, School Climate Teams are taught to functionally analyze the ecology of these situations using the following domains: (a) Student Characteristics, Issues, and Factors; (b) Teacher/Staff Characteristics, Issues, and Factors; (c) Environmental Characteristics, Issues, and Factors such as the physical plant and logistics within the specific setting; (d) Incentives and Consequences; and (e) Resources and Resource Utilization. For student-specific special situations, analyses of Peer Group Characteristics, Issues, and Factors are added. This is needed as many incidents that occur in the common areas of a school are often peer-mediated (e.g., Bosworth, Espelage, & Simon, 1999; Pellegrini, Bartini, & Brooks, 1999; Rigby, 2000), and thus, analyses and interventions necessarily involve the “perpetrators,” the “victims,” the “by-standing” peer group, and school staff. Once again, functional assessment linked to specific intervention protocols is used throughout this process to maximize accuracy and impact.

Crisis Intervention and Response. The next area, crisis intervention and response, involves a needs assessment of each school relative to staff capacity to implement intervention procedures to stabilize settings during a crisis, and then to attend to the needs of “participants” after and in response to the crisis (e.g., Dwyer & Osher, 2000; Dwyer, Osher, & Warger, 1998). In the former area, schools and staff need to be prepared to address or de-escalate a wide variety of potential crisis situations while they are occurring (e.g., extreme weather conditions, racial

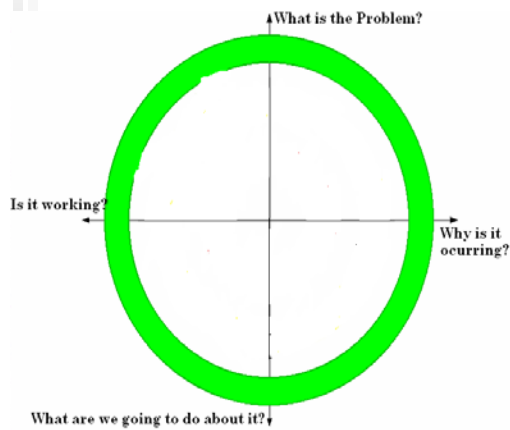
harassment, gang fights, a faculty member's death, a hostage event). In the latter area, crisis response initially involves the procedural and mental health-related debriefings that need to occur when a crisis has just concluded (i.e., one hour, six hours, 24 hours, three days, one week, and one month after the event). It then transitions to include the strategies needed by those directly and indirectly affected by the crisis to help them resolve their involvement and heal, as needed. And, it ends with preventative and strategic interventions used when, for example, anniversaries or other crises trigger emotional recalls of prior events.

Community and Parent Outreach. This component focuses on increasing the involvement of community partners and the school's parents, as relevant, in all of the areas described above. Specific to community involvement, schools need to identify and use the expertise and resources available (e.g., from medical, social service, governmental, law enforcement, and other community agencies; along with businesses, the faith community, and local or regional foundations) to reinforce and support their discipline, behavior management, and school safety programs. In a more direct way, parents especially need to be involved in the development and implementation of a school's social skills program, its school-wide accountability system, and the special situation components within its PBSS initiative. In this way, parents and school staff can collectively give students explicit and consistent messages to help them understand their social and behavioral responsibilities, and the fact that they will be held accountable for both appropriate and inappropriate behavior. Beyond this, school, community, and parent partnerships are critically important when behaviorally challenging students exist. Here, parent involvement is essential to the development and implementation of a coordinated treatment or intervention program, while community resources are often integral to the depth and breadth of the identified program.

PBSS and its Further Integration with RtI. While many of the PBSS components have been individually discussed in the field, rarely have these factors been integrated into a unified multi-dimensional process. Ultimately, the goal of the PBSS is to teach children and adolescents the self-management skills (at appropriate developmental levels) that they need for self-control and independent learning. Self-management, here, involves the interpersonal, problem-solving, conflict resolution, and coping skills that these students need to initiate and respond effectively to social, emotional, and behavioral situations. More specifically, self-management includes behavioral self-initiation, self-control, self-monitoring, self-correction, self-evaluation, and self-reinforcement.

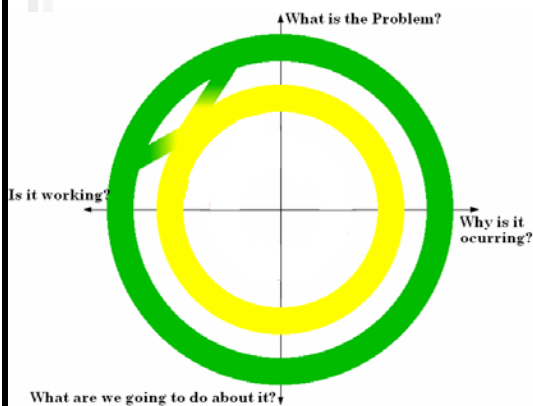
From a RtI perspective, interventions within the PBSS components are implemented at the Prevention level for all students (Tier 1), at the Strategic Intervention level for students in need of Tier 2 support, and at the Intensive Need/Crisis Management level for students in need of Tier 3 support (see the examples at these levels below).

Prevention Services for All Students



Positive School and Classroom
 Climates
 Effective Classroom Instruction
 Effective Instructional Grouping
 Effective Classroom Management
 Student Instruction in “Zones of
 Success”
 Social Skill Instruction and Use
 Well-Designed and Implemented
 Accountability Systems
 Consistency
 Student Modifications &
 Accommodations
 Early Intervention

Strategic Intervention Services for Some Students



Peer/Adult Mentoring Programs
 Peer/Adult Mediation Programs

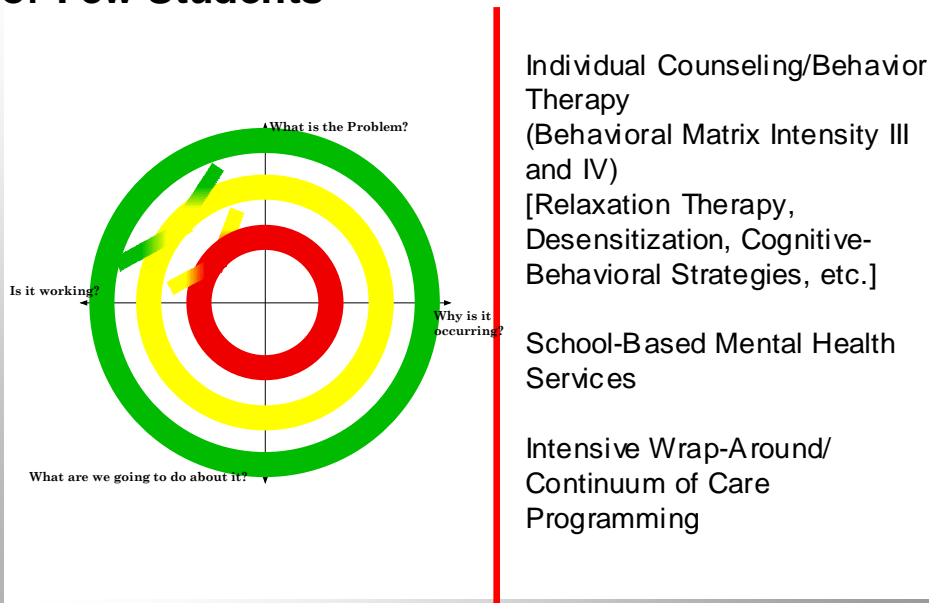
Strategic Behavioral Interventions
 (Behavioral Matrix Intensity II and III)
 [Response Cost, Positive Practice/
 Restititional Overcorrection, Group
 Contingencies, Cognitive-Behavioral
 Strategies, etc.]

Small Group Social Skills/
 Socialization Training
 Anger-/Emotion-/Self-Control Training
 Attention-Control Training

Special Situation Groups: Ex.
 Divorce, Loss, PTSD, Self-Concept

Graphics 9 and 10. Source: Project ACHIEVE Press, 2007 as adapted from a Dorman (2005)
 graphic with permission.

Crisis Management/Intensive Need Services for Few Students



Graphic 11. Source: Project ACHIEVE Press, 2007 as adapted from a Dorman (2005) graphic with permission.

A Research-based Evaluation of RtI Processes in Reading

Relative to validation, there is more research addressing the impact of RtI in reading than any other curricular area. Moreover, the majority of this research is centered on monitoring the progress of elementary-aged students in the area of decoding and fluency skills. Sponsored through the “What Works Clearinghouse” (WWC), which is funded by the U.S. Department of Education’s Institute of Educational Sciences, Gersten et al. (2008) recently published a comprehensive summary and analysis of the research, Assisting students struggling with reading: Response to Intervention and multi-tier intervention for reading in the primary grades. A practice guide. Guided by the criteria and process used by the WWC in all of its evaluations of educational tools and techniques, Gersten et al. evaluated the research in their targeted area(s) and provided five specific recommendations to help educators identify struggling readers and implement evidence-based strategies to promote their reading achievement. Their evaluation and recommendations addressed the following areas, strategies, and/or approaches:

1. Screening all students for potential reading problems at the beginning of the year and again in the middle of the year;
2. Providing time for differentiated reading instruction for all students based on assessments of students’ current reading level (at the Tier 1/General Education level);

3. Providing intensive, systematic instruction on up to three foundational reading skills in small groups to students who score below the benchmark score on universal screening (at the Tier 2 Intervention level);
4. Monitoring the progress of Tier 2 students at least once a month; and
5. Providing intensive instruction on a daily basis that promotes the development of the various components of reading proficiency to students who show minimal progress after reasonable time in Tier 2 small group instruction (at the Tier 3 Intervention level).

By way of context, as noted above, the IES has specific criteria that are used in all of the evaluations of educational tools and techniques that it publishes. These criteria are summarized by identifying the empirical support of the tool or technique as Strong, Moderate, or Low. These are defined immediately below.

“Strong refers to consistent and generalizable evidence that a program causes better outcomes.

Moderate refers to evidence from studies that allow strong causal conclusions but cannot be generalized with assurance to the population on which a recommendation is focused (perhaps because the findings have not been widely replicated) or to evidence from studies that are generalizable but have more causal ambiguity than offered by experimental designs (such as statistical models of correlational data or group comparison designs for which equivalence of the groups at pretest is uncertain).

Low refers to expert opinion based on reasonable extrapolations from research and theory on other topics and evidence from studies that do not meet the standards for moderate or strong evidence.” (Gersten et al., 2008; Pages 1-2).

After synthesizing the research relevant to the five strategies reviewed and applying the IES criteria, the following conclusions and ratings resulted:

Strategy #1. Screen all students for potential reading problems at the beginning of the year and again in the middle of the year. **Authors’ Recommended Level of Evidence: Moderate**

Specific to this strategy, the authors noted: “As part of recommendation 1, we address the problem of false positives—students whose screening scores suggest that they need additional assistance, but who would do fine without it. This is a particular problem for measures given at the beginning of kindergarten; we explain why and what is recommended. We urge that schools seriously investigate both the degree to which a screening measure correctly identifies students at risk for reading difficulties and identifies students at low risk for such difficulties.” (Gersten et al., 2008; Page 7)

Strategy #2. Provide time for differentiated reading instruction for all students based on assessments of students' current reading level (at the Tier 1/General Education level). **Authors' Recommended Level of Evidence: Low**

Specific to this strategy, the authors noted: "The second recommendation addresses how educators can use assessment data to differentiate reading instruction in tier 1. For example, classroom teachers can use assessment data to determine which students require additional instruction in decoding and vocabulary and which require additional assistance only with decoding instruction. While the concept of tier 1 instruction is amorphous, based on conventional definitions, differentiated instruction is often mentioned as a critical component of tier 1." (Gersten et al., 2008; Page 7)

Strategy #3. Provide intensive, systematic instruction on up to three foundational reading skills in small groups to students who score below the benchmark score on universal screening (at the Tier 2 Intervention level). **Authors' Recommended Level of Evidence: Strong**

Strategy #4. Monitor the progress of Tier 2 students at least once a month. **Authors' Recommended Level of Evidence: Low**

Specific to Strategy 3 and 4, the authors noted: "Recommendations 3 and 4 address tier 2 interventions. In recommendation 3 we suggest that tier 2 students receive small group instruction in homogeneous groups for 20 to 40 minutes, three to five days a week. This recommendation has the most research and, most importantly, a clear convergence in findings. It is not important whether a certified teacher or a paraprofessional provides the instruction. But instruction should be systematic, highly explicit, and highly interactive. We note that interventions must not focus only on phonemic awareness, decoding, and fluent reading (depending on student proficiency level) but should also include vocabulary and comprehension components.

Recommendation 4 addresses using data to monitor progress for students in tier 2 interventions. Although no studies have experimentally tested the impact of progress monitoring on outcomes in reading, we still encourage schools to monitor the progress of these students so that personnel possess information on how a student is doing in general reading proficiency and improving in specific skills. It is important to use progress-monitoring data to regroup students after six weeks. Tier 2 students who demonstrate improvement and return to tier 1 should be carefully monitored to ensure that general classroom instruction is adequate." (Gersten et al., 2008; Page 7)

Strategy #5. Provide intensive instruction on a daily basis that promotes the development of the various components of reading proficiency to students who show minimal progress after reasonable time in Tier 2 small group instruction (at the Tier 3 Intervention level). **Authors' Recommended Level of Evidence: Low**

Specific to this strategy, the authors noted: “Recommendation 5 addresses tier 3 interventions, and we are candid about the paucity of research on effective tier 3 intervention. Tier 3 intervention is the most ambiguous component of RtI, and we did not find research on valid programs or processes. Based on the content of small scale intervention studies and the expert opinion of the panel, we suggest. . . that tier 3 reading instruction be even more intensive than tier 2. Although student reading programs should be individualized, they should be viewed as more than one-on-one instruction. In particular, in listening and reading comprehension and vocabulary development small group instruction makes sense. We also note that districts should carefully monitor the success or failure of tier 3 programs, given the paucity of available evidence.” (Gersten et al., 2008; Page 7)

Critically, three of the five author-chosen RtI procedures or strategies to evaluate were rated “Low” relative to their level of empirical evidence: Strategy #2: differentiated reading instruction for general education students based on their current reading skill levels; Strategy #4: at least monthly progress monitoring of students receiving Tier 2 reading interventions; and Strategy #5: intensive, daily intensive reading instruction for students receiving Tier 3 reading interventions. While the quality of the research underlying these ratings or the sophistication of their implementation in the field may need improvement, these strategies often are among the “core” of the RtI approaches recommended by many researchers, used by many schools, and advocated by many states. And yet, currently, their empirically support is “Low”—suggesting that their use in the field is questionable at best.

Moreover, Strategy #1, “Screening all students for potential reading problems at the beginning and middle of the school year,” only had “Moderate” empirical evidence. And yet, many schools nationwide are conducting bi-annual universal screenings of their students—investing significant amounts of time in administering, scoring, and interpreting their screening instruments; and then in organizing, preparing, and implementing differentiated instruction (perhaps using Strategy #2), Tier 2 interventions (perhaps using Strategy #3 which does have “Strong” empirical evidence), or Tier 3 interventions (perhaps using Strategy #5) for some of the “identified” students; and in progress monitoring the outcomes of the interventions (perhaps using Strategy #4) for these same students. These efforts may be taking valuable time away from actually teaching (rather than testing) all students in effective ways. And, these screening efforts may be identifying the wrong students (the “false positive” students), not identifying the right students (the “false negative” students), or identifying the right students for the wrong reasons.

Once again, states, districts, and schools need to heed Gersten et al. (2008) relative to universal screening: “We urge that schools seriously investigate both the degree to which a screening measure correctly identifies students at risk for reading difficulties and identifies students at low risk for such difficulties” (pg. 7). Moreover, we also need to re-emphasize (from Page 13 above) that universal screening should involve multi-source and multi-instrument assessments that incorporate already-existing, classroom-based academic assessments along with ecologically-based behavioral assessments with the classroom teacher at the forefront. Said a different way: The classroom teacher often is the best universal screener, and authentic, curriculum-based assessments often are the most valid and predictive screening tools.

In summary, this WWC/IES Guidebook provides a “cautionary tale” relative to our current knowledge of RtI, and what we should be implementing in the field given this knowledge. Unfortunately, even though the authors identified potential “Roadblocks” that exist in the implementation of the five strategies reviewed, they also surprisingly provided detailed checklists and implementation procedures to use in carrying out each of the strategies. Given the moderate (for one) to low (for three) ratings for the five strategies reviewed, it seems that describing a detailed research agenda for improving the research and field-based utility of these strategies would have been more advisable than providing implementation checklists for these empirically questionable strategies.

And so, as part of the cautionary tale suggested by this Guidebook and specific to RtI processes, strategies, and outcomes, it is suggested that:

- We know more about what we don’t know than what we do know.
- There is a crucial need for more validating research in all areas of the RtI process, in all areas of academics (and behavior), across all age and grade levels (including preschool), at all levels of functioning (including students who need 504 services, whose primary language is not English, and who come from high poverty backgrounds), and for students who have different disabilities that vary by impact, severity, and intensity.
- We need to be guided by the research. But, as effective and discriminating consumers of the research, we need to evaluate the integrity, social validity, generalizability, and field-based utility of the research.
- We still need to implement RtI processes (indeed, they are mandated in some states), but given the current state of the research, the responsibility of validating the implementation integrity and success of the RtI process used with any student centers on the formative and summative evaluations conducted by districts, schools, and implementing personnel.

Ultimately, we need to use common sense. A wise person once said, “What’s right isn’t always popular. . . And what’s popular isn’t always right.” We need to focus our attention on the academic and social, emotional, and behavioral outcomes of our students. We need to listen to the cautionary tale embedded in this WWC/IES Guidebook. We need to do what’s right, and not what we are told is right—even by well-meaning colleagues.

Summary

In the end, this Response-to-Intervention approach creates an infrastructure within which to provide academic and behavioral services to students and to guide the delivery of effective interventions when needed. Once again, it is critical to note the following:

- Everything starts with the general education curriculum delivered in the general education classroom through effective academic and behavioral instruction;

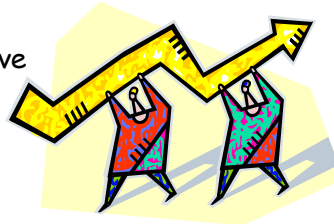
- The tiers focus on instruction, intervention, and services, not on service-delivery settings or what service providers are available (e.g., within compensatory or special education);
- Needed interventions and/or services could occur in a single curricular or behavioral area, or a student might have more intensive or pervasive needs requiring more comprehensive planning and programming;
- When services or interventions are successful (e.g., at a Tier 2 or 3 level), they are “faded out” or put on “maintenance” to the greatest degree possible, and the student is “returned” (figuratively or instructionally) to a “less restrictive” tier as appropriate; and
- All service providers (teachers, administrators, related service professionals) work collaboratively on behalf of all students using a Problem Solving, Consultation, Intervention service delivery model.

So...functionally... What is a RtI???

- A broad-based, targeted process to evaluate a student's response to an intervention
 - * The focus should be on the (EARLY and EFFECTIVE) INTERVENTION.
 - * The DESIRED OUTCOMES, through the intervention, determine the evaluation methods and data to be collected (i.e., the RESPONSE)
 - * In a concrete sense, the collected data (indicating the student's outcome behavior) demonstrates that the intervention either DID or DID NOT WORK.

Where Does Response-to-Intervention (RtI) Start?

- ♦ RtI starts in the general education classroom with evidence-based curricula taught by Highly Qualified Teachers using effective instructional practices
- ♦ RtI involves determining students' mastery of material and response to classroom management through effective assessments and progress monitoring
- ♦ When students are not successful over time, RtI is a component of a problem-solving process that determines why success has not occurred and what to do about it



Where does Response-to-Intervention (RtI) Go?

- ♦ For students who are not responding to high quality instruction and teacher-initiated interventions over time, the problem-solving process becomes more formal as (a) functional assessments are completed, (b) resulting in more intensive classroom-based interventions, (c) where student progress is monitored more frequently, and (d) data is used to determine the success of the interventions or the need for more intensive services.
- ♦ More specialized, multidisciplinary resources, then, are used to deliver more specialized interventions to produce improved child outcomes
- ♦ The intensity of services delivered are driven by student outcomes!!

Graphics 12-14. Source for all Three Slides above: Project ACHIEVE Press, 2007.

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Implementing Response-to-Intervention at the School, District, and State Levels:

Functional Assessment, Data-based Problem Solving, and Evidence-based Academic and Behavioral Interventions

Howard M. Knoff, Ph.D.

Description: This book is the most comprehensive, up-to-date, single-authored volume on Response-to-Intervention (RtI) in the field today. Based on the author's experience in implementing RtI at the school, district, and state levels, and his extensive research and practice in the field, this "how-to" book discusses step-by-step RtI blueprints, strategies, and implementation steps from a practitioner's perspective.

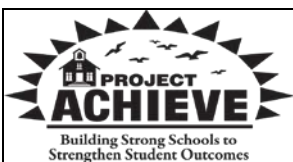
Chapters include: (1) A Background and Context to RtI: Laws, Models, and Evidence-based Blueprints; (2) The RtI Data-based Functional Assessment, Problem Solving Process; (3) Establishing and Implementing Effective RtI Processes at the District and School Levels: Using Grade-level and Building-level SPRINT Teams; (4) The Year-End Articulation Process: The Beginning of the New School Year Starts in April; (5) Coordinating, Facilitating, and Implementing the SPRINT and RtI Process at the State Level; and (6) A Middle School RtI Case Study with Implementation Action Plan.

This is a ground-breaking book. It presents, in detail, the data-based, functional assessment problem-solving approach missing in most RtI models. It talks extensively on how to progress monitor at the middle and high school levels—in all curricular areas. It addresses the importance of teacher consultation relative to treatment integrity. And, it discusses how we must change the school system in such areas as strategic planning and year-end articulation, resource analysis and management, recruitment and retention, and professional development, supervision, and tenure.

Author Biography: With 22 years experience as a university professor, **Howard M. Knoff, Ph.D.** is a national consultant, author, and lecturer, as well as the Director of the Arkansas Department of Education's State Improvement Grant. As Director of Project ACHIEVE, an evidence-based school improvement program, through the U.S. Department of Health & Human Services, Dr. Knoff has trained over 1,500 schools or districts over a 20 year period, and worked as a collaborative partner with a number of national groups (e.g., The Core Knowledge Foundation, JP Associates, the Strategic Alliance for Education).

Dr. Knoff received his Ph.D. degree from Syracuse University, and is known for his work in organizational change and school reform, consultation and intervention processes, positive behavioral supports and school safety, and social skills and behavior management. He has published more than 75 articles or book chapters and delivered over 500 presentations nationally. His **Stop & Think Social Skills Program**, for both home and schools, is a top social skills program in this country.

A recipient of the Lightner Witmer Award from the American Psychological Association's School Psychology Division for early career contributions, and a recipient of over \$10 million in grant funding, Dr. Knoff was the 21st President of the National Association of School Psychologists that represents over 24,000 school psychologists nationwide.



Project ACHIEVE Press

ISBN: 978-0-9796564-7-7

