

Background

This web-based resource was created by professional development providers from the University of Nebraska who have been charged with providing resources and professional development that is grounded in the current research to schools in Nebraska.

The purpose of this website is:

- to provide information to educators in Nebraska and beyond on Response to Intervention (RTI),
- to provide information about available professional development for RTI in Nebraska, and
- to provide a place for partners in training to house data, analyze their current practices, and develop action plans.

The website will present a rationale for the implementation of RTI and will explain current research on the key features of RTI and how they promote success for all students. Guiding questions for educators to ask themselves as they are learning and thinking about implementation of RTI will be included throughout. This website will also be a place to find examples of RTI implementation in Nebraska and across the country and to find recommendations for implementing RTI based on best practices from research. The website content is currently under development; new information will be added as it becomes available.

Why implement RTI?

The purpose of taking an RTI approach to service delivery in schools is to improve instruction and educational outcomes for *ALL* students. Response to Intervention is about providing high quality instruction to students and using reliable and valid data to make decisions about whether instruction is meeting students' needs.

RTI is an educational service delivery system designed to provide effective instruction for all students using a comprehensive and preventive problem solving approach. It employs a tiered method of instructional delivery, in which the core curriculum addresses and meets the needs of most students (Tier 1), additional instruction is provided for those needing supplementary intervention support (Tier 2), and intensive and individualized services are provided for the students who continue to demonstrate more intensive needs (Tier 3). At its foundation, RTI includes measuring the performance of all students, and basing educational decisions regarding curriculum, instruction, and intervention intensity on student data. Though most educators have learned about RTI as a result of its inclusion in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004; PL 108-446), verifying students as eligible for special education is only a small part of RTI implementation that should not be undertaken unless successful implementation of a continuum of instructional supports for all students is achieved. Because most of the research and implementation of RTI has been conducted within the area of reading and successful reading achievement is imperative for our students to be successful, the focus of this website will be on implementation of RTI for improving reading instruction and outcomes. However, the same basic principles can be applied to other content areas. Research on other content areas will be added in the future.

Origins and Support for RTI: An Overview

Children begin school with varying early language and literacy experiences (Hart & Risley, 1995) so we must do as much possible early on to catch any students who may be behind in early literacy skills up to their peers. Children who are at risk of reading difficulty can be identified as early as preschool (Felton & Pepper, 1995). Research has also shown that students who struggle early on in their school careers will continue to struggle. For example, ninety percent of struggling readers will continue to struggle at the end of elementary school if they are not provided intervention (Juel, 1988). Further, seventy-four percent of students who are poor readers in third grade will be poor readers in ninth grade, and, in general, struggling readers have a higher risk of academic failure and school dropout (Francis et al., 1996; Shaywitz et al., 1999; Slavin, 1994; Walker & Shinn, 2002; Torgesen & Burgess, 1998). Research has also shown that poor reading skills are correlated with motivation to read, and this relationship is established early (Morgan et al., 2008). Thus, we need to focus on preventing academic difficulties and must set up our school service delivery systems to be prevention oriented rather than reactive.

There is extensive research to show that readers who are at risk of reading difficulties can be identified early and when provided intervention can catch up with their peers. Many

studies have shown the effectiveness of early intervention on students' early reading skills (Al Otaiba & Torgesen, 2007; Scammacca, Vaughn, Roberts, Wanzek, & Torgesen, 2007; Wanzek & Vaughn, 2007); additional research has shown that early intervention also improves outcomes for students who are English language learners (Heally, Vanderwood, & Edelston, 2005; Gerber et al., 2004). Prevention and early intervention efforts are effective for improving students' skills.

RTI type, prevention-oriented practices are not new in the field of education; specific practices incorporated within an RTI approach to service delivery date back to the 1970s and 1980s and include the use of curriculum-based measurement (CBM) to inform and modify instruction (Deno, 1985; Deno & Mirkin, 1977) and the use of a problem solving model in the consultation process (Bergan, 1977; Bergan & Kratochwill, 1990). Both involve taking a systematic approach to defining a student problem using high quality data, developing data-based goals for students, providing scientifically based instruction, implementing interventions with fidelity, monitoring progress with measures that are sensitive to change, and modifying, continuing, or phasing out interventions based on the data (Batsche et al., 2006). These models were most often used at the individual student level.

These data-based problem solving approaches are now being applied at the school level. Multi-tiered models have been modified from the public health literature for implementing a continuum of instructional supports for all students in a school. In a multi-tiered response to intervention framework, interventions are designed to prevent academic problems from occurring in addition to remediating existing academic skill deficits (Walker & Shinn, 2002). The research and development of commercially available CBM tools (e.g., DIBELS, AIMSweb) has also greatly impacted our capacity for implementing RTI at the school level as well as research on effective instruction, interventions, and core curricula. We know more now than ever before about the instructional strategies and programs that are most effective in preventing and remediating skill deficits for students (Carnine, Wilbert, Kame'enui, Tarver, & Jungjohann, 2006; Coyne, Conner, & Petscher, 2009; Haager, Klingner, & Vaughn, 2007; Shinn, Walker, & Stoner, 2002).

In addition, several national committees and commissions have made recommendations for educational practices that include or align with RTI models.

- The *President's Commission on Excellence in Special Education* convened in 2001 recommended school-based service delivery that focuses on children with disabilities as general education students first, student outcomes rather than processes, and the implementation of evidence-based practices for prevention and early intervention.
- The *National Research Council Panel on Minority Overrepresentation* (Donovan & Cross, 2002; Heller, Holtzman, & Messick, 1982) released two reports that emphasized the use of screening and multi-tiered interventions, equal access to high quality early childhood interventions, and the use of response to high quality interventions implemented with fidelity to determine eligibility for special education services.

- Members of the *National Summit on Learning Disabilities* (Bradley, Danielson, & Hallahan, 2002) endorsed RTI as “the most promising method of alternative identification” and stated that RTI promotes the implementation of effective practices in schools.

These important national level committees have all endorsed practices that are in direct alignment with a high quality RTI approach to service delivery in schools. In addition, all reports highlighted the problems inherent in the current system of service delivery and means for verifying students as eligible for special education under the category of learning disabilities.

Guiding Questions:

1. How does this information about the rationale for RTI align with what you already knew?
2. Is it important for the rest of your staff to have an understanding of where RTI originated?
3. How will you share this information with the rest of your staff members?

Problems with the current educational service system

Several pieces of data indicate the need to rethink how we provide instruction to students as a nation and as a state. Data from the Progress in International Reading Literacy Study, a study that compares the reading achievement, behaviors, and attitudes of 4th grade aged students in approximately 45 countries, indicate that the number of countries outperforming the United States is increasing. In 2001, only three countries performed better than the United States, and in 2006, seven countries outperformed the United States. Data from the National Assessment of Educational Progress (NAEP) have shown that large percentages of students in the United States and Nebraska are not proficient. For example, only 31% of fourth grade students in the United States were classified as proficient or better on the NAEP reading assessment while 35% of fourth grade students in Nebraska were classified as proficient or better. Further, only 29% of eight grade students in the United States and 35% of eight grade students in Nebraska were classified as proficient or better on the NAEP reading assessment.

The population of students in the United States and Nebraska is becoming more and more diverse in terms of race and ethnicity and socio-economic status. Approximately nine percent of the population of Nebraska is from an ethnic minority background. This means that about 155, 000 people in Nebraska come from an ethnic minority background. If *ALL* students are to receive a free and appropriate education, we must ensure that our schools serve all learners regardless of their backgrounds. The NAEP reading data have shown that there is an achievement gap in Nebraska; while 35% of all fourth grade students were identified as proficient, only 18% of Hispanic students and 10% of African American students achieved at a proficient level. Further, 29% of all fourth grade students were

identified as below basic on the NAEP, while 53% of Hispanic fourth grade students and 59% of African American students achieved at below basic levels on the NAEP. Our current practices are not adequately addressing the needs of students from low socio-economic status and culturally and linguistically diverse backgrounds. Our population of students is becoming more and more diverse in terms of the background knowledge and skills that they bring to school. If our practices do not result in a closing of this achievement gap, they are not effective (Kukic, 2003).

Because of the lack of a prevention focus in typical school systems, students needing support are typically referred to special education in order to get the extra instruction and services needed. Data have also shown that children from minority groups are overrepresented in special education (Cartledge, n.d.; Donovan & Cross, 2002; Reschly, Tilly, & Grimes, 1999; Stuebing, Fletcher, LeDoux, Lyon, Shaywitz, & Shaywitz, 2002). This is especially problematic because special education has often not been found to be effective for students (Reschly, & Tilly, 1999), and when students are identified as needing special education services, they are often labeled, segregated from other students, and unlikely to return to the general education setting (Hosp & Madyun, 2007). The current system of special education service delivery set up in IDEA was created to provide a free and appropriate education to all students. At its inception, this system was the best option available. Though this system of referral, test and place was well intentioned and achieved its initial goals, it is not effectively meeting all the needs of all students today. Because the categorical approach is largely based on a medical model, the role of special education has been to sort students by disability and determine eligibility for special education services (Ysseldyke & Marston, 1999).

Goldstein et al. (as cited in Ysseldyke & Marston, 1999) has listed reasons why the categorical system does not work. First, the categorical system does not lead to improved instruction; a student's label does not indicate which instructional practices will be most effective for the student. Further, labels become the explanation for a child's struggles. The current system also ignores the fact that the student is constantly interacting with the environment and that the environment, particularly the instruction provided to the student, impacts student learning; rather, it focuses on within-child characteristics and traits. The focus is placed on the student's problem or disability rather than on how the individual student can best be supported within the classroom and school context.

These problems with the system have lead to practices that do not help to meet students needs, prevent problems, and improve outcomes for all students in the most effective and efficient ways possible and, furthermore, are extremely problematic. Typically, in the traditional system, interventions that are created are not based on what the student needs, are not evidence-based, and are not monitored using data, which has contributed to their ineffectiveness. Assessments are completed to diagnose a child with a disability rather than to determine what skills the child is lacking and to link such data to the intervention that is created (Reshly & Tilly, 1999). Further, in this system, a "wait to fail" approach is in place. Students only receive extra instructional supports once they have shown a problem instead of being provided evidence-based interventions and instruction in the general education

setting in a prevention-oriented manner. In traditional service delivery models, general and special education are seen as two separate entities (Batsche et al., 2006).

Based on our increasing knowledge of effective practices and service delivery models, recommendations from researchers and practitioners alike, and problems with traditional approaches to providing instruction to students, the implementation of evidence-based instruction and intervention and the use of RTI as a method for verifying students as eligible for special education services under the category of learning disabilities are now included in the federal law. Both IDEA 2004 and the No Child Left Behind Act emphasize the use of scientifically based instruction and interventions and the need to implement effective reading programs that improve student performance and reduce the number of students who require special education services (Batsche et al., 2006). IDEA 2004 explicitly states that local educational agencies “may use a process that determines if the child responds to scientific research-based intervention as part of the evaluation procedures.” Rule 51 in Nebraska reflects language included in IDEA 2004 and includes RTI as an option for verifying students under the category of learning disabilities.

Thus, there are many compelling reasons for taking an RTI approach to service delivery in a school.

- High quality RTI models are based on the most current research on what works for students.
- Leaders in the field are recommending RTI as the best practice approach for providing instruction to all students.
- RTI and the use of scientifically-based instruction is included in the law.
- Most importantly, taking an RTI approach to service delivery has improved outcomes for students in both research and real school settings. Setting up an RTI service delivery system creates a focus on prevention and early intervention and improvement of achievement for all students.

RTI as a potential solution.

Setting up a systematic RTI service delivery model in a district or school can address many of the problems associated with our current educational systems to make them more prevention and early intervention focused. In contrast to the undocumented benefits of traditional service delivery models, there is empirical support for improved student achievement and decreases in over-representation of students from minority backgrounds when RTI approaches are implemented (Marston, Muyskens, Lau, & Canter, 2003). Rather than taking a reactive wait-to-fail approach to providing extra supports to students who need them, early intervention and prevention are key pieces of any RTI model. RTI involves the creation of a continuum of high quality scientifically research-based and research-based instructional supports in general and special education. Assessment using reliable

and valid measures is conducted for the purposes of planning and evaluating instructional supports. These data are used to document student improvement.

Traditional System	RTI Approach
Separation of special education from general education	Continuum of effective instructional supports provided in general and special education for all students
Undocumented benefits	Empirical evidence for improved achievement for all students
Eligibility assessments and procedures unrelated to intervention	Assessment conducted for the purposes of planning and evaluating instruction and intervention effectiveness
Wait-to-fail model (reactive)	Focus on prevention/early intervention
Over-representation of some minority students	Decrease in over-representation of some minority students in special education programs in some districts
Failure of traditional assumptions of matching instruction to student label	Focus on evidence-based practices for all students

Table 1. Benefits of an RTI approach.

Guiding Questions

1. Have you seen any of these problems with the current system of educational service delivery?
2. What other reasons are there for taking an RTI approach in your school?
3. Which of the information provided thus far do you think is the most important?
4. Do you think taking an RTI approach will address concerns with the traditional system?

Core Beliefs of an RTI Approach

Taking an RTI approach to service delivery requires a major shift in the way education is provided in schools and can challenge educators' beliefs about education. There are several core beliefs that provide the foundation for an RTI approach, and it is important for schools to acknowledge, consider, and discuss these beliefs and how they match their views on education before beginning to implement RTI. Without these beliefs, RTI can still be implemented, but it will be very difficult to sustain. It will also be important to continuously revisit these core beliefs with the entire school staff as schools work toward high quality implementation of RTI practices.

Beliefs about students.

Paramount to taking an RTI approach to service delivery is the belief that *ALL children can learn*. If we all think back to why we became educators, we would expect that this seems like an obvious foundational belief of any educator. However, we must really think critically about whether our practices align with the belief that all children can learn. Traditionally, when a student displays low skills or is struggling to learn a concept, it is often assumed that the child must have some sort of internal, physical or psychological problem. When taking an RTI approach, the focus is on alterable variables such as providing a continuum of instructional supports for students through the identification of children's skill needs and matching instruction to meet their needs rather than on unalterable student variables such as poverty, race, ethnicity, and family history. In high quality RTI models, a schoolwide approach is taken to ensure that the instructional needs of all students are being met. Research has shown that academic achievement is a stronger predictor of whether students are identified as in need of extra instructional supports than demographic or economic factors (Hosp & Reschly, 2004). To provide students with the most effective services possible, we need to know their academic strengths and areas of need and not unalterable variables such as poverty, race, ethnicity, and family history. *ALL* children can learn if provided the right supports. In an RTI approach, we never stop when students "fail to respond" to an intervention. We continuously problem solve to determine what works to improve their skills.

Beliefs about instruction.

Taking an RTI approach to service delivery requires rethinking the way that instruction is provided to students. High quality, effective instruction is the core of any RTI model, and several core RTI beliefs are related to instruction. *It is important to prevent academic problems and intervene early*. As discussed previously, the traditional approach to providing instruction to students, especially those who struggle, is to wait for them to display difficulties before ever doing something different. In an RTI approach, the focus is on providing high quality instruction to all students to prevent problems from occurring and to intervene as early as possible in the general education setting for students who struggle.

Intervention, doing something different, is the responsibility of all staff. All teachers in an RTI model provide high quality whole group and small group instruction in the general

education classroom. All teachers are also prepared to provide interventions for students depending on how the system for providing interventions is set up in a school. An RTI system should be created such that all of the educators share ownership for the successful outcomes for all students. It is no longer the case that struggling students become the responsibility of the remedial teacher only.

Student performance is influenced most by the quality of the interventions and instruction we deliver and how well we deliver them. Again, in an RTI approach, we are focusing on alterable variables such as the instruction being provided when thinking about student performance. While student characteristics will always influence their success, the variables that educators have control over must be the central focus.

What we have been doing is not working for ALL students. As educators, we often hear of the education crisis or the need for reform and know that not all children are struggling and can think of the many successful students we have seen throughout the years. This belief does not mean that what we have been doing has not worked for some; what it is really saying is that our traditional approach to service delivery has not been working for ALL students. We need to ensure that all students are successful and to do so will require changes to the instruction provided to students.

A variety of research on prevention and early intervention discussed above has led to the need to consider these beliefs about instruction. These core beliefs about instruction are essential to consider when building an RTI model in a school. The focus is on providing a continuum of high quality instructional supports to prevent problems and intervene early when necessary.

Beliefs about the use of data.

Finally, implementation of RTI requires using high quality, technically adequate data to inform instructional decision-making. Throughout the RTI process data are used to make a variety of decisions about instruction for all students, small groups of students, and individual students. Core RTI beliefs related to data include: *Data focused on important student outcomes are needed to make instructional decisions, and we are ALL willing to change as the data indicate.* With RTI, reliable, valid, and objective data are used for the purposes of determining students' skill levels, matching instruction and intervention to students' skill needs, and evaluating the effectiveness of instruction and interventions. Data are not used for the purpose of classifying and labeling students (Hosp & Reschly, 2007). When high quality, technically adequate data point to the need to make an instructional change, we must look at that data and do so.

Schools that have used data at the school level to make decisions about the instruction being provided to all students have improved the academic performance of students (Simmons et al., 2002). The typical approach to determining which students may need additional instructional supports in both general and special education settings has been to use a teacher referral process. However, research has highlighted some issues to consider with the teacher referral process and some ways to make improvements through including

the use of data. Research has shown that the overall accuracy of teacher referral is problematic (Egyed & Shor, 2006; Klingter & Harry, 2006; Logan, Hansen, Nieminen, & Wright, 2001; VanDerHeyden, Wiitt, & Naqin, 2002). In other words, teachers do not always accurately identify the students who are in most need of extra instructional supports; the decision to refer students for extra support is typically very subjective. Male students are often over-referred as having concerns, and ethnicity also impacts teacher referral practices. Research has shown that teachers have treated identical information differently and made different recommendations when the only difference in student information presented was ethnicity (Elhoweris, Mutua, Alsheikh, & Holloway, 2005). Referrals for gifted education were more accurate for White and Asian students than African American and Hispanic students in another study (McBee, 2006; Plata & Masten, 1998; Pfeiffer et al., 2007; Forsbach & Pierce, 1999). Similar concerns have been found in research on economically disadvantaged students compared to non-economically disadvantaged students.

In another research study, a data-based gold standard was used to assess whether a child did or did not have an academic skill problem. When compared to this gold standard, teacher referral was accurately referred students who had academic problems only 19% of the time. When identifying which students did not have academic problems, teachers were less accurate than the data-based gold standard 89% of the time. Teachers tended to identify many students who ultimately did not have a valid academic problem and miss students who did. Other research has shown that using universal screening data with intervention data reduced the disproportionate representation of students from minority backgrounds (VanDerHeyden & Witt, 2005; Marston, Muyskens, Lau, & Canter, 2003), and using formative or ongoing assessment for progress monitoring benefits low achieving students (Black & Wiliam, 1998). Instructional consultation teams that focused on using data to help students learn have also lowered referral and placement rates for minority students (Gravois & Rosenfield, 2006).

This section was intended to provide some information and evidence for the importance of these core RTI beliefs. Not all educators share these beliefs, and it is crucial to take the time to think about why to implement RTI and how these beliefs align with your current perspective on education. Though RTI can be implemented without sharing these beliefs, it would be difficult to do so effectively.

Guiding Questions:

1. How do these core RTI beliefs align with your beliefs about education?
2. Based on these beliefs, do you think your school will be able to successfully implement RTI?
3. Do other staff members in your school share these beliefs?
4. How will you communicate these beliefs to other staff members in your school?
5. How will you help staff members to consider these beliefs and their importance for taking an RTI approach?

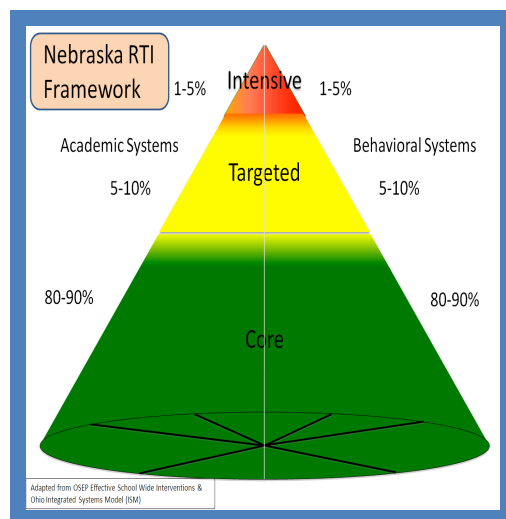
High Quality, Research-Based Implementation of RTI

Key Components of Any RTI Model

This section will provide information about what high quality implementation of RTI that is founded in research on what works for improving student outcomes should look like. Even though some key components of RTI should be included in any approach to RTI, each district's and even school's implementation of RTI will differ based on the students, needs, and resources available. The following components must be implemented at the school level for RTI to be successful in improving outcomes for students. The state of Nebraska has developed Essential Elements that will be used when reviewing and providing feedback on school plans for the use of RTI for verification decisions. If the research-based key components described below are addressed and implemented, schools will have addressed these Essential Elements.

Team leadership and schoolwide buy-in.

Tiered-model/ continuum of instructional supports



Scientifically based instruction and intervention implemented with fidelity

Technically sound and appropriate assessments used to make instructional decisions

Problem solving approach to making schoolwide and individual child decisions with planned decision rules

Implementation of a Research-Based, High Quality RTI System

This section is intended to aid schools as they begin to implement the RTI process. This information is a starting point for schools and will not take the place of high quality professional development and technical assistance on RTI. Before implementing RTI school and district level administrators will need to consider some issues discussed throughout this document.

Considerations for Taking an RTI Approach

Successful implementation of RTI requires a *change in the way education is provided*. In RTI, more attention is placed on the collection and use of data to *prevent* learning problems from occurring. It requires coordinated collection of data and use of data to inform instruction at the individual student, classroom, school, and district levels. *RTI must happen at a school or district level* if it is to be successful. Individual teachers and grade levels cannot meet the needs of their students without coordinated and systematic resources, guidance, and support at the school and district level. This systems approach requires *allocating resources in new ways* to provide the instructional supports necessary for meeting the needs of all students. A key thing to keep in mind is that the **focus should first be on the implementation of scientifically-based core instruction such that 80% of students achieve benchmarks with core instruction alone**. Schools typically jump to implementing interventions for Tier 2 and 3 supports, and this can be problematic from a resource and effectiveness perspective. Core supports should be in place to prevent the need for larger numbers of students to receive intervention. It is also important to consider that it requires years for schools to get to the point where they are implementing RTI such that the process is successfully meeting the needs of all students and is sustainable. RTI is a process that requires constantly using data to meet students' needs based on the research that is available. Thus, instruction may change as students' needs and available research change.

Implementation Guidelines

Before implementing a full RTI system, schools should ensure that some key components are in place that will provide the foundation for a high quality RTI approach to service delivery.

- A representative schoolwide leadership team that includes representatives from general education, special education, administration, and other specialists (school psychologists, speech pathologists, reading specialists). Someone with training and expertise in interpreting and using data to make instructional decisions should also be included. Teams work through a strategic planning process for getting the RTI system in place at a school and ensure that all staff are involved and informed of RTI related practices and decisions.
- Collection of universal screening data with an assessment that is technically sound for the purpose of screening. Screening data are typically collected 3 times a year. A plan needs to be put into place for who will collect the data, when it will be collected, how it will be entered into a data system, and how it will be shared with staff.

- Professional development on assessment, the use of assessment data to inform instruction, the science of reading, and research-based instruction. All staff need professional development in these areas so an understanding not only of the process of implementing RTI but also the rationale for taking an RTI approach and for each of the key components is understood.

Guiding Questions

1. Do you have any of these foundational components in place in your school?
2. How will you begin to implement these foundational components?