Conceptualizing Readiness for Implementing
Response to Intervention as a
Systemic Change Initiative

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CONCEPTUALIZING READINESS FOR IMPLEMENTING RESPONSE TO INTERVENTION AS A SYSTEMIC CHANGE INITIATIVE

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Four focus groups from rural Southern Ohio met to investigate response to intervention (RTI) strategies. Open-ended questions were used and responses were audio-recorded, transcribed, and coded by three individuals for reliable data collection. Employing a qualitative research design for the purpose of determining present practices; the researcher explored the 32 participants' perceptions and experiences in using RTI as a model of systems change. The research was performed working from the hypothesis that systemic change encourages basic changes in educational practice to improve learning, create buy-in, and to facilitate the change process. The researcher identified 19 indicators that can be used when school districts investigate RTI as a systems change initiative.
ACKNOWLEDGEMENTS

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INTRODUCTION

The Response to Intervention (RTI) model is an alternative to the traditional system of determining an individual student’s eligibility for special education services that has the potential to revolutionize how schools meet the needs of their most challenged learners. RTI focuses on the assessment of measurable and changeable aspects of the instructional environment that are related to child outcomes in response to increasingly intensive, research-based interventions. These interventions are provided within the context of a three-tiered system that emphasizes prevention, early identification/early intervention, identification of disabilities and provision of special education. With the model, disability is conceptualized as: (a) low level of performance in a relevant domain in relation to peers, (b) slow growth rates compared to peers despite high quality instruction with scientifically-based interventions, (c) documented adverse impact on educational performance, (d) documented need for special education, and (e) exit criteria defining goals for the special education program (Gresham et al., 2002, pp._467-519).

Understanding RTI as a system change initiative requires an awareness of its core concepts and how the school responds to change in general. RTI encourages general educators to take an active role in students’ assessments in connection to the curriculum being taught. RTI promotes providing explicit instruction for teaching all content areas, encouraging an increase in the amount of time the students are actively engaged within the classroom, and using a problem solving model or a standardized treatment plan to insure integrity when
addressing students' difficulties (National Center on Learning Disabilities, 2002). RTI is designed to help the classroom teacher meet the needs of all their students, and provide individualized and whole class instruction using evidence-based teaching strategies.

Interventions can be defined as supplemental instruction to the core curriculum designed to help students meet performance objectives. Implementation of interventions to resolve concerns for the preschool or school-age child must be documented prior to conducting a full and individual evaluation. Consequently the responsibility for finding research based interventions and implementation lies with the regular classroom teacher. This is a paradigm shift from the prevailing practice of identification first and then intervention assistance from a trained intervention specialist.

Since RTI requires a shift from where intervention services are initiated, RTI's success or failure within a school could ultimately be determined by the strength of the team supporting the regular classroom teacher. This researcher suggests readiness indicators should be used to determine the school's particular strengths and weaknesses especially if the success or failure of the chosen interventions is used to determine eligibility.
LITERATURE REVIEW

Response to intervention (RTI) has received considerable attention in the professional literature in recent years. In this chapter, a review of this literature will be provided, with special attention to the strengths and weaknesses of the RTI approach.

Strengths of the Response to Intervention Model

Peer Comparison and Baseline Documentation. Gathering baseline information begins with a careful analysis of a student’s current academic and behavioral performance. The call for using baseline documentation goes back nearly twenty years, “Measurement of the target behavior in the natural setting is essential to providing interventions” (Casey, Skiba, & Algozzine, 1988).

RTI should not be attempted without accurate baseline information. Baseline can determine the need for or the success of interventions. Local norms can be established during baseline; thereby creating information that shows how a target student is doing in relation to same age peers in the same ecological setting. Baseline is gathered through a variety of methods including in-class and school-wide screening that is continued with ongoing progress monitoring. Continuous monitoring of both class progress and an individual’s progress after intervention implementation quantifies an individual’s academic or behavioral progress with numbers and facts, thus making it easier to separate personal bias and opinions from the exhibiting behaviors.

Flexible Procedures and Application. RTI can be used for academic and behavioral concerns making it flexible in classroom applications. RTI requires a
more systemic look at how skill deficits are identified and how interventions are addressed and then analyzed. RTI gives the staff a broad range of educational practices to use in the school community, “Because the problem-solving process applies equally to problems at every level of intensity, severity, and durability” (Tilly, 2002, p. 27).

Instructional variables can be investigated during RTI implementation. Time allocation, pacing of instruction, academic learning time, scope and sequence of instruction, and opportunity to respond are all examples of instructional variables that may keep a child from learning to their full potential. The flexibility of the RTI model makes it possible for the educator to analyze current teaching practices, consequently, ruling out lack of instruction as a probable cause of skill and performance deficits.

**Applying Increasingly Intensive Interventions.** One of the main goals of RTI is to provide increasingly intensive, quality, interventions to identify where a student is likely to respond to instruction.

Appropriate use of RTI requires a context that emphasizes prevention and early intervention rather than eligibility determination as the initial phase in services to students with learning and behavior problems...Special education eligibility may be a concern, but that concern should be investigated after, not before, the development, implementation, and evaluation of interventions within regular education settings (Reschly & Grimes, 2002, p. 1346).
Traditional education has had the cart before the horse when it comes to providing interventions, (let's see if they qualify for special education than we will give them the intervention services they require). By focusing on prevention and early intervention, RTI gives struggling students the opportunity to learn in the same environment as same age peers by exposing them to similar types of interventions used in special education before they receive a label. As a result, some students respond within the classroom with only minor changes in the delivery of instruction. Others will respond in small group with more intensive instructional interventions in addition to the regular education classroom, and some students require one-on-one instruction. The goal of RTI is to determine the least restrictive environment for each individual learner who is showing slower progress than his or her classmates.

Legislative Support. The RTI approach to eligibility determination for learning disabilities has won legislative legitimacy in the House (HB 1350) and Senate (SB 1248) reauthorization bills of IDEA. In essence, a provision for determining whether a child responds to scientific or evidence-based interventions can be used to determine if a child has a specific learning disability (Section 1414 (b) (6) (B)). With RTI, a local education association is given more opportunity to provide services for a student with a suspected disability than the traditional model allowed. Therefore, a student can receive reasonable accommodations from general education and instruction without a special education label. Through the passages of these laws, Congress is suggesting the type of instruction and the way it is presented to the student is an important
component for predicting a student’s individual success without regard to the natural abilities of a student to learn.

Dissatisfaction with the Discrepancy Model. The discrepancy model has been surrounded by controversy for years and the concerns have been documented in professional magazines, in research articles, and through personal case studies. The discrepancy model is used to determine eligibility for special education services. It does not seek to identify educational interventions to promote successful practices in the classroom. The discrepancy model depends on cognitive and achievement test scores that do not link to the district’s chosen curriculums. These same cognitive and achievement tests are not used to determine what specific skill or performance deficits occur in the child, in essence, they do not inform intervention planning. Finally, there are different types of discrepancy models being used and little consistency among districts exists.

Educators dissatisfied with the discrepancy model suggest labeling a student does not automatically bring them closer to the goal of higher achievement in the school setting. “The wait to fail model does not result in significant closing of the achievement gap for most students placed in special education. Many students placed under the Specific Learning Disability (SLD) category show minimal gains in achievement and few actually leave special education” (Donovon & Cross, 2002).

Recognizing Present Practices. The ability to accurately identify present practices is an important part of recognizing readiness for change. Students no
longer have to wait to fail in order to receive the supports they need to succeed. In RTI, a student receives the level of support they need to be successful in the general education curriculum alleviating some of the problems associated with the discrepancy model.

*Weaknesses of the RTI Model*

*Professional Development Requirements.* Though legislators may agree they support the RTI model they have not agreed to fund the initiative. Consequently, many districts have not provided the needed professional development in order to carry out RTI as a systems change initiative.

If RTI is to be successful, teachers must be given the opportunity to attend professional development training specifically linked to their role in the RTI process. Explicit instruction for the educator should occur in the classroom and during professional development workshops as well, but such opportunities are rare. A call for professional development in the key concepts went out nearly twenty years ago and the reasons for the need are as current today as they were then. Adapted from (Margolis & McGettigan, 1988):

> When a local education association provides professional development to the teachers in the district it lays the groundwork to: (a) build upon what they know and do well, (b) allow them to be central participants in the decision-making process, (c) own the adaptations or interventions that are selected, (d) gain support from colleagues, (e) receive ample feedback and reinforcement, (f) become familiar with types of adaptations,
modifications, and research based interventions, and (g) gain positive recognition for their efforts.

*Neglecting Cognitive Processes.* According to advocates of the discrepancy approach to eligibility determination and service delivery, “The core procedure of a comprehensive evaluation of LD is an objective, norm-referenced assessment of the presence and severity of any strengths and weaknesses among the cognitive processes related to learning in an academic area” (as cited in Gresham et al., 2005, p. 28). The RTI model does little to promote the need for an understanding of the child’s natural ability other than the fact that it can be used to rule out or in mental retardation.

*Does Scientific, Peer Reviewed Research Exist?* Validity and reliability issues related to service delivery and identification are important to consider when determining the viability of using RTI techniques. Naglieri and Crockett (2005) question whether RTI is a scientifically proven method. It is a valid question, considering the emphasis that RTI places on using researched, evidence-based interventions as a part of the explicit instruction required for proper implementation of the model. The authors contend that using RTI for pre-referral makes “good sense” but they strongly caution against using RTI exclusively for eligibility determination (Naglieri & Crockett, 2005).

*RTI as a Systemic Change Model*

What is a system change in education? A systems change affects all of the people included in the process—students, educators, parents, administrators,
support staff, and community members. RTI has an effect on curriculum, delivery of instruction, evaluation, and professional development.

*RTI and Systems Change.* RTI is a solution-focused approach. It is a paradigm shift in how we provide instructional services and behavioral supports to all learners. RTI promotes a change in the way all children are taught within a regular educational environment. RTI seeks to enhance teacher’s skills in and application of instructional assessment and curriculum delivery. RTI has the potential to drive the elements of instruction in all academic and behavioral performance while providing information concerning progress toward goals.

*RTI Changes the Role of the Regular Educator.* Changing roles for the regular classroom teacher occur during RTI implementation. For years regular education instructors have been a catalyst for special education placement since they are often the first to identify weaknesses and deficits in the child’s academic performance. In the traditional model, the teacher began the school’s procedures for eligibility determination. Teachers comfortable with the traditional model have shown some frustration when their recommendations for a multi-factored evaluation are sent back to them with a list of evidence-based interventions to be implemented from the school’s intervention assistance team. This is a change in procedures, which some teachers feel cause delays in service delivery while others see it as a criticism of the way they are teaching.

Successfully initiated RTI programs recognize a change in roles and expectations as a major deterrent to how RTI is implemented to help guard against the underlying factors that cause dissension in the ranks of the teachers.
"Improving schools requires two sets of skills that few school leaders have had the opportunity to acquire in their graduate work or have seen modeled in their own experiences. The first is how to involve others in decision-making. The second is how to use data in appropriate ways to guide decision making (Holcomb, 1999, p. 51).

A good place to start with focused RTI professional development would be on clearly identifying the roles and responsibility of key players in the affected system.

*Data Driven Policies.* Batche and Knoff (1995) discussed linking assessment to intervention as critical when gathering information about an individual student's performance. Embedded data-driven policies such as those employed when using RTI can become a catalyst for meaningful instructional reform within a school. The data generated through a school-wide screening can increase buy-in and raise awareness in the educational community and enhance accountability. Using the data increases services to all children (even children who would not have qualified for services under the traditional model) while emphasizing the legal requirements of providing the services in the least restrictive environment. If a student responds to interventions the need for special education services is decreased.

*Diminishing Resistance to Change with a Planned Change Initiative.* RTI requires a change in roles and a change in procedures in the school setting. Successful change requires groundwork to be laid before it is implemented or determining readiness. Fullan and Stiegelbauer (1991) emphasize the
importance of professional development as being the catalyst to bring about change. During the educational period provided through planned professional development, the concept that learning is a continuum is reinforced. They also suggest that when administrators, change agents, and teachers meet together alliances can be made, providing for a wider power base to facilitate the change process.

Presenting RTI as an inclusionary model, in the sense that it promotes changes at all levels, consequently maximizing the potential for individual students and the class as a whole, is a paradigm shift. Traditionally, students with a disability are set apart for different instruction, which often means lowered expectations. With RTI the goal is to increase the opportunity for more and more instruction to decrease the gap between the student and his or her peers. The RTI model includes input from teachers and intervention assistance teams. The team becomes a problem-solving group that consults on the needs of individuals within the school environment. RTI can build the team concept that promotes professionalism and empowers teachers.
METHODS

Purpose of the Study.

The purpose of the study was to explore participating educators’ perceptions and experiences in using RTI to promote systems change. Working from the hypothesis that systemic change advocates basic changes in educational practice to improve learning, create buy-in, and to facilitate the change process.

The research wanted to see if readiness indicators specifically linked to the major components of RTI can be used by school districts as a way to identify where the district’s current level of functioning is in order to advocate for fundamental changes within the organization. The readiness indicators used during the research were adapted from Jim Wright’s RTI readiness indicators found on interventioncentral.org and the Colorado State Department of Education’s web site.

Setting and Participants

Four schools in southern Ohio agreed to be a part of a round table focus group on the topic of using RTI strategies in a school. At each of the four schools, the building principal was asked to identify six to ten teachers or support services professionals (i.e., school psychologists, counselors, and speech and language pathologists) who have first-hand knowledge of the school’s RTI model. There were 32 participants in the round table discussion. Experience, job description, gender of the participants, and school demographics are listed in four separate tables:
<table>
<thead>
<tr>
<th>Range of Experience</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9 years</td>
<td>9</td>
</tr>
<tr>
<td>10-19 years</td>
<td>8</td>
</tr>
<tr>
<td>20-29 years</td>
<td>8</td>
</tr>
<tr>
<td>30+ years</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 1. Number of Years of Experience in Education

<table>
<thead>
<tr>
<th>Job Classification</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Psychologist</td>
<td>4</td>
</tr>
<tr>
<td>Intervention Specialist</td>
<td>8</td>
</tr>
<tr>
<td>School Counselors</td>
<td>5</td>
</tr>
<tr>
<td>Principals or Assistant Principals</td>
<td>3</td>
</tr>
<tr>
<td>Regular Education Teachers</td>
<td>9</td>
</tr>
<tr>
<td>Special Education Coordinators</td>
<td>2</td>
</tr>
<tr>
<td>Speech Pathologist</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 2. Job Description of Participants

<table>
<thead>
<tr>
<th>Gender Identification</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>24</td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
</tr>
</tbody>
</table>

Table 3. Gender
Ohio’s accountability classification designations are Excellent, Effective, Continuous Improvement, Academic Watch, and Academic Emergency. In order to meet the federal Adequate Yearly Progress (AYP) requirements to stay consistent or move up in classification, every student group must be at or above the annual goals or make improvements over last year. Considering the four schools in the study AYP was established for North Primary and South Elementary; but, AYP was not met for East Elementary and West Primary during the 2005-2006 school year according to the Ohio Department of Education’s District Report Card System.

Research Design

*Qualitative Research*. The study employs a qualitative research design. Qualitative research is defined as a form of systematic empirical inquiry into meaning (Shank, 1994).

<table>
<thead>
<tr>
<th>School</th>
<th># Students</th>
<th>Grades Served</th>
<th>Ohio Accountability Classification</th>
<th>% White</th>
<th>% Economically Disadvantaged</th>
<th>% Identified w/disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Primary</td>
<td>532</td>
<td>P-3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>Effective</td>
<td>97.8%</td>
<td>41.2%</td>
<td>13.1%</td>
</tr>
<tr>
<td>East Elementary</td>
<td>859</td>
<td>K-6&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Academic Watch</td>
<td>99.5%</td>
<td>62.7%</td>
<td>16.7%</td>
</tr>
<tr>
<td>South Elementary</td>
<td>482</td>
<td>K-6&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Continuous Improvement</td>
<td>98.9%</td>
<td>57.5%</td>
<td>13.3%</td>
</tr>
<tr>
<td>West Primary</td>
<td>769</td>
<td>P-5&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Continuous Improvement</td>
<td>97.5%</td>
<td>43.7%</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

Table 4. Demographic Information 2004-2005
**Procedures**

Four separate focus groups met one time utilizing four schools in rural Southern Ohio who are using intervention procedures as a part of their special education identification process. The groups were held before or during school at the school's preference with food and drink provided. Initial open-ended questions were used as prompts for the discussions. Responses were audio-recorded and transcribed. After meeting with the four groups and all information had been transcribed, a panel of three analyzed the information to identify reoccurring themes using a predetermined list of nineteen specific RTI indicators for reliable data collection.

Nineteen areas of focus were used to narrow down and create a usable model for measuring school readiness. Four rating areas included limited usage at this time, learning to move in the direction of RTI, developing an awareness of progress indicators, and established practices that are changing service delivery and identification of at risk students. A panel of three raters rated each of the five questions for every group looking specifically for phrases, practices, and application of RTI techniques.

<table>
<thead>
<tr>
<th>School Name</th>
<th>Rater A</th>
<th>Rater B</th>
<th>Rater C</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Primary</td>
<td>54</td>
<td>25</td>
<td>24</td>
</tr>
<tr>
<td>East Elementary</td>
<td>48</td>
<td>33</td>
<td>39</td>
</tr>
<tr>
<td>South Elementary</td>
<td>44</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>West Primary</td>
<td>66</td>
<td>45</td>
<td>51</td>
</tr>
</tbody>
</table>

Table 5. Number of indicators by Rater. Names of schools have been changed to protect identify of participants.
All three raters agreed on the two groups that comprised the group that was moving in the direction of RTI and the group with the least number of indicators moving toward RTI readiness. West Primary was recognized by each rater as the school that was moving the most toward RTI implementation and South Elementary had the least number of indicators moving towards RTI as a systems change initiative.

Even though the scores aren’t exact, there is enough inter rater reliability to suggest that the process is worthy of further investigation. Rater A scored each of the schools consistently higher than Rater B and Rater C. Rater A’s placing differed slightly. Rater C and Rater B had very consistent scores and their placing did not differ. Each rater performed their ratings individually by reading through a typed transcript of the round table discussions. Rater A, B, and C practiced rating a passage to promote consistency in scoring.

*Instruments*

In an effort to spark the round table discussions, five open-ended questions related to using RTI were utilized. These questions were placed in the room in the form of a poster one question at a time and in the same order for all four schools involved. The questions were designed to be progressive in nature from current practices to unveil how the schools got to their present levels of functioning. The Focus Group Questions are listed in Appendix A.

Informed written consent was gathered prior to the beginning of each session that identified the purpose behind the discussion. The informed written consent addressed how the information was going to be used, confidentiality
issues, and voluntary participation. A copy of the document is listed in Appendix B.

The nineteen indicators were chosen from two separate existing readiness indicator lists. One being the list created by Colorado's State Department of Education and the other list which was compiled by Jim Wright and is listed on the web site interventioncentral.org (See Appendix C).
RESULTS

**Communication**

Communication issues were noted in each of the round table discussions. The open-ended questions prompted personal questions or comments from the round table participants. This chapter will provide quotes directed toward the recurring themes which included leadership and parental responsibilities, understanding the core concepts of RTI, changing the identification process for special education, a school's history with new initiatives, knowing available resources, building layout and design, and behavioral issues.

**Leadership and Parental Involvement.** Counselors were the most vocal about needing competent leadership when promoting RTI. They included comments about parental and school administrative leadership and involvement.

A relieved counselor offered, “One thing I see from the past was the principal did not like doing any meetings so I was left with facilitating all of them, but the new principal has changed that. Let's face it if I tell a teacher to do an intervention or give them suggestions; they may even say, ‘You don't even know what this child looks like.’ But if a principal tells them to try the intervention, they are more likely to do it. Having the principal as a part of the intervention process gives your team more clout.”

A counselor from a Pre K-6th grade stated, “If you can get administrative support for your team, teachers don't get as irritated with the suggestions. They just do it.”
A veteran principal discussed the pitfalls of exercising his administrative leadership, “There are always financial barriers to consider: purchasing supplies, materials, personnel to provide the interventions, gaining knowledge of specific interventions for at risk students (i.e. autism), and finding the right mental health services when needed.”

The schools were equally split on how much parent communication actually occurs with RTI. Two of the four schools admitted parental involvement is very limited at the first stages of RTI. One principal of a Pre K-3rd grade said, “We don’t typically involve parents in the first part of the intervention process with RTI. I find the teachers can be more candid about what they are actually seeing in the classroom.”

A 4th-6th grade counselor stated, “Parental involvement in general is low at our grade levels. Most parents don’t seem connected to their kids when it comes to education and academic performance.”

“We contact parents when things are going well or bad,” commented a 6th grade intervention specialist, “If a student does really well on a spelling test, I’ll let them call home, but I will also call if they are not getting things done in the class.”

**Understanding Core Concepts.** The participating schools voiced frustration and apprehension with issues associated with learning the components of RTI. A third grade intervention specialist commented, “I think it is hard for teachers to understand RTI. They are probably doing interventions; a little bit here and a little bit there.”
A primary intervention specialist asked, "Do you want to know what RTI really is or what it is suppose to be?" Each school mentioned at least one case scenario where sabotage was suspected as a result of an intervention assistance team suggestion. However, all four groups admitted they had never used an intervention integrity checklist to deter sabotage.

In response to a first grade teacher's frustrations for finding and using useable interventions in the classroom, a school psychologist that serves pre K-12th grade commented, "You are right teachers use interventions all the time. Sometimes it is just a matter of matching up the right progress monitoring with what you are doing to measure the success of the intervention."

One astute classroom teacher commented, "We have to learn to recognize what specific interventions are, streamline what we do, purposefully do those things that work for individual students, and don't forget to gather information from the interventions along the way," the sarcasm was not lost on those in attendance. The comments were directed to the rest of the round table participants, but it was hard to tell if she was clarifying her own knowledge or whether she was building a consensus on RTI components with the others.

Three of the four schools had grade level shared planning time to facilitate collaboration services and to help disseminate information. A special education coordinator said, "The common planning time is used to meet with parents, intervention assistance teams, and to brainstorm ways to solve a problem. However, there are some drawbacks. It affects the intervention specialist's
schedule and it is hard to map out a plan of instruction when working with several classrooms at different grade levels."

A school psychologist that served several school districts suggested, "RTI can become the catalyst for change in a school. The intervention team is the beginning of the process. But what I have seen is that most schools have the teams, but they are forgetting the interventions and the assistance part of the process." Three of the four schools admitted providing effective interventions as being their weakest area of progress when moving toward meaningful educational reform when using RTI.

Teachers and administrators alike saw not meeting the needs of their accelerated students as a real concern. One principal put it this way, "I have had one meeting with the Talented and Gifted Coordinator about the students who qualify for the program. I can't even begin to tell you how many Intervention Assistance Team (IAT), Evaluation Team Meetings (ETR), and Individual Educational Program (IEP) meetings I have been in. Based on the number of students in special education it requires a greater percentage of my time, it involves more staff members, and there are higher stakes involved." Three of the four schools participating in the research spontaneously mentioned not meeting their accelerated students' needs as a problem and just as important as not meeting the needs of students who may have a suspected disability.

*Changing Special Education Identification Procedures.* All of the schools involved in the round table discussions strongly linked RTI with the identification process. Some of the participants saw RTI as another hoop to jump through and
made comments about it prolonging the identification process. For example, a third grade teacher used the round table discussion to direct difficult questions to the attending school psychologist from her district, “What is the projected amount of time from the beginning to the end of the process? How long should it take before getting that child evaluated?”

The school psychologist responded, “How long do you think it should take?”

The teacher seemed taken aback but continued, “As long as it takes to implement the intervention, but by that time you already know what the child’s needs are.”

A 3rd-6th intervention specialist discussed RTI and No Child Left Behind by commenting, “Some students are behind and will always remain behind. For me to get them up to state standards on a third grade-reading level when they are reading on a pre-primer level-it is difficult. I am just trying to keep them caught up in the regular classroom. RTI doesn’t take into regard their disability.”

A veteran intervention specialist (30+ years) presented a different perspective, “I think special education has come a long way. Even with the No Child Left Behind problems at least for me as a special education teacher it makes me push for more. There was a time when I felt—well they can’t do that so why try. You keep pushing and you find out—well hey they can do that.”

_Schools Response to Change._ Response to new programs is frequently jaded by a school’s history with new initiatives. A quiet member of the round table responded to the question about change in the school, “Too much change.
We can't perfect anything. We learn a skill. You get a new principal or superintendent; they want something different then the last one. So much change."

The principal of a Pre K-6th grade discussed the problems with change that are associated with beginning RTI by making the following statement, "It comes down to this, are you doing what is right for kids? You hope that people like you, if they do fine, if they don't fine. RTI makes sense for kids."

A first grade teacher exhibited her frustration in the changes in her classroom, "Because you are doing so many different interventions, you sometimes got to concentrate on just the one child and document the progress. This is all new to me. I get side tracked and forget to write it down."

The principal in a Primary Unit described RTI as, "The flavor of the month. Look what we have done in education even in the past twenty years. We don't know where we are going with RTI. It is like the target that keeps moving on us." He went on to say, "Let's face it, there are some people who are resistant to providing the intervention to the student who needs it. But if we don't know what the target is going to be, after a while you get a little pessimistic about the changes."

Numerous factors were listed as reasons for delay in RTI implementation. They included such things as we are waiting on professional development, we do not know enough about it, and we have a lack of money. A speech and language pathologist stated, "Only a few people are being trained in the RTI model, making the change take too long."
Knowing Available Resources and Staffing. Each of the schools had difficulty outlining and defining the available resources. Different grade levels had different resources available to them. A reading program may be offered to a handful of students in first grade, but not to a third grader on a first grade level. Purchased programs that required specific professional development may be implemented without the training. Some programs such as DIBELS, STEPS, and PALS were used throughout a building, but not by all the districts in the round table discussions.

Many districts depended on small group interventions without regard to whether empirical data existed to prove or disprove the validity or reliability of the interventions. “The interventions and personnel we use depend on the grade level and who is available. I can speak for third grade. We have a reading tutor available,” a third grade educator commented when asked to name some specific interventions.

Each of the four schools had a difficult time coming up with the actual resources available suggesting people in the schools aren’t aware of the programs that have already been purchased. The list depended on several staff members to explain what they used as an intervention resource and minimal consistency occurred across grade levels and very little occurred among different school districts. “I do corrective reading with two different levels of students from the sixth grade. They are not all identified students,” a sixth grade intervention specialist added, “and second grade has a literacy teacher for at risk students for a half an hour a day.”
Time was the most commonly stated barrier to providing effective RTI strategies. It was mentioned by 100% of the groups involved and in several different ways. Time was discussed in the form of schedules, on task instructional time, absenteeism concerns by both teachers and students, and the volume of work required to get students through the state standards.

Building Layout and Design. One of the most surprising reoccurring themes centered on the buildings layout and design. There were two older buildings (+70 years) and two newer buildings (built in the last three years). School density was an unexpected roadblock for implementing RTI. All four schools involved spontaneously brought up school density as a concern.

Two of the four schools who are housed in new buildings made a reference to having available space. An assistant principal in a K-6 building stated, “At least we have a place to go for small group and individualized instruction. That use to be a concern.”

On the flip side, “Limited space in the building can mean two or three small groups of at-risk students may have to share the same classroom,” commented a classroom teacher.

In response a co-worker added, “Attitude is the key in this area. Some people do not mind having another teacher in the room with them, but others are threatened by it.”

Behavioral Concerns. All of the schools in the round tables discussed behavior as the factor that gets a student referred to interventions first. One
participant put this way, “A low, quiet, well-behaved, hardworking student can create a spot for themselves in the regular ed classroom.”

“Kids with behavioral issues get referred before other students. It amazes me,” the assistant principal looked around the room as he continued, “the student can have the ability, but if they won’t behave, the next thing you know the teacher, the parent, or someone is looking for a place to put them.”

Other ideas came out in the comments, but given the newness of RTI implementation the researcher will discuss the ramifications of the repeated themes in the next chapter.
DISCUSSION

This chapter discusses how the results of the round tables may be used to initiate change when using RTI by determining how the repeated themes promote or deter change in the educational community.

*Leadership and Parental Involvement.* Identifying key players in the school, identifying resources and educational programs available within the school setting, and parental involvement were repeated often during the research. Key players are people that get the job done despite barriers to providing appropriate interventions. They are reliable, efficient, and willing to embrace the concepts of providing quality education for all students regardless of disability or educational and behavioral performance.

Districts that run strictly from a top down management style seem more resistant to change when it comes to RTI. The respondent’s comments suggest when district administrators isolate themselves to the point they do not know what is going on inside the individual classrooms, RTI gets a slower start.

Identifying available support personnel is beneficial when promoting RTI as a systemic change initiative. If the personnel is clearly defined and their job descriptions outlined, it helps a school avoid an over reliance on just a few educators. It may require administrators to juggle their resources to provide quality services at all grade levels. All buildings have key players, but once they are identified the school needs to extend a hand to the outliers and bring them on board. These outliers can include but are not limited to willing aides, Title 1 instructors, Reading Recovery teachers, educators, and parent volunteers.
Understanding Core Concepts. Procuring research-based interventions is more time consuming at the beginning of RTI implementation. Later, grade levels and individual teachers can pool their resources. An effective strategy can be used on more than one academic or behavioral problem with only minor changes to meet the needs of an individual student.

Gathering baseline information for the entire class is often an eye opening experience for the teacher involved. When 15 of 25 students haven't mastered a skill, it alerts them to try something different. On going data collection can drive instruction, it is also one of the hardest things to get people to do and to implement with integrity. But when done properly it is an effective tool for guiding instructional changes within the classroom. Sometimes just learning the terms involves a cognitive shift for the people working in the field so there is a learning curve involved. Teaching the skills can facilitate change.

Taking a frequency count, listing episodic events, charting and graphing behaviors when used merely as buzz terms can turn a teacher off quickly. But providing professional development into how to do a quick, relevant frequency count, teaching people to effectively look at what happened just prior to and after an episodic event, and learning how to chart or graph the number of missing homework assignments or number of days absent can be enlightening and do a lot to increase the relevance of using RTI in the school setting.

Changing Special Education Identification Procedures. If RTI is going to be used as a new way to identify student need for special education services it would be a better practice to provide an intervention specialist at every grade
level. Unfortunately, most schools would not be willing to justify an intervention specialist for every grade level even though the service would include working with none identified students as well as working with those who have a special education label.

Using RTI as a catalyst to special education identification requires intervention implementation integrity. If someone (teacher, principal, or intervention specialist) wants a student to qualify for the services, the quality of implementation could change the results of the intervention. Therefore, districts should promote evaluation of the RTI process as a necessary evil when using the results for special education placement.

Since RTI doesn't take into regard a student's disability it would be best practice to suggest that when a student requires one-on-one interventions frequently it shows that the student needs specific instruction in order to grasp difficult concepts.

*Schools Response to Change.* If a change takes too long it promotes apathy, and a return to present practices. The idea of if we wait long enough we won't have to implement RTI and RTI is the new flavor of the month are difficult statements to overcome and were stated in many different ways throughout the round tables suggesting that a school's history with new initiatives could hinder or sustain meaningful change.

New education students are being trained in RTI at the college level. They are learning how to gather baseline and use progress monitoring skills. However, many lack practice and performance skills. These new recruits are
often overwhelmed with the newness of teaching, but they are also some of the easiest to get involved. Progressive districts should utilize these new professionals when promoting a systems change initiative such as RTI.

**Knowing Available Resources and Staffing.** Knowing what resources are available in the building and district can facilitate the change process. Many of the grade level interventions are built into the programs that already exist in the building. Over and under reliance on particular programs can be a stumbling block when promoting RTI. Some programs require a large percentage of personnel, even though these same programs when used as RTI resources have no empirical data to support their effectiveness.

Changes caused by RTI require a system to investigate what would be the most effective use of those resources including staff. Intervention specialists who routinely spend a large part of their day on bus, lunch, and recess duty are reportedly missing out on valuable teaching time. Reorganization of the day and better utilization of staff could open up three or four fifteen or thirty minute blocks of instructional time per staff member.

**Building Layout and Design.** Overcrowded buildings and no open rooms to work in can cause a delay in actively engaged learning time. Interruptions during intervention sessions occur because others may be hunting for a place to work.

Poor building design delays service implementation as well. Open rooms may be available, but not in the areas where the students are located. It is
another example of more off task time traveling to and from the location where interventions would be implemented.

Behavioral Concerns. When looking at behavioral concerns addressed in RTI, it is imperative to look at the overall school climate. A systemic change initiative can be hindered by a negative school climate that unknowingly promotes peer rejection, a negative peer culture (teachers and students), apathy, authoritarian leadership and procrastination.

There have been many studies that link behavioral performance with academic performance. The school climate can affect student outcome.

“To develop and sustain socially competent school environments and to improve school discipline, an analysis of the problem context and the use of a systems approach to school-wide discipline and positive behavior supports are necessary. The basic message is that effective schools invest in systems and strategies that prevent behavior problems rather than relying on compelling consequences to deter problem behavior” (Furlong, Morrison, Chung, Bates, & Morrison, 1997).

Educators can not separate behavioral performance from academic performance when determining an individual student’s needs. A school district’s behavior and response toward RTI can be looked at the same way. If a district continues to promote apathy toward change it delays the process. If a district embraces the concepts it can head RTI in the right direction.

Further Debate. Using RTI for prevention and intervention is easier to justify than using it for eligibility determination until a school masters the core
concepts. Most people would agree RTI works like a systems change because it affects all of the people included in the process. RTI changes curriculum, delivery of instruction, evaluation procedures, and the types of professional development offered to staff.

RTI requires a change in roles and procedures in a school. It is possible to diminish resistance to change by assessing what current practices exist in a building. Readiness indicators can be used to lay the groundwork for successful change and service delivery. The indicators can highlight strengths and alert weaknesses in the school's present functioning. The researcher has developed a list of nineteen key indicators, listed as Appendix C, to facilitate school readiness for RTI implementation.
REFERENCES:


APPENDIX A

Open-ended Questions to spark round table discussions:

One-hour time limit: approximately 8 minutes per question.

1. Describe your school's intervention assistance team process for students with academic and behavioral challenges.

2. Describe the resources that have already been dedicated to providing quality interventions.

3. Describe the barriers you see to providing quality effective interventions for all students.

4. Describe your school's history with new initiatives for helping students learn. Researcher prompts: (What has been tried in the past?) (Was there a strong leader?)

5. Response to Intervention or RTI is an approach to addressing the academic and behavioral challenges of students. It features a three-tier model:
   - Universal supports for all students
   - Targeted Interventions for students who need extra help on specific tasks
   - Individualized Instruction

Describe how your school is implementing RTI.
APPENDIX B

Informed Written Consent

I understand a taped round table forum is being implemented at __________________________ Elementary School for the purpose of investigating ways to promote long-term systems change in school wide reform. The research is a part of a thesis project for Tessy L. Baker, a graduate student at the University of Dayton School Psychology Program. I understand our school was chosen because we have an active Intervention Assistance Team and we have been practicing Response to Intervention strategies. I understand the study is not designed to criticize present practices, but varying opinions will probably manifest themselves during the discussions.

It is not the intent of the study to endanger the safety, comfort, or privacy of anyone who is involved in the forum. I understand that participation is voluntary and that I have the option to withdraw at any time without penalty or loss of benefits. The confidentiality of my responses during the focus group will be ensured and I realize the tapes will be locked in a cabinet for one year and destroyed after that time. The meeting will be limited to a one-hour round table discussion on the implementation of intervention assistance team and on maintaining response to intervention goals in the school.

Participant

Date
## Using Response to Intervention School Readiness Indicators
### As a System Change Model

**School:**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Limited usage at this time</th>
<th>Learning to move in the direction of RTI</th>
<th>Developing an awareness of progress indicators</th>
<th>Established practices that are changing service delivery and identification</th>
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<tbody>
<tr>
<td>Principal or strong leader with authority supports the RTI model.</td>
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<td>Available programs and resources have been identified as part of the tier resources.</td>
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<td>The school has an active problem-solving team.</td>
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<td>There is a sense of shared responsibility for meeting the individual needs of all students regardless of ability identification. (regular education, reading specialist, intervention specialist...)</td>
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<td>Progress Monitoring is systematic, documented, and shared with the staff at regular intervals.</td>
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<td>Parents are involved in the process and have an ongoing awareness of services available for their child’s specific needs.</td>
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<td>Standards Based Instruction is occurring with concentration in the areas of Reading and Math.</td>
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<tr>
<td>(-) Standards Based instruction is occurring with concentration on grade level indicators and statewide assessment issues.</td>
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<tr>
<td>Interventions are being selected that match the student’s underlying deficits, are scientifically based, and are usable in the classroom.</td>
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<td>Checklists are encouraged for intervention implementation integrity.</td>
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<td>Flexibility is provided by the district for the allocation of staff to meet specific needs.</td>
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<tr>
<td>Indicator</td>
<td>Limited usage at this time</td>
<td>Learning to move in the direction of RTI</td>
<td>Developing an awareness of progress indicators</td>
<td>Established practices that are changing service delivery and identification</td>
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<tr>
<td>The school intervention Team is comprised of a multi-disciplinary team. (Grade levels, specialist, regular educators, and administration)</td>
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<tr>
<td>Universal screening is available for all students</td>
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<td>Professional development has been given to a majority of the staff concerning the use of RTI strategies.</td>
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<td>(-) Federal mandates of NCLB or IDEIA are listed as the reason for implementing RTI Techniques. (Compliance over Buy-in)</td>
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<tr>
<td>(-) The school's history with new initiatives is slowing the progress of creating buy-in with staff and administration. (There is a prevailing attitude that if we wait long enough, we won't have to implement the change.)</td>
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<td>RTI techniques are being taught at the college level and teachers newly trained in the model are beginning the implementation process.</td>
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<td>The school's focus is on student outcomes and adequate yearly progress for all students.</td>
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<tr>
<td>(-) The school's focus is on special education referral and getting students identified for services.</td>
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