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Barriers To Implementation Of Rti At The Secondary Level

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BARRIERS TO IMPLEMENTATION OF RTI
AT THE SECONDARY LEVEL

A Dissertation

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In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

by

Nancy Jane Holsapple

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ABSTRACT

The purpose of the study was to determine if there are differences among building administrators, guidance counselors, and special education directors on a perceived level of implementation of Response to Intervention (RTI) at the secondary level. The study also examined whether or not RTI serves as a predictor of students identified in special education. This study did not find a significant difference between perceptions of Indiana high school counselors, Indiana high school administrators and Indiana special education directors. The study also revealed the six indicators of RTI do not serve as predictors for students who are identified in special education. Of the three groups surveyed, one indicator was consistently identified as being fully knowledgeable in this model; the RTI administers curriculum-based measurements for progress monitoring easily and efficiently.

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CHAPTER 1

INTRODUCTION

On December 3, 2004, President George W. Bush signed the Individuals with Disabilities Educational Improvement Act, which is now referred to as IDEIA (McCook, 2006). Prior to the revision of IDEIA, over-identification of learning disabilities for the nation had reached an all-time high by using the discrepancy model. Specific learning disability is defined by the Individuals with Disabilities Education Act (IDEA; 2004) Indiana Article 7, as a disorder in “one or more of the basic psychological processes involved in understanding or in using language, spoken or written” (Indiana Department of Education [IDOE], 2010, p. 76), which may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculation (Indiana State Board of Education [ISBE], 2010). The Response to Intervention (RTI) statute in the Individuals with Disabilities Education Act (IDEA, 2004) described the evaluation procedures used to determine if children have *specific learning disabilities*.

According to Hale (2008),

in general when determining whether a child has a specific learning disability as defined in Section 1401 of this title, 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. Additional Authority in determining whether a child has a specific learning disability, a local education agency may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures. (para. 7)

Prior to the revision of IDEA, there was regular education for typical children and a separate special education for children with disabilities. Special education became a place, not a service, and too many children who were placed in special education continued to struggle. In addition, too many children who needed help were not served soon enough in regular education and had to wait and fail before they received help (Hale, 2008).

The use of RTI methods as part of a comprehensive system to address student learning difficulties and behavioral challenges is a growing and promising approach to improving student outcomes (Canter, Klotz, & Cowan, 2008). One of the goals of incorporating the RTI model into public school was to have a collegiality between special education and general education. Despite its legal underpinnings in IDEA, educators must accept RTI is not a special education process but a general education initiative that fits within school improvement efforts (Canter et al., 2008). This would allow all teachers and staff the responsibility of educating all students with interventions. The following quote is a clear statement of the RTI model:

For these reasons, models that incorporate response to a research based intervention should be given priority in any effort to identify students with severe learning disability, SLD. Identification models that incorporate response to intervention represent a shift in special education toward the goals of better achievement and behavioral outcomes for students identified with SLD. (Severe Learning Disability, 2005, p. 46647)

The reauthorization of the IDEA in 2004 focused national attention on a growing successful practice in the general education classroom, RTI, as a tool for assessing and working with struggling learners. IDEA 2004 brought new interest to the use of RTI because of major changes made in the law. According to the National Association of State Directors of Special Education and the Council of Administrators of Special Education (as cited in NASDSE & CASE; 2006),

1. “when determining whether a child has a specific learning disability as defined in section 602, a local education agency shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability” [P.L. 108-446, §614(b)(6)(A)].
2. “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” [P.L. 108-446, §614(b)(6)(B)].
3. A local education agency may use up to 15% of its federal funding “to develop and implement coordinated, early intervening services . . . for students in kindergarten through grade 12 (with a particular emphasis on students in kindergarten through grade 3) who have not been identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment” [P.L. 108-446, § 613(f)(1)]. (p. 1)

Taken together, these three changes provide an exceptional opportunity for general and special educators to work together closely to implement RTI. The President’s Commission on Excellence in Special Education (McCook, 2006) which oversaw the implementation of the IDEA recommended that states should

consider children with disabilities as general education first. In instruction, the systems must work to provide effective teaching.

Embrace a model of prevention not a model of failure. The current model guiding special education focuses on waiting for a child to fail, not on early intervention to prevent failure. Reforms must move the system toward early identification and swift intervention, using scientifically based instruction and teaching methods. (U.S. Department of Education [USDOE], 2002, p. 13)

The commission also specifically recommended the use of an RTI model. The commission's recommendation went on to say, "Implement models during the identification and assessment process that are based on response to intervention and progress monitoring" (USDOE, 2002, p. 21). NASDSE and CASE (2006) recommended using the data from the processes of RTI to assess progress of students who receive special education services.

Federal law did not prescribe how to implement this new provision and to date there has been no endorsement of a particular RTI model. A decrease in unwarranted special education referrals is often an outcome of a comprehensive RTI model. Across Indiana, educators and administrators are beginning to develop and implement a tier-level system of response to intervention.

At the first indication of no responsiveness to classroom instruction, appropriate scientifically based interventions, typically organized into at least three tiers that represent varying degrees of intensity, are provided (McCook, 2006). The purpose of student progress is to determine what is working or not working and what adjustments need to be made to the interventions (Bryson, Maden, Mosty, & Schultz, 2010). Most RTI models are based on the premise that students should not have to fail in order to receive needed services and supports.

RTI provides a mechanism for supporting struggling students in general education. A unified system of education places primary importance on meeting the needs of all students. To do so, the educational system must use its collective resources to intervene early and provide appropriate interventions and support to prevent learning and behavioral problems from becoming larger issues (NASDSE & CASE, 2006). That is, a unified system serves students rather than creating *silos* where students go to receive interventions and support based on a disability label or other risk factors (NASDSE & CASE, 2006).

RTI has three levels of prevention: primary (Tier 1), secondary (Tier 2), and tertiary (Tier 3). The purpose of the framework is to determine if student assessment and instruction are linked for data-based decision making (National Center on Response to Intervention, 2010). Common features of an RTI model that are implemented by staff members include providing all students with scientifically based instruction in general education settings, screening students in academics and behavior to identify at-risk students, and implementing scientifically based interventions. They are typically organized by increasing levels of intensity into at least three tiers to address identified student difficulties at each tier (Bryson et al., 2010). The staff conducts continuous monitoring of at-risk student performance for primary interventions and more frequent monitoring (e.g., bi-weekly) for secondary and tertiary interventions. The use of progress monitoring data is a part of a formal problem-solving process to determine the effectiveness of interventions and to make any adjustments (Crabtree, Alber-Morgan, & Konrad, 2010). School staff members should assess the fidelity with which instruction and interventions are implemented. The school staff ensures that the RTI model includes provisions for referral for comprehensive evaluation, for those students who have not been successful in Tier 1 or Tier 2 (Bryson et al., 2010).

Many secondary administrators and educators are of the belief that high school students would not necessarily qualify as students with disabilities. The lack of knowledge and availability of what works in secondary schools makes it a struggle for secondary schools to develop and implement interventions (Ehren, 2009).

Students enter high school with a variety of needs that can be served by an RTI model. In many cases, academic or behavioral challenges do not surface until the high school level (McIntosh, Bohanon, & Goodman, n.d.). In some cases, students newly enrolled in a district or returning for various reasons may not be familiar with the curriculum and not be adequately prepared. It is estimated that between 40% and 60% of high school students become chronically disengaged from school, not counting those who have dropped out (Bailey, 2010).

Research has shown that potential dropouts can be identified in the first year of high school and provided with interventions that may help them stay in school (Kennely & Monrad, 2007). RTI teams may find the following types of data useful in identifying at-risk students; student attendance, grades, promotion status, or retention and engagement in school; these can be used as indicators to help determine who is considered off track for graduation (Heppen & Therriault, 2009). Examples could include tracking ninth grade students who miss 10 days or more of school in the first 30 days (Heppen & Therriault, 2009), monitoring first-quarter freshman grades and identifying students who are failing core academic subjects, monitoring end-of-year grades (Heppen & Therriault, 2009), and tracking students who will not be promoted to 10th grade as a result of failing too many core subjects (Martin, 2007).

Given the common features of implementing RTI, this study examined if teachers and administrators have realistic perceptions of implementing RTI at the secondary level. The different tiers and interventions that are developed to help support at-risk students were

examined and analyzed. The success of students in the secondary level is dependent upon the interventions that are delivered with validity and are scientifically based. In this study, the findings of a survey used with a sample of high school counselors, administrators, and special education directors are reported.

Statement of the Problem

At the secondary level, the focus is on learning content and using higher-level thinking skills within subject areas, a focus that does not readily lend itself to the use of universal screening tools, ongoing progress monitoring, and interventions that will work across subject areas. Secondary students attend multiple classes, some less than an hour in duration, which are taught by different teachers who may interact with each other rarely. This can hinder the identification and implementation of interventions across subjects. Teaming across subject areas requires additional time and scheduling flexibility, which many small schools find it difficult to implement (Center for Comprehensive School Reform and Improvement, 2008). All teachers, support staff, and administrators will have roles to play in implementation of RTI. If small group instruction represents a change for the school faculty and staff, as it will for many, considerable professional development and preparation will be needed for success. It may be necessary to secure additional personnel and if that option is not financially feasible for some schools then to reallocate personnel resources to reduce class sizes (Gibbs, 2009).

Significance of the Study

This study investigated the perceptions of high school teachers and administrators regarding the validity of implementation of RTI in their districts. It correlated the perceptions of school staff with the perceptions of special education directors. The study determined if, when implemented, RTI has the following components: progress monitoring, problem solving,

universal screening, use of data assessments, differentiated instruction, and a level or tiered system. The study also investigated if adequate or any professional development is provided to all staff and parents on the process of RTI. The study also investigated if a school is fully implementing RTI, whether there is a significant difference in the number of students identified as eligible for special education.

Purpose of the Study

The purpose of the study was to

- determine if there is a difference among building administrators, guidance counselors, and special education directors on a perceived level of implementation of RTI at the secondary level, and
- determine if RTI serves as a predictor of students identified as special education. In order to effectively determine such differences, relevant research and literature must be reviewed, input from Grade 9-12 building administrators, guidance counselors, and special education directors must be sought, and a survey must be conducted.

Research Questions

1. Are there significant differences among Indiana public high school principals, Indiana public high school counselors, and Indiana public special education directors in perceptions of implementation of RTI at the secondary level as evident by the building composite score?
2. Do the six indicators of RTI implementation—progress monitoring, problem solving, universal screening, use of data assessments, differentiated instruction, and a level or tiered system—serve as predictors of special education enrollment in Indiana public schools?

Null Hypotheses

From the two research questions, the following null hypotheses were formulated.

H₀1. There are no significant differences among Indiana public high school principals, Indiana public high school counselors, and Indiana public special education directors in the perceptions of the implementation of response to intervention at the secondary level as evident by the building composite score.

H₀2. The six indicators of RTI implementation—progress monitoring, problem solving, universal screening, use of data assessments, differentiated instruction, and a level or tiered system—do not serve as predictors of special education enrollment in Indiana public high schools.

Definition of Terms

Administrator is a person who directs educational programs, sets learning standards, and creates policies to meet those standards.

Building Composite Score is the average of the composite scores for the six indicators of RTI.

Fidelity of implementation is the delivery of instruction in the way in which it was designed to be delivered.

High school is a public school setting that educates students in Grades 9-12.

Intervention is the systematic and explicit instruction provided to accelerate growth in an area of identified needs.

Multi-tiered model provides different levels of intensity (universal-Tier I, targeted-Tier II, intensive-Tier III) based upon student responsiveness to intervention, with ongoing progress monitoring and focused assessments.

Progress monitoring is the ongoing process that involves collecting and analyzing data to determine student progress toward specific skills or general outcomes.

Response to intervention (RTI) is a process that schools can use to help children who are struggling academically or behaviorally.

Special education director is a certified special education teacher who is certified in educational leadership.

Teacher is a certified professional employee teaching in a secondary level school.

Tier I (Universal) interventions are those provided to all students in the classroom, regardless of individual needs.

Tier II (Targeted) interventions are to be implemented when assessment indicates that a student is not making adequate gains from universal instruction alone.

Tier III (Intensive) interventions are those that offer a student highly individualized, systematic and explicit instruction in an area of assessed need.

Assumptions

Assumptions of the study existed in the following manner:

1. The building administrators would respond with honesty and accuracy to the survey.
2. The school counselors would respond with honesty and accuracy to the survey.
3. Special education directors would respond with honesty and accuracy to the survey.

Delimitations

Delimitations of the study existed in the following manner:

1. The time frame established during which data were collected is the 2012-2013 academic year.
2. Surveys were administered to secondary buildings that are configured Grades 9-12.

Summary and Organization of the Study

This study is divided into five chapters. Chapter 1 provided the study's introduction, a statement of the problem, the purpose of the study, research questions, assumptions, definitions of terms, and delimitations. Chapter 2 presents a review of related literature and research on implementation of RTI at the secondary level within the Grades 9-12 configurations. Chapter 3 presents information about the population sample, instrument used, and method of analysis. Chapter 4 presents findings. Chapter 5 presents a summary of findings and conclusions.

CHAPTER 2

REVIEW OF LITERATURE

Related literature and research provides reviews with regard to the issue of barriers to the implementation of RTI at the secondary level. The question remains whether RTI is implemented at the secondary level and whether it is delivered as a scientifically based, researched intervention, which can be delivered with fidelity. Research suggests that although RTI can be shaped to fit the philosophy, personnel, experience, and needs of a given school or district, there are some elements that are common to all RTI programs (Canter et al., 2008).

RTI integrates assessment and intervention processes within a school-wide, multi-level, or tiered prevention system to maximize student achievement and reduce behavior problems (McCook, 2006). Most of the instruction is provided in general education. RTI is more about general education than special education. Special education is very expensive. Significantly reducing special education identification would release financial resources that could be redistributed in general education, serving more children (Hale, 2008).

The USDOE (2002) defined RTI as a multi-tiered instructional framework that addresses the needs of all students, those who are struggling, and those already identified as special education. The USDOE wrote the guidelines but then told each state and local districts to develop their own plans. This caused many states to develop additional guidelines, and unfortunately no two states have the same process for RTI (National Center on Response to

Intervention, 2010). Because each state set additional guidelines or details for the implementation of RTI, the interpretation in identifying students with disabilities is different across the United States. Many special education directors have been instructed by their state's department of special education on what qualifies as guidelines in identifying students with disabilities. IDEA specifically states that a student can be referred for an evaluation at any time (Hughes & Dexter, 2011). Many schools tell families that their children cannot be referred to testing until the children have participated in Tier 1 or 2 of the school's RTI process (National Research Center for Learning Disabilities, 2007). This is not accurate; in fact, a parent can request testing at any time, but the RTI team does have a right to deny testing based on data collected that support the student is making progress (National Research Center for Learning Disabilities, 2007). This is when progress monitoring and data collection from school RTI teams become imperative documentation (National Research Center for Learning Disabilities, 2007). If a parent still disagrees with the school's response, the parent has the right to either file a complaint with the state's department on education or file for a due process hearing (National Research Center for Learning Disabilities, 2007).

NASDSE and CASE are working closely to overcome many barriers of the successful implementation of RTI. Schools use RTI as a strategy to meet the goals of No Child Left Behind (NCLB; 2002). Special education directors support the implementation of RTI at the local level because students have a range of learning needs, not just a one-size-fits-all mold.

The RTI process is a multi-step approach to providing services and interventions at increasing levels of intensity to students who struggle with learning. Staff closely monitors the progress students make at each stage of intervention. Results of this monitoring are then used to

make decisions about the need for further research-based instruction and/or intervention in general education, special education, or both (McCook, 2006).

With RTI, schools identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions, and adjust the intensity and nature of those interventions based on a student's responsiveness (National Center on Response to Intervention, 2010). RTI may be used as part of the determination process for identifying students with specific learning disabilities or other disabilities (National Center on Response to Intervention, 2010).

So why are many school and districts struggling to reap the benefits of RTI? Some educators mistakenly view RTI as merely a new way to qualify students for special education, focusing their efforts on trying a few token regular education interventions before referring students for special education testing without progress monitoring, differentiated instruction, or a data collection to support Tier 3 (Buffum, Mattos, & Weber, 2010). The purpose of RTI is to provide all students with the best opportunities to succeed in school, identify students with learning or behavioral problems, and ensure that they receive appropriate instruction and related supports (National Center on Response to Intervention, 2010). Far too many educators find the cultural beliefs and essential practices of RTI such a radical departure from how schools have functioned for the past century that they are uncomfortable and unwilling to commit to the level of change necessary to succeed (Buffum et al., 2010).

Unfortunately, far too many schools and districts are asking the wrong questions, how do we raise our test scores? This often leads to teachers focused on teaching required state standards before the high-stakes state tests. This thinking also leads to misguided intervention decisions, such as focusing school remedial resources primarily on the *bubble kids* who are only

slightly below proficient and can make gains usually at Tier 1 level interventions (Buffum et al., 2010). Administrators who adopt this policy conclude that “if these students can improve, the school’s test scores will likely make a substantial short-term jump” (Buffum et al., 2010, p. 11). Unfortunately, students referred to Tier 2 often receive less help and continue to fall behind with this mindset from administration (Buffum et al., 2010).

Historically, when a student struggles in the regular education program, the educator’s first systematic response is to refer the student for special education testing (Buffum et al., 2010). It has been the belief of many educators that if a student fails in general education, the student must have a disability. But special education testing does not and cannot assess the effectiveness and quality of the teaching that the student received (Buffum et al., 2010). Special education also “cannot identify a child as special needs due to cultural diversity” (Klotz, 2007, p. 2). RTI looks at it differently. When a student struggles, it is not assumed the next step is special education but rather to “identify how can the school modify or change their teaching in order to meet the needs of the student” (National Center on Response to Intervention, n.d., p. 7). An important component of an effective RTI framework is the quality of the primary prevention level (core curriculum), also referred to as Tier 1, where all students receive high quality instruction that is culturally and linguistically responsive and aligned to a state’s achievement standards (National Center on Response to Intervention, 2010). In a well-designed RTI system, primary prevention, Tier 1, should be effective and sufficient for about 80% of the student population (National Center on Response to Intervention, 2010). Unless schools are able to change the thinking process of staff and move beyond the flawed question of “does this student qualify for special education?” it is unlikely that they will ever see RTI as anything more than a new way to identify students for special education (Buffum et al., 2010).

School-Level Leadership for RTI

In order for the RTI process to be effective in any building there must be staff support and training (National Center on Response to Intervention, 2010). “Teachers who do not receive thorough training in the basic principles of RTI and scientifically-proven instructional strategies will not be effective in implementing the three tiers or the needed interventions per tier” (Crockett & Gillespie, 2007, p. 6). “A considerable amount of professional development needs to be provided in the beginning stages of establishing RTI systems for capacity building” (National Research Center for Learning Disabilities, 2007, para. 1). Accountability for positive outcomes for all students is a shared responsibility of all personnel if the school expects to have positive outcomes. Critical to any type of system change and movement toward improvement a school must provide continuing training or professional development and assistance to all staff (National Research Center for Learning Disabilities, 2007). To develop consistency across programs, it is beneficial if state departments of education, as well as local educational agencies or districts, offer three or more opportunities for professional development throughout the year (National Research Center for Learning Disabilities, 2007). To meet the needs of all participants, professional development could be delivered in a variety of formats: workshops, guided practices, seminars, statewide conferences, distance learning, videoconferences, and online courses. This training would require on-going professional development and support from the building administrator (National Center on Response to Intervention, 2010). It is vital to offer continuing, job-embedded professional development that addresses implementation of RTI and improved student outcomes. Some areas of professional development could include collaborative decision making;

effective use of data, including data gathered through progress monitoring; collaborative delivery of instruction/interventions, research-based instructional practices, including supporting materials and tools, information on what constitutes *interventions* versus *accommodations and modifications*; prescriptive and varied assessment techniques; progress monitoring techniques; as well as parent engagement strategies. (National Center for Learning Disabilities, 2007, para. 4)

This could easily take a year, and most districts hire outside consultants who are usually involved in the guidance and delivery of the training (Crockett & Gillespie, 2007).

Focus on Student Learning

Buffum et al. (2010) believed that if educators begin to complete the items on their RTI to-do lists, such as administering a universal screening assessment, regrouping students in tiered groups, or creating a tutorial period, it would help reduce RTI to single actions to be accomplished instead of ongoing processes to improve teaching and learning (Buffum et al., 2010). In other words, a school's goal should not be to administer a universal screening assessment in reading but to ensure that all students are able to read proficiently (Buffum et al., 2010). Universal screening is a type of assessment that is characterized by the administrators and staff as a quick, low-cost repeatable testing of age-appropriate skills to all students (NASDSE & CASE, 2006). To determine the effectiveness of curriculum, instruction, and school organization and to determine students' levels of proficiency in essential academic areas, schools administer screenings to all students, usually three times a year (Fuchs, Fuchs, & Compton, 2010). Screening data allow for the inspection of both group performance and individual student performance on specific skills in an organized format (NASDSE & CASE, 2006). Universal screens may be repeated with a small group of students, to determine whether

or not lower scores represent skill deficits (“can’t do’s”) or performance deficits (“won’t do’s,” NASDSE & CASE, 2006).

There are several examples and sources of universal screens that schools can implement at a cost or no cost:

- Oral Reading Fluency
- Spelling Letter Naming Fluency
- Letter Sound Fluency
- Phoneme Segmentation Fluency
- Nonsense Word Fluency
- Math: Computation, Facts (Aimsweb Assessment and Data Management for RTI, 2010, p. 1)

Defining RTI

The National Center on Response to Intervention offered a definition of response to intervention that reflects what is currently known from research and evidence-based practice.

The National Center on Response to Intervention (2010) believes

rigorous implementation of RTI includes a combination of high quality, culturally and linguistically responsive instruction, assessment, and evidence-based intervention.

Further, the NCRTI believes that comprehensive RTI implementation will contribute to more meaningful identification of learning and behavioral problems, improve instructional quality, provide all students with the best opportunities to succeed in school, and assist with the identification of learning disabilities and other disabilities. (p. 1)

Response to intervention

integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to reduce behavioral problems. With RTI, schools use data to identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions and adjust the intensity and nature of those interventions depending on a student's responsiveness, and identify students with learning disabilities or other disabilities. (National Center on Response to Intervention, 2010, p. 2).

RTI is a “multi-level instructional framework aimed at improving outcomes for *all* students” (Kashima, Schleich, & Spradlin, 2009, p. 1). It is preventive and provides immediate support to students who are at risk for poor learning outcomes. RTI may be a component of a comprehensive evaluation for students with learning disabilities (Lyon & Fletcher, 2001).

School staff members provide all students with scientifically based instruction in general education settings. An example of what scientifically based instruction is not a teacher reteaching the skill using the same format, materials, or strategies to a student or small group of students (Hale, 2008). Tutoring to some educators is a scientifically based approach but it is not (Hale, 2008). RTI is “a framework for providing comprehensive support to students, not an instructional practice” (National Center on Response to Intervention, 2010, p. 4). RTI is a “prevention oriented approach to linking assessment and instruction that can inform educator's decisions about how best to teach their students” (National Center on Response to Intervention, 2010, p. 4). The purpose of screening is to identify students who are at risk of poor learning outcomes (Mahdavi & Haager, 2007). NCRTI defined universal screening as “brief assessments that are valid, reliable and demonstrate diagnostic accuracy for predicting which students will

develop learning or behavioral problems” (National Center on Response to Intervention, 2010, p. 8). These assessments are usually administered more than one time per year, such as fall, winter, and spring (Hughes & Dexter, 2011).

Failure to Implement RTI

A goal of RTI is “to minimize the risk for long-term negative learning outcomes by responding quickly and efficiently to document learning or behavioral problems and ensuring appropriate identification of students with disabilities” (National Center on Response to Intervention, 2010, p. 4). The tragic likelihood of failure, in the absence of very early intervention, is confirmed in numerous studies. Children identified as reading disabled after second grade rarely catch up to their peers (Lyon & Fletcher, 2001). Early intervention is especially warranted given remediation has been wrought with documented failure; it would only make sense to apply early intervention (Lyon & Fletcher, 2001). Remediation for older children fails for several reasons, but two stand out. First is quality, the instruction is frequently skimpy, highly general, and unsystematic. Second is timing, even excellent instruction may come too late, since many children lose their motivation to learn to read after a year or more of failure (Lyon & Fletcher, 2001). In an RTI framework, staff members implement scientifically based interventions, typically organized by increasing levels of intensity in three tiers to address identified student difficulties (Bradley, Danielson, & Doolittle, 2007). RTI employs a multi-level prevention system, which provides for the early identification of learning and behavioral challenges and timely intervention for students who are at risk for long-term learning problems (McIntosh, Bohanon, & Goodman, n.d.).

Staff members also conduct continuous monitoring of at-risk student performance for primary interventions, and more frequent monitoring for secondary and tertiary interventions

(McIntosh, Bohanon, & Goodman, n.d.). School staff use “progress-monitoring data and explicit decision rules to determine interventions’ effectiveness and necessary modifications” (Bradley et al., 2007, p. 10). Staff members assess the fidelity with which instruction and interventions are implemented. Delivering of an intervention with fidelity is a key component. Many teachers will start out implementing an intervention and then gravitate toward their old way of teaching, thus not implementing the intervention with fidelity (McCook, 2006). An educator also needs confirmation that the intervention they are implementing is being done correctly. If the intervention is not implemented as it is intended, there is no valid way to determine if the student is successful or not. The staff members also ensure that the RTI model includes provisions for referral for comprehensive evaluation, usually when the student has reached Tier 3 (Bradley et al., 2007).

The screening tools try to answer the following questions: Is our core curriculum working? Is instruction effective? And which students need additional assessment and instruction (McIntosh, Bohanon, & Goodman, n.d.)? The most commonly used screening tool used by schools at the primary level is the Dynamic Indicators of Basis Early Literacy Skills (DIBELS; Duffy, 2009). There are not many options for screening tools at the secondary level thus many teachers will develop their own such as curriculum-based measurement (CBM) to screen their own students.

Implementing a two-stage screening process identifies struggling students. “The first stage, universal screening, is a brief assessment for all students conducted at the beginning of the school year; however, some schools and districts use it two or three times throughout the school year” (National Center on Response to Intervention, 2010, p. 5). The focus is to identify students through the screening process who are at risk for poor learning outcomes (Duffy, 2009). The

screening tools used should be brief assessments that are valid, reliable, and evidence-based. Students are assessed at regular intervals such as weekly, biweekly, or monthly (Duffy, 2009).

For students who score below the cut point on the universal screen, “a second stage of screening is then conducted to more accurately predict which students are truly at risk for poor learning outcomes” (National Center on Response to Intervention, 2010, p. 5). The National Center on Response to Intervention defined a cut point as “a score on the scale of a screening tool or a progress-monitoring tool. For universal screeners, educators use the cut point to determine whether to provide additional intervention” (National Center on Response to Intervention, 2010, p. 5).

Progress Monitoring

The purpose of progress monitoring is to monitor the student’s response to primary, secondary, or tertiary instruction in order to estimate rates of improvement, identify students who are not demonstrating adequate progress, and compare the efficacy of different forms of instruction (Mahdavi & Haager, 2007). For progress monitoring tools, educators use the cut point to “determine whether the student has demonstrated adequate response, whether to make an instructional change, and whether to move the student to more or less intensive services” (National Center on Response to Intervention, 2010, p. 5).

Screening and progress monitoring data can be “aggregated and used to compare and contrast the adequacy of the core curriculum as well as the effectiveness of different instructional and behavioral strategies for various groups of students within a school” (National Center on Response to Intervention, 2010, p. 7). For example, if 60% of the students in a particular grade score below the cut point on a screening test at the beginning of the year, school personnel might “consider the appropriateness of the core curriculum or whether differentiated learning activities

need to be added to better meet the needs of the students in that grade” (National Center on Response to Intervention, 2010, p. 7).

Progress monitoring tries to answer the following questions: Are students meeting short and long term performance goals? Are students making progress at an acceptable rate? Does the instruction need to be adjusted or changed? A school implementing progress monitoring should be asking these questions of their staff and of themselves (Duffy, 2009). In an effective model of RTI school staff and administrators should implement a school-wide, multi-level prevention system (Duffy, 2009).

The Difference Between Tiers

In Tier 1, all students are provided with school- and classroom-wide instruction for all students including differentiated instruction. Tier 1 is high-quality core instruction and behavioral support that meets the needs of most students (National Center on Response to Intervention, 2010). “Tier 1 usually constitutes 80% of the student population” (McCook, 2006, p. 3). At this level, the intervention is

the district curriculum and instructional practices that are evidence-based, aligned with state or district standards, and incorporate differentiated instruction. Differentiation can involve mixed instructional groupings, team teaching, peer tutoring, learning centers, and accommodations to ensure that all students have access to the instructional program.

(National Center on Response to Intervention, 2010, p. 9)

These interventions take place in the general education classroom. At Tier 1 there are continuous screening, progress monitoring, and outcome measures. “Benchmark assessments should be conducted at least three times per year or the number required per school district”

(Burns, 2008, p. 13). Progress monitoring refers to a system of ongoing data collection on academic skills of interest.

The next tier, which is usually referred as Tier 2, is usually a supplemental group of interventions for students with at-risk response to primary level-interventions. Tier 2 usually constitutes 15% of students (McCook, 2006) and uses evidence-based interventions of moderate intensity that address the learning or behavioral challenges of most at-risk students (National Center on Response to Intervention, 2010). The focus at this level is on students identified through screening as at-risk for poor learning outcomes. “Secondary prevention typically involves small-group instruction that relies on evidence-based interventions that specify the instructional procedures, duration, and frequency of instruction” (National Center on Response to Intervention, 2010, p. 10). The instruction is delivered in the general education classroom or another setting within the school building. Secondary prevention has at least three distinguishing characteristics: “it is evidence-based, it relies entirely on adult-led small-group instruction rather than whole-class instruction, and it involves a clearly articulated, validated intervention, which should be adhered to with fidelity” (National Center on Response to Intervention, 2010, p. 10). “Intervention is most effective when the interventions are timely, structured, not mandatory, focused on the cause of a student’s struggles rather than on a symptom (for example, a letter grade) and administered by a trained professional” (Buffum et al., 2010, p. 15). Because prevention is the best intervention, “the effective RTI school would use universal screening data to identify students lacking the prerequisite skills for an essential standard and then provide targeted Tier 2 or Tier 3 support before delivering core instruction on that standard” (Buffum et al., 2010, p. 15).

The assessments used during Tier 2 are for progress monitoring and diagnostic purposes. “Frequent measurement of the skill deficit and at least twice-monthly progress monitoring of general outcome skills are recommended” (Burns, 2008, p. 13). Secondary prevention or Tier 2 is expected to “benefit a large majority of students who do not respond to effective primary prevention” (National Center on Response to Intervention, 2010, p. 11). As evidenced by progress monitoring data, “students who do not benefit from the interventions provided under secondary prevention may need more intensive instruction or an individualized form of intervention, which can be provided at the tertiary prevention level, Tier 3” (National Center on Response to Intervention, 2010, p. 11).

The last tier usually referred to as the tertiary level or Tier 3 is specialized instruction for students with intensive needs. Interventions at Tier 3 are for students who have not responded to primary or secondary level prevention (McCook, 2006). Tier 3 is “individualized intervention(s) of increased intensity for students who show minimal response to secondary prevention” (National Center on Response to Intervention, 2010, p. 4). In RTI, Tier 3 special education services are not dramatically different from Tiers 1 and 2 interventions. These special education services in the Individualized Education Program (IEP) are to be “based on peer-reviewed research as intensive progress monitoring continues” (Hale, 2008, p. 4). What is different is the intensity of instruction. Because special education is a service, “a child can receive special education services in an inclusive or general education setting, or intensive remedial services in a one-on-one setting” (Hale, 2008, p. 4). The intensity depends “on the child’s educational needs and learning style” (Hale, 2008, p. 4). The instruction is intensive, and a supplemental instruction is delivered to small groups or individually. The instruction usually takes place in the general education classroom or other classrooms within the school building. The assessments

done at this level are progress monitoring and diagnostic. At least “weekly progress monitoring and frequent informal classroom-based assessments are completed” (Burns, 2008, p. 13).

Progress monitoring data are used to determine when a student has or has not responded to instruction at any level of the prevention system (Hale, 2008). Examples of interventions are: increasing the time, increasing the frequency of instructional sessions, reducing the size of the instructional group, or adjusting the level of instruction (National Center on Response to Intervention, 2010). Because “Tier 3 students often have multiple needs, intensive help must be individualized, based on a problem-solving approach” (Buffum et al., 2010, p. 15). It is unlikely that a single program will meet the needs of a student in Tier 3, as many of these students have had multiple failures.

Albert Einstein described insanity as doing the same thing over and over again and expecting different results. In the RTI approach, doing more of the same for a child who has not responded previously does not make sense when the additional information gained from a comprehensive evaluation could guide subsequent intervention efforts. “By continually monitoring and modifying (as needed) each student’s program, the teacher is able to design an effective, individualized instructional program” (National Center on Response to Intervention, 2010, p. 11). If a student fails to respond to intervention, the student may have a learning disability or other disability that requires further evaluation. If a student is referred in Tier 3 for special education evaluation, the examiner must consider data collected and progress monitoring of the student and measure such as tests of cognition, language, perception and social skills (National Center on Response to Intervention, 2010). In this way, “effectively implemented RTI frameworks contribute to the process of disability identification by reducing inappropriate identification of students who might appear to have a disability because of inappropriate or

insufficient instruction” (National Center on Response to Intervention, 2010, p. 7). IDEA allows states to use a process based on a student’s response to scientific, research-based interventions to determine if the child has a specific learning disability (Duffy, 2009, p. 1).

Student’s Response to RTI

In an RTI framework, “a student’s response to success with instruction and interventions received across the levels of RTI would be considered as part of the comprehensive evaluation for SLD disability” (National Center on Response to Intervention, 2010, p. 12). The school must consider the cultural and linguistic background of students, while recognizing the student’s strengths in all areas (National Center on Response to Intervention, 2010). By encouraging practitioners to implement early intervention, RTI implementation should improve academic performance and behavior, simultaneously reducing the likelihood that students are wrongly identified as having a disability (National Center on Response to Intervention, 2010).

“A school focused on meeting the needs of every student would develop a problem-solving team, composed of a diverse group of education experts who can address the student’s social, emotional, and learning needs” (Buffum et al., 2010, p. 15). “The purpose of the team would not be to determine what is wrong with the student but to identify the specific needs the student still experiences after Tier 2 intervention, quantify them, and determine how to meet them” (Buffum et al., 2010, p. 16). At Tier 3, it is also important to quantify the student’s specific learning needs.

It would not be enough to say that a student’s problem is reading. Instead, a school team might find that a 2nd grade student is reading at grade level 20 words per minute compared to an expectation of a peer reading 40 words per minute. (Buffum et al., 2010, p. 16)

As students progress they may change intermittently throughout the three levels. A student might make the gains at one particular tier and then never need to move to a different tier. If a student is not making progress at a particular tier, the school may need to change the intensity and nature of instruction. Duration, frequency, interventionist, group size, and interventions used must be considered when assessing a student who is not making progress at a particular tier (Gibbs, 2009).

Scientifically-Based Instruction

A common feature of an RTI model is that all students are provided with scientifically-based instruction in general education settings. The staff must use the data analysis at all levels of RTI implementation as well as all levels of prevention (McCook, 2006). The administrators must ensure that routines and procedures are established for making the decisions for the scientifically-based instruction. All staff must be explicit on decision rules for assessing student progress such as timelines, benchmarks, and levels. Scientifically-based research is data from research that validates the efficacy of the intervention as it is shown to improve the results for students who receive the intervention. “Research-based interventions may incorporate design features that have been researched but not been studied in the efficacy of the intervention” (National Center on Response to Intervention, 2010, p. 6).

RTI Team Responsibility

The responsibility of the staff is to gather data to compare and contrast the adequacy of the core curriculum and the effectiveness of different instructional and behavioral strategies to be considered for use in Tier 1 (Gibbons, 2008). Students can be screened in both academic and behavior areas to identify at-risk students. This data is also instrumental in making decisions about the scientifically based instruction, if a student has movement within the multi-level or tier

system, and if identifying a student with a possible disability (Bailey, 2010). Many dropouts can be identified in the first year of high school and provided with interventions, they may elect to stay in school (Ehren, 2009). “According to the U.S. Department of Education, the graduation rate of students with special needs is 57%” (Buffum et al., 2010, p. 11). The gathering of the following data may be useful when attempting to identify students at-risk. Those factors would be: attendance, grades, engagement indicators, and criteria for those students who are off track for graduation (Heppen & Therriault, 2009). “Schools can track ninth-graders and note those who miss 10 days or more of school within the first 30 days” (Martin, 2007, p. 3). Another preventive measure would be that schools monitor first semester grades of freshmen and identify those who are failing core academic subjects. Schools should monitor end-of-year grades as well (Kennely & Monrad, 2007). Schools should track students who will not be promoted to tenth grade as a result of failing too many core subjects. Students caught either in the freshman year or sophomore year and are given intensive interventions may not drop out of school (Burns, 2008).

In 1999, when Dr. Jill Martin became the principal of Thomas B. Doherty High School in Colorado Springs, Colorado, she was faced with some significant challenges (Center for Comprehensive School Reform and Improvement, 2008, para. 16). Several initiatives she and her staff implemented at the high school were divided into the three tiers. In the first tier, they had such programs as peer mediation, parent connect, student connect, peer tutors, and professional learning communities to name a few. In Tier 2, home school credit assessment, freshman academy, behavioral support and truancy court were just a few of the many initiatives. At the Intensive tier or commonly referred to as Tier 3, the programs were Job Corp, home tutoring programs, IEPs and 504s, alternative placement and success maker math and reading.

At each tier, there were several programs or initiatives except for the Intensive tier. At this intensive level, there did not appear to be many programs or initiatives for the more intense or needy student (Martin, 2007).

Effective tiered-intervention strategies depend on accurate diagnostic information data about what is or are not working for students and what new adjustments need to be made, such as whether to move a student into or out of a more intensive level of support (Duffy, 2007).

Secondary support is considered the next level of support of RTI for students who do not respond to universal support are provided one or more secondary interventions, and if students are not successful with this level, it indicates the need for more intensive, individualized interventions (Hawken, Adolphson, MacLeod, & Schumann, 2009).

Strategies used in secondary interventions usually include a focus on both academic and behavioral concerns. Examples include repeated reading (Hasbrouck, Ihnot, & Rogers, 1999), math fluency timings (Rathvon, 2003), and teaching or re-teaching school-wide expectations or social skills lessons (Gresham, 2002; Langland, Lewis-Palmer, & Sugai, 1998). Vaughn, Linan-Thompson, and Hickman (2003) suggest that students be instructed in smaller groups, using a carefully sequenced curriculum with instruction in conspicuous strategies. Crone, Horner, and Hawken (2003) suggest that in the domain of behavior, secondary interventions add additional structure to the school day or challenging routines, often through adult or peer role model contact and/or set routines, such as check-in/check-out feedback and mentoring interventions.

Examples of Interventions at the Secondary Level

Check and Connect is a program designed to promote student's engagement with school and learning. Students may be referred to the program if they exhibit academic, emotional, or behavioral warning signs (USDOE, 2011, p.1). Check and Connect is "implemented by a

monitor, who is a combination of a student mentor, an advocate, and a service coordinator” (U.S. Department of Education, 2011, p. 1). The monitor’s primary goal is to “keep education a salient issue for disengaged students and their teachers and family” (USDOE, 2011, p.1). “Student levels of engagement such as attendance, grades, and suspensions are checked regularly and used to guide the monitor’s efforts to increase and maintain the student’s connection with school” (USDOE, 2011, p. 1).

The challenge that accompanies using secondary interventions is the availability of time within the day. Schools need to be cautious to not have so many interventions that can be used simultaneously for both academic and behavioral. Integration with existing scheduling secondary schools often has difficulty scheduling time to support students with individualized instruction. Struggling readers can be grouped to practice study skills. Study halls can be used for either math or English labs for struggling students. If academic areas improve, then hopefully with interventions behaviors improve as well.

However, there are some secondary interventions that inherently provide moderate levels of academic and behavior support simultaneously, a benefit for students who need supports primarily in one area but who could use some assistance in another. Small group academic interventions provide an excellent opportunity to teach and reinforce pro-social classroom behaviors in a more controlled setting (McIntosh et al., n.d.). In addition, a student can be reinforced socially for their academic efforts, highlighting an avenue for accessing adult attention in the general education classroom (Shapiro, 1994).

As administrators are developing their teams for implementing RTI, they should look for the following components as they build their teams. The team should include a cross-disciplinary group of people such as a reading specialist, special education teacher, school

psychologist, speech-language pathologist, counselors, core content area teacher, social workers and most importantly building level administrator (McCook, 2006). During the planning phase, the leadership team at your school should review resources and staffing. Since funding sources are limited in many schools, schools will need to review how to best teach the secondary and tertiary level interventions (National Center on Response to Intervention, 2010). “Regardless of whether a school hires a full-time interventionist or recruits general and special education teachers to teach the interventions, these teachers must be experienced and have appropriate professional development, supports and resources” (Heppen & Therriault, 2010, p. 9).

School Counselor’s role in the Implementation of RTI

The role of the school counselor in relation to implementing RTI is aligned with many different roles. As the school counselor addresses the different tiers of RTI, their role changes dependent upon the tier. As stated in the American School Counselor Association (ASCA; 2008), a public school counselor assists in the academic and behavioral development of students throughout the implementation of RTI. ASCA (2008) provides a comprehensive developmental program model. ASCA’s model provides all students with a standards-based guidance curriculum to address universal academic, career, and personal/social development, which allows school counselors to analyze academic and behavioral data to help identify struggling students and to identify and collaborate on research-based intervention strategies that are implemented by school staff members. The model also believes counselors should evaluate academic and behavioral progress after interventions. It is the school counselor’s role per the ASCA model that the counselor should also revise interventions as appropriate. The public school counselor should also make necessary referrals to school and community services when necessary for families. Public school counselors should also collaborate with administrators about the RTI

design and implementation in their building. A valuable role of the school counselor is to advocate for equitable education for all students and must work toward removing systemic barriers (ASCA, 2008). As Cook (2008) noted in her research, the school counselor plays a vital role in the implementation of RTI in the public school settings. The alignment of the school counselor's role in the RTI process is very similar to an administrative role.

In Tier 1, the RTI process is the universal core of instructional interventions: all students, preventative and proactive, the roles of the school counselor are: “foundation (standards and competencies), delivery system (guidance curriculum), delivery (individual student planning), management (curriculum action plan) and accountability (curriculum results report” (Zugelder, 2010, p. 10). In Tier 2, the RTI process is made of supplemental/strategic interventions targeting students at some risk. The roles of the school counselors are “foundation (standards and competencies), delivery system (individual student planning), delivery (responsive services, consultation, individual counseling, small group counseling), management (closing the gap action plan), accountability (closing the gap results report” (Zugelder, 2010, p. 10). In Tier 3, the RTI process is intensive with individual interventions working with students who are at high risk. The roles of the school counselor in Tier 3 are “foundation (standards and competencies), delivery system (responsive services, consultation, individual counseling, small group counseling and referral to school or community services, management (closing the gap action plan) and accountability (closing the gap results report)” (Zugelder, 2010, p. 11). Each tier becomes more intensive as does the role of the school counselor in their role of implementation of RTI.

Challenges of Implementing RTI

Challenges that many secondary educators face with implementing RTI include; scheduling nightmares, course credit requirements, and acceptance of students to participate in

scientifically-based research interventions at this level (Center for Comprehensive School Reform and Improvement, 2008). Many school administrators reported struggling with scheduling such individualized, resource-intense instruction. Several school administrators used existing special education classes and current teachers to provide instruction to the students who were having the most difficulty, even if they were not identified as having a specific learning disability (National Center on Response to Intervention, 2010). At the secondary level, the focus is on learning content and using higher-level thinking skills within subject areas (Fuchs et al., 2010). This practice does not readily lend itself to the use of universal screening tools, ongoing progress monitoring, and the interventions that work across the subject areas.

Finding the time to assess and monitor progress can be tricky; however, the powers to select and implement instruction with the precision of a laser beam (rather than the scattered approach of a shotgun), cannot be discounted. Teaching children to read can be accomplished much more effectively and efficiently if the teacher knows what skills the children already have and which ones need to be developed (Mahdavi & Haager, 2007). Secondary students attend multiple classes, some less than an hour in duration, taught by different teachers who may rarely interact with each other. Teaming across subject areas requires additional time and scheduling flexibility (Center for Comprehensive School Reform and Improvement, 2008). Successful implementation will most likely require high schools to adopt, if they have not already done so, practices and procedures for ongoing capacity building and collaboration (Canter et al., 2008). Examples of practices and procedures include; identifying relevant screening and progress monitoring tools across subject areas, tying student progress monitoring measures to local curricular and state content standards, and making sure measures are sensitive enough to discern benchmarks (Canter et al., 2008). Identifying appropriate intervention models that work across

subject areas and ensuring that they are implemented appropriately as well as establishing teams including a cross disciplinary group of subject area teachers, specialists, and administrators that can make a difference are also good practices and procedures (Canter et al., 2008). Other practices and procedures include developing a viable process that clearly articulates how the model will work including student scheduling, RTI team meeting time, and data retrieval (Canter et al., 2008).

There are factors that could be impacting a student's learning, which have nothing to do with their ability but may need to be addressed through interventions. Studies have shown that some of the outlying factors are poverty, transient students, safety concerns related to getting to school, such as passing through gang territory, home responsibilities, and poor transportation (Ormrod, 2006). These factors may not impact a student's cognitive ability but may impact their school participation, and often schools must implement interventions to help with such issues (McIntosh et al., n.d.).

Over-age students, (those who are at least two years older than their peers in a particular grade level) were a priority issue in many schools (Ormrod, 2006). Schools must take into consideration the cultural backgrounds and linguistic needs of students and their families in order for the interventions to be successful. In Washington, DC, public school interventions such as afterschool programs, day care, tutoring, and mentoring were implemented to meet the specific needs of these areas (Center for Comprehensive School Reform and Improvement, 2008). The district implemented a district wide student support teams (SSTs) to address the needs of struggling students. Team members use a decision-making process in which they analyze data for individuals or groups of students, identify a problem and intervention, monitor the implementation of the intervention, review data collected on the intervention, and make further

recommendations. Another issue discussed was that peers who tend to be at least two grade levels below their peers tend to drop out of school. Interventions were put into place and results were tracked (Center for Comprehensive School Reform and Improvement, 2008). The study conducted in Washington, DC, showed over-age students are at serious risk for dropping out. Data showed there were 150 over-age ninth graders, 100 over-age 10th graders, and 70 over-age 11th graders attending one high school. Teams at that high school developed individual plans for each over-age student and tracked results (Duffy, 2009). The school developed a model of RTI through district-wide SSTs to address the needs of struggling students (Center for Comprehensive School Reform and Improvement, 2008). The school-wide teams made recommendations that all teachers must implement, thus obtaining buy-in becomes an important consideration (Center for Comprehensive School Reform and Improvement, 2008).

Movement Among Tiers

The movement across the tiers also makes it difficult for students to start an intervention, be successful, and then move to a different level (Burns, 2008). This challenge is due to credit requirements and course subjects. Implementing interventions at Tier 2 is often done in specially designed courses (Burns, 2008). This depends on the characteristics of the secondary school implementing the interventions. If a school uses a 50-minute class period, the school could provide a course in remedial reading instruction for students who are struggling readers in addition to the required English course for that particular grade level (Burns, 2008).

Another way of providing intense remediation is to provide a remedial course for reading or math simultaneously with a content area course (Burns, 2008). The first half of the class may be spent on content-area instruction and the second half on comprehension or decoding, dependent upon the need of the student. Educators can use a variety of techniques, based on

their individual needs, to integrate multi-level intervention classes into their schedules (National Center on Response to Intervention, 2010). A study conducted by National Center on Response to Intervention (2010) indicated that the schools in the study used elective periods as the most common approach to scheduling secondary and tertiary level classes. For example, if school personnel use a 7-period school day, and two of those periods are electives, then school personnel designated the electives as intervention classes for students needing interventions in either reading or math (National Center on Response to Intervention, 2010).

The common goal for staff and students was to have students meet academic benchmarks and move back into their elective courses of choice (National Center on Response to Intervention, 2010). Allowing students to transfer between remedial course and content area courses with little disruption to their learning was the goal of the intervention team (Burns, 2008). Implementations can be used for a block-scheduling school, which has 90-minute courses by breaking the class into 30-minute intervals. Due to small numbers, usually at the high school level, for students at the second tier, teachers could utilize small groups of students, allowing the teacher-to-student ratio to be kept at a minimal number (Burns, 2008). In addition to using elective periods, some educators chose to shorten the time of their classes by five minutes and add an additional class period to the end of the day. In many cases, school personnel also shortened transition times between classes to increase instructional time (National Center on Response to Intervention, 2010). The added instructional period provided either intervention or elective time for students. This method required all instructional staff to teach an intervention or an elective class (National Center on Response to Intervention, 2010).

Myths of RTI

There are several myths among school districts and educators that must be dispelled and the beliefs of many changed before RTI can work successfully in districts. Middle, junior, and high school students are very different from elementary and in fact very different from each other. One myth that many secondary staff members believe is that it is fruitless and a waste of time and money to spend on secondary-age students (Ehren, 2009). The thought is that by the time students reach secondary level, if they are not successful then there is nothing that can be done to salvage them at this point (Ehren, 2009). Many secondary educators also believe that elementary educators should have done their job and fixed the problems with the students before they reached their building (Ehren, 2009). Educators at the secondary level must remember that in order for a successful program to be implemented and delivered at the secondary level, student age needs to be taken into consideration (Ehren, 2009).

Intervention as early as possible in a student's school career is a must in order to avoid the reading failure that will otherwise occur. Since the causes of most early reading difficulties are similar regardless of whether a poor reader meets the aptitude/achievement-discrepancy definition of learning disability, it makes no sense to wait for a discrepancy to reveal itself (Lyon & Fletcher, 2001). Early intervention is especially warranted given the documented failure of remediation through conventional special education. In a revealing analysis of a large data set, Hoover Institution economist, Eric Hanushek and his colleagues found that placement in special education in Grades 3-6 was associated with gains of 0.04 in reading and 0.11 in math; such small gains indicate that children with learning disabilities are not closing the gap (Lyon & Fletcher, 2001).

Different Types of RTI Programs

A program for early intervening may work wonderfully at the elementary level but the same program would not necessarily work with the secondary-age student. Even though they may be a struggling reader or even read at an elementary level, the same material or program cannot be implemented for high school-age students. Even though secondary educators do not see literacy as their responsibility it is indeed a major responsibility of theirs (Gibbs, 2009). Students must have the literacy skill mastered in order to be successful readers (Gibbs, 2009). Many secondary educators do not always feel comfortable teaching literacy due to their own college preparation for teaching at the secondary level (Gibbs, 2009). There are not usually many courses designed to help secondary teachers learn how to teach literacy to high school age students (Gibbs, 2009).

Key questions that secondary educators and administrators should be asking are the following. Do we believe that all students can learn? Is our school committed to scientifically based instruction? Do we have a school wide approach to literacy? Who is involved in RTI at our school? When administrators ask themselves these questions, answers that they should be looking for are that their teachers have high expectations for all students, that teachers understand and implement differentiated instruction for all their students, and that teachers do not offer laziness as an explanation of poor performance (Ehren, 2009). Educators should do their research and use programs/techniques based on research with adolescents. There should be a system within the school for checking the fidelity of instruction delivered at each tier (Duffy, 2009). Assessment data are gathered and reviewed on a regular basis. The data collected should then be used in the classrooms to alter instruction as needed (Duffy, 2009). As the students are assessed and their interventions change, then so should their classes or programs.

If the entire school's personnel are on board with school-wide literacy then assessments should be gathered on at least an annual basis if not more often (Hasbrouck et al., 1999). Each school's improvement plan should address literacy and the expectations of students. In order for each intervention to be successful, teachers must obtain the required training needed for them to be successful implementers of literacy. One has to remember, most secondary educators did not receive literacy as part of their college prep work (Ehren, 2009).

Effective RTI Leaders

RTI leaders are from across general and special education areas (Hale, 2008). Everyone on the team or in the building should be able to explain the RTI approach being implemented in their building (Hale, 2008). If asked by parents or outside personnel, teachers should be able to explain the rationale behind RTI and why it is implemented in their building (Hale, 2008). A considerable amount of professional development needs to be provided in the beginning stages of establishing RTI systems for capacity building (National Research Center on Learning Disabilities, 2007). It is important that training opportunities be offered to parents as well as educators. Examples of topics for professional development might include collaborative decision-making, effective use of data, research-based instruction as well as what constitutes an intervention versus accommodations and modifications (National Research Center on Learning Disabilities, 2007).

Parent Role in RTI

Parents should be able to actively explain the concept of RTI and why their child might be receiving interventions at the school (National Center for Learning Disabilities, 2007). The school must have the parent involved from the beginning if the school wants the student to be successful (Ehren, 2009). The hallmarks of effective home-schooled collaboration include open

communication and involvement of parents in all stages of the learning process (Klotz & Canter, 2007). Both the National Center for Learning Disabilities and the National Joint Committee on Learning Disabilities advise parents to ask the following questions:

- Does our school use an RTI process? If not, are there plans to adopt one? Be aware that your child's school may call their procedures a "problem solving process," or may have a unique title for their procedures, e.g. Instructional Support Team, and not use the specific RTI terminology.
- Are there written materials for parents explaining the RTI process? How can parents be involved in the various phases of the RTI process?
- What interventions are being used, and are these scientifically based as supported by research?
- What length of time is recommended for an intervention before determining if the student is making adequate progress?
- How do school personnel check to be sure that the interventions were carried out as planned?
- What techniques are being used to monitor student progress and the effectiveness of the interventions? Does the school provide parents with regular progress monitoring reports?
- At what point in the RTI process are parents informed of their due process rights under IDEA 2004, including the right to request an evaluation for special education eligibility? (as cited in Klotz, 2007, p. 2)

Differentiated Instruction Versus RTI

RTI is not a new concept for educators who have not heard of differentiated instruction, which is a very similar concept to RTI. Administrators may be reluctant to take on another initiative, yet RTI does not require an overhaul for their building. The administrator can easily build off of the program that is currently implemented in the building for general education intervention (Canter et al., 2008). The struggle therein lies with administrators and making sure RTI is being implemented with fidelity and with scientific-based research interventions.

“When the administrator is actively involved in adopting the model and sends the message through ongoing meetings and discussions that it is a school priority, there is a greater chance of success” (Mahdavi & Haager, 2007, p. 26). Crockett and Gillespie (2007) added, “If the administrator does not accept changes and implantation of RTI, then the process would not likely be successful in that building” (p. 2). And, “The administrator needs to be active in RTI meetings and ensure that the interventions are being delivered with fidelity in the classroom” (Crockett & Gillespie, 2007, p. 4). Further building the argument

the building administrator has to be aware of all the interventions being provided to the general education students and make sure they are being implemented. Administrators must acknowledge the work being undertaken by the staff and the building administrator must reward it. (Crockett & Gillespie, 2007, p. 2)

With a strong focus on the principal, “Administrators must lead by staying focused on the vision that schools will do whatever it takes to help all students succeed” (Crockett & Gillespie, 2007, p. 4). Realizing “it also becomes a struggle for the building administrator if the teacher is not effective in implementing the interventions with fidelity” (Crockett & Gillespie, 2007, p. 6), the principal is put to task with this type of approach to helping students.

Even though RTI is being adopted by many school districts across the nation, district administrators still say three primary obstacles persist: (a) insufficient teacher training, (b) lack of intervention resources, and (c) lack of an easy, comprehensive way to monitor and drive student achievement (Riley, 2009, p. 3). Many school administrators establish common planning or meeting times for content teachers to review and share student's information and progress and make data based instructional decisions (Duffy, 2009). Administrators need to keep in mind that teachers cannot use RTI as a substitute for special education. Struggling students can be successful at each tier dependent upon their intervention and intensity of that intervention (McCook, 2006). A student can make gains at each level without ever advancing to the level that would require further evaluations for special education. A struggle that many administrators may encounter is the availability to fund intervention programs given the financial constraints many schools now encounter (Crockett & Gillespie, 2007). It may even be a challenge for an administrator to have sufficient funding to support the data collection system.

Many schools have purchased data collection programs but they tend to be at the elementary level and offer more information than those at the secondary level. If an administrator is collecting data for a behavioral student, then the school can use several cost-effective means of collecting data such as discipline referrals, bus referrals and teacher write-ups (McIntosh et al., n.d.). "This does not cost the school but is a matter of collection and bookkeeping" (Crockett, 2007, p. 6). The administrator must be an integral part of the team for both academic and behavioral issues. The administrators can provide support in many ways. This can happen by attending RTI meetings, contacting parents, offering support to teachers when an intervention may not be working and providing financial support (Crockett & Gillespie,

2007). The financial support would be in professional development and the purchasing of materials to help their RTI teams be successful in their buildings.

“In order for RTI to be successful, administrators must require intensive interventions, delivered early, monitored frequently, and modified to meet the needs of students” (Crockett & Gillespie, 2007, p. 7). Administrators need to evaluate the efficiency and effectiveness of instruction in and out of the classroom. How well an administrator delivers these things and how well a teacher responds is one way of evaluating the effectiveness of the administrator in implementing RTI in the building. Successful implementation will most likely require high schools to adopt practices and procedures for ongoing capacity building and collaboration among their staff and with parents (Shoop, 2008).

Success of RTI at the Secondary Level

“RTI constructs hold great promise for high schools, particularly for programs and progress monitoring of specific interventions and dropouts” (Duffy, 2009, p. 7). It might seem odd to refer to prevention in secondary education, by the time some students get to middle school, they already have a pattern of academic failure that often worsens in high school. Another way to think about prevention relates to avoidance of negative consequences of poor academic achievement, including failure to earn a diploma and dropping out of school. “A number of those interventions are Check and Connect, Positive Behavioral Support, RENEW (Rehabilitation, Empowerment, Natural supports, Education, and Work), and programs that develop cognitive and megacognitive skills” (Duffy, 2009, p. 7). Another key intervention that research found successful at the secondary level is the effects of self-monitoring and active responding on the reading comprehension sections of core content. The self-monitoring required the participants to read a story and stop reading at their pre-determined places in the text.

Participants used a form to record the answers to five questions focusing on narrative story elements. Findings demonstrated a relation between the self-monitoring and reading performance (Crabtree et al., 2010). Several key mechanisms that are vital for the infrastructure of RTI to be successful are as follows;

- Identify screening and progress monitoring tools for high school level students across subject areas.
- Identify high school appropriate intervention models that work across subjects; consider implementation issues unique to high schools.
- Examine the changing roles for general and special education teachers.
- Determine universal instruction across content areas.
- Ensure structural supports for professional collaboration.
- Ensure ongoing professional development; and expand parent communication.

(Duffy, 2009, pp. 8-9)

Although RTI is becoming more widely used within our schools, it is still a long process and requires the support from administrators and the availability of professional development for staff members.

Implementing a range of secondary interventions is necessary because a well-developed and functioning RTI system includes a variety of interventions for secondary supports. There are some challenges that can be predicted for students at risk; academic skill acquisition, fluency and low levels of positive interactions are just a few (Gibbons, 2008). As a result of these being predictable, schools should have generic interventions in place to address those issues but they must be able to deliver them with fidelity and integrity. Without the monitoring of implementation of interventions delivered with fidelity by the administration it is often difficult

to determine if the student failed due to the lack of fidelity or whether the student failed to respond.

CHAPTER 3

RESEARCH METHODOLOGY

The purpose of the study was to determine if there is a difference among building administrators, guidance counselors, and special education directors on a perceived level of implementation of RTI at the secondary level and to determine if RTI serves as a predictor of students identified as special education. In order to effectively determine such differences, research and literature were reviewed, input from Grades 9-12 building administrators, guidance counselors and special education directors was sought, and a survey was conducted. The survey instrument was designed to determine if there is a difference in how Indiana public high school administrators, Indiana public high school counselors and Indiana special education directors perceive the implementation of RTI at the secondary level. The participants were selected solely on their job classification as an administrator, counselor or special education director. Age, gender, ethnicity, or health status played no role in the selection of the survey participants. The survey was divided into two sections. The first section served as identifying questions and the second section served as professional opinion in the implementation of RTI at the high school.

Research Questions

This study investigated the following two research questions.

1. Are there significant differences among Indiana public high school principals, Indiana public high school counselors and Indiana public special education directors in perceptions of implementation of RTI at the secondary level as evident by the building composite score?
2. Do the six indicators of RTI implementation—progress monitoring, problem solving, universal screening, use of data assessments, differentiated instruction and a level or tiered system—serve as predictors of special education enrollment in Indiana public schools?

Null Hypotheses

From the two research questions, the following null hypotheses were formulated.

H₀1. There are no significant differences among Indiana public high school principals, Indiana public high school counselors and Indiana public special education directors in the perception of the implementation of response to intervention at the secondary level as evident by the building composite score.

H₀2. The six indicators of RTI implementation—progress monitoring, problem solving, universal screening, use of data assessments, differentiated instruction and a level or tiered system—do not serve as predictors of special education enrollment in Indiana public high schools.

Instrumentation

Various surveys were reviewed in an effort to locate one that would properly address perceptions of the building administrator, guidance counselor, and special education director on

the implementation of RTI at the secondary level. Those surveys reviewed were the Spectrum K12/CASE Response to Intervention (RTI) Adoption Survey (Spectrum School Solutions, 2009), Response to Intervention Adoption Survey 2010 (Spectrum School Solutions, 2010), and Response-to-Intervention School Readiness Survey (Wright, 2006). Although all of these surveys were designed to address RTI, not one particular survey addressed all the questions I was seeking.

A survey was developed which addressed the six main components of RTI: (a) progress monitoring, (b) problem solving, (c) universal screening, (d) use of data assessments, (e) differentiated instruction, and (f) a level or tiered system to determine if there is a difference of perception of implementation between Indiana public building administrators, Indiana public school counselors and Indiana special education directors when RTI is implemented at the secondary level. This survey asked building administrators, guidance counselors, and special education directors what their perception of the implementation of RTI is in their respective district. The survey was voluntary and attempted to be free of penalty or prejudice. The data were stored in a confidential area for three years and then will be destroyed. I am the only one who had access to the data collected through the survey.

This study investigated the perception of building administrators, guidance counselors, and special education directors on the implementation of RTI at the secondary level. Stages of implementation of RTI were reviewed. All responses received on the surveys were kept confidential. Indiana public high school administrators, Indiana public high school counselors, and special education directors were disaggregated based upon their job title. Personal information was not recorded or included in the summary report. There was no further contact with the participants once the survey time frame expired.

Data Source

Data from the Indiana K-12 Education Data Compass, an online free data information system indicated 221 schools with the Grades 9-12 configuration (IDOE, 2011). The schools within this grade configuration represented urban, suburban, small town, and rural communities. The principals and counselors were selected from the data of the Indiana K-12 Education Data Compass (IDOE, 2011). This Internet tool allows people to access any school district within the state of Indiana. Three of the high schools were excluded due to the fact I am employed by the three districts. The names of special education directors were obtained from the IDOE (2011) special education directors list. From the information obtained via the IDOE Data Compass and IDOE Special Education Directors list, a survey was sent electronically to each Indiana public high school principal, counselor, and special education director. The number of special education directors varied in relation to the schools due to cooperatives or inter-locals serving more than one school within their district. Data were collected via the surveys sent to the three subgroups of study.

By accessing the IDOE online site, the special education enrollment for Grades 9-12 was provided for each building within each district. This site also provided the e-mail addresses and websites for many high school 9-12 buildings.

Survey Design

The survey consisted of 19 items. The content was created from information identified through the literature. The survey was designed to be answered on a four-point Likert scale with 0 = *lack of skills or basic knowledge* in this model, and 3 = *fully knowledgeable* in this model as it related to the implementation of RTI in the participant's building. The first four questions were designed to serve as identifiers to the district such as: (a) job title, (b) name of school, (c)

does your district have a RTI process, and (d) at what stage is your district in RTI implementation? The remaining 15 questions were developed and supported by research to determine barriers of implementation at the secondary level. Each participant's opinion of his or her building's implementation of RTI was reflected in one of the following stages on the Likert scale, unknown, investigating, planning and piloting. There were minor potential risks for the participants in completing the survey as they submitted their perceptions only and the data did not identify any participant.

During the spring of 2012, the initial instrument was piloted using three public school principals, three high school counselors, and one special education director for the purpose of receiving input regarding the clarity of survey questions, content validity, wording, and length. These seven individuals were excluded from the participant list. Their school and e-mail information was obtained from the IDOE Data Compass.

Survey Administration

During the spring of 2012, an e-mail with the attached survey was sent to a sample of school administrators and high school counselors. The survey was also submitted to special education directors. The number of special education directors correlated with the multiple school districts served by each director. The IDOE's website was utilized to obtain the e-mail information for both the school administrators and school counselors. The director's email contact was obtained through the directors' listserv for the state of Indiana.

Participants

Each participant was selected based on a selection process. First, a list of Indiana public high school Grades 9-12 was created that fit the qualification of 9-12 schools." Once the first participants responded, those individual schools were removed from the list and the same survey

was submitted a second time to the same group of participants who worked within the Grade 9-12 Indiana public high school setting. The special education directors were alphabetized and every director received a survey. Once that list was exhausted, those participants were removed from the list and another e-mail was sent with the survey. By circulating the survey and removing the first group of participants or nonparticipants, it helped reach the desired number of 50%. Research showed that there are 221 Indiana public high schools of Grades 9-12 configuration (IDOE, 2011). Fifty percent of that number would be 110. The 110 school settings were designated rural, suburban, small town, and urban. The last published directory of special education directors listed 130. Sixty-five participants represented 50%. These participants may or may not be linked to the participating schools due to the fact that special education directors either led a cooperative or Inter-local that usually consisted of many schools.

An e-mail was sent to inform those selected participants of the purpose of the survey and encourage participation regarding the attached survey. The survey was submitted to participants with valid email addresses through Survey Monkey.

Two weeks following the initial e-mail, a follow-up e-mail was sent. The targeted sample population for each high school administrator, high school counselor, and special education director was the same as the initial email list.

Data Analysis

Descriptive and inferential statistical methods were used to analyze the data. The independent variable represented the different groups of participants in this study. The participants included: Indiana public high school Grade 9-12 administrators, Indiana public high school Grade 9-12 counselors, and Indiana special education directors. The dependent variables for this study included the four stages of the implementation of RTI. These included unknown,

investigation, planning, and piloting stages in each district in relation to the implementation of RTI. An ANOVA was used to determine if there was a significant difference among building administrators, guidance counselors, and special education directors. Multiple regression was used to determine if the six indicators of RTI implementation predict a significant proportion of the variance in special education enrollment numbers per building.

The information obtained was applicable and helpful to any or all high schools that struggle with the implementation of RTI at the secondary level. The information gathered provides suggestions for interventions at the secondary level. Those participants in the survey could request a copy of the statistical findings and apply the information to their districts to help implement a successful RTI program in their building.

CHAPTER 4

PRESENTATION AND ANALYSIS OF DATA

The purpose of the study was to determine if there is a difference among building administrators, guidance counselors, and special education directors on a perceived level of implementation of RTI at the secondary level and to determine if RTI serves as a predictor of students identified as special education. Current research and literature was reviewed in order to develop a survey instrument intended to harvest the desired input from the sample.

The survey tool was designed to determine if there was a difference in the perception of the Indiana public school Grade 9-12 building administrators, Indiana public school counselors Grade 9-12, and Indiana special educator directors in the implementation of RTI in their building. The components of the survey were divided into two sections. The first section was used for identifying the job title of the person completing the survey, obtaining the percent of special education in their respective building, asking if the district had an RTI process and at what stage the district was in RTI implementation. The second section consisted of 22 questions pertaining to RTI and the six components that made up the RTI process such as progress monitoring, problem solving, universal screening, use of data assessments, differentiated instruction and the three tier levels.

The results of the three surveyed groups, Grade 9-12 Indiana high school principals, Grade 9-12 Indiana high school counselors, and Indiana special education directors were then

compared to determine if significant differences existed, and if any of the six components of RTI are predictors of special education services.

Research Questions

1. Are there significant differences among Indiana public high school principals, Indiana public high school counselors, and Indiana public special education directors in perceptions of implementation of RTI at the secondary level as evident by the building composite score?
2. Do the six components of RTI implementation—progress monitoring, problem solving, universal screening, use of data assessments, differentiated instruction, and a level or tiered system—serve as predictors of special education enrollment in Indiana public schools?

Presentation of Study Sample

In August of 2012, the survey was sent electronically via Survey Monkey to Indiana public high school administrators, Indiana public high school counselors, and Indiana special education directors. A list of current high school principals and counselors was obtained through the Indiana Department of Education. The Indiana special education director's list was obtained through the special education department of the Indiana Department of Education. The administrators and counselors were chosen if the building they currently worked in consisted of Grades 9-12 Indiana public high school. The special education directors serve many districts that encompass buildings consisting of Grades 9-12.

A review of the submitted and returned surveys revealed the following results. Of the 100 electronically sent administrator surveys, 50 were completed and submitted. Of the 100 electronically sent counselor surveys, 25 were completed and submitted. Of the 100

electronically sent special education director surveys, 24 were completed and submitted. The total number completing the survey was 99. The return rate overall for the three groups combined was 33%.

According to the results of the question “Does your district have an RTI process?” 86.9% reported *yes*. Eleven (11.1%) reported that their district did not have an RTI process. Two (2.0%) people chose to not respond to this question. This question was pertinent to the survey since the IDEA had been revised in 2003 and schools were to have in place some type of early intervening services.

Administrators who participated in the survey answered the following question, “Does your district have an RTI process?” Forty-six (92.0%) high school administrators perceived their districts as having an RTI process. Of the high school administrators who responded to the survey, three (6.0%) felt their district did not have an RTI process in place. One person elected not to answer ($n = 1$, 2.0%).

Of the 25 counselors who participated in the survey, 19 (76.0%) stated their district did have an RTI process in their building. Five (20.0%) reported their district did not have a process and one person chose to not answer this question (4.0%).

The results of the special education directors survey to the question, “Does your district have an RTI process?” indicated that 21 (87.5%) answered *yes*, to a district-wide RTI process. Three (12.5%) responded *no*. Their district did not have an RTI process.

The results of the question “What is the percent of special education students in your building?” indicated that only 87 people answered this question. The percent of students identified as special education per the responses of the survey ranged from the minimum of 3% to 30% as the maximum number of students with a mean building special education percentage

of 15 ($SD = 5.896$). The percentage of students in a high school setting can be based on early detection or identification at that level of a student's school career.

The question, "At what stage is your district in RTI implementation?" indicated the largest percent of survey participants found their district was in the piloting stage (52%). Twenty-three percent indicated that their district was in the planning stage, 10% were investigating the RTI implementation, and 14% indicated that they were uncertain at which stage their district was in the RTI implementation process. The stages of the RTI implementation in districts are provided in Table 1.

Table 1

Overall Sample Description of Stages of RTI Implementation (N = 99)

Stage	N	Percent
Unknown	14	14.1%
Investigating	10	10.1%
Planning	23	23.2%
Piloting	52	52.5%

The results of the administrators surveyed indicated that 54% believed their building was in the piloting stage. Thirty-two percent indicated that their district was in the planning stage, and 4% indicated their district was in the investigating stage. Ten percent were not sure of the stage of implementing RTI in their district. The information provided by the building administrator is provided in Table 2.

Table 2

Administrator Sample Description of Stages of RTI Implementation (N = 50)

Administrator	N	Percent
Unknown	5	10.0%
Investigating	2	4.0%
Planning	16	32.0%
Piloting	27	54.0%

The results from the counselor survey question, “At what stage is your district in RTI implementation?” indicated that 40% stated their district was in the piloting stage, 12% indicated that their district was in the planning stage. The investigating stage resulted in a 16% response and 32% indicated their district was at the unknown stage of RTI implementation. This information may be found in Table 3.

Table 3

Counselor Sample Description of Stages of RTI Implementation (N = 24)

Counselor	N	Percent
Unknown	8	32.0%
Investigating	4	16.0%
Planning	3	12.0%
Piloting	10	40.0%
Total	25	100.0%

The results from the question, “At what stage is your district in RTI implementation?” as it pertains to the special education directors indicated 62.5% believed they were at the piloting stage, and 16.7% were at the planning stage. The unknown respondents represented 4.2%. This information can be found in Table 4.

Table 4

Special Education Director Sample Description of Stages of RTI Implementation (N=24)

Special Education Director	<i>N</i>	Percent
Unknown	1	4.2%
Investigating	4	16.7%
Planning	4	16.7%
Piloting	15	62.5%
Total	24	100.0%

The results indicate that all three categories, building administrators, counselors, and special education directors, when questioned “At what stage is your district in RTI implementation?” indicated their districts were predominantly in the piloting stage of implementation. A detailed examination of the questions asked as they pertain to the implementation of RTI at the secondary level was also gathered. The total results of the frequency distribution for the level of implementation are provided in Table 5. This information reflects the surveys completed by all the respondents.

Table 5

*Number and Percentage of Responses for Survey Questions Regarding Stages of RTI**Implementation (N=100)*

Question	1	2	3	4
The building principal encourages and supports professional development of RTI for all staff.	10 (10.3%)	17 (17.5%)	45 (46.4 %)	25 (25.8%)
The building principal financially supports professional development for RTI.	20 (20.8%)	23 (24.0%)	29 (30.2%)	24 (25.0%)
The building principal strongly supports RTI as a model for identifying educational and behavioral disabilities.	11 (11.2%)	19 (19.4%)	41 (41.8%)	27 (27.6%)
The staff supports core curriculum and instruction for all students that are preventive and proactive, with flexibility grouping of students.	15 (15.2%)	24 (24.2%)	40 (40.4%)	20 (20.2%)
The RTI team is able to identify students who may need supplemental support in the form of interventions	4 (8.2%)	13 (26.5%)	23 (46.9%)	9 (18.4%)
The RTI team, through school-wide screening is able to determine which students are at risk.	14 (14.3%)	22 (22.4%)	40 (40.3%)	22 (22.4%)
The RTI team administers curriculum-based measurements (CBM) for progress monitoring easily and efficiently.	2 (23.2%)	29 (29.3%)	3 (34.3%)	13 (13.1%)
The RTI team use local or researched norms to judge the magnitude of a student's delay in basic academic skills.	21 (21.4%)	31 (31.6%)	36 (36.7%)	10 (10.2%)
The RTI team creates a customized rating form to allow the teacher to evaluate key student academic and/or general behaviors on a daily basis.	31 (31.6%)	34 (34.7%)	25 (25.5%)	8 (8.2%)

Table 5 (continued)

Question	1	2	3	4
The building principal records the integrity of the teachers' efforts implementing the intervention.	29 (29.6%)	39 (39.8%)	23 (23.5%)	7 (7.1%)
The building principal ensures that the screening and progress monitoring procedures are followed.	25 (26.0%)	3 (3.4%)	25 (26.0%)	1 (1.2%)
The staff administers progress monitoring on a timely basis (e.g., 3-weeks, 6 weeks, or 9 weeks).	29 (29.6%)	39 (39.8%)	23 (23.5%)	7 (7.1%)
The RTI team uses data to make informed decisions regarding placement in the RTI tier model.	20 (20.4%)	25 (25.5%)	31 (31.6%)	22 (22.4%)
The RTI team compares student data against expected benchmarks to determine whether a problem exists.	19 (19.2%)	24 (24.2%)	39 (39.4%)	17 (17.2%)
The RTI team uses a problem-solving process to determine what type of service each student should receive.	18 (18.6%)	28 (28.9%)	36 (37.1%)	15 (15.5%)
The RTI team uses a multi-disciplinary team of educators and specialists within the school to review the student's data to determine whether the student needs special education.	19 (19.22%)	20 (20.2%)	35 (35.4%)	25 (25.3%)

Note. Items are ranked on a scale of 1 (*Lack skills or basic knowledge of this model*), 2 (*Just starting to learn this model*), 3 (*Developing awareness of this model*), or 4 (*Fully knowledgeable in this model*).

Of the four categories in the survey, the administrator's responses were within the *Just starting to learn this model* or *developing awareness of this model*. The responses that fell within the *Developing awareness of this model* response were: The building principal encourages

and supports professional development of RTI for all staff; the building principal financially supports professional development for RTI; and the building principal strongly supports RTI as a model for identifying educational and behavioral disabilities. As a key player in the RTI team, a building administrator would be most knowledgeable in the role and implementation of the RTI team as indicated by the survey results.

A building administrator is responsible for the professional development for all staff at the building level, either financially or educationally. Thus, the survey response would be rated in the higher category as compared to the school counselor. The building administrator is instrumental in assigning RTI team roles in the building.

A building administrator is responsible to ensure professional development and assigning RTI team members, the biggest challenge comes in determining when and if an educator is delivering the intervention with fidelity and integrity. This becomes a challenge for administrators for various reasons: evaluating the implementation, time management and having valid documentation to ensure the interventions are being implemented as indicated by the survey results.

The responses of the counselors were examined as the research indicated their responsibility in the implementation of RTI at any level is vital to the overall process. The frequency distribution for the RTI questions for counselor is provided in Table 6.

Table 6

Counselor Survey Description of RTI Implementation (N=25)

Question	1	2	3	4
The building principal encourages and supports professional development of RTI for all staff.	3 (12.0%)	8 (32.0%)	9 (36.0%)	5 (20.0%)
The building principal financially supports professional development for RTI	9 (36.0%)	9 (36%)	2 (8.0%)	5 (20.0%)
The building principal strongly supports RTI as a model for identifying educational and behavioral disabilities.	4 (16.0%)	7 (28.0%)	7 (28.0%)	7 (28.0%)
The staff supports core curriculum and instruction for all students that are preventive and proactive, with flexibly grouping of students.	7 (28.0%)	5 (20.0%)	10 (40.0%)	3 (12.0%)
The RTI team is able to identify students who may need supplemental supporting the form of interventions.	6 (24.0%)	7 (28.0%)	6 (24.0%)	6 (24.0%)
The RTI team, through school-wide screening, is able to determine which students are at risk.	5 (20.0%)	8 (32.0%)	9 (36.0%)	3 (12.0%)
The RTI team administers curriculum-based measurements (CBM) for progress monitoring easily and efficiently.	8 (32.0%)	9 (36.0%)	7 (28.0%)	1 (4.0%)
The RTI team use local or researched norms to judge the magnitude of a student's delay in basic academic skills.	7 (29.2%)	10 (41.7%)	7 (29.2%)	0 (0%)
The RTI team creates a customized rating form to allow the teacher to evaluate key student academic and/or general behaviors on a daily basis.	8 (33.3%)	10 (41.7%)	5 (20.8%)	1 (4.2%)
The building principal records the integrity of the teacher's efforts implementing the intervention.	8 (33.3%)	10 (41.7%)	5 (20.8%)	1 (4.2%)

Table 6 (continued)

Question	1	2	3	4
The building principal ensures that the screening and progress monitoring procedures are followed.	8 (34.8%)	7 (30.4%)	7 (30.4%)	1 (4.3%)
The building principal creates accountability measures/sanctions for non-compliance of implementation of RTI with fidelity.	9 (37.5%)	10 (41.7%)	5 (20.8%)	0 (0%)
The RTI team uses data to make informed decisions regarding placement in the RTI tier model.	6 (25.0%)	7 (29.2%)	6 (25.0%)	5 (20.8%)
The RTI team compares student data against expected benchmarks to determine whether a problem exists.	5 (20.0%)	8 (32.0%)	9 (36.0%)	3 (12.0%)
The RTI team uses a problem-solving process to determine what type of service each student should receive.	5 (20.8%)	8 (33.3%)	8 (33.3%)	3 (12.5%)
The RTI team designs a goal-directed intervention, which is delivered with fidelity.	6 (24.0%)	8 (32.0%)	8 (32.0%)	3 (12.0%)
The RTI team utilizes RTI as an approach in qualifying a student for special education.	7 (28.0%)	5 (20.0%)	8 (32.0%)	5 (20.0%)
The RTI team refers students to special education after they have not been successful in Tier 2.	10 (41.7%)	7 (29.2%)	4 (16.7%)	3 (12.5%)
The RTI team uses a multidisciplinary team of educators and specialists within the school to review the student's data to determine whether the student needs special education.	7 (28.0%)	8 (32.0%)	5 (20.0%)	5 (20.0%)
The staff administers progress monitoring on a timely basis (e.g., 3 weeks, 6 weeks, or 9 weeks).	8 (32.0%)	5 (20.0%)	7 (28.0%)	5 (20.0%)
The RTI team is allowed professional development time to collaborate on students in the RTI process.	6 (24.0%)	10 (40.0%)	7 (28.0%)	2 (8.0%)

Although research indicates a school counselor plays a vital role on the RTI team, the survey revealed that this is not necessarily practiced in Indiana public schools. The survey results showed that most counselor respondents indicated their buildings were more in the lack skills or basic knowledge in reference to the implementation of RTI. The overall consensus of the survey results of Indiana high school public counselors was more in the *lack skills or basic knowledge of this model* and *just starting to learn this model* as compared to *developing awareness of this model* and *fully knowledgeable in this model*.

A building counselor would not be responsible or knowledgeable on the professional development attended by educators within the building, nor would the counselor be aware of the financial support provided by the building administrator for professional development. Due to the numerous job responsibilities of a school counselor, it is likely the counselor would not be aware of the professional development provided and supported by the building administrator. The survey responses recorded under the *just starting to learn this model* is indicative of the different roles assigned to a school counselor vs. a building principal.

The evaluation of staff in the implementation of interventions with integrity would be the responsibility of the building principal and not the school counselor. The counselor's perception on the accountability might be perceived differently than those of the building principal as indicated in the survey responses by counselors.

The role of the special education director is different somewhat than the other two respondent types. Their involvement does not become interactive until a student has reached Tier 3, and there is a need for special education testing. A detailed examination of the RTI data for the Indiana special education director responses ($n = 24$) was gathered. The frequency distribution for the RTI questions for special education director is provided in Table 7.

Table 7

Special Education Director Survey Description of RTI Implementation (N=24)

Question	1	2	3	4
The building principal encourages and supports professional development of RTI for all staff.	3 (12.5%)	2 (8.3%)	12 (50.0%)	7 (29.2%)
The building principal financially supports professional development for RTI.	5 (20.8%)	2 (8.3%)	11 (45.8%)	6 (25.0%)
The building principal strongly supports RTI as a model for identifying educational and behavioral disabilities.	2 (8.7%)	4 (17.4%)	12 (52.2%)	5 (21.7%)
The staff supports core curriculum and instruction for all students that are preventive and proactive, with flexibly grouping of students.	2 (8.3%)	7 (29.2%)	9 (37.5%)	6 (25.0%)
The RTI team is able to identify students who may need supplemental supporting the form of interventions.	1 (4.2%)	7 (29.2%)	11 (45.8%)	5 (20.8%)
The RTI team, through school-wide screening, is able to determine which students are at risk.	3 (13.0%)	5 (21.7%)	10 (43.5%)	5 (21.7%)
The RTI team administers curriculum-based measurements (CBM) for progress monitoring easily and efficiently.	6 (25.0%)	8 (33.3%)	7 (29.2%)	3 (12.5%)
The RTI team use local or researched norms to judge the magnitude of a student's delay in basic academic skills.	6 (25.0%)	8 (33.3%)	8 (33.3%)	2 (8.3%)
The RTI team creates a customized rating form to allow the teacher to evaluate key student academic and/or general behaviors on a daily basis.	12 (50.0%)	5 (20.8%)	6 (25.0%)	1 (4.2%)
The building principal records the integrity of the teacher's efforts implementing the intervention.	7 (29.2%)	9 (37.5%)	8 (33.3%)	10 (0%)

Table 7 (continued)

Question	1	2	3	4
The building principal ensures that the screening and progress monitoring procedures are followed.	6 (25.0%)	9 (37.5%)	6 (25.0%)	3 (12.5%)
The building principal creates accountability measures/sanctions for non-compliance of implementation of RTI with fidelity.	10 (41.7%)	8 (33.3%)	5 (20.8%)	1 (4.2%)
The RTI team uses data to make informed decisions regarding placement in the RTI tier model.	5 (20.8%)	7 (29.2%)	7 (29.2%)	5 (20.8%)
The RTI team compares student data against expected benchmarks to determine whether a problem exists.	4 (16.7%)	8 (33.3%)	6 (25.0%)	6 (25.0%)
The RTI team uses a problem-solving process to determine what type of service each student should receive.	4 (17.4%)	10 (43.5%)	5 (21.7%)	4 (17.4%)
The RTI team designs a goal-directed intervention, which is delivered with fidelity.	5 (20.8%)	10 (41.7%)	5 (20.8%)	4 (16.7%)
The RTI team utilizes RTI as an approach in qualifying a student for special education.	2 (8.3%)	7 (29.2%)	9 (37.5%)	6 (25.0%)
The RTI team refers students to special education after they have not been successful in Tier 2.	3 (12.5%)	7 (29.2%)	8 (33.3%)	6 (25.0%)
The RTI team uses a multidisciplinary team of educators and specialists within the school to review the student's data to determine whether the student needs special education.	2 (8.3%)	5 (20.8%)	11 (45.8%)	6 (25.0%)
The staff administers progress monitoring on a timely basis (e.g., 3 weeks, 6 weeks, or 9 weeks).	5 (20.8%)	8 (33.3%)	8 (33.3%)	3 (12.5%)

Table 7 (continued)

Question	1	2	3	4
The RTI team is allowed professional development time to collaborate on students in the RTI process.	3 (12.5%)	5 (20.8%)	12 (50.0%)	4 (16.7%)

Special education directors often oversee the implementation of special education within buildings and are not often assigned daily to a building. The inconsistency of their presence in a building would limit their knowledge on whether a building administrator holds their educators accountable for the implementation of RTI with fidelity. The limited interaction would also prohibit the special education director to have input into the development of rating scales. A special education director would not necessarily serve on a building RTI team so the overall knowledge of the building process is more in the starting to learn the model for the following survey questions.

A special education director is often instrumental in supporting professional development either through financial support or sponsoring the professional development for staff. The implementation of screenings and progress monitoring along with the testing requirements are the responsibility of the special education staff; therefore, the special education director would be more aware of the stages reflected in the responses. The data collected to make informed decisions concerning a student is guided by staff most familiar with data analysis and progress monitoring such as special education staff under the direction of the special education director as reflected in the survey responses.

Null Hypotheses

There were two null hypotheses tested in this study. H_{01} stated, “There are no significant differences among Indiana public high school principals, Indiana public high school counselors and Indiana public special education directors in the perception of the implementation of response to intervention at the secondary level as evident by the building composite score.” The building composite score was the average of the composite for the six indicators of RTI. This hypothesis was tested using a one-way ANOVA. The dependent variable in ANOVA had assumptions of independence, normality, and homogeneity of variance across four levels.

The assumption of independence regarding H_{01} was not violated. The sample population’s responses were independent of one another because each population that was surveyed was randomly selected within each independent variable group as explained in Chapter 3. There was not a violation of normality due to the skew and kurtosis values of the dependent variable being within acceptable ranges of +1 and – 1. Of the three groups surveyed, what is the perception of the implementation of RTI as determined by the building composite score, the comparison resulted in the assumption of homogeneity of Variance being met with $F(2, 96) = .171, p = .873$.

There was no significant difference across the three groups on the perception of the implementation of RTI, found within the model with a $F(2, 96) = 2.27, p = .109$. Although there were differences seen by the mean averages on building composite score by Administrators ($M = 2.64, SD = .80$), School Counselors ($M = 2.25, SD = .77$), and Special Education Directors ($M = 2.58, SD .78$), these differences were not large enough to generate a significance level smaller than the .05 alpha level.

H₀2. The six indicators of RTI implementation: progress monitoring, problem solving, universal screening, use of data assessments, differentiated instruction and a level or tiered system, do not serve as predictors of special education enrollment in Indiana public high schools.

The National Center on Response to Intervention (n.d.) defined the following indicators as:

Progress monitoring is used to assess students' performance over time, to quantify student rates of improvement or responsiveness to instruction, to evaluate instructional effectiveness, and for students who are least responsive to effective instruction, to formulate effective individualized programs (p. 6)

The National Center on Response to Intervention (n.d.) defined universal screening as "brief assessments that are valid, reliable and demonstrate diagnostic accuracy for predicting which students will develop learning or behavioral problems" (p. 8).

Screening and progress monitoring data can be aggregated and used to compare and contrast the adequacy of the core curriculum as well as the effectiveness of different instructional and behavioral strategies for various groups of students within a school is the use of data assessment. (National Center on Response to Intervention, n.d., p. 7)

"Differentiation instruction can involve mixed instructional groupings, team teaching, peer tutoring, learning centers, and accommodations to ensure that all students have access to the instructional program," (National Center on Response to Intervention, n.d., p. 9). RTI has three levels of prevention: "primary, secondary, and tertiary" (National Center on Response to Intervention, n.d., p. 9).

This study was going to examine whether the six indicators would serve as predictors for special education enrollment, but due to a violation of the assumption of no multicollinearity this test was unable to be ran with all six predictors (progress monitoring, problem solving, universal

screening, use of data assessments, differentiated instruction, and a tiered system). When all six predictors were entered within the regression test, the tolerance levels were not above the .2 required level. The six indicators were too closely related to serve as predictors for special education enrollment percentage. When the tiered system variable was removed from the multiple regression, this resulted in tolerance levels above the required .2 level. The results presented from this point on reflect the five other predictors ability to predict the special education percentage within the buildings.

The assumption of independence was met, as there was not a systematic pattern on the plot of residuals. In order to ensure the relationship between each predictor and the criterion variable was linear in nature, the assumption of linearity was examined. An examination of the scatterplot of residuals was performed to determine that almost all residuals fell within the 95% confidence area around zero (between +2 or -2) and the assumption was met. Since almost all points fell on the scatterplot within this range, the assumption was met.

To assess overall normality of the residuals, the normal probability plot of residuals was examined. We can assume that the assumption was met based on the distribution of the residuals in the p-p plot. Due to the residuals the same across all values of X, the assumption of homogeneity of variance of residuals was met. Due to a constant scatter of residuals among all values of X one can assume this assumption was met in the regression.

The correlation between the observed and predicted values of the criterion was reflected in the multiple correlation coefficient. A multiple correlation coefficient of .30 indicated a moderate correlation between the predictors and the criterion. The coefficient of multiple determination gives one the proportion of the total variance in the criterion (special education percentage) shared with the linear combination of the predictor variables (indicators of RTI).

With a coefficient of multiple determination (R^2) value of .09, 9% of the variance in the special education percentage can be explained by the five indicators of RTI.

Based on the number of predictors relative to the number of subjects, the adjusted R^2 gave an unbiased estimate of R^2 for the population. R^2 was .09, but adjusted R^2 was .04. The .05 difference between the R^2 and adjusted R^2 is the shrinkage in the model. The standard error of estimate (5.79) measures the amount of variability in the points around the regression line. It is the standard deviation of the data points as they are distributed around the regression line. This model has a standard error of estimate of 5.79 units of special education percentage regarding the typical distance of the residuals from the regression line.

The multiple regressions revealed that the predictors (indicators of RTI) do not have the ability to predict special education percentages within the schools found in this study. An ANOVA was completed to test the significance of R^2 within the model. It determined the indicators of RTI could not be used to predict special education percentage, $F(5, 81) = 1.63, p = .162$.

Summary

Quantitative data were used to determine the answers to the two research questions found in this study. Research Question 1 revealed that there is no significant difference between high school administrators, high school counselors, and special education directors in the perception of implementation of RTI at the secondary level as evident by the building composite score. H_0 was retained as no significant difference among these three groups was identified.

The second research question indicated that the five indicators of RTI implementation: progress monitoring, problem solving, universal screening, use of data assessments, and differentiated instruction do not serve as predictors of special education in the enrollment of

students in public high schools. Thus, H_02 was retained, as the five indicators of RTI implementation do not serve as predictors of special education enrollment in Indiana public schools.

CHAPTER 5

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

H₀1 stated there are no significant differences among Indiana public high school principals, Indiana public high school counselors, and Indiana public special education directors in the perceptions of the implementation of response to intervention at the secondary level. After analysis of the results and review of the data, the interpretation concluded no significant difference between these three groups at the .05 alpha level. Therefore, the null was retained. Indiana high school administrators, high school counselors, and special education directors share similar perceptions with regards to the level of RTI implementation in their districts.

In reviewing the survey questions all three subgroups, Indiana high school administrators, Indiana high school counselors, and Indiana special education directors, a vast majority of them agreed they were in the piloting stage of RTI implementation in their districts. The majority of all three subgroups agreed their district did have an RTI process. At what participating level each subgroup plays in the implementation of RTI is varied across each district. Those districts with a smaller staff and a lower student enrollment, the participation may vary on each person's role in their building. In larger schools with more staff, the participation may be less due to having more staff to cover various roles within the building.

H₀2 stated the six indicators of RTI implementation: progress monitoring, problem solving, universal screening, use of data assessments, differentiated instruction, and a level or

tiered system, do not serve as predictors of special education enrollment in Indiana public high schools. The tiered system had to be removed from the regression test due to an issue with the assumption of no multicollinearity. The remaining predictor variables were tested to determine whether they would serve as predictors for the building's special education percentage. The test revealed these predictor variables did not explain a significant amount of the variance within the criterion variable in order to serve as predictors.

Of the survey questions, all three respondents, Indiana high school administrators, counselors, and special education directors all agreed their districts were in the developing awareness of this model for the following questions:

- The staff supports core curriculum and instruction for all students that are preventive and proactive, with flexibly grouping of students;
- The RTI team, through school-wide screening, is able to determine which students are at risk;
- The building principal strongly supports RTI as a model for identifying educational and behavioral disabilities;
- The building principal encourages and supports professional development of RTI for all staff;
- The RTI team utilizes RTI as an approach in qualifying a student for special education.

In regard to consensus between the Indiana high school administrators and Indiana special education directors both groups agreed their districts were in the developing awareness of this model stage for the following questions, as compared to the results of the Indiana high school counselor:

- The RTI team is allowed professional development time to collaborate on students in the RTI process,
- The RTI team uses a multidisciplinary team of educators and specialist within the school to review the students' data to determine whether the student needs special education,
- The RTI team is able to identify students who may need supplemental support in the form of interventions, and
- The building principal financially supports professional development for RTI.

In reference to the professional development survey questions, it could be the counselor is not involved in the paperwork or financial responsibility of supporting professional development compared to a building administrator who must agree for the staff member to attend a professional development or a special education director who may financially support a professional development.

The survey results did not reflect what the research from the American School Counselor Association (ASCA; 2008) indicated as the responsibility of the counselor in regards to implementation of RTI. The model provided by ASCA indicates that counselors should evaluate academic and behavioral progress after interventions. This may be completed at the elementary and middle school buildings but was not indicated in the survey conducted by high school counselors. The alignment of the school counselor should be very similar to the building administrator responsibilities in the implementation of RTI.

The Indiana high school administrator and Indiana high school counselor were in agreement for the following two survey statements: "The RTI team uses a problem-solving process to determine what type of service each student should receive, and The RTI team designs

a goal-directed intervention which is delivered with fidelity.” Administrators and counselors both agreed their districts were in the developing awareness of this model as compared to the Indiana special education directors whom felt the districts were just starting to learn this model. This was unique in the sense of both of these questions are processes that would occur on the RTI team but yet the counselors may not be active members of their districts RTI teams per the data surveyed.

In reviewing the data for the following statements: “The building principal creates accountability measures/sanctions for non-compliance of implementation of RTI with fidelity,” and “The RTI team creates a customized rating form to allow the teacher to evaluate key student academic and/or general behaviors on a daily basis,” both the administrator and counselor indicated their districts’ stakeholders were in the just starting to learn this model, and the special education director felt that districts’ stakeholders were in the lack skills or basic knowledge of this model. This could indicate that the special education directors are more familiar with compliance of implementation of RTI or the development and process of a rating form for tracking daily academic/behaviors on students. Typical special education directors deal with daily paperwork and compliance in implementing the guidelines of Article 7 as compared to building administrators and counselors.

The data indicated that many school stakeholders still struggle with the implementation of RTI at the secondary level. This is mainly due to the various factors that are not consist with elementary and middle school-age students such as credits, changing of classes, scheduling conflicts, limited staff, and the availability to implement RTI interventions for students who struggle due to their daily schedules.

Conclusions

The research indicated that the perception of RTI at the secondary level is not significantly different based on the role of the survey respondent. In order for school stakeholders to fully implement RTI at the secondary level, school officials must ensure that it is being implemented with fidelity. Each active member of the RTI team must make a significant contribution to the team and validate the implementation of interventions for students.

I agree with the importance of RTI, however, for it to be effective, all educators must be accountable for the interventions designed for students within their buildings. Duffy (2009) believed there should be a system within the school for checking the implementation of RTI at each tier and that responsibility would likely to fall upon the administrator. He believed that assessment data should be gathered and reviewed on a regular basis to ensure fidelity. In order for educators to collect the data, they must be given the opportunity and support from the administrator to implement this practice.

High school administrators must develop a plan that will serve to implement RTI in their building. The administrators, staff, parents, and students must work collaboratively to ensure that students are successful academically and behaviorally. Everyone involved in the education of the student should be able to describe the rationale behind RTI and why it is being implemented in the building.

Schools must work to dispel many myths believed by educators at the secondary level. Ehren (2009) stated that many secondary staff members believe it is fruitless and a waste of time and money to spend on students at this age. The belief is that by the time a student reaches high school level, a disability should have surfaced and been identified by this point in time. Unfortunately, many problems that young students experience at this age are usually not revealed

until their high school experience such as teen pregnancy, work or job employment and requirements for credits. Those students who do still exhibit a learning difficulty should be provided with interventions that would be applicable at the secondary level. Once the interventions have been implemented over a set period of time and the need for testing is relevant, further testing for special education would be initiated.

Everyone involved in education is instrumental in the implementation of RTI at the secondary level. If the school does not have the parental consent from the initiation of RTI, then the school cannot proceed without the parent permission.

All participating members of the RTI team must work collaboratively to implement the interventions for students. Each role of the participating member is cohesive to their job responsibility. An administrator must ensure that the intervention is implemented with fidelity, the counselor may need to rearrange a student's schedule, the special education teacher may offer suggestions for the intervention and the general education teacher must implement the intervention alone or with support from other staff.

If the student exhibits behaviors that are not related to the academic but more behavioral, a parent must be willing to consent to the counseling, or intervention that schools suggest for the student to be successful. Schools must also keep the parents updated on the progress monitoring of the interventions that have been put in place for both the academic and behavioral concerns.

Research did indicate that high schools continue adopt and adapt methods of implementing RTI most suitable for their district. It could also be a determining factor that when students reach the high school level, many school administrators and counselors believe students with education difficulties should already be identified as a student with a disability. This belief is less focused on students who tend to have more behavioral concerns and need additional

support at this age and grade. Those concerns would be: teenage pregnancy, school apathy, alcohol or drug abuse, or family responsibilities that are not necessarily reflective in younger students and are not due to an academic concern. Research also indicated that students at this level must also want to learn and be engaged in their learning; school apathy is a learned behavior that is often too difficult for a school to change. Unfortunately, there are many students who seek other opportunities rather than receiving their education, such as obtaining a paying job, starting a family, and exhibiting behaviors that lead to incarceration.

Research shows family involvement is a key component for students to be successful at school and when that support is absent from a student's life, their struggle in school is greater than those with the support. Schools are challenged to keep parents involved especially at the high school level. Key components that high schools need to consider when implementing RTI at their level are using the correct screening and progress monitoring tools for high schools across all subjects, identify appropriate intervention models that work across all subjects, review the changing roles for general and special education teachers, determine universal instruction across content areas, ensure structural supports for professional collaboration, and ensure professional development is ongoing and expand parent communication.

In reflecting on the six levels of RTI, universal screening is commonly used across all grades for all students to obtain an assessment on levels of every student. This assessment is used to identify struggling students. The use of data assessments is then reviewed to determine what area the student struggles, be it reading comprehension, fluency, math, or computation. What a school does with the data assessment is critical in the problem solving of how to best implement RTI at that point for each individual child. Once a student is identified as needing more intensive interventions than the general population, it is vital that progress monitoring be

conducted weekly, biweekly, or monthly to have accurate data on the progression of the student. This ensures the goals set for the student are being met or adjusted as needed for the student.

If a student is not being successful at the second tier, the school RTI team then makes the determination that further assistance and testing is needed for the student. This is usually considered the recommendation for special education testing under IDEA.

As RTI continues in the field of education, new academic and behavioral interventions will become more obtainable and instrumental in the education of many students within the high school levels. Educational leaders need to take the time to reflect on the population of students they serve and plan for the best interventions that are suited for their building and district. By reviewing the results of this study, it is hoped that the information obtained can be of assistance in the implementation of RTI at the secondary level.

Recommendations for Future Research

To elaborate more on the implementation of RTI in public schools, it is proposed that this study be expanded to include data from all K-12 schools in Indiana. It would be interesting to compare elementary schools, middle schools, and high schools within the state of Indiana in the implementation of RTI at each building level and the perceptions of those responsible for implementing RTI. In addition, this researcher would find it intriguing to compare the implementation of RTI in non-public schools compared to public schools. Considering the perceptions between high school administrators, special education directors, and high school counselors, a future study could be relative to the perceptions of RTI between counselors and administrators of public schools with the population of grades other than high school.

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APPENDIX: SURVEY

Response to Intervention at the Secondary Level

1. What is your job title?

Administrator

Counselor

Special Education Director

2. What is the percent of special education students in your building? _____

3. Does your district have an RTI process? Yes No

4. At what stage is your district in RTI implementation?

Unknown

Investigating

Planning

Piloting

How would you rate your district/building on the following questions pertaining to implementation of RTI?	Lack skills or basic knowledge of this model 0	Just starting to learn this model 1	Developing awareness of this model 2	Fully knowledgeable in this model 3
5. The building principal encourages and supports professional development of RTI for all staff.				
6. The RTI team is allowed professional development time to collaborate on students in the RTI process.				
7. The building principal financially supports professional development for RTI.				

How would you rate your district/building on the following questions pertaining to implementation of RTI?	Lack skills or basic knowledge of this model 0	Just starting to learn this model 1	Developing awareness of this model 2	Fully knowledgeable in this model 3
8. The building principal strongly supports RTI as a model for identifying educational and behavioral disabilities.				
9. The staff supports core curriculum and instruction for all students that are preventive and proactive, with flexibly grouping of students.				
10. The RTI team is able to identify students who may need supplemental support in the form of interventions.				
11. The RTI team, through school-wide screening, is able to determine which students are at risk.				
12. The RTI team administers curriculum-based measurements (CBM) for progress monitoring easily and efficiently.				
13. The RTI team use local or researched norms to judge the magnitude of a student's delay in basic academic skills.				
14. The RTI team creates a customized rating form to allow the teacher to evaluate key student academic and/or general behaviors on a daily basis.				

How would you rate your district/building on the following questions pertaining to implementation of RTI?	Lack skills or basic knowledge of this model 0	Just starting to learn this model 1	Developing awareness of this model 2	Fully knowledgeable in this model 3
15. The staff administers progress monitoring on a timely basis (e.g., 3 weeks, 6 weeks, or 9 weeks).				
16. The building principal records the integrity of the teachers' efforts implementing the intervention.				
17. The building principal ensures that the screening and progress monitoring procedures are followed.				
18. The building principal creates accountability measures/sanctions for non-compliance of implementation of RTI with fidelity.				
19. The RTI team uses data to make informed decisions regarding placement in the RTI tier model.				
20. The RTI team compares student data against expected benchmarks to determine whether a problem exists.				
21. The RTI team uses a problem-solving process to determine what type of service each student should receive.				