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Identifying Key Factors in Implementing and Sustaining
Response to Intervention: A Comparison
of Schools Currently Implementing RtI

by

Carrie Ann Schwierjohn

A Dissertation submitted to the Education Faculty of Lindenwood University
in partial fulfillment of the requirements for the
degree of

Doctor of Education


School of Education

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Response to Intervention: A Comparison
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This dissertation has been approved as partial fulfillment of the requirements for the
degree of
Doctor of Education
at Lindenwood University by the School of Education



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Declaration of Originality

I do hereby declare and attest to the fact that this is an original study based solely upon my own scholarly work here at Lindenwood University and that I have not submitted it for any other college or university course or degree here or elsewhere.

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Signature: Carrie Ann Schwierjohn Date: 4-15-2011

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Abstract

Since the reauthorization of IDEIA in 2004, school leaders across America have labored toward implementing a new process or model called Response to Intervention, in the hopes of lowering the high rates of students identified as Learning Disabled and increasing overall student achievement, by providing skilled interventions to struggling students. As schools and district administrators push to effectively implement the key features outlined by state and federal legislation, many schools lack the strategies, resources, and tools to ensure quality implementation of the RtI model. Research indicated that improper implementation and a lack of fidelity to the prevailing characteristics of the RtI program can essentially affect the desired outcomes. This qualitative multi-case study aimed to identify common strategies and barriers to RtI implementation through the use of school administrator interviews and teacher focus group interviews to make comparisons and draw conclusions about similar roadblocks and successes.

In addition to interviews, an integrity survey was utilized as a method to identify levels of fidelity to the key features of the RtI program. Much of the RtI research discussed the need for schools and future studies to increase attention to and means of measuring the integrity of RtI implementation. Therefore, additional questions in this research study explored the relationships between the successful strategies and identified barriers to RtI implementation, and key features of the model that were also perceived by teachers to be implemented with or without full fidelity.

Through implementation profiles that were compiled and summarized, comparisons were made through surveys and interviews to determine if indeed strategies, barriers and infidelity features can be identified as a means to direct overall school feedback, growth and guide RtI implementation.

The comparisons and findings of the study revealed that teachers and administrators alike indicated implementation concerns related to the use of evidence-based instructional strategies. In a comparison of focus groups and interviews to an integrity survey, it was discovered that the use of evidence-based instructional strategies was also the lowest rated system implemented with fidelity. Further recommendations within the study were then made addressing school leadership and the essential systems of RtI.

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Chapter 1: The Development of Response to Intervention

Individuals with Disabilities Education Improvement Act

In recent years there has been a transformation in the fundamental notions regarding the process of referring students for special education. The legislative changes made in 2004 with the Individuals with Disabilities Education Improvement Act (IDEIA) began an alteration in the way teachers and administrators were to think about at-risk students, who should meet their needs, and the manner in which students qualify for special education services. The political and educational microscope began to focus on a student's ability to qualify for special education services because of a recent phenomenon, over-identification, which resulted in a substantial increase in the number of students identified as learning disabled (LD) over any other type of disability. The number of students identified as LD increased from 1.2 million in 1979-1980 to 2.8 million in 1998-1999 (U.S. Department of Education, 2010), and the impact of this change was compounded by the cost of special education per student being nearly twice that for a general education student (\$12,000 compared to \$6500) (Vaughn & Fuchs, 2003). These concerning statistics have not gone unnoticed by educators, parents, or lawmakers, who are now refocused on the issue of analyzing how students qualify for special education and identifying deficiencies in the model being used.

In addition to the concerns in the rising cost and volume of special education students, there was a distinct methodological flaw found with the previous model used to identify students with a learning disability. The previous model used to identify students with a learning disability was a "wait to fail" or a "discrepancy model" (Feifer, 2008;

Sabatino, 2009). The discrepancy model was first introduced in the 1977 regulations to Public Law 94-142 in order to better identify students with LD. But through the years of using this type of discrepancy model, educators have long noted concerns that students must display a high level of failure in acquiring skills prior to qualifying for special education services (Feifer, 2008; Fuchs, Mock, Morgan, & Young, 2003). Parents, teachers, and many nationally recognized education organizations have long discussed the shortfalls of this antiquated method of identifying at-risk students and expressed a general concern for the sheer number of students being identified as at risk.

In fact, reports from both the House and Senate committees which accompanied the new IDEIA legislation reflected the committees' concerns with the model used to identify students with learning disabilities through the use of IQ tests and a learning discrepancy ratio ("RtI and IDEA", 2010). One trend recognized by policymakers was the significant growth in the number of students identified as learning disabled. "The LD population witnessed an unprecedented growth [about 200 percent since 1975] to where it now represents over 50 percent of the special education population and over 5 percent of all students in school" (Kavale & Spaulding, 2008, p. 169). The second trend was a similarly disturbing increase in the percentages of racial minorities being identified as eligible for special education services, also referred to as disproportionality (Brown-Chidsey, 2007). These two disturbing trends spurred discussion and debate during the reauthorization of IDEA that focused on alternative methods of identifying students, while casting criticism and blame on the former discrepancy model.

During this reauthorization process, the committees recognized a growing body of scientific research which could distinguish more accurately children who truly have a

learning disability and those children whose learning difficulties can be resolved with general education interventions rich in specific, scientific-based practices. The new model would allow schools to use “evidence of a student’s failure to respond to instructional interventions as part of the data documenting the presence of a specific learning disability” (Brown-Chidsey, 2007, p. 40). The structures and framework for this new model were embedded within the IDEIA legislation, in an attempt to correct flaws in the disproportionality and over-identification of students for special education.

Response to Intervention

The new federal legislation known as IDEIA attempted to ensure that students who qualify as having a disability are truly in need of individualized education plans, instead of the student difficulty being due to a weak instructional model (Carney & Stiefel, 2008). This new approach, also called Response to Intervention (RtI), has gained support from many organizations, including the National Association of School Psychologists (NASP) because RtI emphasized “the use of evidence-based approaches to instruction in hopes of eliminating academic problems that are frequently caused by deficient curricula or poor instructional methodologies” (Feifer, 2008, p. 813). Education researchers Danielson, Doolittle, and Bradley (2007) described RtI as an infrastructure to support schools in the strategic use of intervention and evidence-based instruction in order to improve achievement for all students. Researchers and policymakers alike saw the potential for RtI to redefine the special education referral process because it encouraged: (a) identifying at-risk students instead of a poor instructional model, (b) early identification of skill-centered deficits, (c) a possible reduction in identification bias

because of structured assessment and tiered criteria, and (d) alignment of instruction to specific skills, standards, and assessments (Kavale & Spaulding, 2008).

In a national survey conducted through the Special Education Leadership and Quality Teacher Initiative, it was found that virtually all states and the District of Columbia are either in the process of implementing RtI or currently use the method to meet student needs (Hoover, Baca, Wexler-Love, & Saenz, 2008). This same national survey found RtI as the predominate method used for “meeting the needs of students at risk and those struggling with learning” (Hoover et al., 2008, p. 9). In essence, the RtI model measures individual student learning along a continuum of academic response to the instructional environment, and consequently attempts to identify a disability as a fixed point along that continuum (Vaughn & Fuchs, 2003). School leaders recognized the potential for this new initiative to change early intervention programs, the special education referral and data collection process, and a shift from a special education “problem” to a general education and instructional focus.

Similarly, former president George W. Bush’s Commission on Excellence in Special Education recommended in 2004 that when identifying students for specific learning disabilities, the process should now include an RtI approach (“RtI and IDEA”, 2010). At the time, it was a groundbreaking shift in the way students could be identified for learning disabilities, and it made substantial strides in providing language, guidelines, and expectations to educators frustrated with the severe discrepancy model. The specifics of the new law required district administrators to rethink the overall assessment process, better utilize evidence-based instructional practices as well as evaluative tools, and

consider incorporating multi-tiered interventions for students not responding to the core curriculum.

Problem

Although lawmakers, educators, and the current research support the significant impact of RtI on student achievement and better identifying students at risk or with disability (Fuchs and Fuchs, 2006), there are schools still struggling with over-identification of LD and RtI implementation. Therefore, many schools fail to observe a significant increase in student achievement outcomes, even after implementing Response to Intervention (Sanetti and Kratochwill, 2009). Researchers Glover and DiPerna (2007) found, “one of the primary concerns regarding RtI service delivery, or more specifically, use of an RtI process for identifying students at risk or with disabilities, is that intervention implementation (or lack thereof) may undermine the credibility of the decision making process” (p. 533). Overall, the program criteria outlined by IDEA may be near flawless, but the humans implementing the program are not.

Many districts that continue to struggle with student achievement even after beginning RtI implementation are left to ask the question: “Is the problem with RtI or is it the staff and administrators implementing it?” In most cases, schools do not have a tool to provide this feedback. Researchers McIntyre, Gresham, DiGennaro and Reed (2007) suggested, “When the treatment outcome literature in education and related fields is analyzed, there is often a pervasive methodological flaw- the independent variable (i.e., treatment integrity) has been assumed rather than assessed and empirically demonstrated” (p. 659). Without empirical or documented monitoring or proof of the independent variable’s application, a clear and precise conclusion regarding the relationship between

intervention and result is compromised (McIntyre et al., 2007). Similarly, as the fidelity of an otherwise efficacious intervention deteriorates, an educator's ability to draw any accurate conclusions about its treatment effects diminishes. RtI researchers Jeffery, McCurdy, Ewing and Polis (2009) found that without this reflection piece to guide and monitor implementation there is a common research-to-practice gap interfering with achieving the goals of RtI.

In addition to concerns with the fidelity of implementation, there is an enormous variation in the way schools, districts and even state education departments have chosen to introduce and adopt this new initiative. Zirkel and Thomas's (2010) RtI research provided an overview from all 50 states on type/method of RtI approach and the level of implementation. The state-by-state overview found that, 1 year after the reauthorization of IDEIA, 26 states were still in the planning stages of implementing RtI and the method of implementation varied greatly from state to state and school to school (Zirkel & Thomas, 2010). Furthermore, in a paper presented at the National Research Center on Learning Disabilities Responsiveness-to-Intervention Symposium, researcher Reschley (2003) agreed that the outcomes observed using RtI were "unacceptable" because many of the RtI best practices and key features of the program are "not implemented routinely or widely" (p. 2). As with any new initiative, the planning, development, and ability to work out issues with the program can take time and careful study. However, there is a clear and marked lack of literature and depth into any descriptive case studies of how schools and districts implemented the RtI program, the challenges they faced and the lessons they learned, and how they monitored the fidelity of implementation.

Statement of Problem

As schools and districts implement Response to Intervention, there is a notable void in the resources and/or literature on how others have implemented and structured the key features of RtI. Likewise, once initiated there is also a methodological flaw in the way schools monitor and provide feedback on the fidelity in which educators implement this program.

Significance of Study

RtI has quickly become the primary method used to better identify students truly in need of special education services. Districts and schools across the United States are expected to interpret the prevailing guidelines set forth by IDEIA and state legislation, in order to transform school policy, classroom and student interventions, and instructional methods. What lacks within the realm of RtI research are strategies, findings, and fidelity reflection into the methods schools used when implementing RtI and insight into how this significant program can be sustained over time. This study will attempt to shed some light into the processes, challenges, and strategies used when two schools implemented RtI. An expert in RtI research, Gresham (2009) makes several strong recommendations for future research to focus on integrity treatment measures and intervention implementation strategies stating “The problem our field faces in this regard is that we do not know what level of integrity is necessary with what treatments to produce beneficial outcomes” (p. 537). This research countered those concerns by utilizing a fidelity of implementation tool in order to offer a different perspective and method of reflection into how schools implement, reflect, improve, and sustain RtI.

Research Questions

Will an integrity tool completed by faculty and staff reflect the concerns and successes perceived by administrators and staff?

Is there a relationship between administrator and staff concerns and the RtI systems not implemented with fidelity?

Is there a difference in the implementation of RtI when comparing two schools?

What are common strategies to implementing RtI with fidelity?

What are common barriers or struggles to implementing RtI with fidelity?

Definition of Terms

These definitions were extracted directly from the Response to Intervention and IDEA Partnership glossary collection. They were reviewed and gathered from a multitude of stakeholders, including teachers, related service personnel, youth, district and building administrators, policymakers, those in higher education, IDEA Partnership office, and the US Department of Education (“RtI and IDEA,” 2010).

Assessment: Measures of student growth; assessment tool choice is dependent on the purpose and use of measurement results (“RtI and IDEA,” 2010, p. 1)

Core Curriculum: Course of study deemed critical and usually made mandatory for all students of a school or school system, as mandated by federal education statute; core curricula must represent scientifically based practice (“RtI and IDEA,” 2010, p. 2)

Data-Based Decision Making: Process of making instructional decisions based on student learning data (“RtI and IDEA,” 2010, p. 3)

Differentiated Instruction: Process of designing lesson plans that meet the needs of the range of learners; such planning includes learning objectives, grouping practices,

teaching methods, varied assignments, and varied materials chosen based on student skill levels, interest levels, and learning preferences; differentiated instruction focuses on instructional strategies, instructional groups, and an array of materials (“RtI and IDEA,” 2010, p. 3)

Discrepancy: Difference between two measures (“RtI and IDEA,” 2010, p. 3)

Disproportionality: Over- or under-representation of racially, culturally, ethnically or linguistically diverse groups of students in special education, restrictive learning environments, or school disciplinary actions in comparison to other students (“RtI and IDEA,” 2010, p. 4)

Evaluation: Systematic measurement of value or worth in relation to a set of criteria or a specific standard/expectation (“RtI and IDEA,” 2010, p. 4)

Evidence-Based Practice: Educational practices/instructional strategies supported by relevant scientific research studies (“RtI and IDEA,” 2010, p. 4)

Explicit Instruction: Systematic instructional approach that includes a set of delivery and design procedures derived from effective schools research merged with behavior analysis; essential components of well-designed explicit instruction include (a) visible delivery features of group instruction with a high level of teacher and student interactions, and (b) the less observable, instructional design principles and assumptions that make up the content and strategies to be taught (“RtI and IDEA,” 2010, p. 5)

Fidelity of Implementation: Consistent and accurate implementation of an intervention, program, or curriculum according to research findings and/or on developers’ specifications; five common aspects of fidelity include but are not limited to: adherence,

exposure, program differentiation, student responsiveness, and quality of delivery (“RtI and IDEA,” 2010, p. 5)

Integrity of Intervention Implementation: see Fidelity (“RtI and IDEA,” 2010, p. 6)

Intensive Interventions: Academic and/or behavior interventions characterized by increased length, frequency, and duration of implementation for students who struggle significantly; often associated with narrowest tier of an RtI tiered model; also referred to as tertiary interventions (“RtI and IDEA,” 2010, p. 6)

Intervention: Research-based strategy to address student needs (academic, social, and behavioral) (“RtI and IDEA,” 2010, p. 6)

Levels of Intervention: Levels of instructional intensity within a multi-tiered prevention service delivery system (“RtI and IDEA,” 2010, p. 6)

Multi-Tiered Instruction: See Tiered Instruction/Intervention (“RtI and IDEA,” 2010, p.7)

Over-identification: Refers to the over-representation of students in special education programs/services that are above state and national averages; identification of more students for services through special education than the proportion of that population in the general population (“RtI and IDEA,” 2010, p.7)

Primary Levels of Intervention: Interventions that are preventive and proactive; implementation is school-wide or by whole classroom; universal core program that all students receive in an instructional/intervention framework/process/model (“RtI and IDEA,” 2010, p.7)

Problem-Solving Approach to RtI: Assumes that no given intervention will be effective for all students; generally has four stages; is sensitive to individual student differences; depends on the integrity of implementing interventions (“RtI and IDEA,” 2010, p.7)

Progress Monitoring: A scientifically based practice used to assess students’ academic performance and evaluate the effectiveness of instruction. Progress monitoring can be implemented with individual students or an entire class. Also, the process used to monitor implementation of specific interventions (“RtI and IDEA,” 2010, p.8)

Remediation: Instruction intended to remedy a situation; to teach a student something that he or she should have previously learned or be able to demonstrate; assumes appropriate strategies matched to student learning have been used previously (“RtI and IDEA,” 2010, p.8)

Response to Intervention (RtI): Practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make changes in instruction or goals and applying child response data to important educational decisions (“RtI and IDEA,” 2010, p.8)

Scientifically Based Research: Education-related research that meets the following criteria:

- Analyzes and presents the impact of effective teaching on achievement of students
- Includes large numbers of students in the study
- Includes study and control groups
- Applies a rigorous peer review process
- Includes replication studies to validate results (“RtI and IDEA,” 2010, p.8)

Scientific, Researched-Based Instruction/Interventions: Curriculum and educational interventions that have been proven to be effective for most students based on scientific study (“RtI and IDEA,” 2010, p.8)

Standard Protocol Intervention: Use of same empirically validated intervention for all students with similar academic or behavioral needs; facilitates quality control (“RtI and IDEA,” 2010, p.9)

Standardized Assessment: Tests administered to large groups of students, using the same administrative procedures, for the purpose of measuring academic achievement and/or comparing growth of learning in relation to students at the same grade or age range (“RtI and IDEA,” 2010, p.9)

Strategic Interventions Specific to Needs: Intervention chosen in relation to student data and from among those that have been documented through education research to be effective with like students under like circumstances; often associated with second tier of an RtI tiered model; also referred to as secondary interventions (“RtI and IDEA,” 2010, p.9)

Students at Risk for Poor Learning Outcomes: Students whose initial performance level or characteristics predict poor learning outcomes unless intervention occurs to accelerate knowledge, skill or ability development (“RtI and IDEA,” 2010, p.9)

Systematic Data Collection: Planning a timeframe for and following through with appropriate assessments to set baselines and monitor student progress (“RtI and IDEA,” 2010, p.9)

Tertiary Levels of Intervention: Interventions that relate directly to an area of need; are supplementary to and different from primary and secondary interventions; are

usually implemented individually or in very small group settings; may be individualized; often connected to narrowest tier of a tiered intervention model (“RtI and IDEA,” 2010, p.10)

Tiered Instruction/Intervention: Levels of instructional intensity within a multi-tiered prevention service delivery system; academic and/or behavioral (“RtI and IDEA,” 2010, p.10)

Universal Screening: Usually conducted as a first stage within a screening process to identify or predict students who may be at risk for poor learning outcomes; typically brief; conducted with all students at a grade level; followed by additional testing or short-term progress monitoring to corroborate students’ risk status (“RtI and IDEA,” 2010, p.10)

Limitations

Sample Demographics

The sample demographics of the two elementary schools that participated in the study are a limitation to the results within the study. The two elementary schools are described as suburban schools ranging from 300 to 400 students of varied racial and economic backgrounds. Likewise, the participating schools were not located within the same district or county, and as comparisons were made within this study a further limitation existed between the differences in staff, school culture, and student demographics.

Elementary schools were chosen as research sites in this study because this researcher’s instructional experience and focus is was in the elementary grades, and the vast majority of the research found on RtI described settings and statistics for early

interventions in the elementary or primary grades (Fuchs & Fuchs, 2009; Fuchs, 2003; Wanzek & Vaughn, 2007). In fact, in a synthesis of the extant RtI research studies published between 1995 and 2005, Wanzek and Vaughn (2007) reported “the substantial data base of studies” were on early reading interventions. The fact that most of the studies focused specifically on reading interventions will be discussed in the final chapter regarding future research recommendations. Thus, the generalizations and comparisons made within this study were limited by the elementary grades chosen to explore.

In addition to demographic differences, the two schools differed by years of RtI implementation. The researcher sought schools in year three or beyond of implementation, in order to gain an accurate and fully reflective perspective from teachers and administrators of what themes were critical to implementation, and which aspects were challenging to maintain over time. School A was in its fourth year of implementation and School B was currently in its fifth year. Researcher Gresham (2009) encountered a similar time and implementation limitations explaining, “It is possible for an intervention to have high integrity in the initial stages of implementation that shows a subsequent decay of integrity over time” (p. 536). This additional year of experience is therefore a noted limitation to the conclusion and comparisons made within this study.

Lastly, the study was conducted in the fall semester of the school year, which could have consequently affected issues of study generalization. The teachers and students were only in the third or fourth month of a new school year, and still in the process of identifying at-risk students. In addition to the time of year, the years of RtI experience at each school could further influence participant’s responses. The survey and

interview responses may have been different if given at the end of a school year or periodically throughout the school term.

Instrument

The survey tool used to gauge the fidelity of implementation of the four components of RtI in this study was created and widely used by the Idaho Department of Education. The limitation in the use of this instrument is that it was slightly modified in length and range of response and had not been previously used in the state of the study. Furthermore, the survey tool was not a self-report, and it required a basic level of RtI training to be completed with accuracy. Only certified teaching staff (classroom teachers, special education, counselor, and reading/math specialist) and administrators were asked to complete the survey. The response rates to the instrument utilized within the study were also lower than expected which is an obvious limitation. The survey tool response rate for School A was 36% and School B was 43% of those surveyed.

Assumptions

There are several assumptions made within this study and within the field of RtI. The first is the assumption that administrators and staff at the elementary schools that participated in the study answered the focus group interviews and the fidelity surveys honestly and without bias. In addition, RtI expert Lynn Fuchs (2003) wrote, “A central assumption is that responsiveness to intervention can differentiate between two explanations for low achievement: poor instruction versus disability” (p. 172). This assumption is central to the RtI philosophy and to the researchers and educators who support this national model of responding to struggling learners.

Summary

There is currently a major shift in the way identification of students suspected to have a learning disability occurs at the state, district, and school levels, due to an increase in what is believed by some to be an over-identification and disproportionality of special education students. In 2004 Congress reauthorized IDEIA to include a model, now referred to as Response to Intervention, which promoted certain criteria and methods to provide early intervention to struggling learners. As educational institutions grapple with the implementation of this program's prevailing features, there is an observable absence in the reporting of how schools are implementing RtI, successful strategies and/or challenges faced by schools, and a tool or method used by schools to monitor and provide feedback to those moving forward with RtI. The next chapter will review RtI literature to highlight the four main features of the program as well as discuss school leadership and integrity concerns as related to current RtI research initiatives.

Chapter 2: Response to Intervention Literature Review

Components of Response to Intervention

In order to understand the future direction of special education and the decisions made by school leaders in regards to struggling students, exploration of a current educational movement called Response to Intervention (RtI) is necessary. Prior to analysis and evaluation of the results of RtI however, it is necessary to first characterize and classify the fundamental features of the RtI program. A vast body of research in the field highlights the common threads which distinguish the RtI program as an innovative movement and addresses parameters set out by IDEIA. When RtI features were implemented correctly, many schools across the country experienced great success and reported a decrease in the number of students referred to special education and an increase in achievement of struggling students. However, many other schools which have implemented RtI still struggle to see student gains, which could lead educators to wonder, “What is not working?” Many districts across the country lack the tools to assess and interpret what is or is not working, and consequently these districts struggle to change or improve.

This review of the literature will attempt to explain and elaborate on this topic by (a) explaining the prevailing characteristics of RtI, (b) discussing the success and challenges in implementing RtI, using research from the field to highlight a consistent void found in schools implementing the program, (c) providing a background of fidelity and integrity concerns, and (d) discussing and defending the development of an integrity tool to provide feedback and monitor effective program implementation.

The Response to Intervention model encompasses several fundamental themes outlined in the new IDEIA legislation and is considered by many education researchers and experts to be “best practices.” The RtI movement gained momentum because the guiding principles can be applied to behavior support interventions (Sugai & Horner, 2006) and crisis interventions (Carney & Stiefel, 2008), as well as academic interventions (Glover & DiPerna, 2007). Although the fundamental themes may look slightly different across the broad locations, researchers identified four prevailing features of RtI: (a) the use of a multi-tier system, (b) strategic use of an assessment system, (c) the use of standard protocols, and (d) incorporating evidence-based instruction (Barnes & Harlacher, 2008; Carney & Stiefel, 2008; Glover & DiPerna, 2007). The principles often overlap and extend into one another, but the purpose for all is the same: to provide a continuum of structures and supports ranging from the universal curriculum and assessments for all students to the most specialized interventions and services for those students demonstrating such a need (Barnes & Harlacher, 2008). Although the prevailing features may differ along this continuum in frequency, intensity, or approach, education and intervention research has synthesized common characteristics of a strong RtI program.

Multi-Tiered Model

The first aspect of RtI incorporates the use of a multi-tiered system or tertiary levels of interventions. The tiered model, often referenced as “three-tiered” or “four-tiered,” varies in levels of intensity, frequency, and content (Carney & Stiefel, 2008; Fuchs, 2003). In a national survey, the Council of Administrators of Special Education observed that a three-tier model of interventions was most commonly used in districts.

The first tier, referred to as the “universal” or “core” tier, represented the curriculum and instruction available to all students, which typically occurred in the regular classroom setting and was provided by the general education teacher. In the core tier, RtI researchers Vaughn and Fuchs (2003) suggested that the rate of growth for the entire classroom be tracked and evaluated three times a year for all students, in order to assess the overall rate of responsiveness to the instructional environment. A similar researcher of RtI, Martson (2003) included continuous “scientifically based professional development” as another condition of the universal tier (p. 2). The professional development and teacher collaboration in this tier is focused on providing quality instruction to all students based on universal screening data. Ensuring quality instruction within Tier 1 or the core tier is essential, as it is the baseline and filter for which teachers decide the level of responsiveness. Wanzek and Vaughn (2007) stressed that true learning difficulties can only be correctly identified if inadequacies within the core instruction can be controlled. If students are found to be nonresponsive to Tier 1 instruction, based on assessment screenings aligned with instruction, then appropriate decisions can then be made about additional interventions needed.

The next tier, also called the “strategic” or “targeted” level of Tier 2 intervention, targeted small groups of students who struggled with the universal content and delivery of instruction. Tier 2 interventions increased the time of instruction and the frequency of skill instruction, and focused students into small groups of “targeted interventions” (Martson, 2003; Vaughn & Fuchs, 2003). Martson (2003) analyzed the findings of three major research projects on the implementation of RtI. He noted in his findings that Tier 2 occurred in small groups with teacher-to-student ratios ranging from 1:4 to 1:5. Small-

group intervention at this tier included skill-focused instruction provided in additional 15- to 30-minute increments. The interventions were provided anywhere from 2 to 3 days a week to an additional 30 minutes daily. The purpose of Tier 2 instruction is to narrow the instructional focus through sessions of instruction that respond to student weaknesses.

The last tier, also referred to as “intensive” or Tier 3, represented the most intensive level of instruction and required the most modifications to Tier 1 instruction. In most cases, Tier 3 was delivered in a small group setting, or even one-on-one instruction, and in many cases was an additional 30 minutes daily of intervention in addition to the Tier 2 session. This level of intervention resembled the look of typical special education, including the use of a special education teacher and specialized instructional delivery and content adapted and modified as needed (Barnes & Harlacher, 2008; Brozo, 2009; Fuchs & Fuchs 2006). Researchers Smith, Fien, Basaraba, and Travers (2009) noted that a multi-tiered model enables schools to systematically differentiate instruction for all students, especially those who are at risk or even at some risk of not meeting key academic skills.

Systematic Assessment

The second characteristic of RtI included the use of formal and systematic assessment tools in order to determine the level of responsiveness of all students to the core instructional model and tiered interventions. An adequate and formal system for assessing students as a screening process, as well as a tool to monitor students’ responsiveness/progress to the program was one of the most critical elements of RtI (Fuchs et al., 2003; Marzano, 2003). Assessment was considered fundamental, because an effective data tool enables educators to accurately provide interventions to students

within the multi-tiered system academically, behaviorally, or in combination. Education researchers Glover and DiPerna (2007) found that a school-wide screening tool, along with a regular monitoring tool for at-risk students, created data-based decision criteria in order to ensure those students in need of additional supports were correctly matched with appropriate services. In a similar study, Lane, Kalberg, Bruhn, Mahoney, & Driscoll (2008) concluded that valid screening tools utilized correctly within the RtI process have the potential to “refine the evaluation component of three-tiered models of prevention” (p. 468). Thus, a fundamental theme and starting point for many schools implementing RtI is a valid and consistent school-wide screening tool for math, reading, and behavior analysis.

In addition to the screening assessments given two to three times a year, many schools and districts utilizing the RtI model have found it necessary to also monitor the growth of students receiving Tier 2 or Tier 3 interventions with brief but frequent assessments referred to as progress monitoring. A leading researcher in the study of RtI and diverse learners Fuchs (2003) found in her research that schools typically assessed students in one of three ways. The first type of measurement involved students being tested at the completion of a targeted intervention (p. 173). Teachers would then use this end-of-treatment data as a guide to determine responsiveness to the provided intervention. The second method many educators used to monitor student progress within a tiered model was to assess students periodically (weekly, biweekly, or monthly). The outcome data used in this method would allow teachers to gauge student responsiveness during the course of the targeted intervention (Fuchs, 2003). The final method highlighted in the literature incorporated a measurement of growth combined with a

measurement of performance level, which created a “dual-discrepancy analysis of whether students fall substantially below peers on level as well as growth” (Fuchs, 2003, p. 173). The advantage to a dual-discrepancy method of assessment was that it allowed teachers to administer the assessment at any time. Fuchs also noted that, regardless of the type of measurement used to monitor the growth and progress of students receiving tiered interventions, each assessment required that specific criteria be applied to the measurement score, in order to identify which students were responding to targeted interventions and which were not responding.

An effective assessment and progress-monitoring system requires educators to use the data derived from various assessments in order to correctly match interventions (Barnes & Harlacher, 2008). Moore and Whitfield (2009) agreed that the progress-monitoring component was necessary because it provided immediate feedback to teachers regarding how well the student responded to the intervention. Teachers then made changes in the delivery or intensity of instruction. Likewise, in an article discussing the correct use of data and assessments, Robert Marzano (2003), an expert in the field of education, added that schools must ensure that teachers utilized the assessments that actually measure the content being taught. Essentially, schools must have multiple assessment tools to gauge the level of understanding in the core instruction as well as the instruction being provided in the strategic and intensive tiers of RtI. Wong and Nicotera (2007) confirmed “We can say for certain that one test alone will not realize the multipurpose nature of assessment in educational accountability” (p. 110). The use of multiple assessments that were aligned with student outcomes created the possibility for

teachers to reflect on student performance in order to improve instructional practices (Wong & Nicotera, 2007).

Another important piece of effective assessment systems was that educators took the time to reflect upon assessment data and use the data derived from this critical step in the RtI model to correctly match interventions, evaluate the interventions' effectiveness, and determine if additional data points or movement within the tiers was needed (Barnes & Harlacher, 2008). Marzano (2003) also warned that many schools made the mistake of not having a system or plan for analyzing, interpreting, or efficiently using the data they collected. Likewise, Wazneck and Vaughn (2007) called for reflective assessment practices in determining the intensity of tiered interventions, adding that teachers need collaborative time to work as teams in order to use assessment data to inform the intensity of interventions including "decreasing group size, increasing time in intervention, and providing more explicit instruction" (p. 556). Overall, a systematic assessment tool that measured the progress of the entire class, as well as a progress-monitoring tool to measure individual students' growth as they receive interventions, was a key feature of RtI when used accurately and reflectively by schools and staff. However, it was also necessary for educators to take the time to reflect upon assessment data taken from different interventions to evaluate the interventions effectiveness and determine if additional data points or movement within the tiers was needed.

Standard Protocols/Problem- Solving Model

The third component in the RtI design, the use of standard protocols, was subsequently required in order to ensure that educators had structures in place to effectively support the first two essential elements. Standard protocols helped teams

accurately reflect on data, as well as create criteria for making decisions about interventions and student movement within the tiers. Carney and Stiefel (2008) listed several advantages to the use of a standard protocol in RtI: (a) it is easy to train educators to conduct one intervention correctly, (b) large numbers of students can participate in the intervention protocol, and (c) a standard protocol lends itself to a group analysis, where student assessment data can be compared to an “aim-line” criteria. A standard protocol approach to providing interventions ensured that the same validated treatment was administered to all children with similar problems in a specific subject.

Many schools and district select a standard protocol approach because it is often perceived by many leaders to increase the degree of fidelity to the intervention due to the standardized methods, structure, and training involved. However, several key elements must be in place in order for this method to be utilized as a supportive system of RtI. Wanzek and Vaughn (2007) described standard protocols as having three specific elements: (a) tasks directly associated with improved outcomes, (b) a well-defined curriculum aligned with student needs, and (c) the protocols were taught by personnel trained in the specific intervention. These elements are essential in order to guarantee the quality of the instruction within the multi-tiered model of interventions. Without the use of standard protocols, the other elements of RtI can become less effective.

Similarly, the routine use of a consultative problem-solving approach to set criteria and make determinations for additional interventions and modifications increased the overall effectiveness of the program/intervention (Vaughn & Fuchs, 2003). The use of a problem-solving model also ensured that teachers consistently reflected on student achievement to determine the need for specific interventions and the use of scientific-

based practices within tiered interventions (Martson, 2003). In a multi-case study of schools implementing RtI, Fuchs et al. (2003) agreed that when educators collaborate with each other and participate in the problem-solving approach they found they were successful in addressing a wide variation of student problems effectively and found the results of the process to be worthwhile (p. 160).

The problem-solving approach can be characterized as a more individualized process of identifying a student's specific skill needs. Often the problem-solving process began by defining student weaknesses, then measuring the performance in the classroom setting. School teams consisting of a variety of school staff (eg. classroom teacher, school counselor, school psychologist, administrator, special education teacher, reading/math specialists) then designing specific learning goals and instruction to match the student's skill deficit (Wanzek & Vaughn, 2007). Monitoring the progress of the intervention and continued problem-solving sessions were also important elements into the process. The problem-solving approach created the structures and guidelines that educators need to best implement RtI with consistency and ease. However, it is important to note that previous studies specific to exploring the problem-solving processes and its outcomes have not been addressed. Researchers Wanzek and Vaughn (2007) attempted to contrast the problem-solving model and a standard protocol approach but found, "the lack of research in this area prevented us from addressing this directly" (p. 543).

Evidence-Based Instruction

The final element of RtI was the regular use of evidence-based instruction. Evidence-based instruction refers to instruction that has empirical research supporting its use and effectiveness (Brown-Chidsey, 2007). This final theme of RtI was paramount in

making high-stakes decisions about whether students were responding to the core curriculum and possible interventions or not responding and needed specialized educational instruction. Educators and researchers have agreed that these high-stakes decisions can only be made when high-quality instruction has taken place within the general education setting (Smith et al., 2009). Educators Barnes and Harlacher (2008) concurred, “By providing good instruction to all students, schools can increase the probability of achieving desirable levels of student performance and rule out poor instruction as a cause of low performance” (p. 425). In addition to the use of evidence-based curriculum, there are also research-based instructional features that are considered to be key elements of RtI, such as high levels of opportunities for students to respond/participate, high levels of specific academic and behavior feedback, and student groups differentiated by skill levels (Vaughn et al., 2009).

In order to ascertain a true skill deficit in student ability and not a deficit in instructional practices/teacher ability, it is necessary to ensure fidelity to the evidence-based text, curriculum, and programs that districts have adopted for the primary or core level of instruction. Therefore the instructional implication for school leaders is the realization that not only is there a need to conduct measures of fidelity within secondary and tertiary levels interventions, but treatment integrity measures must also exist in the core instructional model. School improvement experts Wong and Nicotera (2007) agreed “the quality of classroom instruction provided by teachers is the single greatest determinant of student achievement” (p. 12). However, RtI researchers Lane et al., (2008) noted an absence in core or Tier 1 treatment integrity data within much of the RtI literature base. This last feature of RtI could be considered the first or “frontline” of all

the other features, because unless high-quality evidence-based instruction has occurred regularly in the classroom, any other decisions about student needs and responsiveness to learning could be considered invalid.

None of these four features of RtI was important than the rest. These elements, assessment tools to correctly identify students at risk in different skill areas, multi-tiered interventions to address these skill deficits, standard protocols to identify the criteria for the skill areas and assessments, and the use of evidence-based instruction to best teach the skills needed, all work together and must have the support of the others. The relevance of each element instead was within the school personnel's ability to balance and incorporate all RtI features in a way that best fit the needs of the individual students and school community (Barnes & Harlacher, 2008).

Results

When the many features of Response to Intervention are implemented with skill and integrity, it has been realized that students, especially at-risk students, benefit exponentially. RtI researchers Vaughn and Fuchs (2003) called RtI “a promising alternative to the traditional method of identifying students for LD” (p. 139). The results of a similar study conducted by Deno et al. (2009) concluded “for many schools, RtI has led to changes in decision making and instructional delivery for all students” (p. 44). In a comprehensive study of several RtI research projects, Martson (2003) found that overall the students who participated in Tier 2 interventions made “significantly more progress than an equivalent control group” (p. 8). This same study reported an average increase in reading achievement in standardized test scores of .55 for students who participated in Tier 2 interventions. Likewise, the number of students referred to special education in

kindergarten through third grade decreased at all grade levels by 19% to 39% (Martson, 2003). In a multi-case study of early targeted interventions, Perez-Johnson and Maynard (2007) boasted the investment of early intensive interventions specific to the skills and needs of children could not only benefit the student, but “society as a whole” (p. 606). In many schools, this new way of identifying, teaching, and assessing students has brought about increased academic achievement, early intervention to students at risk, and a decrease in the number of students identified as needing special education services.

In a longitudinal study of reading risk from kindergarten through third grade, researchers Simmons et al. (2008) found that when students were assessed, identified, and received early interventions through the RtI model, “the majority of children identified as at risk in the beginning of kindergarten responded early and positively to interventions” (p. 159). This study found that, on average, children who performed below the 30th percentile in kindergarten at the initial screening performed between the 46th and 63rd percentiles in phonemic measures and in the 69th and 57th percentiles on norm-referenced word identification and attack skills at the end of the kindergarten school year. Education researchers Vaughn et al. (2009) analyzed the difference between second-grade students identified as at risk in reading and receiving intensive instructional interventions and second-grade students identified as at risk in reading but not receiving interventions. The study discovered that students who participated in the reading intervention “demonstrated a significant benefit from the intervention” (p. 166). As predicted, students who were not responding to the core curriculum but received additional interventions “made statistically significant progress on important outcomes such as reading for meaning, and reading words correctly” (p. 166). When maximized

effectively, RtI can both promote effective classroom and instructional practices and help narrow the gap between interventions and special education identification (Vaughn & Fuchs, 2003).

Leadership

In its initial creation, the IDEIA legislation provided guidelines and a set of characteristics of what RtI could become but left researchers and school leaders to interpret the best methods of implementation (Feifer, 2008). In their research of RtI, Deno et al. (2009) recognized that “there is great variation in RtI models and implementation practices (e.g. three or four tiers of intervention, focus on academics only or academics and behavior, and the role of school-wide screening)” (p. 44). The responsibility of implementing these features, finding a balance among the features, and creating acceptability by staff, falls on the shoulders of the school administrators and even teacher leaders.

In a study of RtI and leadership, Hilton (2007) agreed that in order for RtI to be successfully implemented and sustained in a school community, strong leadership was critical. The implications of Hilton’s (2007) study recognized that schools which had strong leadership, or principals who devoted time to facilitating and nurturing change, were successful in implementing RtI and sustaining the change. In order to facilitate successful and sustaining implementation of RtI and multi-tiered systems, it is essential that school leaders understand the processes and types of systematic change.

In most cases, change within school systems can be categorized into two levels of change: first order and second order change (Wong & Nicotera, 2007). After careful study into the levels of school change Marzano, Zaffron, Zraik, Robbins and Yoon (1995)

characterized first and second order change by the degree of reform or disruption to the school. First order change is often distinguished by causing little or minimal disruption to the culture, beliefs, and/or common practices of teachers. Second order changes however, are those system-wide events/programs that alter or contradict the consensus and well established school functions (Wong & Nicotera, 2007). School leaders must recognize that the implementation of RtI is categorically a second order change to teachers and the established systems of identifying at-risk students, and support the process of change accordingly. Wong and Nicotera (2007) emphasized “understanding the magnitude of change required by educational accountability is fundamental to determining suitable strategies” (p. 43). By having knowledge and understanding of the two types of systematic change RtI requires, school leaders can best determine the strategies for successful implementation.

In addition to facilitating the process of change, Richard DuFour and Robert Marzano (2009) experts in the field of leadership and school improvement, summarized that school leadership must also move from instructional leaders to “learning leaders” (p. 63). The role of the school principal must shift from teacher evaluation and day-to-day operations, to a role which supports RtI by building capacity within the teaching staff to become data-reflective practitioners, interventionists, and teacher leaders. “Schools successful in sustaining school improvement and maintaining positive impacts on student learning, build capacity for leadership within the organization” (Williams, 2009, p. 37). Much of the literature on RtI leadership also focused on a school administrator’s ability to strategically seek out key personnel with the voice, professionalism, and training to assist in leading RtI implementation and overall school change (Marzano et al., 1995;

Williams, 2009; Wong & Nicotera, 2007). By building the leadership capacity of the teachers implementing second order RtI changes, principals can more effectively support the school-wide systems through scheduling for collaboration and data reflection, providing quality professional development, and creating goals and an overall school vision for change.

In order to support each of the fundamental themes of the RtI program, a school leader must promote quality professional development and collaboration focused on achievement data aligned with high academic standards. Researchers DuFour and Marzano (2009) agreed that district and school leadership must provide assessment data and achievement information along with the time and opportunity for teacher collaboration and necessary professional development (DuFour & Marzano, 2009; Leithwood, 1992). Furthermore, schools that have effectively implemented a second-order change such as RtI, possessed school leaders that planned quality professional development opportunities focused on: (a) aligning professional development with improving instructional practices and changing ineffective instructional practices, (b) teaching practices which promoted higher-order thinking skills aligned state standards and assessment systems, and (c) concise, consistent, and intensive training which was supported throughout the entire education system (Wong & Nicotera, 2007). However, a superior professional development program and a well-trained staff does not always ensure faithful and diligent implementation of RtI. An educational leader can further support the process of change and acceptance of a new initiative by allowing teachers to observe exemplar classrooms, providing feedback and praise, requesting lesson plans linked to

elements of the new initiative, and providing time and collaboration around issues of using data to guide instruction and interventions (Wong & Nicotera, 2007).

In addition to providing the data and structures to support RtI there is a need for the school leader to be focused on setting goals and developing a positive culture for implementing and sustaining change. Schmoker (1999), a leader in school improvement, stated that one of the primary roles of school leaders should be the “collection, dissemination, analysis, and discussion” of success stories from within and outside the district (p. 20). The district and building leaders are also responsible for shaping a culture within the school and among the teachers that has common goals focused on increased student achievement, in order to gain “the kind of significant, sustained improvement that we need in schools” (Schmoker, 1999, p. 111). In a book describing effective leadership, Bolman and Deal (2008) concurred, “Leadership helps groups develop a shared sense of direction and commitment” (p. 186). Therefore, it is critical to the RtI process and effective teacher and student outcomes that school leaders aid in the development of RtI goals; provide time and structures for collaboration, professional development, and data collection; and foster positive school leaders and cultures focused on student achievement.

Treatment Integrity

As previously mentioned, data collection and data-driven decision making are integral pieces to the RtI process, and there is a significant body of research involving the tools with which we assess students and how practitioners monitor the progress of student achievement growth throughout interventions (Fuchs, 2003). Yet, there is a glaring void in documented research literature addressing the way schools *reflect* on implementation

of key features, effectiveness of interventions, and teacher/leader fidelity of RtI implementation (Glover & DiPerna, 2007). Schmoker (1999) agreed, “Among all the so-called outcome-based schools and districts, one could rarely find any systematic means to analyze outputs against instruction and inputs” (p. 6). With a full sense of urgency for increased student achievement and the daunting task of decreasing the identification of LD, schools have implemented features of RtI without the knowledge of how or when to address treatment integrity.

Sanetti and Kratochwill’s education reform research (2009) found that “over the past 5 years there has been a growing consensus regarding the need for practitioners and researchers in education to address treatment integrity” (p. 445). To the educators implementing and the administrators monitoring program implementation, it is critically important to understand if and why the interventions are working or not, and then pinpoint exactly what (strategy, intensity, content) needs changing. Researchers Danielson et al. (2007) stressed that effective implementation strategies must be in place if real school improvement and change was to be achieved with success, but researchers and educators must first have a way to measure effective implementation of interventions in order to provide this critical feedback. In an article on fidelity measurements, Sheriden, Swanger-Gagne, Welch, Kwon, and Garbacz (2009) pointed out that in an era of increased demands for accountability, practitioners alike must be concerned with the availability of interventions to improve student achievement, but more importantly it is essential to have tools to evaluate their effects. In other words it is necessary to have a tool to measure RtI implementation in order to understand if the choice of intervention, strategy, and intensity is actually occurring as designed.

McIntyre et al. (2007) conducted a review of all school-based experimental studies from 1991 to 2005 published in the *Journal of Applied Behavior Analysis*. Of the 152 studies, only 30% provided treatment integrity data, and nearly half (45%) of these same studies were judged to be at high risk for treatment inaccuracies. Consequently, the results of the review suggested that there was only a modest improvement of reported integrity data in program implementation over the past 30 years. This lack of attention to treatment integrity may lead to the introduction or continuation of an intervention that was “wrong” or no longer effective in schools and classrooms (Sheridan et al., 2009). If the integrity of a program or intervention is not empirically assessed, then the results are essentially unreliable and may mask the reality of nonsystematic implementation and hinder future replication.

Research studying the relationship between treatment integrity and treatment outcomes found that higher levels of fidelity to the treatment resulted in better outcomes, specifically when intensity and fidelity have been assessed (Durlak & DuPre, 2008; Sheridan et al., 2009). In contrast, a teacher’s failure to correctly implement the recommended interventions as intended resulted in poor outcomes or no change/growth at all for students (McIntyre et al., 2007). Research also suggested that teachers are often found not to implement interventions with accuracy, despite having high levels of initial training. This is a significant cost in time, money, and energy of all involved if, after receiving training, teachers are not providing interventions as intended (McIntyre et al., 2007).

While collecting data from each state in a national survey, the Special Education Leadership and Quality Teacher Initiative (Hoover et al., 2008) concluded that there is a

definite lack of in-depth knowledge of how or the extent to which individuals and districts are implementing RtI. The authors of the survey clearly stated that in order to move forward as a nation progressing through the RtI process, it was critical that states, districts, and administrators ensure implementation fidelity, in order to best understand national RtI perspectives (Hoover et al., 2008). Durlak and DuPre (2008) examined the matter further as they analyzed the quantitative results from 500 studies of program implementation. They concluded from their findings, “Assessment of implementation is essential for assessing the internal and external validity of interventions. For example, accurate interpretation of outcomes depends on knowing what aspects of the intervention were delivered and how well they were conducted” (p. 328). Similarly, in a study of 227 schools which implemented intervention-based treatment initiatives, Fuchs et al. (2003) asked the sample schools to provide documentation of the implementation process and used a 5-point Likert scale to evaluate the fidelity to the interventions and levels of student change. The study found most schools had “frequently inconsistent and below desired levels of fidelity” (p. 161), which surprised the researchers because the schools were encouraged to present “best-case documentation” (p. 162). Additionally, during a review of 19 behavior intervention studies Lane et al., (2008) realized only five of the studies “monitored and reported treatment integrity results” (p. 467). These same studies consequently faulted the absence of treatment integrity data to low outcome generalizability and as a documented limitation.

Some districts have essentially blindly depended on every teacher and administrator to implement every aspect of RtI with acute accurateness every day, in every way. By virtually ignoring how practitioners implement RtI, school leaders are

doing a disservice to the fundamentals of RtI, and to the students, by disregarding one of its most important features: collecting and using data measurements in order to make the best decisions for students. Schools implementing RtI need a measurement tool to provide the feedback and direction for growth and learning for administrators, teachers, and most importantly students.

Summary

After extensive research and study on the topic of Response to Intervention, Glover and DiPerna (2007) found the need for future research efforts to focus on evaluating strategies for addressing the factors affecting integrity of implementation. They went on to discuss this need, and further stated that “critically important from a service delivery standpoint, however is the need of identifying methods and protocols to *monitor* implementation integrity at each level of the service delivery system” (p. 534). Conclusions in a study by Fuchs et al. (2003) stated “that reliable implementation... in schools remains elusive” and that positive outcomes were “not defensible until research confirms reliable and consistent implementation” (p. 162). Sheridan et al. (2009) supported this statement, “Consultation researchers have long recognized the importance of assessing fidelity of intervention implementation” (p. 476), and this includes the manner in which interventions are delivered. The authors also suggested that in order to capture the effective use of these critical elements of implementing interventions, a multi-method approach is needed (surveys, interviews, direct observation, permanent products).

The process of implementing RtI has several defining characteristics, including the use of multi-tiered interventions, systematic assessments, a problem-solving and/or standard protocol approach, and evidence-based instruction. In order to best implement

the defining characteristics of RtI, effective school leaders must provide the structures, goals, climate, and training for teachers. As teachers and school leaders work to follow the guidelines and principles outlined in IDEIA in order to address over-identification and disproportionality of LD, schools need to be mindful of a methodological flaw found by education researchers within many RtI programs: the treatment integrity. Therefore, the literature suggested school leaders use multiple methods to monitor the fidelity of implementing the RtI model in order to ensure accurate results. The following chapter will explain the methodology utilized within this study and further detail the demographic data of the two schools which participated in this case study.

Chapter 3: Methodology

Background

The reauthorization of the Individuals with Disabilities Improvement Act (2004) necessitates that schools and teachers alike be accountable to the use of evidence-based practices, especially to those students struggling to meet the expected outcomes. As a result, there has been a push for schools to implement RtI which focuses on evidence-based practices, systematic assessments, and a multi-tiered model for providing interventions, and the use of standard protocols or a problem-solving method as an intervention with struggling students. Results from the field thus far show significant academic gains for students receiving early interventions and a decrease in initial referrals to special education. The use of RtI in schools as a system for early interventions and best practices is promising but can only be as effective as those implementing it.

A further search of the literature on RtI revealed a documented void in the way feedback is provided to schools and educators on the fidelity of program implementation. Sanetti and Kratochwill (2009) saw “intervention integrity” as an “important methodological concern in both research and practice because treatment integrity data are essential to making valid conclusions regarding treatment outcomes” (p. 445). Even the National Research Center on Learning Disabilities has credited many of its failures in education reforms and practices to poor implementation (Johnson, Mellard, Fuchs & McKnight, 2006). The center is now asking educators to consider how much better these high-quality programs could be with more consistent and detailed measures of fidelity implementation (Johnson et al., 2006, p. 1).

Also noted in the research is the lack of a tool that can be used to measure progress and inform schools about program implementation fidelity, strengths, and weaknesses. However, several researchers have made suggestions and given examples of treatment integrity methodologies. For example, Lane et al. (2008) utilized self-reports combined with direct observations as the methodology to analyze the treatment integrity of a behavior intervention in two elementary schools. Throughout the first year of implementing a behavior intervention program, teachers as well as researchers conducted integrity checks through direct observations, in addition to self-reports teachers completed periodically. The findings were then compiled at the end of the year to rate the level of treatment integrity during the first year of a multi-tier behavior intervention program (Lane et al., 2008). At the end of the study, Lane et al. (2008) concluded that overall teacher-completed self-reports suggested higher levels of program fidelity than direct observations and researcher-rated reports/observations. Sheridan et al. (2009) also documented the significant absence of a method used to capture intervention fidelity but did suggest the use of self-reports, surveys, permanent products, interviews, and/or observations. The overall message from both research projects was a strong recommendation to utilize a multi-method approach to gather and collect evidence of quality interventions, particularly when assessing treatment fidelity.

Purpose of Study

The purpose of this study was to capture key elements and/or strategies to implementing a Response to Intervention program in schools, and to provide that feedback to those schools through the use of interviews and fidelity surveys. School administrators were interviewed individually and faculty and staff were interviewed in

focus groups to gather information about “what works” and “what doesn’t work” when implementing the RtI program in an elementary school. Prior to the interviews and focus groups, these same administrators, faculty, and staff also completed an integrity/fidelity survey on RtI.

One purpose of the interviews and fidelity surveys was to use the collected responses, which may identify strengths, weaknesses, or key strategies to use when implementing RtI, and compare those findings to the results from the fidelity tool. In comparing the responses, the study explored whether the perceived successes identified by school staff correlated to the systems of RtI that were implemented with fidelity. It was expected that the systems of RtI that were identified as concerns by administrators and teachers would also be those areas not implemented with fidelity.

The second essential research question the study aimed to explore was whether the use of interviews, focus groups, and a fidelity tool could in fact identify the systems of RtI that were being implemented well at each school, and those that were not. As highlighted in the literature review, many districts struggle with identifying and measuring those systems, procedures, and/or interventions and then using that to provide quality feedback.

The last focal point the research aimed to expand upon was to examine whether different schools implementing RtI struggle with or have successes with the same fundamental systems of the program. It was also expected that when comparing the schools, the research would expose those key features which were similar and could be identified as critical strategies to successfully implementing the RtI program. Other schools in the beginning stages of implementation of RtI could then use these strategies

and/or concepts when initiating the program. Likewise, the schools participating in the study were given an overall implementation profile summarizing the responses and highlighting strengths and weaknesses as identified by the administrators and staff through interviews and those areas identified by the fidelity tool. Ideally, schools would then use this feedback to reflect on the RtI program and adjust time, resources, monitoring, and professional development accordingly.

Research Questions

This research made use of teacher and administrator interviews and an integrity survey in order to explore the following questions.

RQ1: Will an integrity tool survey completed by faculty and staff reflect the concerns and successes perceived when interviewing administrators and staff?

RQ1a: Is there a relationship between administrator and staff concerns and the RtI systems not implemented with fidelity?

RQ2: Is there a difference in the implementation of RtI when comparing two schools?

RQ2a: What are common strategies to implementing RtI with fidelity?

RQ2b: What are common barriers or struggles to implementing RtI with fidelity?

Method

This study is an example of a collective case study, which attempts to reveal then understand “any noticeable patterns or regularities” in an ongoing process, program, and/or activity (Fraenkel & Wallen, 2009, p. 430). A multiple case study was chosen over a single case study, because often the results of a multi-case study are considered “more

compelling, and they are more likely to lend themselves to valid generalizations” (Fraenkel & Wallen, 2009, p. 430). The collective case study allowed perspectives from multiple schools to be analyzed at the same time as a means to make conclusions on an overall process or program.

The chosen methodology for this study was to combine an administrator interview, teacher focus group, and the use of an integrity survey tool to rate the level of fidelity to the fundamental themes of RtI at each school site. The purpose of the teacher focus group and administrator interview was to gain a more in depth perspective of what systems of RtI posed a distinct challenge or key to implementation effectiveness, in order to explore two research questions (RQ2a and RQ2b). The integrity tool survey was utilized in order to explore its use in elementary schools as a means of rating RtI implementation strengths and weaknesses (as related to question RQ1). The researcher chose to use a survey because of ease in administering the tool and its ability to offer a brief rating of RtI implementation fidelity. Likewise, one goal of the study was to explore methods of rating and monitoring integrity of implementation that were straightforward and could be replicated in other schools. As recommended other RtI researchers, this study used different methods of collecting qualitative data to draw conclusions and make valid comparisons between two elementary schools implementing RtI.

Eight months prior to the start of research, 12 elementary schools were notified in writing and by phone requesting participation in this multi-case study. The administrators of two elementary schools of similar size and overall demographics, but in differing districts agreed to participate in the study and responded by electronic mail. One week prior to the interview portion of the study, the administration and staff of these two

suburban elementary schools received a letter explaining this research, confidentiality, a consent form (see Appendix A), and an integrity tool/survey (see Appendix B) to complete. The tool used was a cross-sectional survey, which collects the information at just one point in time. The survey design required the administrators and staff to reflect and rate the level of integrity used in implementing the four main features of RtI previously mentioned.

The survey tool and item wording being used was modified from a tool widely utilized by the Idaho State Department of Education (SDE), and is an available resource to schools in the country currently implementing Response to Intervention. The Idaho SDE uses this tool, known as “School Response to Intervention Success Indicators,” at various times throughout the school year to monitor leadership, teams and processes, assessments, family and community interactions, curriculum and instruction, and district support. In its originality the survey tool is lengthy (72 items) and only allows for three ratings on a Likert scale: 0 = *no evidence available or no work has been done to start implementation*, 1 = *work has started to implement this and is ongoing*, and 2 = *this component is fully implemented and in place* (“RTI Data,” 2010). In order to address content validity, the researcher emailed the survey to two experts in the field of RtI, with additional experience in evaluating schools and districts on effective implementation of RtI. After reviewing the survey they recommended shortening the survey tool and gave recommendations for rewording. The survey was then modified by the researcher and narrowed to only 55 items divided into five categories: (a) assessment tools, (b) use of standard protocols and/or a problem-solving approach, (c) evidence-based instruction, (d) use of a multi-tiered system for interventions, and (e) leadership support. Within each of

these five areas questions focused on intensity of the interventions, professional development, collaboration, RtI team functions, and leadership. The survey was also modified to use a 4-point Likert rating scale ranging from 0 to 3 (0 = *no evidence available or no work has been done to start implementation*, 1 = *work has started to implement this and is ongoing*, 2 = *this component is implemented, but not by all members of staff*, and 3 = *this component is fully implemented and adopted by all staff members*) for teachers and administration to rate the level of implementation and integrity used in each school. The survey results from the administrators and teachers were entered into a Microsoft Excel spreadsheet, totaled, and averaged (see Appendix C) to reflect the perceived level of implementation and fidelity to that concept.

In addition to the survey, the school administrators participated in a one-on-one interview and staff participated in a focus group with open-ended questioning. The questions for both interview sessions were chosen and worded to reflect the same general topics and wording of the fidelity tool survey, in order for parallel comparisons to be appropriately made, as one topic the research aimed to explore was a comparison of the survey results to the interview responses. The administrators and staff were notified both in writing and by an oral statement prior to the interview that all responses and surveys would be kept confidential. The questions were pre-determined and were to be asked in a completely open-ended format (see Appendix D). The administrator participated in a one-on-one interview discussing the process, successes, and challenges experienced by that particular school and staff when implementing RtI. Each administrator interview was approximately one hour in length and was conducted in the principal's private office. The

questions also explored what areas were perceived as strengths and weakness and possible causes of those perceptions.

The staff participated in one focus group interview of four to five people with open-ended questions (see Appendix E) similar to those asked of the administrators. Faculty and staff were seated together in small groups in the library or conference center of each school and were also approximately one hour in length. One advantage to a focus group setting was that teachers would often be able to make additional comments beyond what they originally stated, because they were able to hear the responses of the other teachers around them (Fraenkel & Wallen, 2009). One goal of the study was to gather authentic and detailed perceptions and strategies in order to reveal patterns and contrasts. By utilizing the opportunity for teachers to elaborate on each other's responses in a focus group format, the study aimed to provide more depth on the topic of RtI implementation.

The responses from the interviews and focus groups were carefully transcribed into a Microsoft Word document then organized using Open Coding in order to identify patterns and place responses into groups. Once responses were coded, relationships between the interviews and the survey were analyzed through triangulation of the results. The triangulation would allow for several different pieces of evidence to come together in order to explore the essential questions posed in the study (Strauss & Corbin, 1990). This technique of triangulation requires information gathered from a range of settings, individuals, and methods, in order to “reduce the risk of chance associations and of systematic biases.... and allows a better assessment of the generality of the explanations that one develops” (Maxwell, 2005, p. 112). Any patterns, key points, and relationships would then be summarized in a descriptive analysis for each school to use as feedback

and a tool for reflection and growth. The study used triangulation by sorting coded interview responses into Microsoft Word tables comparing results between the administrator and the focus groups at each location (see Appendix F), between the two focus groups (see Appendix G) and between the two administrator interviews (see Appendix H) to further analyze patterns across different schools implementing RtI.

Figure 1 illustrates the organization and data used to make comparisons at each school and at each level, in order to extract generalizations about RtI implementation.

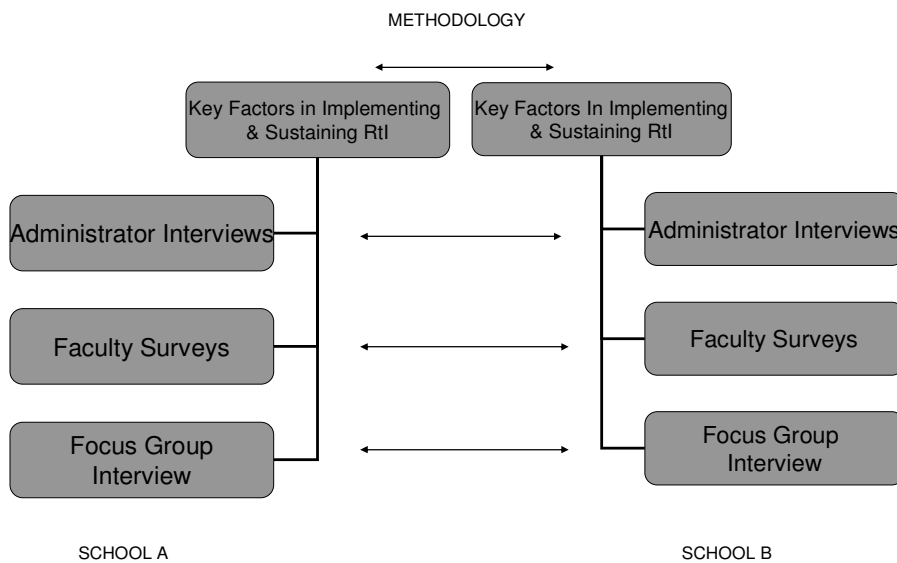


Figure 1. Flow chart showing organization and data used for comparisons in the study

Sample

The focus of the study was to provide a descriptive analysis of key features when implementing Response to Intervention. Therefore, the information in this study was collected using a nonrandom or purposive sampling, in order to gather feedback and perceptions which reflected those faculty and staff actually implementing the program of

RtI. A purposive sampling is appropriate when “the researcher believes the sample selected will be representative of the population” (Fraenkel & Wallen, 2009, p. 99) The sample of teachers and staff participating in the study included those teachers currently implementing any feature of RtI, and each grade level was represented. However, within each grade level a nonrandom convenience sampling was used to select the teachers and/or staff available to participate. It was expected that 10 faculty or staff from each school would participate in the focus group as well as one administrator from each elementary school. At School A five staff members participated in the focus group (math specialist, reading specialist, gifted teacher, and 2 classroom teachers), all of whom were at the school since the beginning of RtI implementation. At School B 10 staff members participated in the focus group (counselor, math and reading specialist, gifted teacher, special education teacher, and 5 classroom teachers), and all but 2 classroom teachers and the counselor were at this school since the beginning of RtI implementation. It was expected that an additional 10 faculty or staff from each school would participate in completing the fidelity tool survey. However, at School A only nine surveys were returned, even after the researcher redistributed the surveys again and allowed for an additional week to complete the surveys. The response rate for the integrity surveys at School A was 36%. The response rate at School B was slightly higher, at 43%. The overall response rates were acceptable to draw accurate conclusions and appeared to be representative of the school staff population.

Settings

Two public elementary schools from differing districts were studied in this research on implementing Response to Intervention. Both schools were grades

kindergarten through five and were located in the suburban area outside of a major metropolitan city in the Midwest region of the United States. Tables 1 and 2 summarize the state reporting demographic descriptors of each school. Table 3 gives an overview of teacher and building characteristics, while Table 4 and 5 reports basic student achievement data as assessed by the Missouri Assessment Program (MAP) from 2006-2010. The years selected in Table 4 and 5 represent the beginning years of RtI implementation through the present school year.

Table 1

<i>School A Demographics</i>	
Number of Students K-5	483 students
Average Daily Attendance Rate	95.3%
Percentage of Free and Reduced Lunch	29.3%
White	89.8%
African American	7.0%
Other	3.2%

Table 2

<i>School B Demographics</i>	
Number of Students K-5	543 students
Average Daily Attendance Rate	96.2%
Percent of Free and Reduced Lunch	16.0%
White	77.9%

African American	18.2%
Other	3.1%

Table 3

<i>School Characteristics</i>		
	School A	School B
Administrator average years of experience	15	17
Teacher average years of experience	10.5	14.2
Percent of teachers with master's degree	76.2	83.5
Students per classroom teacher	17	17

Table 4

<i>MAP Data for Communication Arts</i>					
Year Assessed	2006	2007	2008	2009	2010
State Target Scores	34.7	42.9	51.0	59.2	67.4
School A	56.6	52.8	45.3	50.0	55.1
School B	59.9	67.1	70.4	75.3	73.6

Table 5

<i>MAP Data for Mathematics</i>					
Year Assessed	2006	2007	2008	2009	2010
State Target Scores	26.6	35.8	45.0	54.1	63.3

School A	54.1	51.6	44.2	50.5	53.6
School B	57.2	63.2	74.1	77.7	81.4

Internal Validity

When conducting research in the form of a case study, it is prudent to consider threats to internal validity. Again, the purpose of a case study and this study in particular is to gain information in the form of interviews and surveys about RtI, in order to make generalizations about implementing the program effectively, so that others may also share this success and learn from challenges along the way. Without careful consideration to internal validity, a researcher's ability to make generalizations is compromised (Fraenkel & Wallen, 2009). In order to avoid location threats, all focus groups were interviewed in the library media center of each school at the same time of day. The researcher submitted the interview questions to two experts in the field of RtI for review to ensure that the questions were not leading and easy to understand. The researcher was not an employee or colleague of any of the schools involved, but planned ignorance was utilized by the interviewer when listening to responses in order to avoid collector bias. For example, although this researcher has experience and knowledge into the fundamental themes of RtI, the interview and focus group participants were asked several times to expand upon shorter responses instead of this researcher making assumptions about what was implied by certain responses.

External Validity

It is also important to consider external validity threats when attempting to make generalizations through multiple case studies. This researcher recognized one threat to the

external generalizability of this collective case study was that the population of the two elementary schools being examined was not very diverse in ethnic or socioeconomic ranges. This is important to consider because, “when purposive or convenience samples are used, generalization is made more plausible if data are presented to show that the sample is representative of the intended population” (Fraenkel & Wallen, p. 103).

However, when using this method of sampling one can “never guarantee representativeness on all relevant variables” (Fraenkel & Wallen, p. 103). Likewise, both schools involved in this research were from one suburban area in one particular state, so the study was limited in the generalizations made. Other states have certain freedoms to develop different procedures and policies regarding RtI and, therefore, may not have the same issues and/or implementation plans as the schools being studied. It was understood that any comparisons and conclusions would be generalized best by other elementary schools with similar size, demographics, and populations.

Summary

Qualitative research expert Joseph Maxwell (2005) encouraged researchers to understand what function or goals motivate the study, in order to guide the research design and aid in justifying conclusions and interpretations. The goal or purpose of this study was to investigate Response to Intervention and compare schools in order to evaluate what features aid in implementing this program with success. Maxwell went on to explain the value of knowing and setting these goals. First, these goals guided the methods and design chosen in this research study. Second, articulating the purpose of the study was essential in justifying the conclusions, interpretation, and discussions of this dissertation (Maxwell, 2005). This multi-case research study involved the use of a fidelity

tool survey which was used in conjunction with administrator interviews and teacher focus groups to provide a profile of key successes and areas for improvement of schools implementing Response to Intervention. This valuable feedback will better facilitate the growth and development of this national initiative in local schools. Additionally, the results from the interviews were coded and organized then compared to results and indicators from the fidelity survey tool. This multi-case study intended not only to focus on key features to implementing the RtI program, but to identify those same elements perceived by staff and administrators which impede RtI implementation with fidelity. The next chapter will expand upon the results of the surveys, interviews, and focus groups from the two schools participating in the study.

Chapter 4: Results

The questions posed in this qualitative collective case study aimed to explore the strategies, successes, and struggles of implementing RtI by comparing administrator and faculty interview responses to an integrity of implementation survey completed within two schools currently in their fourth and fifth year of implementation. The existing RtI literature supported the research questions and further illustrated a consistent void in specific strategies and methods schools use to monitor effective implementation fidelity to the four main features of RtI. Furthermore, much of the research noted that even in case studies which boasted significant results because of RtI implementation, there was a lack of evidence or a tool to reflect what aspects were implemented with integrity (Gresham, 2009). Therefore, the goal of this study was to examine survey and interview responses in order to determine how RtI was implemented and the strategies that helped or hindered fidelity to the prevailing features of the program.

The results from this multiple case study were organized and analyzed using triangulation of survey responses, faculty focus group interviews, and administrator interview responses which questioned the level of integrity in RtI implementation. The first phase of analyzing the qualitative results from this research study was to make comparisons within the coded interview responses from the focus groups of two schools currently implementing RtI in order to extract what strategies or concerns teachers felt were vital to RtI implementation. Similarly, the second phase of analysis was to make comparisons between the coded interview responses given by the differing administrators in order to glean what strategies and/or difficulties they faced during implementation. Next, the survey responses were tallied and averaged from each school and comparisons

were made between the totaled results from the two schools in order to explore whether certain features of RtI were easier or more difficult to implement with integrity. The last phase of this qualitative analysis and overall goal of the study was twofold: The researcher developed a “big picture of implementation” or overall implementation profile for each school by comparing the survey responses of each school to the interview responses given by the administrators and focus groups in order to ascertain if the RtI features implemented with integrity were the same features that posed a challenge or successful strategy, then comparisons were made by examining the big picture or overall implementation profile from each school in order to determine if the two schools struggled with or had success with similar features of implementing RtI with integrity.

Focus Group Interview Responses

After careful coding of the focus group interview responses from the two elementary schools participating in this multiple case study, most responses could then be categorized into seven primary factors that influenced effective use of RtI: (a) implementation process, (b) communication, (c) pace/scheduling, (d) use of a multi-tiered model and the process of change, (e) leadership, (f) assessments and use of data, and (g) the use of a standard protocol or problem-solving model. The second research question (RQ2: Is there a difference in the implementation of RtI when comparing two schools?) and its two subset questions attempted to explore the common similarities and differences in implementing RtI by first comparing focus group interview responses.

Similarities in RtI Implementation: Focus Groups

In terms of RQ2b (What are common strategies to implementing RtI with fidelity?), there were many similarities and common strategies between the focus group

responses to how RtI was introduced and initiated in both schools. In focus group interviews, all teachers all reported that RtI was first introduced through the district central office in an attempt to address special education over-identification issues. At both schools implementation was begun in just one grade or subject area and with deliberate attention to avoid overwhelming teachers and to break down the features of RtI for complete understanding. One teacher responded that it was important that teachers and the RtI team “over time slowly build up a repertoire of effective interventions that match assessment results and student needs.” Both focus groups detailed a plan of implementation that was introduced and implemented slowly and in stages. Interestingly, both school sites began the process of RtI implementation focused in the area of reading instruction and interventions during the first year, then gradually added math, behavior and professional development needs.

Teachers and specialists from both schools had similar responses regarding the importance of quality professional development during the initial implementation process, but specifically both groups emphasized how quality professional development around reading intervention strategies and the use of assessment systems were keys to buy-in and building instructional confidence in teachers. Likewise, both focus groups felt that after implementation of RtI, there had been a “blurring of the roles and a new understanding between special education and general education.” In addition to this “blurring of roles and understanding” between special education and general education, there was new sharing of intervention resources between the two that became a key strategy to implementation at both schools.

In addition to similar strategies for general implementation, both focus groups responded identically about the need for teachers and staff to have input into the process of implementation. Both groups emphasized that it was key during implementation to have regular and consistent feedback and communication from the teachers to the RtI team and administrators about what was working or not working. For example, teachers from each school shared in focus group discussions that certain materials were more effective in addressing phonemic awareness concerns, and it was important to have collaborate time in order to share these findings with fellow teachers. Likewise, both groups indicated that input from the teachers into the creation and criteria for each tier was an essential strategy when introducing the multiple tiers of the RtI model. The makeup of the RtI leadership team at each school included similar staff and roles as well. At each school the leadership team was strategically designed to include the principal, instructional specialists, teachers, a special education teacher, counselor and the school psychologist. It was interesting that in both schools the role of the school psychologist had been expanded upon to include input and insight into the leadership of RtI implementation. In the past, the school psychologist's at each school was primarily utilized as a qualified person who tests students and reports the assessment findings. Since implementing RtI, this role has grown slightly in each school to include a respect for the recommendations and knowledge this member can share.

The last batch of similar strategies found between focus group interview responses from each school centered on data and assessments and the use of standard protocols or a problem-solving model. When questioned about the use of assessments and data, both groups provided identical answers that punctuated the need for data to be

collected from multiple sources as decisions were made about student interventions and instruction. The teachers further explained examples of formal assessments; informal assessments such as running records, progress-monitoring tools such as AIMS web; and teacher-created common assessments given at each grade level, all of which factor into collaboration, data discussions, and decisions made about student interventions and instruction. Both focus groups also made specific comments summarizing the feeling that since implementing RtI, the teachers have improved their skills of reflecting on data and better understanding how to use data to guide instructional decisions. At School A the gifted teacher responded, “We always looked at data, but now [since implementing RtI] we use our data much more effectively.” A fellow math specialist then added, “Yes, now we actually understand and use our data.”

Data decisions then led to a discussion about how teachers and the RtI team responded to students in need of additional support. Participants at both schools stated that they used a problem-solving team approach when collaborating at each grade level in order to reflect on data and identify students in need. The teachers at each school replied that this problem-solving approach, the teachers’ ability to work together as teams and collaborate about interventions, instruction, and resources, was “very important to effective RtI implementation.” Once each problem-solving team collaborated and identified students in need of additional support, both schools responded with instruction using a standard protocol approach in reading. The teachers of both focus groups were able to elaborate on the specific protocols at every grade level and the differing skills in reading, but there were differences in math and behavior interventions. For instance, School B administrators described multiple behavior interventions such as a peer mentor

program and a computer-assisted math program which reinforced basic math facts at the lower grades, but was not designed for upper grade students. Likewise, School A did not respond with any behavior interventions, but did describe a flow chart of interventions available at each grade level for math, but the protocols were not consistent throughout the lower and upper grades.

Differences and Barriers to RtI Implementation: Focus Groups

There were, in fact, several differences with implementation of the RtI model and its features between the two schools. Many of those differences were useful in exploring RQ2a (What are common barriers or struggles to implementing RtI with fidelity?). At School A, teachers in the focus group interview did note frustrations and concerns with the process of implementing RtI (9 out of 24, or 38% of responses, expressed a concern or frustration with implementation). The frustrations stemmed from the RtI model being introduced in a “top down” and “you will implement this model” manner from a central or district office. The teachers further explained that in the beginning stages of implementation they did not fully understand what RtI was. Teachers at School A also expressed frustration by stating they felt as if they were “recreating the wheel” as they searched to find appropriate interventions and resources during the initial implementation phase. Moreover, some teachers and even instructional specialists in the focus group from School A responded by stating their frustration was in “feeling a little lost” during implementation because they did not feel instructionally comfortable with every intervention or even in every content skill. A school-wide RtI process initiated by administrators combined with inadequate professional development in the beginning stages of implementation, led to a seemingly frustrated staff at School A early on.

Throughout both focus group responses were references were made about the approach taken to provide professional development and training during the implementation process, and upon further comparison there was a marked difference in the approach at each school. School A professional development and training was resourced through instructional specialists who trained teachers on “what works” strategies, not necessarily on evidence-based instructional models. The instructional specialists participating in the focus group explained that they were expected to be the “experts” in the building, but did not feel adequately trained to do so. A reading specialist at School A described her conflict with this professional development approach by stating, “We felt like there were no real definite guidelines for us to follow. We did the best we could, but struggled through trial and error.” The School B responses did not express as many concerns or frustrations (3 out of 19, or 16% of responses, had concerns/frustrations about implementation), which the teachers explained was due in part to quality professional development prior to and during RtI implementation. The teachers at School B outlined a training schedule for implementation that included key members of the staff being involved in training at a district level including RtI professional development from outside experts. Those key members of the staff in turn brought back the information and gave what was described as a “piece-by-piece process of training, supporting and building resources for teachers.” The teachers at School B credited this strategy of professional development with having “high levels of buy-in and acceptance of the RtI processes.”

Some of the other differences and common barriers to overall RtI implementation outlined by both focus groups’ interviews involved communication, scheduling and the

use of data and assessments. The coded focus group interview responses from School B had unanimously positive perceptions (4 out of 4, or 100% of the responses about communication) about the lines of communication and input from teachers during the implementation phase of RtI. However, School A did respond with some slight concerns (2 out of 8, or 25% of responses) about communication barriers during the beginning stages of RtI implementation. The staff being interviewed discussed concerns about not having enough conversation or collaboration about student movement within the multiple tiers during the first years of implementation.

The other frustration mentioned by the School A focus group was that at times communication could become weak in grade level teams or within the school, if adequate time was not set aside to have discussions about RtI implementation. Similarly, the issue of time and scheduling was brought up throughout the focus group and was perceived as a significant barrier to effective implementation by School A (4 out of 8, or 50% of responses, noted concerns with time and scheduling). Staff in the focus group at School A called attention to scheduling concerns by itemizing the demands of time for collaboration, data collection, search of resources to provide interventions, grade-level discussions focused on assessments, and time within the day to provide additional interventions to students; they further described these concerns of time and scheduling as a “huge burden.”

The last notable difference and perceived barrier to effective implementation from the two focus groups was how data, assessments, and resources were introduced and later maintained. School A revealed several concerns (3 out of 18, or 17% of the responses about the data and assessments) with teachers and the RtI leadership team

coming to a building-wide agreement regarding which types of assessments would be used in data discussions. Furthermore, the focus group from School A collectively expressed that one barrier to effectively implementing interventions was that many teachers needed additional training and continued support, as they were not familiar with giving different types of assessments and effectively using student assessment data. Lastly, both focus groups responded with matching answers as they discussed perceived barriers within the resources at each school. The teachers from both schools described a “fear” and “frustration” with the lack of intervention resources to match student needs, shortages in personnel, and an urgency to be able to maintain RtI professional development for new staff.

Administrator Interview Responses

The second research question and its two subparts focused on uncovering if there is a difference in the implementation of RtI and identifying the common barriers or strategies for success. The administrator interview at School A was a one-on-one interview with the researcher and the building principal; the interview at School B involved the researcher, the building principal, and the assistant principal. Interview responses from each school were coded in seven primary categories that were perceived to impact the RtI model at each school: implementation, communication, scheduling and time, use of a multi-tiered model and process of change, leadership, assessments and data, and the use of a standard protocol and/or problem solving approach.

Similarities in RtI Implementation: Administrators

The interviews revealed many similarities in the implementation strategies as perceived by School A and School B administrators in the interviews (13 of 19, or 68%

of implementation responses from both interviews, matched in similar strategies). These similarities address RQ2b: What are common strategies to implementing RtI with fidelity? The administrators from both schools described knowing early on in the implementation process that the amount of information and change was going to be “overwhelming to our staff.” To combat this issue the administrators of both schools employed a strategy or process of delegating resources and roles, as well as training “RtI experts” within each school who would serve on the RtI leadership team and become an additional resource for teachers. Similar to the focus group responses, the administrators listed open and effective communication strategies as key to RtI implementation. The administrators also expressed the need for teachers to have opportunities for input throughout the RtI implementation process.

The administrator interview responses also revealed out many other similarities and strategies when implementing RtI. In both interviews, administrators gave similar responses when outlining the strategy for how RtI was paced very deliberately and in stages, especially in the beginning with just one grade level or subject area. Also, when questioned about the use of a multi-tiered model of interventions, administrator at both schools described the model as a “change in thought process” and “changing the process of thinking about different students’ needs.” When describing the leadership necessary to implement RtI, the administrators uniformly described the importance and inclusion of counselors, special education teachers, instructional specialists and the school psychologist in the RtI leadership team, which guided and led implementation in each building.

The final common strategies that were highlighted in the administrative interviews were in related to data and assessments and the use of a standard protocol and/or problem-solving model. Administrators at both schools responded similarly when questioned about assessments, but differently than either of the teacher focus groups. The administrators identically described assessment data as “a tool used to determine effectiveness” (4 of 18 or 22% of responses to assessment questions, were exactly the same). In both administrator interviews, participants also explained a strategy in which teachers and the RtI team reflected on the data and then used that information to guide better instructional decisions for students. Also differing from the teacher focus groups was how the administrators answered questions about the use of a problem-solving model. The teachers’ answers focused on collaboration and instructional decisions. The administrator responses included those points, but both administrator interviews added the determination for a special education referral as part of the problem-solving process. Common strategies also included having the instructional specialists as part of the problem-solving process, the importance of developing criteria and protocols for responding to students in need of interventions, and the significance of data collection to the effectiveness of the problem-solving process.

Differences or Barriers to RtI Implementation: Administrators

The administrators’ interview responses showed little variation, aside from the differences in the challenges or barriers their schools faced (which can be related to RQ2a: What are common barriers or struggles to implementing RtI with fidelity?). For example, the School A administrator said that one challenge to implementation was the budget and the ability to provide enough resources for math and reading interventions

related to the specific skills that some students needed and some teachers lacked. The School B administrator discussed resources as well, but explained, “During implementation the level of resources required to provide interventions requires the flexibility to try different kinds of interventions.” Overall, both administrators listed intervention resources as a concern during initial implementation, but how each chose to solve the need was different. School A administrator applied for grants and waited for the following school year budget allowance in order to purchase a standard protocol program for interventions. The administrator at School B shared her experience of searching online resources and her flexible approach to training teacher assistant’s to provide interventions.

Similarly, another challenge identified by the School A administrator was in matching instruction, protocols, and resources to the specific needs of the students. The School A administrator countered this concern by having the RtI team visit other schools that were implementing RtI to gain additional ideas, strategies, and resources. The School B administrators also identified the challenge of matching interventions and resources to student needs, but explained their process of having teachers work together as “problem solvers” in order to best meet student needs.

One struggle that only School B administrators described was the concern about students in upper-elementary grades who were still receiving interventions just before they moved on to the middle school environment. The administrators from this school expressed their worry about how intervention services would be communicated to the middle school teachers as students transitioned from elementary to middle school, if the intervention was still needed. The middle school was implementing RtI, but was two

years behind School B in its implementation. The concern therefore is that not all systems of RtI would be in place to support the students as they move on to the middle school setting.

Another common barrier that both administrative interviews revealed was issues with time and scheduling. The teacher focus group responses primarily addressed the demands of limited time, but the administrators elaborated on the challenges of master schedules and equitably scheduling resources throughout the building. Both interviews described this common challenge. School A administrator stated, “Scheduling to allow for interventions, collaboration and problem solving is a huge challenge” and a School B administrator agreed “Scheduling of interventions can be demanding and complex.”

One scheduling solution that School A tried was to allot an additional 30 minutes in the school day specifically for tiered intervention. The principal manipulated the schedule in order to provide each grade level with an additional 30 minutes of tiered intervention time throughout the day. This enabled instructional specialists and special education teachers to work with a grade level at a common time. The school called this targeted instructional time, “Eagle Time” after the school mascot. During this time, some students moved to large group enrichment or gifted classes, while others were serviced in a small group setting by specialist for targeted skill interventions.

School B took a different approach and described a process of manipulating the school budget to allow for an additional teacher assistant at each grade level to provide instructional interventions. By reducing two to three full time staff members, School B was able to hire twice as many part time teacher assistants to work with each grade level.

These teacher assistants were then trained by the few remaining instructional specialists to provide a scripted reading or math intervention to specific grade levels.

The last difference noted in the administrator interview responses was in how each administrator perceived the roles of the RtI leadership team. As the School A administrator described it, the role of the building's RtI leadership team was to support the problem-solving process at each grade level to ensure fidelity to the use of a standard protocol. The perception of the School A team is that the problem-solving process is exclusive to grade-level teams, and the role of the leadership team is to ensure this occurs. The School A leadership team is in charge of monitoring processes and adequate use of a standard protocol, and separate from the grade level teams problem-solving.

However, the School B administrators described the RtI leadership team as a group with the ability to respond in a less systematic way with more of a problem-solving model to look at school-wide or grade-level issues. This leadership team meets with each grade level and is involved in the process of reflecting on assessment data and making instructional decisions. In addition to this, the RtI leadership team meets regularly to discuss those students not responding to tiered intervention and suspected of having a learning disability. The leadership team then can seek building-level or district-level resources for students in the tertiary levels of interventions.

Survey Results

A fidelity-of-implementation survey was distributed as a paper copy to all certified staff members at each school participating in the research study. Survey response rates were 36% at School A and 43% at School B. Each question on the collected surveys was tallied according to school, and the mean and mode were

calculated for each question. Aside from a set of questions about the leadership strategies involved in implementation, the remaining survey questions were grouped according to the four main features of the RtI model: use of multi-tiered systems, use of assessment systems, use of evidence-based instructional strategies, and use of standard protocols or a problem-solving model. After the mean and mode for each question were figured, the mean and mode for the set of questions for each category were also calculated. Tables 6-10 compare the mean survey results from School A and B by category.

Table 6

<i>Mean Survey Results: Use of a Multi-Tiered System</i>		
	School A	School B
The school uses a multi-tiered system for providing interventions in reading	2.7	3.0
The school uses a multi-tiered system for providing interventions in math	1.8	3.0
The school uses a multi-tiered system for providing interventions in behavior	1.5	3.0
Teachers meet in teams and reflect on data within the multiple tiers	2.6	3.0
Teachers and/or teams change intensity of interventions based on data	2.5	3.0
Teachers and/or teams change type of interventions based on data	2.7	3.0
Teachers and/or teams move students within the multiple tiers	2.7	3.0
Teachers and/or teams reflect on effectiveness of interventions and make needed changes	2.7	2.8
The principal provides managerial leadership for a multi-tiered model for focused academic and discipline/student management processes	2.5	2.8
The RtI team considers a variety of data sources in determining the cause of the gap and to decide if/what intervention is necessary	2.6	3.0
The RtI team documents the quality of implementation of the interventions to assure intervention integrity	2.3	2.8

The RtI team holds follow-up meetings with classroom teachers to review student progress and judges whether interventions are effective, including parents when the intervention is for an individual student	2.0	2.5
The RtI team, at key decision points, determines whether the intervention should be continued, adjusted, or terminated	2.7	3.0
Use of Multi-Tiered Systems Total Mean	2.4	2.9

Table 7

Mean Survey Results: Use of Assessment Systems

	School A	School B
The school maintains a current inventory of selected screening measures, diagnostic assessments, progress monitoring assessments and tools, and outcome assessments for all academic, cognitive, and behavioral/social areas	2.6	2.5
A data management system is in place with necessary technology support to provide the RtI team, teachers, and professional staff with timely information on each student	2.7	2.7
A written universal screening plan is in place and used by the school to assess the academic and behavior strengths and needs of all students	2.5	2.2
Screening assessments are conducted at least 3 times a year	2.8	3.0
The school's team (leadership, instructional, and RtI for example) each meet to examine the building-wide data after each screening to consider core effectiveness and instructional groups	2.3	2.7
Progress monitoring data is sufficiently designed and collected to make clear decisions about the effectiveness of an intervention	2.5	2.8
Academic and behavioral progress is monitored by the RtI team and teachers with increased frequency as students receive additional tiered interventions	2.1	2.8
Progress monitoring assessments are conducted at least monthly for those receiving supplemental instruction (as Tier 2) and weekly or bi-weekly for	2.4	3.0

those receiving intensive instruction		
The RtI team bases decisions about interventions (instructional and support) on data from continuing progress monitoring throughout the 3-tiered process	2.5	3.0
School staff receive ongoing professional development on all assessment and assessment procedures	2.0	2.2
Use of Assessment Systems Mean Total	2.4	2.7

Table 8

Mean Survey Results: Use of Protocols/Problem Solving

	School A	School B
Teachers and/or RtI team considers a variety of data sources in determining whether the situation calls for a standard protocol or individual problem-solving approach	2.1	3.0
The RtI team, at key decision points, determines the degree to which the intervention has been adequately executed to evaluate its effectiveness	1.9	3.0
A problem-solving approach is used to suggest adaptations that are tailored to address individual difficulties that can be incorporated into the general education setting	1.7	2.8
The RtI team reflects on data and creates standard protocol (criteria) to make decisions about student interventions	2.6	2.7
The RtI team reflects on data and creates standard protocol (criteria) to make decisions about student movement within the multiple tiers	2.5	2.7
New staff members are trained and involved in the problem-solving model	1.2	2.3
The RtI team includes core members of teachers and professionals with various roles and expertise to provide critical input to the process	2.1	3.0
The RtI team meets regularly and for a sufficient amount of time to conduct the business of the team	1.6	3.0
All core members consistently attend RtI team meetings	2.1	3.0

The RtI team has inventoried school-wide resources and created a resource map that is used in problem solving and in providing interventions	2.3	2.6
The RtI team has inventoried community resources and created a resource map that is used in problem solving and in providing interventions	1.0	1.5
Use of Protocols/Problem Solving Mean Total	1.9	2.7

Table 9

<i>Survey Mean Survey Results: Use of Evidence-based Instruction</i>		
	School A	School B
The school maintains an official document/plan that clearly defines the curriculum and instruction for each of the three tiers in reading, mathematics, written language, and social behavior	1.8	2.7
All teachers are guided by evidence-based core curriculum	2.2	2.8
All teachers are guided by a document that aligns standards, curriculum, instruction, and assessments	2.1	2.8
All teachers differentiate assignments (individualized instruction) in response to individual performance on pre-tests and other methods of assessments, as part of core instruction	1.7	2.2
All teachers assign learning tasks in a variety of formats such as auditory, visual, tactile, motor, and hands-on for all students	1.7	2.6
All teachers use a variety of instructional models (whole-class, small group, computer-based, individual, homework, for example)	2.2	2.8
All teachers have access to evidence-based instructional interventions for students identified at risk (Tier 2)	2.4	2.7
All teachers have access to evidence-based instructional enhancements for students identified as achieving able the general class level	1.6	2.4
All teachers use culturally responsive teaching practices within the instructional day	1.5	2.2
School staff receive ongoing professional development in meaningful instructional	1.8	2.8

methodology for the programs they are expected to teach		
RtI team receives ongoing professional development in Response to Intervention development, planning, and strategies	1.7	2.6
Use of Evidence-Based Instructional Mean Total	1.8	2.6

Table 10

<i>Mean Survey Results: Leadership Support of RtI</i>		
	School A	School B
The principal and/or district provides resources of staff, time, and materials to support the RtI process	2.2	2.5
The principal provides managerial leadership for a 3-Tier model for focused academic and discipline/student management processes	1.9	3.0
The principal participates actively with the RtI team	2.4	3.0
The principal routinely monitors the fidelity of the ongoing RtI implementation, as well as the fidelity of instruction and assessment	2.5	2.8
The principal systematically assesses RtI fidelity at least twice a year and prepares a summary report of findings and recommendations	2.5	2.2
The principal monitors curriculum and classroom instruction regularly	2.8	2.8
The principal keeps a focus on instructional improvement and student learning outcomes	2.8	3.0
The principal celebrates individual, team, and school successes, especially related to student learning outcomes	2.7	3.0
The district ensures that all staff receives continuing RtI training	2.3	2.8
Leadership Support of RtI Mean Total	2.4	2.8

School A

The survey results from School A yielded a variety of responses from the faculty and administrators. The overall category and prevailing feature that school staff perceived as fully implemented with fidelity was the use of assessment systems (2.4489 mean on a 0-3 scale of response). This category contained 10 questions that required teachers to respond to the levels of implementation of tasks such as the use of assessment data to inform intervention instruction, the use of data-management systems, and the use of progress-monitoring assessments. Several questions within certain categories also had higher than average ratings. For example, even though leadership support was not rated by staff as the highest overall category for full implementation, two questions within this category had exceedingly high averages: “the principal monitors curriculum and classroom instruction regularly” (2.8 mean on a 0-3 scale of response) and “the principal keeps a focus on instructional improvement and student learning outcomes” (2.8 mean on a 0-3 scale of response).

However, certain categories and specific questions yielded lower than average responses on the School A surveys. For instance, according to the teacher responses the use of evidence-based instructional strategies was the overall category and main feature of RtI that had the lowest levels of implementation integrity. Eleven questions in this category required school staff to rate the level of implementation of tasks such as all teachers differentiating core assignments, ongoing professional development in meaningful instructional methodology, and teachers having access to evidence-based instructional interventions for students identified at risk.

There were also questions within general categories that had lower averages. Two questions within the multi-tiered systems category scored lower than average: “the school uses a multi-tiered system for providing interventions in math” (1.8 mean on a 0-3 scale of response) and “the school uses a multi-tiered system for providing interventions in behavior” (1.5 mean on a 0-3 scale of response). Likewise, two questions within the use of standard protocols/problem-solving category also scored at or lower than average (1.5 being an average score): “new staff members are trained and involved in the problem-solving model” (1.2 mean on a 0-3 scale of response) and “the RtI team meets regularly and for a sufficient amount of time to conduct the business of the team” (1.6 mean on a 0-3 scale of response).

School B

The integrity-of-implementation survey questions from School B were generally rated at much higher levels than those from School A. None of the questions or categories from School A was rated at a perfect 3 (or *fully implemented with fidelity*, according to the Likert scale provided to staff). However, School B rated 22 of 55 questions or 40% with a perfect 3 rating meaning that the respondents perceived that those items were fully implemented with fidelity. The highest overall category or feature of RtI that was implemented with fidelity was the use of multi-tiered systems for interventions (2.9 mean on a 0-3 scale of response), and the mode for this category was also a solid 3 rating response.

Despite the higher than average responses rated by School B teachers and administrators, several questions did yield lower averages. The category that received the lowest ratings for full implementation fidelity was the use of evidence-based instructional

strategies (2.6 mean on a 0-3 scale of response), which was also the lowest category in School A. Although this is the lowest rated category on the School B set of surveys, this relatively low average is still greater than the highest rated category from School A. The individual question rated the lowest by staff was from within the use of protocols/problem-solving category: “the RtI team has inventoried community resources and created a resource map that is used in problem solving and in providing interventions” (1.5 mean on a 0-3 scale of response).

Leadership

The integrity survey tool was designed primarily to gauge the level of fidelity to the four fundamental themes of RtI. However, this survey tool included a fifth category related to leadership. The original integrity tool from the Idaho State Department of Education included six categories, the final category being district leadership, but was narrowed and modified to address the 4 fundamental themes and building-level leadership. Since the research sites were in differing districts it was decided to narrow the original survey to focus on building specific RtI implementation, which included the leadership of the principal. After much review of RtI literature, many researchers and educators in the field noted that the leadership ability of the building principal can impact effective implementation, therefore results specific to leadership were analyzed as well.

The leadership category on the survey produced generally high averages for each question and as a total category. The overall section on leadership was rated the second highest category by both schools as School B scored a 2.8 mean and School A had a 2.4 mean (on a 0-3 scale of response). When reflecting on focus group data, the coded responses for leadership were brief but largely positive in nature. A staff member from

School B focus group responded “The principal was very respectful of teachers and focused on building expertise within the building.” Likewise, other responses stressed the importance of the principal creating a vision, providing training, and building a trusting environment among staff.

The lowest rated questions within the leadership category were related to management processes and interestingly enough, fidelity reflection. The integrity tool directly questioned whether the building administrator conducted a check to the fidelity of RtI systems and provided feedback to those fidelity issues (The principal systematically assesses RtI fidelity at least twice a year and prepares a summary report of findings and recommendations). Within the category of leadership, this question was the lowest rated characteristic with a 2.2 mean (on a 0-3 scale of response) by School B. In contrast, School A’s lowest rated question (1.9 mean on a 0-3 scale of response) within the leadership category was directed toward management processes: “the principal provides managerial leadership for a 3-Tier model for focused academic and discipline/student management processes.” This concern was mentioned again within later discussions as many focus group members from School A voiced inadequacies in providing multi-tiered interventions in math and behavior. This same trend was found in much of the RtI literature as well, and was noted in the final chapter as a recommendation for future study.

Overall School Implementation Profile

One of the research questions (RQ1a) posed within this study attempted to explore the relationship between administrator and staff concerns and the RtI systems not fully implemented with fidelity. Answering this question required that comparisons be

made at each research location between the administrator and focus group interviews, to see which systems or strategies yielded the greatest concerns or successes overall. These results were then compared with the integrity surveys also completed by each school's the administrator(s) and staff. The following overall school implementation profiles outline whether those tasks or items implemented with fidelity were indeed the same tasks perceived as barriers or successes.

School A

From the number of teacher and administrator responses expressing concerns and/or frustrations (30 out of 143 total responses, or 21% expressed a concern), it was evident that School A continued to struggle with certain aspects of fully implementing RtI with fidelity. The level-of-integrity survey yielded comparable results and several relationships to the overall interview responses. For example, the lowest rated category on the survey was the use of evidence-based instructional strategies (1.9 mean on a 0-3 scale), and the most concerns (9 out of 30, or 30% of concerns voiced by an administrator and teachers in a focus group interview) were related to quality instruction, instructional intervention resources, and effective instructional strategies used at all levels of a multi-tiered system. The lowest rated individual survey questions (1.5 mean on a 0-3 scale) were related to providing quality math and behavior interventions, which were also listed by both the administrator and the teachers as a concern.

Relationships also existed between concerns discussed in interviews and the items receiving lower than average ratings as related to time/scheduling and implementing RtI with fidelity. In interview responses, 6 out of 30 concerns, or 20%, of concerns expressed were directed towards implementation fidelity issues. The teachers and administrator

alike described a lack of confidence that they were even implementing RtI correctly at School A, because as the instructional specialist stated, “The RtI team and I feel like there is no real set of guidelines to RtI implementation.” This lack of confidence and the noted concerns to integrity as discussed in the interviews were also evident in the survey results. Not one of the 55 survey questions was averaged and rated as a perfect 3 (*fully implemented with fidelity*).

However, there was one relationship between interview responses and the integrity survey results that was not similar. The administrator and the teacher focus group expressed many concerns about the use of assessment systems and frustrations with progress monitoring (6 out of 30, or 20% of concerns), yet the highest rated survey category was in fact the use of assessment systems (2.4 mean on a 0-3 scale). This was School A’s highest rated category, but compared to the School B responses it could still be considered to a relatively low rating.

School A participants were able to identify positive strategies (15 out of 143, or 10% of responses, were positive strategies) that were perceived to impact effective RtI implementation. In fact, 8 out of 15 strategies (53%) given during interviews were related to effective communication throughout the implementation process. The staff and administrator detailed the importance of communicating about professional development needs and feedback, teacher input during the creation of the multi-tiered systems, teacher input during the assessment selection process, communication as a school about how often data were examined at and which data were consistently used, and even increased parent communication.

School B

The second elementary school participating in the study was one year farther into RtI implementation than School A was, and the School B surveys and interviews provided positive responses and ratings of fidelity. Only 8 out of 105 interview responses (7%) noted a concern or frustration with RtI implementation. Conversely, more than 25 out of 105 interview responses from School B (24%) noted key strategies that could make a positive impact on the implementation of RtI. Of those key strategies 10 out of 25 (40%) were related to open and effective communication, teacher input, and collaboration within the school. This result suggests that having open lines of communication created a situation in which the level of knowledge, input, and support perceived by survey respondents led to high ratings to the different RtI systems. Overall, 22 of the 55 survey questions (40%) of the survey questions were given a perfect 3 rating (*fully implemented with fidelity*) at School B.

The lowest rated category on the survey given to School B teachers and administrators was the use of evidence-based instructional strategies. There was a relationship to the low survey results and the interview responses, as 2 of 8 (25%) of the responses dealing with concerns were also about instructional concerns. One instructional concern expressed was “a struggle to correctly match intervention instruction to the student needs.” The second concern was best expressed by the administrator “I do have concerns with teacher fidelity to the agreed-upon interventions.” Within the category of evidence-based instruction, the staff gave lower than average fidelity ratings to “all teachers differentiate assignments” (2.2 mean on a 0-3 scale), which was not mentioned as a concern during either of the interviews. So although there were few concerns, the

interview concerns regarding the use of evidence-based instruction did manifest as a lower than average fidelity rating on the survey.

The last area of concern that had an identifiable relationship between the integrity survey and the interview responses was professional development. The interview included 2 out of 8 (25%) of the responses related to concerns as issues with professional development. Both concerns were expressed by the administrators, who explained, “It is a challenge to provide the level of professional development needed for new staff coming into a school in full implementation,” and voiced similar concerns about new staff being overwhelmed and not always able to see the big picture of school-wide RtI implementation. These interview concerns about professional development were also revealed in the integrity survey with a lower than average means (2.2 mean on a 0-3 scale) on an individual question regarding ongoing professional development on all assessments and assessment procedures.

Comparing Overall School Implementation Profiles

The final goals of the study and the last comparisons to be made are possibly the most important to the essential questions posed within this study. The final questions explore whether a level-of-integrity survey reflected the same concerns and success perceived by faculty and staff when interviewed. These questions also explore the overall differences in RtI implementation based on survey and interview results. Now that the all other comparisons have been made within each school, between both focus groups and administrator interviews, and among both survey totals the final comparison to be made is between the overall school profiles, or the big picture of implementation from each school, which combines survey tallies and highlights from both interviews.

Overall, both schools identified the use of evidence-based instructional strategies as a barrier or concern to fully implementing RtI with fidelity. Interview responses from both schools contained a high frequency of concerned responses (30% of School A and 25% of School B concern responses) directed at instruction and/or resources to improve quality instruction. Likewise, when the level-of-integrity survey responses were tallied and averaged for each sample school, they were also found to contain the lowest ratings were in the category of evidence-based instructional strategies. In the evidence-based instruction category, interview responses from both schools indicated concerns regarding the ability of all teachers to appropriately match intervention instruction to student needs and the resources available to match interventions to student needs. Similarly, for both schools the question with the overall lowest fidelity rating question within the evidence-based instruction category was “all teachers differentiate assignments as part of core instruction” (1.7 mean at School A and 2.2 mean at School B on a 0-3 scale). This result supports RQ1, showing that the integrity tool survey did in fact reflect the same concerns of RtI implementation as perceived by staff and administrators when interviewed.

There were also smaller comparisons and relationships within the overall results from both schools, such as concerns with professional development and resource allocation. Interviews at both schools identified concerns regarding a lack of instructional or intervention resources and the equal distribution of intervention resources (5 out of 30 concern responses [17%] at School A, and 2 out of 8 concern responses [25%] at School B were about resources). Although the integrity-of-implementation survey did not include a category that addressed instructional resources, it included a specific question that did. The survey question that addressed this concern, “the RtI team has inventoried

resources and created a resource map that is used in problem solving and to accurately provide interventions,” was rated much lower than average (1.0 mean at School A and 1.5 mean at School B on a 0-3 scale) and was the lowest rated question in that particular category (problem solving).

Also noted in both the interview and survey responses at School A and School B was a general concern for quality professional development. Several interview responses at both schools listed the need for ongoing and quality professional development as a barrier to the effective implementation of RtI. Comparably, the integrity tool survey revealed identical concerns as rated by faculty and administrators on the questions that addressed the issue of professional development by asking staff to rate the level of implementation to: “new staff members are trained and involved in the problem-solving process” (1.2 mean at School A and 2.3 mean at School B on a 0-3 scale) and “school staff receive ongoing professional development on all assessment and assessment procedures” (2.2 mean at School A and 2.0 mean at School B on a 0-3 scale).

The overall differences in RtI implementation as perceived by faculty and administrators and revealed through the use of fidelity-of-implementation survey and interviews, related to the levels of implementation of multi-tiered systems and standard protocols and a problem-solving approach. School B reported their highest ratings of fully implemented with fidelity in the category of use of a multi-tiered system (2.9 mean on a 0-3 scale). A review of the interview responses from both the administrator and the focus group showed that none of the answers disclosed concerns about the use of multiple tiers. In fact, 10 of the 25 strategies (42%) for successful implementation of RtI at School B, involved communication, input, and collaboration into the development and understanding of a multi-

tiered system. In contrast, although the use of multi-tiered systems was not the lowest of the five categories listed on the survey, two of the questions within the category did yield some of the lowest averages from the entire survey (1.8 mean for “school uses a multi-tiered system for math interventions” and 1.5 mean for “uses a multi-tiered system for behavior intervention,” on a 0-3 scale). Likewise, even though it was not a high level of concern, 3 out of 30 interview responses (10%) discussing implementation concerns related to the overall team and school use of multi-tiered systems. Like the School B responses, the School A responses mentioned success in teachers giving input to multi-tiered systems; however School A implementation did not seem to define criteria for student movement within each tier or address tiered interventions for math and behavior.

The final difference was within the implementation of standard protocols and/or a problem-solving approach. School B respondents pointed out several key strategies to successfully implementing a problem-solving model within the structures of RtI (5 out of 25, or 20% of strategies), which specifically included strategies for the collection, use, and reflection of data embedded within the problem-solving process. Although it was not the highest rated category on the survey, School B respondents did rate their level of fully implementing standard protocols/problem solving higher than average (2.7 mean on a 0-3 scale). School A, however listed 6 out of 30, or 20%, of their concerns regarding assessments as not clearly understanding how to use data and assessments within the problem-solving process and a means to determine appropriate intervention protocol. Similarly, 4 out of 30, or 13%, of the comments about concerns may have been at first coded as time and scheduling issues, but upon deeper examination, the time issues truly related to teachers lacking the ability/training to effectively problem solve in teams in a

timely manner and reflect on data to make informed decisions about which protocol was an appropriate response.

Summary

This collective case study found several commonalities within the barriers, strategies, and method of implementation of RtI in the two participating elementary schools. Both schools found that quality resources for intervention instruction, adequate time for collaboration, interventions, and problem solving, as well as providing quality professional development to new staff, were common barriers to implementing and sustaining RtI. Focus group and administrator interviews revealed an overall concern with the perceived lack of instructional resources to match differences and/or intensity of student needs. Adequate time and scheduling was also a discussed by both teachers and administrators as a hindrance to effective implementation.

Key RtI implementation strategies mentioned at both schools was the ability of the school leader to effectively communicate with staff and to allow teacher input throughout the implementation process. The teachers participating in the focus group emphasized the importance for school leaders to recognize and value teacher contribution in the creation of multi-tiered criteria, assessment selection and criteria, and the selection of instructional resources. Although extra time for collaboration was primarily described as a barrier in both schools, the focus groups credited successes in the program as a collaborative effort of teachers and administrators working together.

The implementation methods shared some similarities but differed overall, especially in effectiveness as perceived by staff. Focus groups from both research sites shared that RtI was a district, not building-level initiative and did not at first include

teacher acceptance or input. However, as RtI systems evolved in each school, the training and implementation approach also changed at each school. Survey and interview data illustrated a difference in the implementation approach, as School B involved teachers' input into the development, criteria, and function of multi-tiered systems. In contrast School A struggled with providing professional development, time, and clear understanding to teachers when using data within the problem-solving process. School B chose to send teachers and administrators to structured training from outside professional development sources. School A consequently, decided on a trial and error approach within the school building, dependent on math and reading specialists along with the RtI lead team, to interpret RtI guidelines and train general education teachers as interventionists. The implications and further exploration into these findings will be discussed in the following chapter.

Chapter 5: Discussion

Overview and Purpose of Study

The reauthorization of IDEIA in 2004 created alternatives to the way schools and districts could identify students at-risk of being identified as LD. IDEIA was necessitated by a recent phenomenon of over-identification in students identified as LD, which many politicians, educators, and parents argued was attributed to a weak instructional model within many of America's schools. In contrast to a severe discrepancy model of identification, the new guidelines of IDEIA ventured to include RtI as a possible method of providing early, skill specific, evidence-based interventions as a precursor to LD identification.

As described in the review of the literature, the RtI initiative included four fundamental themes: a) the use of a multi-tiered system of interventions and instruction, b) the use of assessment systems and progress monitoring aligned to instructional decisions, c) the use of standard protocols or a problem-solving process in providing tiered interventions, and d) the use of evidence-based instruction (Fuchs et al., 2003). However well intended these prevailing themes were, issues within program implementation still existed, as researchers Kavale and Spaulding (2008) warned "It is important to note that RtI remains an experimental process and more research is necessary. RtI has become a major policy initiative, but is now experiencing debate about implementation" (p. 176). Much of the debate in the RtI literature existed between program implementation and fidelity to quality implementation. Researchers must continue to explore this significant RtI debate because the outcomes impact its replication

in other schools and ensures students were non-responsive to interventions due to a disability and not meager instruction.

Several initial research questions were posed within this collective case study in order to gain a better understanding into the methods, barriers, and strategies to successful RtI implementation. However, RtI literature revealed a noticeable absence of methods needed to appropriately monitor and provide feedback into an RtI process that is implemented with fidelity (Gresham, 2009; Glover & DiPerna, 2007). Gresham (2009) surmised “In the midst of a response-to-intervention world, the assessment of treatment integrity becomes crucial” (p. 538). Additional research questions were then added not only to explore methods, strategies, and barriers to implementation, but also to examine whether a combination of administrator interviews and focus group interviews would yield results reflective of the same concerns or key strategies identified by both schools into prevailing features of RtI that were implemented with or without integrity.

Interpretation of Results

Evidence-Based Instruction

Qualitative data from this study did in fact yield results that identified integrity flaws, similarities, and barriers to RtI implementation, as well as strategies that were perceived by those implementing RtI to be vitally important to their success. The primary finding that was most revealing when comparing the interview responses and survey results was that teachers and administrators of both schools perceived the ability to implement evidence-based instructional strategies as both the biggest area of concern and the area of RtI implemented with the lowest level of fidelity. The coded interview responses from each school showed that 30% of School A concerns and 25% of School B

concerns listed lack of confidence and competence to providing quality instruction within a multi-tiered system as a barrier to effective RtI implementation. What two of the research questions aimed to explore, the integrity tool revealed to be true, as evidence-based instruction was also the lowest rated fidelity feature on the survey (1.8 mean at School A and 2.6 mean at School B on a 0-3 scale). The greatest barrier as perceived by teachers and administrators (evidence-based instructional strategies) is also the feature implemented with the least amount of fidelity, as reported in an integrity survey.

This relationship is likewise demonstrated by the many researchers currently studying RtI. In an article discussing RtI treatment integrity concepts, researcher Frank Gresham (2009) summarized three dimensions that usually impact treatment integrity: “treatment adherence, interventionist competence, and treatment differentiation” (p. 534). Essentially, similar concerns were mentioned in this study in the teachers’ ability to adhere to the agreed-upon intervention (whether by choice, comfort level, or lack of skill), a teacher’s instructional competence to deliver the intervention, and lastly a teacher’s ability to differentiate within the intervention and core instruction to best meet the needs of differing learners, all of which impacted the integrity of interventions.

The focus group responses in this study further explained this relationship as teachers stated, “We have serious concerns about being able to match instruction to student needs,” and an administrator interview responses noted, “I worry about teachers implementing the agreed-upon interventions.” Moreover, one of the lowest rated individual questions within the category of evidence-based instruction on the survey at both schools was the level of fidelity in which teachers differentiated instruction in

intervention lessons and throughout the core instruction (1.7 mean at School A and 2.2 mean at School B on a 0-3 scale).

In both schools, resource concerns may also factor into weaknesses in implementing evidence-based instructional strategies with fidelity. In overall interview comparisons, 17% of School A concerns and 25% of School B concern responses were directed at feelings and comments about lacking the proper resources to instructionally match the needs of all students. In addition to those interview responses, one of the lowest rated individual questions overall on the fidelity survey was about the school and/or RtI team collecting and creating a resource map to be used in providing additional interventions (1.0 mean at School A and 1.5 mean at School B on a 0-3 scale).

Researchers in the field of RtI also agree that providing adequate levels of support and resources is an especially important connection to the fidelity and quality of the agreed-upon interventions (Fuchs & Fuchs, 2009; Glover & DiPerna, 2007). In an article discussing the core components of RtI service delivery, researchers Glover and DiPerna (2007) confirmed the relationship further by stating, “The identification of supports necessary to facilitate intervention within specific classrooms is especially critical to achieving high implementation integrity” (p. 533).

Key Strategy

One strategy for successful fidelity of implementation that was most pervasive throughout the various interview comparisons was the need to implement the RtI model slowly or in chunks of meaningful implementation pieces/features in combination with thorough communication and teacher input into the development and process of implementation. This connection between teacher input and increased levels of

communication to smooth implementation with high levels of fidelity was made after reflecting upon the high frequency of positive responses about communication strategies (10 out of 25, or 40%, of the responses questioning positive implementation strategy) and the noticeably higher level of fidelity ratings overall on the School B survey. Overall, School B had much higher levels of fidelity averages, with 22 out of the 55 RtI features (40%) receiving a perfect 3 (*fully implemented with fidelity*) rating. Thus when staff input is considered and there is constant communication about which strategies are working and which are not working, in conjunction with the implementation being processed slowly over time in meaningful stages that are not too overwhelming, then the staff may be more likely to implement those key features with more careful understanding and fidelity to the RtI model.

Difference in Implementation

The main differences in RtI implementation between the two schools that participated in the study were the use of multi-tiered systems and assessment data. These two features of RtI seemed to be a related weakness and difference between the overall implementation at School A and School B. In the interview results from School A, 6 out of 30 concerns (20%) were about how to use assessment data to make instructional decisions and decisions about movement within a multi-tiered system. Combining those significant concerns with the teachers' and administrator's additional concerns (3 out of 30, or 10%) regarding lack of confidence and understanding of how to efficiently use a multi-tiered system (when and how to move students within the tiers; when and how to change intensity, frequency, and duration of interventions), reveals a need for

improvement within School A, which may come with an additional year of implementation.

In contrast, School B rated the use of a multi-tiered system with their highest levels of overall fidelity (2.9 mean on a 0-3 scale). The interviewed staff and administrators at School B gave very detailed strategies that included having teachers give input into deciding which assessments would be used in data discussions where decisions were made about student movement within the tiers of intervention, and teacher input into the creation of criteria that would be used school-wide in a systematic way to guide each grade level in deciding how to move students within the tiers and when to change intensity, frequency and duration of intervention responses. These findings are congruent with the previous interpretations made about the need for communication and input into the development of the processes involved in effective RtI implementation. Again, the similar interpretations are thus made: When the teachers who are primarily responsible for delivering the main features of RtI have training, input, and discussion into the use of assessment and data systems, as well as the development of criteria and protocols for multi-tiered systems, the more likely teachers are to implement those systems with fidelity.

Implications

The implications of the findings of this research study are similar to others in the field of educational improvement initiatives. The relationships between instructional resources, ongoing and quality professional development, and most importantly a teacher's ability to instruct at high levels of efficiency and to differentiate according to student need, are imperative to the implementation of RtI and to general student

achievement outcomes. Even in School B, which demonstrated high levels of fidelity to the essential features of RtI, 2 out of 8 (25%) of their concerns were directed towards the school's ability to provide the level of professional development necessary for new teachers to be able to adequately provide high levels of instruction and skilled interventions. Barnes and Harlacher (2008) echoed this concern and in research findings on RtI led them to conclude that evidence-based instruction and intervention is one of the model's guiding principles. Their research supported the outcomes of this research study when they explained, "The goal of RtI is to improve student outcomes for all students, and in order to do so, it is imperative that students receive high-quality instruction that is evidence-based" (p. 425).

Likewise, Douglas and Lynn Fuchs (2009), experts in the field of RtI research, were asked by the publication *The Reading Teacher* to launch a department strictly focused on RtI research. They also described the instructional program at all tiered levels of instruction as needing differentiation and instructional materials that match students' needs; both of these issues were listed as barriers to implementation by teachers and administrators in this study. In addition to these instructional components, the Fuchs's research (2009) also emphasized that in relation to the instruction at Tier 2 and Tier 3, "success at this most intensive level of instruction with schools' most difficult-to-teach children requires a highly skilled instructor" (p. 251). The implications for future RtI implementation therefore, remain in the training, development, performance feedback, and systematic attention to teachers' methods, integrity, and use of evidence-based instruction.

Effective teaching is and will remain the most important factor in student achievement outcomes and RtI implementation (Marzano, 2009; Schmoker, 2001). Therefore, the primary and most obvious implication from this study's findings, which is further supported through RtI literature, is the need to improve teacher quality through training, teacher input, feedback, and use of evidence-based instructional strategies, as quality instruction is the foundation for RtI implementation and the key to effective implementation with integrity throughout its many tiers of support. Instruction expert Robert Marzano (2009) also stressed the importance of evidence-based instruction throughout his research findings and noted that one of the most important messages for school leaders is the need to do a better job of providing feedback to teachers regarding effective instruction.

The underlying goal of the study was to highlight and explore the use of different tools to support interpretations being made about RtI program integrity. As this research study developed and the RtI research was reviewed, it became evident that there was cause to explore tools which could be used to back up the strategies, weaknesses, and/or flaws to implementing RtI with fidelity. Several fidelity options mentioned in previous suggestions and research included frequent observations, teacher questionnaires, self-reports, permanent products (student work, data), interviews, surveys and several other complex methods (Durlak & DuPre, 2008; Glover & DiPerna, 2007; Gresham, 2009; Johnson et al., 2006).

This study combined teacher focus group interviews and administrator interviews with integrity-of-implementation surveys completed by administrators and staff to make comparisons and interpretations regarding whether these are in fact valuable tools to

gauge implementation. With the results from these sources, this study was able to extract several key strategies and perceived barriers of effective RtI implementation. Most importantly to the questions posed within this study, the fidelity survey provided an accurate reflection and comparison of what teacher and administrator interviews at both schools revealed as being the most difficult/concerning feature of RtI; the most concerning feature noted in the interviews was the very feature implemented with the least amount of fidelity as reported in both surveys.

The implication for educators and school leaders, especially those struggling with the fidelity of RtI implementation, is to step back and take time to be reflective. These schools might use a combination of methods to survey administrators and staff regarding which features pose a unique challenge, which systems are working smoothly, and why, specifically in the area of evidence-based instruction. RtI research by Johnson et al. (2006) validated why each school should take the time to conduct validity and fidelity checks writing, “When schools adopt new initiatives in name only, without fidelity to essential program design features, results are often poor” (p. 1).

This study used multiple methods (interviews and surveys) to collect and gather information about fidelity concerns, and likewise made many different comparisons in order to narrow the findings into a big picture or overall school implementation profile. According to Gresham (2009), “It appears what is needed to develop a science of treatment integrity assessment is a series of studies that use multiple methods of integrity assessments” (p. 537). The implication for school leaders and districts also wanting to gauge overall RtI implementation integrity is to follow suit by selecting a combination of methods in order to better reflect on overall school fidelity to the RtI model. Many RtI

researchers also call for school leaders to increase their attention and reflection into integrity concerns in order to better identify and address those features or factors affecting implementation (Durlak & DuPre, 2008; Gresham, 2009; Fuchs, 2003; McIntyre et al., 2007).

The final implication of this study and overall message of those previously stated, speaks directly to the characteristics of an effective school leader who can facilitate a second order change of RtI implementation. Effective RtI implementation hinges on a school leader's ability to synthesize the strengths and weaknesses of the students as well as the teachers, into comprehensive yet concise goals for school improvement. This requires the school leader to be actively engaged in student learning, teacher instruction, team problem-solving, and data collection and reflection in order to accurately gauge the present level of students and staff. The school leader must then match these strengths, weaknesses, and goals with ongoing multi-level professional development focused on evidence-based instruction and differentiation strategies. Experts on school improvement Wong and Nicotera (2007) agreed:

Educational leaders at the district and school levels will be responsible for filling in the gaps of the systems of educational accountability with knowledge and skills about effective practices, as well as high-quality professional development in order to significantly improve the processes of teaching and learning. (p. 132)

Likewise, when a school leader is an active participant understanding of teacher and student needs and goals, instructional resources and professional development can be designed, gathered, and evenly distributed in a more efficient manner. The distribution and availability of resources was a much noted concern for both focus groups, especially

in the areas of math and behavior. Lastly, fidelity to the components of RtI depends on school leadership that is unwavering in monitoring implementation, providing feedback to implementation strategies, and constantly striving to improve upon the integrity of the program.

Recommendations for Future Research

This researcher has many recommendations for future research and follow-up studies. In this qualitative case study, the administrator surveys were combined with the teacher surveys to give an overall profile for each school so that comparisons could be made between schools. However, it is suggested that future research take a quantitative approach by requiring administrators to rate the staff he/she perceives as implementing the features of RtI with fidelity and comparing those staff ratings with specific student achievement outcomes. RtI researchers Nunn, Jantz, and Butikofer (2009) support this recommendation and developed an Indicators of RtI Effectiveness Scale which examined empirical relationships between the elements of RtI with student outcomes. Similarly, this researcher suggests future studies correlate fidelity of implementation issues with student achievement data.

Likewise, it is suggested that future studies of RtI implementation examine different methodologies, differences in settings, and experience and length of implementation. Further qualitative RtI studies of effective implementation strategies are needed and should include direct observations and permanent products or documents produced by the teacher or RtI team, as additional evidence of fidelity measures. This case study was limited by the number of schools selected and the difference of RtI experience had by the teachers and administrators in the fourth and fifth year of

implementation. There is also a need for future RtI research to include longitudinal case studies which monitor implementation progress and issues from early implementation to established RtI systems. In addition, future research of RtI implementation comparisons would benefit from a wider selection of participating schools, possibly even regional or state-wide trends and processes. It would then be interesting to compare specific implementation processes to other states and regions, as this type of larger-scale comparisons would add to the scope and depth of RtI implementation literature. Researchers Kavale and Spaulding (2008) pointed out the same suggestion noting “Presently, there is no universally accepted RtI model” and “there is currently more unknown than known about the RtI construct” (p. 172).

This researcher’s final suggestion and call for action within the field of RtI is for additional research involving the implementation of math and behavior interventions. The majority of interview responses in the study were about strategies and successes directed solely to the subject of reading interventions and reading instruction. Consequently, two of the lowest rated tasks on the integrity survey referred to the ability to provide quality math and behavior interventions. Other RtI researchers also supported this finding noting that the focus on math and behavior interventions in RtI studies was limited (Fuchs et al., 2005; Marston, 2003; Vaughn & Fuchs, 2003). Both schools participating in the study have reading and math specialists however at School A the math specialist was also a classroom teacher. Therefore, it is recommended that school leaders hire math instructional specialists in order to support tiered interventions and the core instructional model.

Limitations

There are several limitations this researcher would like to note within the study. Treatment integrity expert Frank Gresham (2009) highlighted one limitation that could be applied to a qualitative study exploring treatment integrity: strict adherence to an intervention or plan of intervention does not presume competency of said intervention. This is a valid point and obvious limitation to this study. Teachers and administrators might rate a feature a perfect 3 (fully implemented) on a survey, but that does not necessarily mean the feature is implemented perfectly or with competence. Hence, a limitation to this qualitative case study is that teachers and administrators may not have answered interview or survey questions honestly and without bias, and a relationship cannot be made to the quality with which interventions were implemented.

As comparisons were made in this case study between two elementary schools, managed by differing districts, located in differing counties of a region, a noted limitation to issues of study generalization was the variance in school operational systems, school culture, and student/staff demographics. Additionally, there were slight variations in the certified staffing at each research site. School A required a classroom teacher to fulfill the role as math specialists and did not employ as many part-time teacher assistants, but did have an additional special education teacher. Conversely, School B had a math and reading specialist outside of the classroom setting to support instruction and interventions, four additional part-time teacher assistants, and one fewer full-time special education teacher. This difference in staffing between the two research sites limits the strength of the comparisons in this case study. Future recommendations would therefore include comparisons made between schools located within the same district with similar

demographic and staffing criteria. School district leaders could then reflect on these comparisons to guide future implementation and distribution of district resources.

Lastly, this case study's comparisons were limited by the difference in implementation experience of both schools. School A was in its fourth year of RtI implementation, and School B was in its fifth year of RtI implementation. Within the RtI literature research a "magic number" of years it takes to effectively implement RtI was not evident, as it is a relatively new initiative and few longitudinal studies existed. However, the additional year School B has gained in solidifying RtI systems and processes could limit the comparisons made between the two research sites. It is suspected that with each additional year of implementation the staff gained experience and knowledge into the fundamental themes of RtI and therefore may have responded with added confidence when completing an integrity survey or participating in a focus group. An added year of implementation experience could also be perceived as another year of communicating RtI expectations with teacher teams, which could also increase a staff's ability to follow the program with greater fidelity.

Summary

The purpose of this collective case study was to further explore the barriers, successful strategies, and common methods to implement RtI. In addition to those questions being investigated, an integrity survey was compared against focus group and administrator interviews in an attempt to further explore the relationship between those barriers and perceived successful strategies and the ability to implement RtI with integrity. A final summary was then tabulated for each research site as a School

Implementation Profile, which was also compared in order to investigate the differences in basic RtI implementation characteristics.

The qualitative results of this study allowed the researcher to make several interpretations into the relationship between instructional resources, professional development, school leadership, teacher input and use of multi-tiered systems and the ability to provide evidence-based instruction with integrity. Focus group interviews stressed a need for a variety of instructional resources to match skill specific differences in student needs. Concerns were also similar between schools as it related to ongoing professional development needs, specifically for new teachers coming into an established system of RtI. Like much of the current RtI research, administrators and focus groups identified a need to continue professional development and growth of math and behavior intervention systems.

Finally, a common highlight and success found between both schools was each leader's ability to enable teachers to embrace a type of second-order change in implementing RtI, by valuing teacher input and effectively communicating the RtI vision and its goals. Wong and Nicotera (2007) added "The best way to drive change is through leadership and transfer of knowledge" (p. 12). Focus groups and interviews revealed the need for a school leader to set the tone for change by supporting teachers with quality professional development, time for collaboration and instructional resources matching student needs.

The foundation of the RtI model and a quoted key feature of the program within RtI literature is the systematic use of evidence-based instructional strategies. When faced with an over-identification of LD and an increase in special education referrals,

legislators with the support of most educators, initiated IDEIA and consequently RtI, in order to close the gap between a weak instructional model and those truly in need of special education services. Yet the conclusions drawn within this study illustrate a need for increased training, support, feedback and resources for quality instruction to match student needs, and most importantly fidelity to the fundamentals of the RtI model. It is so very interesting to this researcher that in the hours of interviews transcribed, coded, and analyzed, and survey responses calculated and compared, the students of our schools were not listed or described as a barrier or common concern to effective implementation, instruction, or even fidelity to the model. It is the teachers, leaders, resources, time and effective instruction that help or hinder successful and faithful RtI implementation.

Appendix A

Sample Consent Form

Lindenwood University

School of Education

209 S. Kings Highway

St. Charles, Missouri 63301

Informed Consent for Participation in Research Activities

Identifying Key Factors in Implementing and Sustaining Effective Response to Intervention: A Comparison of Schools Currently Implementing RtI

Principal Investigator: Carrie Schwierjohn

Telephone: 636-946-3121 E-mail: cs104@lindenwood.edu or

carrieschwierjohn@sbcglobal.net

Participants: Administrators and staff at School A

Contact Information: School A

1. You are invited to participate in a research study conducted by Carrie Schwierjohn.
The purpose of this research is to identify differences and key components in the fidelity of implementation of RtI using an integrity tool, focus groups, and interviews.
2. (a) Your participation will involve
 - A focus group of teachers at each school (6-10 school faculty and staff) being interviewed about RtI implementation.
 - School administrators being interviewed about RtI implementation.

- School administrators and staff completing integrity tool on RtI implementation.

The focus groups will meet one time for 30-45 minutes during and/or after school at the school location. Administrators will be interviewed once each at the school location. Prior to focus group discussion and interviews, the administrators and staff will take about 30 minutes to complete one treatment integrity survey.

(b) The amount of time involved in your participation will be 1.5 hours for each study group and 1.5 hours per administrator. Approximately 10 school staff and 1 administrator will be involved in this research.

Administrator and Focus Group interviews will be audio-taped and transcribed for data-collection purposes. Please initial for consent to audio-tape interview.

3. There are few anticipated risks associated with this research.

In order to protect staff from any negative consequences for honestly completing the survey and interview, the Primary Investigator will keep all responses anonymous in the research, as well as the final report back to the district/school.

4. Your participation in the study will provide valuable feedback to key factors in effective implementation of RtI, and will narrow your schools focus for future development and growth in the field. Overall, your participation will contribute to the knowledge about **Response to Intervention Implementation and Treatment Integrity**.
5. Your participation is voluntary and you may choose not to participate in this research study or to withdraw your consent at any time. You may choose not to answer any questions that you do not want to answer. You will NOT be penalized in any way should you choose not to participate or to withdraw.

6. We will do everything we can to protect your privacy. As part of this effort, your identity will not be revealed in any publication or presentation that may result from this study and the information collected will remain in the possession of the investigator in a safe location.

7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, Carrie Schwierjohn, or their Faculty Advisor, Dr. John D. Long. You may also ask questions of or state concerns regarding your participation to the Lindenwood Institutional Review Board (IRB) by contacting Dr. Jann Weitzel, Vice President for Academic Affairs, at 636-949-4846.

I have read this consent form and have been given the opportunity to ask questions. I will also be given a copy of this consent form for my records. I consent to my participation in the research described above.

Participant's Signature

Date Participant's Printed Name

Signature of Principal Investigator

Date Investigator's Printed Name

Lindenwood University

School of Education

209 S. Kings Highway

St. Charles, Missouri 63301

Informed Consent for Participation in Research Activities

Identifying Key Factors in Implementing and Sustaining Effective Response to Intervention: A Comparison of Schools Currently Implementing RtI

Principal Investigator: Carrie Schwierjohn

Telephone: 636-946-3121 E-mail: cs104@lindenwood.edu or

carrieschwierjohn@sbcglobal.net

Participants: Administrators and staff at School B

Contact Info: School B

1. You are invited to participate in a research study conducted by Carrie Schwierjohn.

The purpose of this research is to identify differences and key components in the fidelity of implementation of RtI using an integrity tool, focus groups, and interviews.

2. (a) Your participation will involve

- A focus group of teachers at each school (6-10 school faculty and staff) being interviewed about RtI implementation.
- School administrators being interviewed about RtI implementation.
- School administrators and staff completing integrity tool on RtI implementation.

The focus groups will meet one time for 30-45 minutes during and/or after school at the school location. Administrators will be interviewed once each at the school

location. After focus group discussion and interviews, the administrators and staff will take about 30 minutes to complete one treatment integrity survey.

(b) The amount of time involved in your participation will be 1.5 hours for each study group and 1.5 hours per administrator.

Approximately 10 school staff and 1 administrator will be involved in this research.

Administrator and Focus Group interviews will be audio-taped and transcribed for data-collection purposes. Please initial for consent to audio-tape interview.

3. There are few anticipated risks associated with this research.
In order to protect staff from any negative consequences for honestly completing the survey and interview, the Primary Investigator will keep all responses anonymous in the research, as well as the final report back to the district/school.
4. Your participation in the study will provide valuable feedback to key factors in effective implementation of RtI, and will narrow your schools focus for future development and growth in the field. Overall, your participation will contribute to the knowledge about **Response to Intervention Implementation and Treatment Integrity**.
5. Your participation is voluntary and you may choose not to participate in this research study or to withdraw your consent at any time. You may choose not to answer any questions that you do not want to answer. You will NOT be penalized in any way should you choose not to participate or to withdraw.
6. We will do everything we can to protect your privacy. As part of this effort, your identity will not be revealed in any publication or presentation that may result from this study and the information collected will remain in the possession of the investigator in a safe location.

7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, Carrie Schwierjohn, or their Faculty Advisor, Dr. John Long. You may also ask questions of or state concerns regarding your participation to the Lindenwood Institutional Review Board (IRB) by contacting Dr. Jann Weitzel, Vice President for Academic Affairs at, 636-949-4846.

I have read this consent form and have been given the opportunity to ask questions. I will also be given a copy of this consent form for my records. I consent to my participation in the research described above.

Participant's Signature

Date

Participant's Printed Name

Signature of Principal Investigator

Date

Investigator Printed Name

Appendix B

Integrity Survey and Information Letter to Participants

Response to Intervention Treatment Integrity Tool

Response to Intervention Success Indicators	0 = No evidence available or no work has been done to start implementation	1= Work has started to implement this and is ongoing	2=This component is implemented but not by all members of staff	3= This component is fully implemented and adopted by all staff	Comments/ Describe
A. Multi-Tiered Systems					
The school uses a multi-tiered system for providing interventions in reading					
The school uses a multi-tiered system for providing interventions in math					
The school uses a multi-tiered system for providing interventions in behavior					
Teachers meet in teams and reflect on data within the multiple tiers					
Teachers and/or teams change intensity of interventions based on data					
Teachers and/or teams change type of interventions based on data					
Teachers and/or teams move students within the multiple tiers					
Teachers and/or teams reflect on effectiveness of intervention and make needed changes					

<p>The principal provides managerial leadership for a multi-tiered model for focused academic and discipline/student-management processes</p>					
<p>The RtI team regularly reviews data from teams, teachers, other staff, and parents and identifies a student or group of students whose academic progress and/or behavior suggests a possible need for intervention</p>					
<p>The RtI team considers a variety of data sources in determining the cause of the gap and to decide if/what intervention is necessary</p>					
<p>The RtI team documents the quality of implementation of the interventions to assure intervention integrity</p>					
<p>The RtI team holds follow-up meetings with classroom teachers to review student progress and judges whether interventions are effective, including parents when the intervention is for an individual student</p>					
<p>The RtI team, at key decision points, determines whether the intervention should be continued, adjusted, or terminated</p>					

B. Assessment Systems	0 = No evidence available or no work has been done to start implementation	1= Work has started to implement this and is ongoing	2=This component is implemented, but not by all members of staff	3= This component is fully implemented and adopted by all staff	Comments/ Describe
The school maintains a current inventory of selected screening measures, diagnostic assessments, progress-monitoring assessments and tools, and outcome assessments for all academic, cognitive, behavior/social areas					
A data-management system is in place with necessary technology support to provide the RtI team, teachers, and professional staff with timely information on each student					
A written universal screening plan is in place and used by the school to assess the academic and behavior strengths and needs of all students					
Screening assessments are conducted at least 3 times a year					
The school's teams (leadership, instructional, and RtI, for example) each meet to examine the building-wide data after each screening to consider core effectiveness and instructional groups					

<p>Progress-monitoring data are sufficiently designed and collected to make clear decisions about the effectiveness of an intervention</p>					
<p>Academic and behavioral progress is monitored by the RtI team and teacher with increased frequency as students receive additional tiered interventions</p>					
<p>Progress-monitoring assessments are conducted at least monthly for those receiving supplemental instruction (as Tier 2) and weekly or biweekly for those receiving intensive instruction</p>					
<p>The RtI team bases decisions about interventions (instructional and support) on data from continuing progress monitoring throughout the 3-tiered process</p>					
<p>School staff receive ongoing professional development on all assessment and assessment procedures</p>					

C. Protocols/Problem-Solving Systems	0 = No evidence available or no work has been done to start implementation	1= Work has started to implement this and is ongoing	2=This component is implemented, but not by all members of staff	3= This component is fully implemented and adopted by all staff	Comments/ Describe
Teachers and/or RtI team consider a variety of data sources in determining whether the situation calls for a standard protocol or individual problem-solving approach					
The RtI team, at key decision points, determines the degree to which the intervention has been adequately executed to evaluate its effectiveness					
A problem-solving approach is used to suggest adaptations that are tailored to address individual difficulties that can be incorporated into the general education setting					
The RtI team reflects on data and creates standard protocol (criteria) to make decisions about student interventions					
The RtI team reflects on data and creates standard protocol (criteria) to make decisions about student movement within the multiple tiers					
New staff members are trained and involved in the problem-solving model					

The RtI team includes core members of teachers and professionals with various roles and expertise to provide critical input to the process					
The RtI team meets regularly and for a sufficient amount of time to conduct the business of the team					
All core members consistently attend RtI team meetings					
The RtI team has inventoried school-wide resources and created a resource map that is used in problem solving and to accurately provide interventions					
The RtI team has inventoried community resources and created a resource map that is used in problem solving and in providing interventions					

D. Evidence-Based Instruction	0 = No evidence available or no work has been done to start implementation	1= Work has started to implement this and is ongoing	2=This component is implemented, but not by all members of staff	3= This component is fully implemented and adopted by all staff	Comments/ Describe
The school maintains an official document/plan that clearly defines the curriculum and instruction for each of the three tiers in reading, mathematics, written language, and social behavior					

All teachers are guided by evidence-based core curriculum					
All teachers are guided by a document that aligns standards, curriculum, instruction, and assessment					
All teachers differentiate assignments (individualized instruction) in response to individual performance on pretests and other methods of assessment, as part of core instruction					
All teachers assign learning tasks in a variety of formats such as auditory, visual, tactile, motor, and hands-on for all students					
All teachers use a variety of instructional models (whole-class, small group, computer-based, individual, homework, for example)					
All teachers have access to evidence-based instructional interventions for students identified at risk (Tier 2)					
All teachers have access to evidence-based instructional enhancements for students identified as achieving above the general class level					

All teachers use culturally responsive teaching practices within the instructional day					
School staff receive ongoing professional development in meaningful instructional methodology for the programs they are expected to teach					
RtI team receives ongoing professional development in Response to Intervention development, planning, and strategies					

Leadership/Support for RtI	0 = No evidence available or no work has been done to start implementation	1= Work has started to implement this and is ongoing	2=This component is implemented, but not by all members of staff	3= This component is fully implemented and adopted by all staff	Comments/ Describe
The principal and/or district provides resources of staff, time, and materials to support the RtI process					
The principal provides managerial leadership for a 3-tier model for focused academic and discipline/student-management processes					
The principal participates actively with the RtI team					
The principal routinely monitors the fidelity of the ongoing RtI implementation, as well as the fidelity of instruction and assessment					

The principal systematically assesses RtI fidelity at least twice a year and prepares a summary report of findings and recommendations					
The principal monitors curriculum and classroom instruction regularly					
The principal keeps a focus on instructional improvement and student learning outcomes					
The principal celebrates individual, team, and school successes, especially related to student learning outcomes					
The district ensures that all staff receive continuing RtI training					

Dear Participant,

Thank you for participating in the study of *Identifying Key Factors in Implementing and Sustaining Effective Response to Intervention: A Comparison of Schools Currently Implementing RtI*. As a practicing educator and doctoral student at Lindenwood University, I am very interested in identifying key elements and/or strategies to effectively implement and sustain a Response to Intervention program. Your school and its staff have been chosen to participate in this study, so that others may gain valuable insight to the critical features of RtI and implementing the program with fidelity.

Your participation in this study is strictly voluntary and completely anonymous. If you choose to participate in completing this survey, please do so by reflecting on the current systems of Response to Intervention occurring in your school. Answer openly and honestly, so that reliable data can be derived from the responses. Once the results are compiled and summarized, I will be sharing the anonymous findings with your school, in order to facilitate growth and improvement and to identify keys to successful implementation. When you are finished, please return the survey to the office and place in the envelope marked *Integrity Tool*.

Thank you for your time and cooperation!

Mrs. Carrie Schwierjohn

Doctoral Student

Lindenwood University

Appendix C

Survey Results

Integrity Survey Results for School A

	MEAN	MODE
The school uses a multi-tiered system for providing interventions in reading	2.7	3
The school uses a multi-tiered system for providing interventions in math	1.8	3
The school uses a multi-tiered system for providing interventions in behavior	1.5	2
Teachers meet in teams and reflect on data within the multiple tiers	2.6	3
Teachers and/or teams change intensity of interventions based on data	2.5	3
Teachers and/or teams change type of interventions based on data	2.7	3
Teachers and/or teams move students within the multiple tiers	2.7	3
Teachers and/or teams reflect on effectiveness of intervention and make needed changes	2.7	3
The principal provides managerial leadership for a multi-tiered model for focused academic and discipline/student-management processes	2.5	3
The RtI team regularly reviews data from teams, teachers, other staff, and parents and identifies a student or group of students whose academic progress and/or behavior suggests a possible need for intervention	2.7	3
The RtI team considers a variety of data sources in determining the cause of the gap and to decide if/what intervention is necessary	2.6	3
The RtI team documents the quality of implementation of the interventions to assure intervention integrity	2.3	3
The RtI team holds follow-up meetings with classroom teachers to review student progress and judges whether interventions are effective, including parents when the intervention is for an individual student	2	2

The RtI team, at key decision points, determines whether the intervention should be continued, adjusted, or terminated	2.7	3
USE OF MULTI-TIERED SYSTEMS TOTAL	2.4	Mean
The school maintains a current inventory of selected screening measures, diagnostic assessments, progress-monitoring assessments and tools, and outcome assessments for all academic, cognitive, behavior/social areas	2.6	3
A data-management system is in place with necessary technology support to provide the RtI team, teachers, and professional staff with timely information on each student	2.7	3
A written universal screening plan is in place and used by the school to assess the academic and behavior strengths and needs of all students	2.5	3
Screening assessments are conducted at least 3 times a year	2.8	3
The school's teams (leadership, instructional, and RtI for example) each meet to examine the building-wide data after each screening to consider core effectiveness and instructional groups	2.3	3
Progress-monitoring data are sufficiently designed and collected to make clear decisions about the effectiveness of an intervention.	2.5	3
Academic and behavioral progress is monitored by the RtI team and teachers with increased frequency as students receive additional tiered interventions	2.1	3
Progress-monitoring assessments are conducted at least monthly for those receiving supplemental instruction (as Tier 2) and weekly or biweekly for those receiving intensive instruction	2.4	3
The RtI team bases decisions about interventions (instructional and support) on data from continuing progress monitoring throughout the 3-tiered process	2.5	3
School staff receive ongoing professional development on all assessment and assessment procedures.	2	1

USE OF ASSESSMENT SYSTEMS TOTAL	2.4	Mean
Teachers and/or RtI team consider a variety of data sources in determining whether the situation calls for a standard protocol or individual problem-solving approach	2.1	2
The RtI team, at key decision points, determines the degree to which the intervention has been adequately executed to evaluate its effectiveness	1.9	2
A problem-solving approach is used to suggest adaptations that are tailored to address individual difficulties that can be incorporated into the general education setting	1.7	1
The RtI team reflects on data and creates standard protocol (criteria) to make decisions about student interventions	2.6	3
The RtI team reflects on data and creates standard protocol (criteria) to make decisions about student movement within the multiple tiers	2.5	3
New staff members are trained and involved in the problem-solving model	1.2	1
The RtI team includes core members of teachers and professionals with various roles and expertise to provide critical input to the process	2.1	3
The RtI team meets regularly and for a sufficient amount of time to conduct the business of the team	1.6	1
All core members consistently attend RtI team meetings	2.1	3
The RtI team has inventoried school-wide resources and created a resource map that is used in problem solving and to accurately provide interventions	2.3	3
The RtI team has inventoried community resources and created a resource map that is used in problem solving and in providing interventions	1	1
USE OF PROTOCOLS/PROBLEM-SOVLING TOTAL	1.9	Mean
The school maintains an official document/plan that clearly defines the curriculum and instruction for each of the three tiers in reading, mathematics, written language, and social behavior	1.8	1

All teachers are guided by evidence-based core curriculum	2.2	2
All teachers are guided by a document that aligns standards, curriculum, instruction, and assessment	2.1	3
All teachers differentiate assignments (individualized instruction) in response to individual performance on pretests and other methods of assessment, as part of core instruction	1.7	2
All teachers assign learning tasks in a variety of formats such as auditory, visual, tactile, motor, and hands-on for all students	1.7	2
All teachers use a variety of instructional models (whole-class, small group, computer-based, individual, homework, for example)	2.2	2
All teachers have access to evidence-based instructional interventions for students identified at risk (Tier 2)	2.4	2
All teachers have access to evidence-based instructional enhancements for students identified as achieving above the general class level	1.6	1
All teachers use culturally responsive teaching practices within the instructional day	1.5	2
School staff receive ongoing professional development in meaningful instructional methodology for the programs they are expected to teach	1.8	1
RtI team receives ongoing professional development in Response to Intervention development, planning, and strategies	1.7	1
USE OF EVIDENCE-BASED INSTRUCTION TOTAL	1.8	Mean
The principal and/or district provides resources of staff, time, and materials to support the RtI process	2.2	3
The principal provides managerial leadership for a 3-tier model for focused academic and discipline/student-management processes	1.9	1
The principal participates actively with the RtI team	2.4	2

The principal routinely monitors the fidelity of the ongoing RtI implementation, as well as the fidelity of instruction and assessment	2.5	3
The principal systematically assesses RtI fidelity at least twice a year and prepares a summary report of findings and recommendations	2.6	3
The principal monitors curriculum and classroom instruction regularly	2.8	3
The principal keeps a focus on instructional improvement and student learning outcomes	2.8	3
The principal celebrates individual, team, and school successes, especially related to student learning outcomes	2.7	3
The district ensures that all staff receive continuing RtI training	2.3	3
LEADERSHIP SUPPORT OF RtI TOTAL	2.4	Mean

Integrity Survey Results School B

	MEAN	MODE
The school uses a multi-tiered system for providing interventions in reading	3	3
The school uses a multi-tiered system for providing interventions in math	3	3

The school uses a multi-tiered system for providing interventions in behavior	3	3
Teachers meet in teams and reflect on data within the multiple tiers	3	3
Teachers and/or teams change intensity of interventions based on data	3	3
Teachers and/or teams change type of interventions based on data	3	3
Teachers and/or teams move students within the multiple tiers	3	3
Teachers and/or teams reflect on effectiveness of intervention and make needed changes	2.8	3
The principal provides managerial leadership for a multi-tiered model for focused academic and discipline/student-management processes	2.8	3
The RtI team regularly reviews data from teams, teachers, other staff and parents and identifies a student or group of students whose academic progress and/or behavior suggests a possible need for intervention	3	3
The RtI team considers a variety of data sources in determining the cause of the gap and to decide if/what intervention is necessary	3	3
The RtI team documents the quality of implementation of the interventions to assure intervention integrity	2.8	3
The RtI team holds follow-up meetings with classroom teachers to review student progress and judges whether interventions are effective, including parents when the intervention is for an individual student	2.5	3
The RtI team, at key decision points, determines whether the intervention should be continued, adjusted, or terminated	3	3
USE OF MULTI-TIERED SYSTEMS TOTAL	2.9	Mean
The school maintains a current inventory of selected screening measures, diagnostic assessments, progress-monitoring assessments and tools, and outcome assessments for all academic, cognitive, behavior/social areas	2.5	3

A data-management system is in place with necessary technology support to provide the RtI team, teachers, and professional staff with timely information on each student	2.7	3
A written universal screening plan is in place and used by the school to assess the academic and behavior strengths and needs of all students	2.2	3
Screening assessments are conducted at least 3 times a year	3	3
The school's teams (leadership, instructional, and RtI for example) each meet to examine the building-wide data after each screening to consider core effectiveness and instructional groups	2.7	3
Progress-monitoring data are sufficiently designed and collected to make clear decisions about the effectiveness of an intervention.	2.8	3
Academic and behavioral progress is monitored by the RtI team and teachers with increased frequency as students receive additional tiered interventions	2.8	3
Progress-monitoring assessments are conducted at least monthly for those receiving supplemental instruction (as Tier 2) and weekly or bi-weekly for those receiving intensive instruction	3	3
The RtI team bases decisions about interventions (instructional and support) on data from continuing progress monitoring throughout the 3-tiered process	3	3
School staff receive ongoing professional development on all assessment and assessment procedures.	2.2	2
USE OF ASSESSMENT SYSTEMS TOTAL	2.7	Mean
Teachers and/or RtI team considers a variety of data sources in determining whether the situation calls for a standard protocol or individual problem-solving approach	3	3
The RtI team, at key decision points, determines the degree to which the intervention has been adequately executed to evaluate its effectiveness	3	3

A problem-solving approach is used to suggest adaptations that are tailored to address individual difficulties that can be incorporated into the general education setting	2.8	3
The RtI team reflects on data and creates standard protocol (criteria) to make decisions about student interventions	2.7	3
The RtI team reflects on data and creates standard protocol (criteria) to make decisions about student movement within the multiple tiers	2.7	3
New staff members are trained and involved in the problem-solving model	2.3	3
The RtI team includes core members of teachers and professionals with various roles and expertise to provide critical input to the process	3	3
The RtI team meets regularly and for a sufficient amount of time to conduct the business of the team	3	3
All core members consistently attend RtI team meetings	3	3
The RtI team has inventoried school-wide resources and created a resource map that is used in problem- solving and to accurately provide interventions	2.6	3
The RtI team has inventoried community resources and created a resource map that is used in problem- solving and in providing interventions	1.5	2
USE OF PROTOCOLS/PROBLEM SOLVING TOTALS	2.7	Mean
The school maintains an official document/plan that clearly defines the curriculum and instruction for each of the three tiers in reading, mathematics, written language, and social behavior	2.7	3
All teachers are guided by evidence-based core curriculum	2.8	3
All teachers are guided by a document that aligns standards, curriculum, instruction, and assessment	2.8	3
All teachers differentiate assignments (individualized instruction) in response to individual performance on pretests and other methods of assessment, as part of core instruction	2.2	3

All teachers assign learning tasks in a variety of formats such as auditory, visual, tactile, motor, and hands-on for all students	2.6	3
All teachers use a variety of instructional models (whole-class, small group, computer-based, individual, homework, for example)	2.8	3
All teachers have access to evidence-based instructional interventions for students identified at risk (Tier 2)	2.7	3
All teachers have access to evidence-based instructional enhancements for students identified as achieving above the general class level.	2.4	3
All teachers use culturally responsive teaching practices within the instructional day	2.2	3
School staff receive ongoing professional development in meaningful instructional methodology for the programs they are expected to teach	2.8	3
RtI team receives ongoing professional development in Response to Intervention development, planning, and strategies	2.6	3
USE OF EVIDENCE-BASED INSTRUCTION TOTAL	2.6	Mean
The principal and/or district provides resources of staff, time, and materials to support the RtI process	2.555556	3
The principal provides managerial leadership for a 3-tier model for focused academic and discipline/student-management processes	3	3
The principal participates actively with the RtI team	3	3
The principal routinely monitors the fidelity of the ongoing RtI implementation, as well as the fidelity of instruction and assessment	2.8	3
The principal systematically assesses RtI fidelity at least twice a year and prepares a summary report of findings and recommendations	2.2	3
The principal monitors curriculum and classroom instruction regularly	2.8	3
The principal keeps a focus on instructional improvement and student learning outcomes	3	3

The principal celebrates individual, team, and school successes, especially related to student learning outcomes	3	3
The district ensures that all staff receives continuing RtI training	2.8	3
LEADERSHIP SUPPORT OF RtI TOTAL	2.8	Mean

Appendix D

Administrator Interview Questions

Administrator Interview Questions:

How was Response to Intervention first introduced to your school or district?

How did the teachers respond?

Describe the required RtI training/ professional development you and your staff participated in.

How did you design your RtI team?

What is your role in that team?

What leadership qualities are essential of principals implementing RtI?

How does your RtI team use assessments and data?

Describe how the staff uses multi-tiered interventions.

How does your staff know if interventions are working?

How does a student move within the tiers of intervention?

Describe the referral process for students suspected to have a learning disability.

Describe how your staff uses standard protocols or a problem-solving model.

Describe the function of the building RtI team.

How does your team determine its effectiveness?

What do you think has been crucial in sustaining your RtI program over time?

What are the challenges of RtI?

What results have you seen?

Do you have evidence of these results?

What are your future goals for RtI?

Appendix E

Focus Group Interview Questions

Focus Group Interview Questions:

How was Response to Intervention first introduced to your school or district?

How did the staff respond?

Describe the required RtI training/professional development the staff participated in.

Who makes up the RtI team?

What is your role in that team?

Describe the function of the building RtI team.

How does your RtI team use assessments and data?

How does the classroom teacher use assessments and data?

Describe how the staff uses multi-tiered interventions.

How does the staff know if interventions are working?

How does a student move within the tiers of intervention?

Describe the referral process for students suspected to have a learning disability.

Describe how the staff uses standard protocols or a problem-solving model.

What do you think has been crucial in sustaining your RtI program over time?

What are the challenges of RtI?

What results have you seen?

Do you have evidence of these results?

How does your staff determine its effectiveness?

What are your future goals for RtI?

Appendix F

School A and School B Comparison Charts

Comparison Chart of School A: Focus Group and Administrator Interview Responses

Focus Group	Administrator
<p>1. Implementation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Implementation began with special education director and the idea of using interventions. <input type="checkbox"/> Implementation started in just one or two grades/subjects. <input type="checkbox"/> Implementation was district initiated. <input type="checkbox"/> Implementation-modeled differently and looks differently at different schools, even within the same district. <input type="checkbox"/> During implementation there was a lot of frustration about how to use assessment systems. <input type="checkbox"/> Implementation-frustration about understanding what RtI is. <input type="checkbox"/> Implementation was frustrating because teachers felt that RtI was introduced in a “top down” kind of way. They did not fully understand the methodology and philosophy of RtI. <input type="checkbox"/> Implementation- professional development in reading and assessment systems was important. There was additional PD the second and third year to build technology/assessment and to tie it with better instruction. <input type="checkbox"/> During implementation the PD also focused on the core instruction in addition to PD on interventions. <input type="checkbox"/> There was frustration during the first years of implementation with teachers feeling like they were recreating the wheel finding appropriate interventions and feeling frustration when interventions did not work. <input type="checkbox"/> Teachers and even instructional specialists were feeling, a little lost during 	<p>1.Implementation</p> <ul style="list-style-type: none"> <input type="checkbox"/> District initiative and info passed to admin to decide how to implement. <input type="checkbox"/> Initiative was led by several stakeholders (teachers, instructional specialists and administrators) that decided vision. <input type="checkbox"/> During implementation, it was overwhelming to choose interventions and identify specific skill needs. <input type="checkbox"/> Implementation involves giving much support to teachers as a resource and could include a resource committee for each subject area. <input type="checkbox"/> Implementation requires teachers to be engaged and involved in the RtI process, decision making, and resource allocation. <input type="checkbox"/> Another implementation challenge is the ability to provide enough resources for interventions to teachers. <input type="checkbox"/> Implementation & sustaining grew from students just below level students to also expand the opportunities for higher level students. <input type="checkbox"/> The focus for moving forward with RtI is to build a solid process of change and ensure fidelity to the RtI process.

<p>implementation because they did not feel instructionally comfortable with every intervention or even every content skill.</p> <ul style="list-style-type: none">□ During implementation teachers became interventionists to students needing Tier 2 support.□ There are questions about implementation from the RtI team on how Title 1 services and special education completely fit into the RtI model and how to effectively balance the resources throughout the entire school population.□ There was some concern in the beginning phases of intervention that teachers did not respond to students with a standard protocol and the RtI team felt there was a loss of fidelity.□ There is concern by the RtI team about implementation, because they feel that different schools are all implementing differently, and they worry about being effective and systematic.□ During implementation and in creating their own system of interventions for teachers, the RtI team and building leadership was very creative in the use of support staff to help and support the process.□ A key piece to effective implementation has also been being reflective of the school's needs and strategically adding intervention resources to build the capacity of the staff to move forward with RtI.□ PD during implementation was very teacher directed and was a sharing of "what worked" strategies by the instructional coaches.□ Implementation was in many ways about trial and error and finding what worked for students and the systems/structures that would work for teachers.□ There is frustration/concern during implementation because the RtI team feels like there are no real set guidelines to implementation.□ It was important for the RtI team that during implementation there was an understanding among the teachers about the change process.	
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<ul style="list-style-type: none"> <input type="checkbox"/> There was a lot of frustration during the first year because of differing ideas about what implementation should look like and what was expected. <input type="checkbox"/> Implementing RtI has made the teachers better teachers of reading at the core instruction and with interventions. <input type="checkbox"/> RtI implementation has created more resources for teachers in providing more support for struggling students. RtI has created focus on those students and increased the amount of information/assessments we have for those students and the interventions we provide. <input type="checkbox"/> RtI implementation has, over the years, decreased the amount of students needing interventions. <input type="checkbox"/> Future goals for RtI include finding more interventions/assessments for reading comprehension within every tier and to better meet the needs of the higher students too. 	
<p>2. Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> The teachers found it beneficial to have a lot of communication about what interventions were working and not working in a team setting. <input type="checkbox"/> There was a lot of communication during implementation about why the core was not effective and why students were needing interventions. <input type="checkbox"/> Communication was important during RtI implementation. <input type="checkbox"/> There is communication and collaboration at grade levels about interventions tried and if a student is in need of special education testing. <input type="checkbox"/> During the first couple of years of implementation there was something “missing.” The teachers feel that conversations and reflection about moving within the tiers was missing. Students did not fluently move within the multiple tiers because reflective conversations were not being had. <input type="checkbox"/> Communication can become a weakness if common time is not set aside to discuss the movement of students within multiple tiers. 	<p>2. Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Information distribution during implementation-admin spent time on defining, explaining, teaching info. <input type="checkbox"/> Teachers were given the opportunity of input and to give feedback about the RtI process. <input type="checkbox"/> Communication at staff meetings during initial implementation was very important. <input type="checkbox"/> It was helped during the implementation process to reach out to other schools implementing and communicate effective strategies and ideas. <input type="checkbox"/> Communication in data teams important, parent communication important when there is a concern.

<ul style="list-style-type: none"> <input type="checkbox"/> Constant communication and feedback about effective interventions and instruction is key to successfully sustaining and moving forward with the RtI process. <input type="checkbox"/> It is important that the teachers feel open and secure enough to say to the RtI team, “What I’m trying isn’t working. Do you have any ideas?” or “I need help. What do I do?” 	
<p>3. Implementation Pace/Scheduling</p> <ul style="list-style-type: none"> <input type="checkbox"/> The implementation was paced in a deliberate way to slowly introduce concepts about assessments and instruction/interventions and then to build on the skills the following years. <input type="checkbox"/> Scheduling interventions for reading and math is difficult. <input type="checkbox"/> Time is set aside at the beginning of the school day to provide interventions to students identified as needing Tier 2 support. <input type="checkbox"/> Schedule/time-There is concern, almost even guilt that the lowest achieving students are receiving so much additional resources of time, interventions, and support, and the middle to high students are not being challenged as much as they could be. <input type="checkbox"/> Common planning time is key for collaboration at grade/subject level to discuss interventions and assessment data. <input type="checkbox"/> It is difficult to find the time during the school day to have really reflective time on interventions, data, and student needs; the demand on time is a “huge burden.” <input type="checkbox"/> Teachers needing time to have conversations and collaborate is a big issue/concern/struggle. <input type="checkbox"/> There is an urgency to meet the needs of all kids, but the implementation of RtI is a process, so there is frustration as the implementation is worked through. 	<p>3. Implementation Pace/Scheduling</p> <ul style="list-style-type: none"> <input type="checkbox"/> Implementation was deliberately slow, especially the process of developing the RtI leadership team and deciding how to implement. <input type="checkbox"/> Pace was slow and deliberate with lower grades and single subject areas. <input type="checkbox"/> Implementation pace was planned in stages of grades and subject areas implementing in stages was important to adopting a new process and model. <input type="checkbox"/> Teachers were able to build into RtI gradually. <input type="checkbox"/> The RtI team started with just one class in assessments. <input type="checkbox"/> Scheduling to allow for interventions, collaboration, and problem solving is a big challenge.
<p>4. Multi-Tiered Model & A Process of Change</p> <ul style="list-style-type: none"> <input type="checkbox"/> The process of change was better the second year, because teachers were able to give input about how the interventions could better match instructional methods 	<p>4. Multi-Tiered Model & A Process of Change</p> <ul style="list-style-type: none"> <input type="checkbox"/> RtI is a change in thought process. <input type="checkbox"/> RtI is a process change and often it helps to make the process fit individual school needs, style, and approach.

<p>and expectations.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Multi-tiers-there was a change the second year to include gifted or higher achieving students too. <input type="checkbox"/> Students needing Tier 3 support receive additional interventions throughout the school day by a title teacher. <input type="checkbox"/> Some students score at different tiers depending on the assessment. One group receives an intervention that scored in Tier 2 and 3 on standardized state assessments, but who were Tier 1 with the use of benchmark and progress-monitoring assessments. <input type="checkbox"/> There is frustration about the amount of time and additional help the tier 2 and 3 students are getting. The teachers feel that the tier 1 students are, “getting missed” because of the extra time demand to help Tier 2 and 3 students. <input type="checkbox"/> There is also question/concern about where students identified as in need of special education services fit into the multi-tiers and who is in fact responsible for providing additional interventions. <input type="checkbox"/> The focus for year 4 and 5 of implementation is on moving students through the multi tiers and using assessment data to determine intervention effectiveness and decisions about intensity and frequency of interventions. <input type="checkbox"/> Students are mostly moved within the tiers at benchmark assessments, but some move tiers during monthly data team meetings. <input type="checkbox"/> Teachers use a screening tool/progress-monitoring tool to place students in tiered interventions. <input type="checkbox"/> There is question and concern from teachers and even the RtI team about when to move the student back to a Tier 1 level of support. The team expresses that at times the assessment progress-monitoring data illustrates that the student can be successful with a particular skill in isolation, but the student is not carrying over the skill to the demands in the classroom and within the curriculum. <input type="checkbox"/> There is frustration at the upper elementary grade levels because the teachers feel that 	<ul style="list-style-type: none"> <input type="checkbox"/> RtI process must include fidelity check, aligning intervention with assessment, data, and student needs. <input type="checkbox"/> Sometimes the RtI process has an end result of a sped referral. <input type="checkbox"/> A special education coordinator is involved in the process of deciding interventions and setting criteria.
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<p>the gap between ability levels of students at each tier can be great.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The older students (fourth and fifth grades) are hardest to move within the tiers at this school because the students are more than one year below grade level. <input type="checkbox"/> Within the tiers at this school because the students are more than one year below grade level. <input type="checkbox"/> There is a concern about some of the students who are just barely in Tier 1-keeping and supporting them in Tier 1. <input type="checkbox"/> There is a concern about the distribution of resources within each tier-the teachers at times feel that there are more resources at Tier 2 and 3 than Tier 1 and a sense of unfairness about that. <input type="checkbox"/> There is a concern because as the teachers move students within the tiers- they have noticed more students being just barely within Tier 1 or the “bubble kids”- they are concerned that these students may slip back into Tier 2 if they do not get enough support at the core. 	
<p>5. Leadership</p> <ul style="list-style-type: none"> <input type="checkbox"/> Leadership decided to include the gifted teacher in the RtI team to meet the needs of the gifted students too. <input type="checkbox"/> RtI leadership includes instructional specialists, principal, and a classroom teacher. <input type="checkbox"/> The RtI leadership team has to also be reflective about what interventions are working school-wide. <input type="checkbox"/> There is a lack of confidence within the leadership team that the team is implementing RtI correctly and with fidelity. 	<p>5. Leadership</p> <ul style="list-style-type: none"> <input type="checkbox"/> Key leadership included reading/math specialist and teacher reps. <input type="checkbox"/> RtI was a teacher-driven initiative, with the admin as a source of support and to acquire resources. <input type="checkbox"/> Admin is often the role of teacher and communicator of vision & theory. <input type="checkbox"/> Leadership is often the evaluator, motivator, celebrator of small achievements, and delegator. <input type="checkbox"/> The building RtI team is the building leadership in making decisions about implementation and researching best practices.
<p>6. Assessment/Data</p> <ul style="list-style-type: none"> <input type="checkbox"/> Teachers described RtI as assessment system. <input type="checkbox"/> There was a lot of frustration in the beginning of the RtI process because there was disagreement about the type of data being looked at and how students would be assessed. 	<p>6. Assessment/Data</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment data is taken in math & reading, multiple criteria are used to assess needs, use data to inform decisions about instruction. <input type="checkbox"/> It is important to have more than one piece of data to make good instructional decisions the assessment tools and criteria

<ul style="list-style-type: none"> <input type="checkbox"/> Progress-monitoring assessments and information was a challenge. Teachers struggled to understand what decisions would be made when looking at data- and teachers felt a little resentful that decisions were going to be more about data and less about what teachers feel about students. <input type="checkbox"/> It took a year of working through a standard progress-monitoring system for teachers to feel comfortable. <input type="checkbox"/> There was a need in the second year of implementation to create more assessments or better common assessments in order to get more information about student needs. <input type="checkbox"/> Assessment-the school liked a standard assessment which included an online component and a data management component. <input type="checkbox"/> Assessments and the criteria used aren't always perfect. The teachers felt there were some students "falling through the gaps." The teachers felt as if the students needed additional interventions, so during the second and third years of implementation, they added intervention services to those students. <input type="checkbox"/> It is important to use more than one piece of data when deciding what students need, but there is concern because some students are doing well with one progress-monitoring assessment, but not achieving their best when taking formal assessments and/or benchmarks. <input type="checkbox"/> Teachers utilize informal assessments. <input type="checkbox"/> Teachers are encouraged to use informal assessments such as running records in reading class to make instructional decisions. <input type="checkbox"/> Formal and summative assessments are utilized in math along with progress-monitoring assessments. <input type="checkbox"/> The teachers identify the need to not only provide interventions and have the students score well on assessments, but for the skills remediated in intervention to carry over to the core instruction and grade-level assessments. <input type="checkbox"/> There are concerns because the school only uses one method of progress monitoring 	<p>were a process of deciding what fit best with their needs.</p> <ul style="list-style-type: none"> <input type="checkbox"/> AIMS is one assessment tool used and they like it b/c of the technology component and flexibility. <input type="checkbox"/> Progress-monitoring data is used to determine if the intervention is effective, and/or if intervention intensity/frequency needs to be changed. <input type="checkbox"/> Assessments are reflected by the individual teacher, but also in a grade-level team and even building-level team—especially when progress monitoring data is inconclusive. <input type="checkbox"/> Assessment data and progress monitoring is used to determine effectiveness of intervention and student learning. <input type="checkbox"/> Reflecting on data and multiple forms of data has been a change for the staff. <input type="checkbox"/> Assessment data is used to reflect on the effectiveness of the intervention, the effectiveness of the grade level and teacher. Assessment data is also used to decide if a different intervention is needed. <input type="checkbox"/> Assessment data is the tool used to determine effectiveness-and standardized tests; progress-monitoring data is also looked at to see growth in sub-categories. <input type="checkbox"/> RtI is also about being more deliberate and reflective of data and using the data to provide better instructional decisions during the school data.
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<p>and the teachers do not feel that the assessment tool encompasses all the different skill areas that students struggle with.</p> <ul style="list-style-type: none"> <input type="checkbox"/> There was a lot of frustration with the assessment piece of RtI-in the beginning and even during year four and five of implementation-because of a lack of proper training. The RtI team felt like they needed additional training and support with progress-monitoring tools, as they were not as familiar with giving the assessments and effectively using the data. <input type="checkbox"/> Constantly reflecting on data and assessments has been crucial in sustaining and moving forward with RtI. <input type="checkbox"/> Implementing RtI has made the teachers improve their skills of reflecting on data and understanding data better. <input type="checkbox"/> RtI has helped teachers “know what needs to be done” with students because of a new understanding of data. <input type="checkbox"/> There are skills that are not assessed by progress-monitoring tools that the school has, so there is an urgency to find/create the needed assessments/tools. 	
<p>7. Problem Solving/Standard Protocols</p> <ul style="list-style-type: none"> <input type="checkbox"/> The teachers were very open to problem solving during implementation and had a very “let’s try it” attitude. <input type="checkbox"/> The RtI team created a standard protocol of interventions that is used when students are identified as Tier 2 in reading. The team created systematic levels of resources for reading interventions and then did the same for math. <input type="checkbox"/> Once screened, the school RtI team has developed a standard protocol of interventions to be used in reading and math. <input type="checkbox"/> If students do not respond to interventions, they try a different protocol, and if that does not prove effective by assessment measures, the teacher brings the student concern to a problem-solving team. <input type="checkbox"/> The RtI team and reading/math specialists created a protocol approach of intervention activities for teachers to use. 	<p>7. Problem Solving/Standard Protocols</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication involves sped and cross section of teachers to add perspectives and help with problem solving. <input type="checkbox"/> Problem-solving is used to determine if special education testing is needed. <input type="checkbox"/> Problem-solving in teams and with teachers is also an RtI process of change for some teachers. <input type="checkbox"/> Implementation included the teachers designing standard protocols for interventions. <input type="checkbox"/> It was important to this school to develop specific criteria and protocol for responding to students with interventions. <input type="checkbox"/> The problem-solving process includes collecting data, a student concern, the grade-level team brainstorming, and if it is still a concern-the building-level team. <input type="checkbox"/> A standard protocol is used in reading- a regular education teacher and a special education teacher is trained.

<p><input type="checkbox"/> Using the problem-solving process at each grade level has made the process of looking at student data and providing interventions more systematic and consistent within the school.</p>	<p><input type="checkbox"/> The building RtI team is the leadership in the building that supports the problem-solving process and ensuring fidelity to a standard protocol.</p>
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Comparison Chart of School B: Focus Group and Administrator Interview Responses

Focus Group	Administrator
<p>1. Implementation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Implementation was initiated through the district office. The district office created forms and directives for the schools. <input type="checkbox"/> Instructional coaches were important to effective implementation and data collection. <input type="checkbox"/> It was important that the RtI leadership team as they were trained, they broke down the key features to the teachers to make it 	<p>1. Implementation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Implementation concerns with teachers' fidelity to the agreed upon interventions. <input type="checkbox"/> During implementation, the level of resources, services, and interventions, requires flexibility to try different kinds of interventions, but there is a concern about when/if student's transition to different schools/middle school about the continuation of interventions if needed,

<p>manageable and not overwhelming.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Implementation was a piece-by-piece process of training, supporting and building resources for teachers. <input type="checkbox"/> Implementation was a very slow process. <input type="checkbox"/> There was a struggle in the beginning of implementation to correctly match the assessment results/student needs with the correct intervention. Over time the teachers and RtI team have had to “build up a repertoire” of effective interventions to meet differing needs. <input type="checkbox"/> Because of the high level of buy in and acceptance of RtI there are high expectations at each grade level and among the staff for success in moving students within the tiered model. <input type="checkbox"/> There was outside training at a district and building level for implementation of RtI and it involved people within the building who were considered to be “key players”– teacher leaders, counselors, instructional specialists. <input type="checkbox"/> On the building level, much of the professional development was brought back from the RtI and district leadership team and shared with staff. <input type="checkbox"/> There is a culture of constant needing to improve upon instruction and as a professional among the staff, which the RtI team feels like has helped with implementation. <input type="checkbox"/> There is an overlap and new understanding about the roles of the special education teacher and the general education teacher now that RtI has been implemented. There is a blurring of the roles that include being a resource for intervention/instruction between them both. <input type="checkbox"/> The special education teachers are very much a part of the implementation process, and their roles have changed to include even general education students, too. <input type="checkbox"/> There is an overlap in roles and sharing of expertise among the general education and special education teachers <input type="checkbox"/> Students who are found to need special education services often do not have a dramatic change in the resources and 	<p>must be flexible.</p> <ul style="list-style-type: none"> <input type="checkbox"/> During implementation it was necessary to delegate responsibilities -it’s impossible for just one person to coordinate. The school psychologist role was expanded and brought into the problem-solving team process. This school also manipulated instructional support staff to include more reading and math specialists to provide interventions. <input type="checkbox"/> Implementation can be overwhelming to staff if they do not understand the big picture or if it is not presented in a systematic way. <input type="checkbox"/> It was also important during implementation to have a few “experts” in the building that could support discussions within the building. <input type="checkbox"/> During implementation the attitudes of the building was “let’s try it” and make it work. <input type="checkbox"/> During implementation both schools collaborated with other schools to gain ideas about resources for interventions. <input type="checkbox"/> Throughout implementation there is reflection about how to set goals, how to improve each year, and how to set structures and protocol for implementation. <input type="checkbox"/> During implementation one of the most important things to do was to look at the core instruction and ensure that it is strong-otherwise the students at each tier will be unbalanced and resources will be spread too thin. <input type="checkbox"/> During implementation it was very important that the school build the leadership within the building in becoming instructional experts. <input type="checkbox"/> During implementation another important piece to implementation is to give teachers/staff time to collaborate and communicate with each other about what is working and not working with them problem solvers. <input type="checkbox"/> During implementation the staff needs to believe that they have the ability to make the change.
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<p>supports given to them b/c the interventions and supports given during the RtI process are so encompassing and thorough.</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a concern among teaching staff that as they meet the needs of more students, they will not be given as many district resources and staffing. <input type="checkbox"/> There is a concern among the teaching staff that there are downfalls to making so many modifications/accommodations for students not diagnosed with special education needs, because of standardized MAP testing which will not include those accommodations during testing. <input type="checkbox"/> The key to successful implementation of RtI in this building is because of the teamwork and sharing of resources/effort among the teachers and support staff. <input type="checkbox"/> Another key factor to successful implementation was the creativity with arranging support staff to provide interventions-mostly standard protocols. <input type="checkbox"/> In order to implement as many interventions as possible throughout the school day, teacher assistants are used to provide standard protocols- there was a shift in attitude that everyone in the school is here to work with students. 	
<p>2. Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication-One key to effective RtI implementation was that the teachers were able to have input to the process of implementation. <input type="checkbox"/> By allowing the teachers to have input and open communication in the beginning stages of implementation, the teachers now are very eager to build their expertise and capacity to provide better interventions/instruction. <input type="checkbox"/> Communication occurs regularly at each grade level and includes the special education teacher, instructional specialists, and gifted teachers. There is also collaboration occurring regularly at a building level that includes representatives from each grade level, as well as instructional specialists and counselor. 	<p>2. Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication and individual conversations about change and what was coming were important to successful change. <input type="checkbox"/> Communication involved teachers giving feedback to what was working and what wasn't working. <input type="checkbox"/> Communication and collaboration between special education staff and classroom teachers is very important- it is helpful when collaborating to decide who is responsible for each piece of the RtI process. <input type="checkbox"/> Intervention plans are communicated through SMART goals, similar to that of an IEP. <input type="checkbox"/> Communication is needed to express additional professional development for

<ul style="list-style-type: none"> <input type="checkbox"/> There is a culture of open communication and trust between the teachers and the RtI leadership team. 	<p>issues that are unique to each school.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A lot of communication about implementation and tailoring. <input type="checkbox"/> For new staff coming into a school in full implementation of RtI, more communication and training is needed. <input type="checkbox"/> For new administrators to the district especially, communication and training is critical in order to understand the big picture and to lead the direction of the school. <input type="checkbox"/> Communication with parents about concerns occurs if the student is referred to the building-level team. <input type="checkbox"/> Parents do receive a letter if student is getting an intervention and parents also receive a copy of progress-monitoring data. <input type="checkbox"/> As RtI is implemented, the conversations/communication occurring at the grade-level teams is focused on data and assessments. <input type="checkbox"/> It is important to communicate at the grade level and school level and analyze how the RtI system in the school is working. <input type="checkbox"/> The teams communicate about where kids are and what each student needs communicating and collaborating within the grade-level teams is important.
<p>3. Implementation Pace/Scheduling</p> <ul style="list-style-type: none"> <input type="checkbox"/> They deliberately implemented slowly and in pieces, so as not to overwhelm teachers/staff. <input type="checkbox"/> The pace of implementing was very deliberate and slow. 	<p>3. Implementation Pace/Scheduling</p> <ul style="list-style-type: none"> <input type="checkbox"/> RtI scheduling requires creativity and being resourceful with the staff in the building, including teacher assistants. This school prioritized that grade levels had common planning to ensure collaboration. <input type="checkbox"/> Scheduling of interventions can be demanding/complex. Often roles/responsibilities will be stretched out of comfort zones and requires additional training to build the capacity of staff and support staff. <input type="checkbox"/> The pace/schedule for professional development was staggered-each year adding a layer of academic/social/emotional interventions. <input type="checkbox"/> During initial implementation it was important to break down the elements of RtI and give staff time to have discussions

<p>4. Multi-Tiered Model & A Process of Change</p> <ul style="list-style-type: none"> <input type="checkbox"/> When introducing the tiers of the RtI model, they gave teachers time to have input to the creation of the criteria for each tier. 	<p style="text-align: right;">to gain better understanding.</p> <p>4. Multi-Tiered Model & A Process of Change</p> <ul style="list-style-type: none"> <input type="checkbox"/> RtI was a process of change-of doing things “differently.” <input type="checkbox"/> The process of change involved using specials and support staff in a different way-to work with students and provide interventions. <input type="checkbox"/> This school is changing the process of thinking about gifted and higher level students to include high kids in the pyramid/diamond of interventions, too. <input type="checkbox"/> During implementation there needs to be a culture of wanting to improve, setting goals, self-reflecting, and working together as a team to make change.
<p>5. Leadership</p> <ul style="list-style-type: none"> <input type="checkbox"/> There was a lot of trust and expertise built up over time within the RtI leadership team and within each grade-level team, which helped the implementation process <input type="checkbox"/> The RtI leadership was very respectful of teachers and building expertise of teachers. <input type="checkbox"/> The RtI team was flexible and willing to move resources, teachers, TA’s, and schedules in order to best meet the needs of the students. <input type="checkbox"/> Leadership was responsible for taking all of the RtI information, training, and vision, and breaking it down into manageable pieces for the teachers to better understand and gain buy-in. <input type="checkbox"/> There is a lot of training, support, and communication with any new staff as they come into a school fully implementing RtI. <input type="checkbox"/> The RtI leadership team is made up of counselor, school psychologist, gifted, instructional specialists, and administrators. <input type="checkbox"/> Leadership was very thoughtful in building off of the strengths of support staff (social workers, TA’s, school psychologists) in order to support the RtI process, problem solve, provide interventions. <input type="checkbox"/> Leadership is very supportive as teachers and the grade levels ask for additional resources, changes to protocols and 	<p>5. Leadership</p> <ul style="list-style-type: none"> <input type="checkbox"/> RtI leadership does not always mean the principal is in charge of implementing or monitoring-it takes many leaders on the team, with assigned roles/responsibilities, to ensure correct implementation. <input type="checkbox"/> Leadership of the RtI team includes counselors, social worker, special education, and school psychologist. <input type="checkbox"/> Leadership RtI team meets once a month to reflect on the RtI process in the school, using teacher assessment data.

<p>flexibility in scheduling and personnel.</p>	
<p>6. Assessment/ Data</p> <ul style="list-style-type: none"> <input type="checkbox"/> Part of the implementation process was training and building understanding of assessments, and how to use assessments to inform instruction/interventions <input type="checkbox"/> The teachers and RtI team look at high- and on-level students' assessment data as well as the below level. <input type="checkbox"/> There is a structured process/schedule for which assessments are given not just one assessment is used, and the assessment criteria used to decide interventions. <input type="checkbox"/> The grade-level teams collect data from multiple sources on all students and use that data to inform and guide instruction throughout all the tiers. <input type="checkbox"/> Teachers provide interventions and take six data points every weekly/biweekly and then decide based on those assessments if the intervention is working. 	<p>6. Assessment/Data</p> <ul style="list-style-type: none"> <input type="checkbox"/> As RtI implementation evolved, staff was required to become data collectors. <input type="checkbox"/> School psychologist role has changed to include supporting teachers to interpret assessment data and develop data-collection skills among staff. <input type="checkbox"/> During the implementation process the school started by focusing on the data-collection piece at first. <input type="checkbox"/> During implementation the focus was to use assessment data to guide instruction, then build in additional forms of assessments along with interventions, but it happened slowly, adding a piece at a time. <input type="checkbox"/> When reflecting on assessment data, it is important to simplify data and provide outcomes and expectations for teachers and grade-level teams. <input type="checkbox"/> Assessment data is reflected on once a month to decide how students should move within tiers. <input type="checkbox"/> Assessment data is reflected on once a month in grade-level data teams to determine the frequency or intensity of the intervention. <input type="checkbox"/> School uses assessment data to determine its effectiveness with interventions. <input type="checkbox"/> Using data to determine what students really need instructionally, beyond just what the state tests.
<p>7. Problem Solving/Standard Protocols</p> <ul style="list-style-type: none"> <input type="checkbox"/> The problem-solving process changed the first year of implementation. They first changed how they looked at data, made goals, and then problem solved about students. <input type="checkbox"/> The teachers' ability to work together as a team and collaborate is very important to effective RtI implementation. <input type="checkbox"/> When problem solving within the teams, RtI and grade-level team offer a lot of support, so that there is not added responsibility and demands on the teacher- 	<p>7. Problem Solving/Standard Protocols</p> <ul style="list-style-type: none"> <input type="checkbox"/> RtI implementation began as a problem-solving process to meet student needs. <input type="checkbox"/> Communication at the grade/subject level is very important to the problem-solving process. <input type="checkbox"/> The problem-solving process also occurs at a building level to determine if student needs are being met at each grade level. <input type="checkbox"/> One strength of this school is that they have a very systematic process of collecting data and deciding interventions. <input type="checkbox"/> Problem-solving process often includes a

<p>they feel it will help keep better fidelity and open/honest communication because there is support and resources offered in the problem-solving process</p> <ul style="list-style-type: none"> <input type="checkbox"/> There was training in the problem-solving process and PD on how to collaborate and communicate in a team way. <input type="checkbox"/> Staff meetings are structured in a problem-solving way-a time to discuss and communicate as a staff about students working through the problem-solving model. <input type="checkbox"/> Problem solving at a building level has helped teachers work through effective strategies and identify students at a building level and gain more resources. <input type="checkbox"/> The key to successful implementation of RtI in this building is the incorporation of many different members of the teaching and support staff to be involved in the problem-solving and data team process. <input type="checkbox"/> The data team/problem-solving team asks questions once a month related to effectiveness of intervention, data used to determine effectiveness, intensity, frequency, and movement within the tiers. <input type="checkbox"/> The building-level problem-solving team tries to problem solve about what school-wide or district-wide resources are available to help the student improve on set skills. Data collection is a very important piece of the district-level problem-solving team, to prove implementation of prior interventions. <input type="checkbox"/> Standard protocols are used in the area of reading, especially phonics and phonemic awareness. <input type="checkbox"/> There is a lot of problem solving that occurs at each grade level to identify the specific skill deficits for each student. 	<p>discussion about a sped referral or intensifying frequency of intervention.</p> <ul style="list-style-type: none"> <input type="checkbox"/> As instructional specialists were more involved in the problem-solving process, they were also able to monitor data collection and fidelity to the interventions planned in the problem-solving/data teams. <input type="checkbox"/> Instructional specialists are key people in the problem-solving team and supporting a systematic movement of students within the tiers. Problem-solving teams reflect on intervention goals and meet regularly. <input type="checkbox"/> Criteria are developed and used to match the different levels of interventions. <input type="checkbox"/> There are a variety of protocols/interventions for different skills, including reading, math, and technology based programs. <input type="checkbox"/> Teachers like using standard protocols in reading because it is structured and like their core reading program many of the reading interventions use a standard protocol researched-based phonics or comprehension program. <input type="checkbox"/> When using a problem-solving model, it is often necessary to have the flexibility to use creative interventions/strategies and to be open to trying new ideas and following through with them. <input type="checkbox"/> It was important to have different resources to respond with during problem solving. <input type="checkbox"/> The leadership team responds in a less systematic way with more of a problem-solving model to look at big picture/grade-level issues.
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Appendix G

School A and School B: Focus Group Comparison Chart

Comparison Chart of School A and School B: Focus Group Interview Responses

School A	School B
<p>1. Implementation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Implementation began with special education director and the idea of using interventions. <input type="checkbox"/> Implementation started in just one or two grades/subjects. <input type="checkbox"/> Implementation was district initiated. <input type="checkbox"/> Implementation modeled differently and looks different at different schools, even within the same district. <input type="checkbox"/> During implementation there was a lot of frustration about how to use assessment systems. <input type="checkbox"/> Implementation-frustration about understanding what RtI is. <input type="checkbox"/> Implementation was frustrating because teachers felt that RtI was introduced in a “top down” kind 	<p>1. Implementation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Implementation was initiated through the district office. The district office created forms and directives for the schools. <input type="checkbox"/> Instructional coaches were important to effective implementation and data collection. <input type="checkbox"/> During training it was important that the RtI leadership team broke down the key features to the teachers to make it manageable and not overwhelming. <input type="checkbox"/> Implementation was a piece-by-piece process of training, supporting, and building resources for teachers. <input type="checkbox"/> Implementation was a very slow process. <input type="checkbox"/> There was a struggle in the beginning of

<p>of way. They did not fully understand the methodology and philosophy of RtI.</p> <ul style="list-style-type: none"> □ Implementation-professional development in reading and assessment systems was important. There was additional PD the second and third year to build technology/assessment and to tie it with better instruction. □ During implementation the PD also focused on the core instruction in addition to PD on interventions. □ There was frustration during the first years of implementation with teachers feeling like they were recreating the wheel finding appropriate interventions and feeling frustration when interventions did not work. □ Teachers and even instructional specialists were feeling, a little lost during implementation because they did not feel instructionally comfortable with every intervention or even every content skill. □ During implementation teachers became interventionists to students needing Tier 2 support. □ There are questions about implementation from the RtI team on how Title 1 services and special education completely fit into the RtI model and how to effectively balance the resources throughout the entire school population. □ There was some concern in the beginning phases of intervention that teachers did not respond to students with a standard protocol and the RtI team felt there was a loss of fidelity. □ There is concern by the RtI team about implementation, because they feel that different schools are all implementing differently, and they worry about being effective and systematic. □ During implementation and in creating their own system of interventions for teachers, the RtI team and building leadership was very creative in the use of support staff to help and support the process. □ A key piece to effective implementation has also been being reflective of the schools needs and strategically adding intervention resources to build the capacity of the staff to move forward with RtI. □ PD during implementation was very teacher directed and was a sharing of “what worked” strategies by the instructional coaches. 	<p>implementation to correctly match the assessment results/student needs with the correct intervention. Over time the teachers and RtI team have had to “build up a repertoire” of effective interventions to meet differing needs.</p> <ul style="list-style-type: none"> □ Because of the high level of buy-in and acceptance of RtI there are high expectations at each grade level and among the staff for success in moving students within the tiered model. □ There was outside training at a district and building level for implementation of RtI, and it involved people within the building who were considered to be “key players”– teacher leaders, counselors, instructional specialists. □ On the building level, much of the professional development was brought back from the RtI and district leadership team and shared with staff. □ There is a culture of constant needing to improve upon instruction and as a professional among the staff, which the RtI team feels like has helped with implementation. □ There is an overlap and new understanding about the roles of the special education teacher and the general education teacher now that RtI has been implemented. There is a blurring of the roles that include being a resource for intervention/instruction between them both. □ The special education teachers are very much a part of the implementation process and their roles have changed to include even general education students. □ There is an overlap in roles and sharing of expertise among the general education and special education teachers □ Students who are found to need special education services often do not have a dramatic change in the resources and supports given to them b/c the interventions and supports given during the RtI process are so encompassing and thorough. □ There is a concern among teaching staff that as they meet the needs of more students, they will not be given as many district resources and staffing. □ There is a concern among the teaching staff that there are downfalls to making so many modifications/accommodations for students not diagnosed with special education needs, because of standardized MAP testing which will not
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<ul style="list-style-type: none"> <input type="checkbox"/> Implementation was in many ways about trial and error and finding what worked for students and the systems/structures that would work for teachers. <input type="checkbox"/> There is frustration/concern during implementation because the RtI team feels like there are no real set guidelines to implementation. <input type="checkbox"/> It was important for the RtI team that during implementation there was an understanding among the teachers about the change process. <input type="checkbox"/> There was a lot of frustration during the first year because of differing ideas about what implementation should look like and what was expected. <input type="checkbox"/> Implementing RtI has made the teachers better teachers of reading at the core instruction and with interventions. <input type="checkbox"/> RtI implementation has created more resources for teachers in providing more support for struggling students. RtI has created focus on those students and increased the amount of information/assessments we have for those students and the interventions we provide. <input type="checkbox"/> RtI implementation has, over the years, decreased the number of students needing interventions. <input type="checkbox"/> Future goals for RtI include finding more interventions/assessments for reading comprehension within every tier and to better meet the needs of the higher students too. 	<p>include those accommodations during testing.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The key to successful implementation of RtI in this building is because of the teamwork and sharing of resources/effort among the teachers and support staff. <input type="checkbox"/> Another key factor to successful implementation was the creativity with arranging support staff to provide interventions-mostly standard protocols. <input type="checkbox"/> In order to implement as many interventions as possible throughout the school day, teacher assistants are used to provide standard protocols-there was a shift in attitude that everyone in the school is here to work with students.
<p>2. Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> The teachers found it beneficial to have a lot of communication about what interventions were working and not working in a team setting. <input type="checkbox"/> There was a lot of communication during implementation about why the core was not effective and why students were needing interventions. <input type="checkbox"/> Communication was important during RtI implementation. <input type="checkbox"/> There is communication and collaboration at grade levels about interventions tried and if a student is in need of special education testing. <input type="checkbox"/> During the first couple of years of implementation there was something “missing.” The teachers feel that conversations and reflection about moving within the tiers was missing. Students did not fluently move within 	<p>2. Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication-One key to effective RtI implementation was that the teachers were able to have input to the process of implementation. <input type="checkbox"/> By allowing the teachers to have input and open communication in the beginning stages of implementation, the teachers now are very eager to build their expertise and capacity to provide better interventions/instruction. <input type="checkbox"/> Communication occurs regularly at each grade level and includes the special education teacher, instructional specialists, and gifted teachers. There is also collaboration occurring regularly at a building level which includes representatives from each grade level, as well as instructional specialists and counselor. <input type="checkbox"/> There is a culture of open communication and trust between the teachers and the RtI leadership

<p>the multiple tiers because reflective conversations were not being had.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication can become a weakness if common time is not set aside to discuss the movement of students within multi tiers. <input type="checkbox"/> Constant communication and feedback about effective interventions and instruction is key to successfully sustaining and moving forward with the RtI process. <input type="checkbox"/> It is important that the teachers feel open and secure enough to say to the RtI team, “What I’m trying isn’t working, do you have any ideas?” or “I need help, what do I do?” 	<p>team.</p>
<p>3. Implementation Pace/Scheduling</p> <ul style="list-style-type: none"> <input type="checkbox"/> The implementation was paced in a deliberate way to slowly introduce concepts about assessments and instruction/interventions and then to build on the skills the following years. <input type="checkbox"/> Scheduling interventions for reading and math is difficult. <input type="checkbox"/> Time is set aside at the beginning of the school day to provide interventions to students identified as needing Tier 2 support. <input type="checkbox"/> Schedule/time-there is concern, almost even guilt, that the lowest achieving students are receiving so much additional resources of time, interventions, and support, and the middle to high students are not being challenged as much as they could be. <input type="checkbox"/> Common planning time is key for collaboration at grade/subject level to discuss interventions and assessment data. <input type="checkbox"/> It is difficult to find the time during the school day to have really reflective time on interventions, data, and student needs; the demand on time is a “huge burden.” <input type="checkbox"/> Teachers need time to have conversations and collaborate is a big issue/concern/struggle. <input type="checkbox"/> There is an urgency to meet the needs of all kids, but the implementation of RtI is a process, so there is frustration as the implementation is worked through. 	<p>3. Implementation Pace/Scheduling</p> <ul style="list-style-type: none"> <input type="checkbox"/> They deliberately implemented slowly and in pieces, so as not to overwhelm teachers/staff. <input type="checkbox"/> The pace of implementing was very deliberate and slow.
<p>4. Multi-Tiered Model & A Process of Change to a Multi-Tiered Model</p> <ul style="list-style-type: none"> <input type="checkbox"/> The process of change was better the second year, because teachers were able to give input about how the interventions could better match 	<p>4. Multi-Tiered Model/ & A Process of Change to a Multi- Tiered Model</p> <ul style="list-style-type: none"> <input type="checkbox"/> When introducing the tiers of the RtI model, they gave teachers time to have input to the creation of the criteria for each tier.

<p>instructional methods and expectations.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Multi-tiers-there was a change the second year to include gifted or higher achieving students too. <input type="checkbox"/> Students needing Tier 3 support receive additional interventions throughout the school day by a title teacher. <input type="checkbox"/> Some students score at different tiers depending on the assessment. One group receives an intervention that scored in Tier 2 and 3 on standardized state assessments, but who were Tier 1 with the use of benchmark and progress-monitoring assessments. <input type="checkbox"/> There is frustration about the amount of time and additional help the Tier 2 and 3 students are getting. The teachers feel that the tier 1 students are “getting missed” because of the extra time demand to help Tier 2 and 3 students. <input type="checkbox"/> There is also question/concern about where students identified as in need of special education services, fit into the multi-tiers and who is in fact responsible for providing additional interventions. <input type="checkbox"/> The focus for year 4 and 5 of implementation is on moving students through the multi tiers and using assessment data to determine intervention effectiveness and decisions about intensity and frequency of interventions. <input type="checkbox"/> Students are mostly moved within the tiers at benchmark assessments, but some move tiers during once-a-month data team meetings <input type="checkbox"/> Teachers use a screening tool/progress-monitoring tool to place students in tiered interventions. <input type="checkbox"/> There is question and concern from teachers and even the RtI team about when to move the student back to a Tier 1 level of support. <input type="checkbox"/> The team expresses that at times the assessment progress-monitoring data illustrates that the student can be successful with a particular skill in isolation, but the student is not carrying over the skill to the demands in the classroom and within the curriculum. <input type="checkbox"/> There is frustration at the upper elementary grade levels because the teachers feel that the gap between ability levels of students at each tier can be great. <input type="checkbox"/> The older students (fourth and fifth grades) are hardest to move within the tiers at this school because the students are more than one year 	
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<p>below grade level.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Within the tiers at this school because the students are more than one year below grade level. <input type="checkbox"/> There is a concern about some of the students who are just barely in Tier 1-keeping and supporting them in Tier 1. <input type="checkbox"/> There is a concern about the distribution of resources within each tier-the teachers at times feel that there are more resources at Tier 2 and 3 than Tier 1 and a sense of unfairness about that. <input type="checkbox"/> There is a concern because as the teachers move students within the tiers as they have noticed more students being just barely within Tier 1 or the “bubble kids”-they are concerned that these students may slip back into Tier 2 if they do not get enough support at the core. 	
<p>5. Leadership</p> <ul style="list-style-type: none"> <input type="checkbox"/> Leadership decided to include the gifted teacher in the RtI team to meet the needs of the gifted students, too. <input type="checkbox"/> RtI leadership includes instructional specialists, principal, and a classroom teacher. <input type="checkbox"/> The RtI leadership team has to also be reflective about what interventions are working school-wide. <input type="checkbox"/> There is a lack of confidence within the leadership team that the team is implementing RtI correctly and with fidelity. 	<p>5. Leadership</p> <ul style="list-style-type: none"> <input type="checkbox"/> There was a lot of trust and expertise built up over time within the RtI leadership team and within each grade-level team, which helped the implementation process. <input type="checkbox"/> The RtI leadership was very respectful of teachers and building expertise of teachers. <input type="checkbox"/> The RtI team was flexible and willing to move resources, teachers, TA’s, and schedules in order to best meet the needs of the students. <input type="checkbox"/> Leadership was responsible for taking all of the RtI information, training, and vision, and breaking it down into manageable pieces for the teachers to better understand and gain buy-in. <input type="checkbox"/> There is a lot of training, support, and communication with any new staff as they come into a school fully implementing RtI. <input type="checkbox"/> The RtI leadership team is made up of counselor, school psychologist, gifted, instructional specialists, and administrators. <input type="checkbox"/> Leadership was very thoughtful in building off of the strengths of support staff (social workers, TA’s, school psychologists) in order to support the RtI process, problem solve, provide interventions. <input type="checkbox"/> Leadership is very supportive as teachers and the grade levels ask for additional resources, changes to protocols, and flexibility in scheduling and personnel.
<p>6. Assessment/Data</p>	<p>6. Assessment/Data</p>

<ul style="list-style-type: none"> <input type="checkbox"/> Teachers described RtI as assessment system. <input type="checkbox"/> There was a lot of frustration in the beginning of the RtI process because there was disagreement about the type of data being looked at and how students would be assessed. <input type="checkbox"/> Progress-monitoring assessments and information was a challenge. Teachers struggled to understand what decisions would be made when looking at data and teachers felt a little resentful that decisions were going to be more about data and less about what teachers feel about students. <input type="checkbox"/> It took a year of working through a standard progress-monitoring system for teachers to feel comfortable. <input type="checkbox"/> There was a need in the second year of implementation to create more assessments or better common assessments in order to get more information about student needs. <input type="checkbox"/> Assessment-the school liked a standard assessment which included an online component and a data-management component. <input type="checkbox"/> Assessments and the criteria used aren't always perfect. The teachers felt there were some students "falling through the gaps." The teachers felt as if the students needed additional interventions, so during the second and third years of implementation, they added intervention services to those students. <input type="checkbox"/> It is important to use more than one piece of data when deciding what students need, but there is concern because some students are doing well with one progress-monitoring assessment, but not achieving their best when taking formal assessments and/or benchmarks. <input type="checkbox"/> Teachers utilize informal assessments. <input type="checkbox"/> Teachers are encouraged to use informal assessments such as running records in reading class to make instructional decisions. <input type="checkbox"/> Formal and summative assessments are utilized in math along with progress-monitoring assessments. <input type="checkbox"/> The teachers identify the need to not only provide interventions and have the students score well on assessments, but for the skills remediated in intervention to carry over to the core instruction and grade-level assessments. <input type="checkbox"/> There are concerns because the school only uses one method of progress monitoring and the 	<ul style="list-style-type: none"> <input type="checkbox"/> Part of the implementation process was training and building understanding of assessments, and how to use assessments to inform instruction/interventions. <input type="checkbox"/> The teachers and RtI team look at high and on-level students' assessment data as well as the below-level students. <input type="checkbox"/> There is a structured process/schedule for which assessments are given, and not just one assessment is used, and the assessment criteria used to decide interventions. <input type="checkbox"/> The grade-level teams collect data from multiple sources on all students and use that data to inform and guide instruction throughout all the tiers. <input type="checkbox"/> Teachers provide interventions and take six data points every weekly/biweekly and then decide based on those assessments if the intervention is working.
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<p>teachers do not feel that the assessment tool encompasses all the different skill areas that students struggle with.</p> <ul style="list-style-type: none"> <input type="checkbox"/> There was a lot of frustration with the assessment piece of RtI-in the beginning and even during year 4 and 5 of implementation because of a lack of proper training. The RtI team felt like they needed additional training and support with progress-monitoring tools, as they were not as familiar with giving the assessments and effectively using the data. <input type="checkbox"/> Constantly reflecting on data and assessments has been crucial in sustaining and moving forward with RtI. <input type="checkbox"/> Implementing RtI has made the teachers improve their skills of reflecting on data and understanding data better. <input type="checkbox"/> RtI has helped teachers “know what needs to be done” with students because of a new understanding of data. <input type="checkbox"/> There are skills that are not assessed by progress-monitoring tools that the school has, so there is an urgency to find/create the needed assessments/tools. 	
<p>7. Problem Solving/Standard Protocols</p> <ul style="list-style-type: none"> <input type="checkbox"/> The teachers were very open to problem solving during implementation and had a very “let’s try it” attitude. <input type="checkbox"/> The RtI team created a standard protocol of interventions that is used when students are identified as Tier 2 in reading. The team created systematic levels of resources for reading interventions and then did the same for math. <input type="checkbox"/> Once screened, the school RtI team has developed a standard protocol of interventions to be used in reading and math. <input type="checkbox"/> If students do not respond to interventions, they try a different protocol, and if that does not prove effective by assessment measures, the teacher brings the student concern to a problem-solving team. <input type="checkbox"/> The RtI team and reading/math specialists created a protocol approach of intervention activities for teachers to use. <input type="checkbox"/> Using the problem-solving process at each grade level has made the process of looking at student data and providing interventions more systematic and consistent within the school. 	<p>7. Problem Solving/Standard Protocols</p> <ul style="list-style-type: none"> <input type="checkbox"/> The problem-solving process changed the first year of implementation. They first changed how they looked at data, made goals and then problem solved about students. <input type="checkbox"/> The teachers’ ability to work together as a team and collaborate is very important to effective RtI implementation. <input type="checkbox"/> When problem solving within the teams, RtI and grade-level team offer a lot of support, so that there is not added responsibility and demands on the teacher-they feel it will help keep better fidelity and open/honest communication because there is support and resources offered in the problem-solving process. <input type="checkbox"/> There was training in the problem-solving process and PD on how to collaborate and communicate in a team way. <input type="checkbox"/> Staff meetings are structured in a problem-solving way-a time to discuss and communicate as a staff about students working through the problem-solving model. <input type="checkbox"/> Problem solving at a building level has helped

	<p>teachers work through effective strategies and identify students at a building level and gain more resources.</p> <ul style="list-style-type: none"> □ The key to successful implementation of RtI in this building is the incorporation of many different members of the teaching and support staff to be involved in the problem-solving and data team process. □ The data team/problem-solving team asks questions once a month related to effectiveness of intervention, data used to determine effectiveness, intensity, frequency and movement within the tiers. □ The building-level problem-solving team tries to problem solve about what school-wide or district-wide resources are available to help the student improve on set skills. Data collection is a very important piece of the district-level problem-solving team, to prove implementation of prior interventions. □ Standard protocols are used in the area of reading, especially phonics and phonemic awareness. □ There is a lot of problem solving that occurs at each grade level to identify the specific skill deficits for each student.
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Appendix H

School A and School B Administrator Comparison Chart

Comparison Chart of School A and School B Administrator Interview Responses

School A	School B
<p>1. Implementation</p> <ul style="list-style-type: none"> <input type="checkbox"/> District initiative and information passed to admin to decide how to implement. <input type="checkbox"/> Initiative was led by several stakeholders (teachers, instructional specialists, and administrators) that decided vision. <input type="checkbox"/> During implementation it was overwhelming to choose interventions and identify specific skill needs. <input type="checkbox"/> Implementation involves giving much support to teachers as a resource and could include a resource committee for each subject area. <input type="checkbox"/> Implementation requires teachers to be engaged and involved in the RtI process, decision making, and resource allocation. <input type="checkbox"/> Another implementation challenge is the ability to provide enough resources for interventions to teachers. <input type="checkbox"/> Implementation & sustaining grew from just below level students, but to also expand the opportunities for higher level students. <input type="checkbox"/> The focus for moving forward with RtI is to build a solid process of change and ensure fidelity to the RtI process. 	<p>1. Implementation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Implementation concerns with teachers' fidelity to the agreed upon interventions. <input type="checkbox"/> During implementation, the level of resources, services, and interventions requires flexibility to try different kinds of interventions, but there is a concern about when/if student's transition to different schools/middle school about the continuation of interventions if needed, must be flexible. <input type="checkbox"/> During implementation it was necessary to delegate responsibilities. It's impossible for just one person to coordinate. The school psychologist role was expanded and brought into the problem-solving team process. This school also manipulated instructional support staff to include more reading and math specialists to provide interventions. <input type="checkbox"/> Implementation can be overwhelming to staff if they do not understand the big picture or if it is not presented in a systematic way. <input type="checkbox"/> It was also important during implementation to have a few "experts" in the building that could support discussions within the building. <input type="checkbox"/> During implementation the attitudes in the building was "let's try it," and make it work during implementation both schools collaborated with other schools to gain ideas about resources for interventions. <input type="checkbox"/> Throughout implementation there is

	<p>reflection about how to set goals, how to improve each year, and how to set structures and protocol for implementation.</p> <ul style="list-style-type: none"> <input type="checkbox"/> During implementation one of the most important things to do was to look at the core instruction and ensure that it is strong- otherwise the students at each tier will be unbalanced and resources will be spread too thin. <input type="checkbox"/> During implementation it was very important that the school build the leadership within the building in becoming instructional experts and problem solvers. <input type="checkbox"/> During implementation another important piece to implementation is to give teachers/staff time to collaborate and communicate with each other about what is working and not working with them problem solvers. <input type="checkbox"/> During implementation the staff needs to believe that they have the ability to make the change.
<p>2. Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Information distribution during implementation-admin spent time on defining, explaining, teaching information. <input type="checkbox"/> Teachers were given the opportunity of input and to give feedback about the RtI process. <input type="checkbox"/> Communication at staff meetings during initial implementation was very important. <input type="checkbox"/> It was helped during the implementation process to reach out to other schools implementing and communicate effective strategies and ideas. <input type="checkbox"/> Communication in data teams important, parent communication important when there is a concern. 	<p>2. Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication and individual conversations about change and what was coming were important to successful change. <input type="checkbox"/> Communication involved teachers giving feedback to what was working and what wasn't working. <input type="checkbox"/> Communication and collaboration between special education staff and classroom teachers is very important- it is helpful when collaborating to decide who is responsible for each piece of the RtI process. <input type="checkbox"/> Intervention plans are communicated through SMART goals, similar to that of an IEP. <input type="checkbox"/> Communication is needed to express additional professional development for issues that are unique to each school. <input type="checkbox"/> A lot of communication about implementation and tailoring. <input type="checkbox"/> For new staff coming into a school in full implementation of RtI, more communication and training is needed. <input type="checkbox"/> For new administrators to the district

	<p>especially, communication and training is critical in order to understand the big picture and to lead the direction of the school.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication with parents about concerns occurs if the student is referred to the building-level team. <input type="checkbox"/> Parents do receive a letter if student is getting an intervention and parents also receive a copy of progress- monitoring data. <input type="checkbox"/> As RtI is implemented the conversations/communication occurring at the grade-level teams are focused on data and assessments. <input type="checkbox"/> It is important to communicate at the grade level and school level and analyze how the RtI system in the school is working. <input type="checkbox"/> The teams communicate about where kids are and what each student needs. <input type="checkbox"/> Communicating and collaborating within the grade-level teams is important.
<p>3. Implementation Pace/Scheduling</p> <ul style="list-style-type: none"> <input type="checkbox"/> Implementation was deliberately slow, especially the process of developing the RtI leadership team and deciding how to implement. <input type="checkbox"/> Pace was slow and deliberate with lower grades and single subject areas. <input type="checkbox"/> Implementation pace was planned in stages of grades and subject areas implementing in stages was important to adopting a new process and model. <input type="checkbox"/> Teachers were able to build into RtI gradually. <input type="checkbox"/> The RtI team started with just one class in assessments. <input type="checkbox"/> Scheduling to allow for interventions, collaboration, and problem solving is a big challenge. 	<p>3. Implementation Pace/Scheduling</p> <ul style="list-style-type: none"> <input type="checkbox"/> RtI scheduling requires creativity and being resourceful with the staff in the building, including teacher assistants. This school prioritized that grade levels had common planning to ensure collaboration. <input type="checkbox"/> Scheduling of interventions can be demanding/complex. Often roles/responsibilities will be stretched out of comfort zones and requires additional training to build the capacity of staff and support staff. <input type="checkbox"/> The pace/schedule for professional development was staggered- each year adding a layer of academic/social/emotional interventions. <input type="checkbox"/> During initial implementation it was important to break down the elements of RtI and give staff time to have discussions to gain better understanding.
<p>4. Multi-Tiered Model & A Process of Change</p> <ul style="list-style-type: none"> <input type="checkbox"/> RtI is a change in thought process. <input type="checkbox"/> RtI is a process change and often it helps to make the process fit individual school needs, style, and approach. 	<p>4. Multi-Tiered Model & A Process of Change</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rti was a process of change, of doing things “differently.” <input type="checkbox"/> The process of change involved using specials and support staff in a different

<ul style="list-style-type: none"> <input type="checkbox"/> RtI process must include fidelity check, aligning intervention with assessment, data, and student needs. <input type="checkbox"/> Sometimes the RtI process has an end result of a sped referral. <input type="checkbox"/> A special education coordinator is involved in the process of deciding interventions and setting criteria. 	<p>way-to work with students and provide interventions.</p> <ul style="list-style-type: none"> <input type="checkbox"/> This school is changing the process of thinking about gifted and higher level students to include high kids in the pyramid/diamond of interventions, too. <input type="checkbox"/> During implementation there needs to be a culture of wanting to improve, setting goals, self-reflecting and working together as a team to make change.
<p>5. Leadership</p> <ul style="list-style-type: none"> <input type="checkbox"/> Key leadership included reading/math specialist and teacher reps. <input type="checkbox"/> RtI was a teacher-driven initiative, with the admin as a source of support and to acquire resources. <input type="checkbox"/> Admin is often the role of teacher and communicator of vision & theory. <input type="checkbox"/> Leadership is often the evaluator, motivator, celebrator of small achievements, and delegator <input type="checkbox"/> The building RtI team is the building leadership in making decisions about implementation and researching best practices. 	<p>5. Leadership</p> <ul style="list-style-type: none"> <input type="checkbox"/> RtI leadership does not always mean the principal is in charge of implementing or monitoring-it takes many leaders on the team, with assigned roles/responsibilities, to ensure correct implementation. <input type="checkbox"/> Leadership of the RtI team includes counselors, social worker, special education, and school psychologist. <input type="checkbox"/> Leadership RtI team meets once a month to reflect on the RtI process in the school-using teacher assessment data
<p>6. Assessment/Data</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment data is taken in math & reading, multiple criteria is used to assess needs, use data to inform decisions about instruction. <input type="checkbox"/> It is important to have more than one piece of data to make good instructional decisions-the assessment tools and criteria were a process of deciding what fit best with their needs. <input type="checkbox"/> AIMS is one assessment tool used and they like it b/c of the technology component and flexibility. <input type="checkbox"/> Progress-monitoring data is used to determine if the intervention is effective, and/or if intervention intensity/frequency needs to be changed. <input type="checkbox"/> Assessments are reflected by the individual teacher, but also in a grade-level team and even building-level team-especially when progress monitoring data is inconclusive. <input type="checkbox"/> Assessment data and progress monitoring 	<p>6. Assessment/Data</p> <ul style="list-style-type: none"> <input type="checkbox"/> As RtI implementation evolved, staff was required to become data collectors. <input type="checkbox"/> School psychologist role has changed to include supporting teachers to interpret assessment data and develop data-collection skills among staff. <input type="checkbox"/> During the implementation process the school started by focusing on the data-collection piece at first During implementation the focus was to use assessment data to guide instruction, then build in additional forms of assessments along with interventions- but it happened slowly, adding a piece at a time. <input type="checkbox"/> When reflecting on assessment data, it is important to simplify data and provide outcomes and expectations for teachers and grade-level teams. <input type="checkbox"/> Assessment data is reflected on once a month to decide how students should move within tiers.

<p>is used to determine effectiveness of intervention and student learning.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reflecting on data and multiple forms of data has been a change for the staff. <input type="checkbox"/> Assessment data is used to reflect on the effectiveness of the intervention, the effectiveness of the grade level and teacher. Assessment data is also used to decide if a different intervention is needed. <input type="checkbox"/> Assessment data is the tool used to determine effectiveness-and standardized tests. Progress-monitoring data is also looked at to see growth in subcategories. <input type="checkbox"/> RtI is also about being more deliberate and reflective of data and using the data to provide better instructional decisions during the school data. 	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment data is reflected on once a month in grade-level data teams to determine the frequency or intensity of the intervention. <input type="checkbox"/> School uses assessment data to determine its effectiveness with interventions. <input type="checkbox"/> Using data to determine what students really need instructionally-beyond just what the state tests.
<p>7. Problem Solving/Standard Protocols</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication involves sped and cross section of teachers to add perspectives and help with problem solving. <input type="checkbox"/> Problem solving is used to determine if special education testing is needed. <input type="checkbox"/> Problem solving in teams and with teachers is also an RtI process of change for some teachers. <input type="checkbox"/> Implementation included the teachers designing standard protocols for interventions. <input type="checkbox"/> It was important to this school to develop specific criteria and protocol for responding to students with interventions. <input type="checkbox"/> The problem-solving process includes collecting data, a student concern, the grade-level team brainstorming, and if it is still a concern the building-level team. <input type="checkbox"/> A standard protocol is used in reading- a regular education teacher and special education teacher are trained. <input type="checkbox"/> The building RtI team is the leadership in the building that supports the problem-solving process and ensuring fidelity to a standard protocol. 	<p>7. Problem Solving/Standard Protocols</p> <ul style="list-style-type: none"> <input type="checkbox"/> RtI implementation began as a problem-solving process to meet student needs. <input type="checkbox"/> Communication at the grade/subject level is very important to the problem solving process. <input type="checkbox"/> The problem-solving process also occurs at a building level to determine if student needs are being met at each grade level. <input type="checkbox"/> One strength of this school is that they have a very systematic process of collecting data and deciding interventions. <input type="checkbox"/> Problem-solving process often includes a discussion about a sped referral or intensifying frequency of intervention. <input type="checkbox"/> As instructional specialists were more involved in the problem-solving process, they were also able to monitor data collection and fidelity to the interventions planned in the problem-solving/data teams. <input type="checkbox"/> Instructional specialists are key people in the problem-solving team and supporting a systematic movement of students within the tiers. Problem-solving teams reflect on intervention goals and meet regularly. <input type="checkbox"/> Criteria is developed and used to match the different levels of interventions. <input type="checkbox"/> There are a variety of protocols/ interventions for different skills, including reading, math, and technology-based programs.

	<ul style="list-style-type: none"> <li data-bbox="873 197 1435 394">□ Teachers like using standard protocols in reading because it is structured and like their core reading program many of the reading interventions use a standard protocol researched-based phonics or comprehension program. <li data-bbox="873 401 1435 562">□ When using a problem-solving model, it is often necessary to have the flexibility to use creative interventions/strategies and to be open to trying new ideas and following through with them. <li data-bbox="873 569 1435 632">□ It was important to have different resources to respond with during problem solving. <li data-bbox="873 638 1435 760">□ The leadership team responds in a less systematic way with more of a problem-solving model to look at big picture/grade-level issues.
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Vitae

Carrie Schwierjohn holds a bachelor of science in elementary and early childhood education and master of science in educational administration from the University of Central Missouri, Warrensburg, MO and an anticipated doctorate (2011) in education administration from Lindenwood University, St. Charles, MO.

Carrie Schwierjohn began her career in education as a fourth-grade teacher in Knob Noster, MO, but has since included teaching tenure in the Ferguson-Florissant School District as a teacher of kindergarten, first, fourth, and fifth grades. Currently, Mrs. Schwierjohn serves as the dean of students at Confluence Academy South City, EdisonLearning, a successful inner-city charter school located in St. Louis, MO serving over 900 students in grades K-8. Carrie Schwierjohn is a member of the Missouri Association of Elementary School Principals and has been an active facilitator in the implementation of Culturally Responsive Teaching and Learning, Positive Behavior Intervention Support, and Response to Intervention.