PRACTITIONER PERCEPTIONS OF RESPONSE TO
INTERVENTION MODELS AT THE SECONDARY LEVEL

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Abstract

Response to Intervention, or RTI, has been widely accepted as an effective way to identify and serve students with learning differences within the general education classroom. While research related to utilizing RTI models at the elementary level have yielded positive results, little empirical evidence has been published as to the efficacy of using such models at the secondary level. In fact, research has shown that there are many problems inherent in implementing RTI models at the secondary level. Considering the scant availability of literature highlighting the effectiveness for implementing RTI models at the secondary level, the current study sought to develop an insightful overview of why such models have not been able to replicate the same success at the secondary level as in the elementary school setting. By studying the perceptions of the faculty and staff at one high school, the study found that the intricacies involved with implementing RTI models at the secondary level elicit mixed opinions as to the effectiveness and feasibility of its use. While it was seen as conceptually great, RTI was viewed as a policy that needed more fine-tuning, buy-in, and support from all stakeholders to be truly successful within their building. Regardless of the revelation that practitioners might not have extensive knowledge about RTI, there is hope that the faculty and staff within the studied school are willing to try anything to support the growth—both academically and socially—of their students.
Dedication

This dissertation is dedicated to my family, who have supported me and cheered me on throughout this entire journey.

To my dear husband Ted, who stood by me throughout this, at times tumultuous, expedition. Without your unwavering support, I would not have been able to successfully make it through this program. You have lived up to the credo “Giving, Forgiving, and Thanksgiving” that we first heard on our wedding day. I am continuously reminded of the daily blessings we share and how fortunate I am to have you in my life. You are truly a gem and I do not know what I would do without you!

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Chapter 1
Introduction

The Response to Intervention (RTI) initiative is not new to the field of education, but the RTI initiative has become more important with the reauthorization of the Individuals with Disabilities Education Act ([IDEA]; 2013). In particular, schools have been given a new alternative for identifying students with or at-risk for a Specific Learning Disability (SLD) in the areas of reading, math, and written expression, which brings RTI to the forefront of educational conversations. Traditionally, students were identified as needing special education services through IQ-achievement discrepancy models; however, RTI models offer an alternative approach to identifying students with an SLD. This alternative approach focuses on providing early interventions in the general education classroom rather than placing the students directly into a special education setting (Fuchs & Fuchs, 2006; National Center for Learning Disabilities, 2013). Although RTI may be implemented in many different ways for identifying and supporting students with learning needs in the general education classroom, these models are generally designed as a three-tiered approach of screening, intervention, and progress monitoring.

Tennessee has taken a unique approach to implement RTI models within schools across the state. Starting with elementary schools during the 2014-2015 school year, including middle schools the following year, and including high schools during the 2016-2017 school year, Tennessee’s Response to Instruction and Intervention (RTI²) approach is mandatory for all public schools across the K-12 continuum to support teachers and improve student outcomes (Tennessee Department of Education [TNDOE], 2017c). The RTI² problem-solving model is used to determine a student’s eligibility for special education services under the category of...
SLD. More specifically, Tennessee’s RTI² framework deviates from the traditional IQ-achievement discrepancy method used to identify students with an SLD, which causes districts to reallocate resources and personnel within schools and districts to meet the changing demands in the classroom setting. The reallocation of resources is intended to improve the learning outcomes of students through data collection, analysis, and intervention (National Center on Intensive Intervention, 2013).

While the reauthorization of IDEA (2013) did not require states to use an RTI model or alternative research-based procedure to identify students with an SLD, all 50 states have developed or revised their respective regulations for identifying students with an SLD or at-risk for an SLD (Hauerwas, Brown, & Scott, 2013). As a result, resources for the implementation of RTI models across all grade levels have become more available. Despite the availability of resources, the availability of formal guidance and a consistent definition from state to state of the data necessary for the determination of SLD eligibility is unclear (Hauerwas et al., 2013). Likewise, across Tennessee and within the studied school district, current models for the implementation of Tennessee’s RTI² framework vary from high school to high school, which suggests little, if any, consistency with regard to clearly defined implementation practices.

Research Problem

Research has shown that there are many problems inherent in implementing RTI models at the high school level (Bineham, Shelby, Pazey, & Yates, 2014). Such problems include lack of time to remediate academic deficits for students who arrive in high school with previously undiagnosed learning disabilities (Duffy, 2007) or who arrive with well-established academic deficits resulting in low motivations and poor academic self-confidence. Consequently, the lack of time to remediate may create compliance issues when working with adolescents (Fuchs,
Fuchs, & Compton, 2010). Additionally, the number of progress monitoring tools available are few, if any, and evidence-based interventions designed for use at the secondary level are lacking (Sansosti, Telzrow, & Noltemeyer, 2010). Structural considerations (e.g., scheduling, the ability for students to earn credits towards graduation, etc.) and the highly specialized nature of the teachers within a secondary setting also contribute to the inability to successfully implement an RTI model or framework at the secondary level (Sansosti et al., 2010). Given these challenges, a better method for identifying and serving students identified with an SLD needs to be developed to facilitate academic growth and success for the vulnerable population in such a way that these students can be successful once they matriculate and leave the sheltered high school environment.

**Purpose of the Study**

The current study seeks to extend the literature related to the implementation of Tennessee’s RTI² Framework at the secondary level by exploring teacher and staff perceptions from one high school regarding the implementation of such a framework within their high school building. Issues of teacher background knowledge, professional development, social validity, and treatment fidelity will be addressed to determine the extent to which implementing the mandated RTI² practices within the studied high school has had an impact on the students—either positive or negative impact or no impact.

**Research Questions**

Using the Tennessee Department of Education’s mandate that schools across Tennessee must implement a multi-tiered system of supports to identify students with or at-risk for specific learning disabilities, the following research questions will be examined to determine how one school designed, implemented, and evaluated its RTI² framework:
1. What is the nature and extent of teacher and staff knowledge regarding their role in and the purpose behind the implementation of Tennessee’s RTI² framework within their building?

2. How do teachers and staff from one high school perceive the level of treatment fidelity, or degree to which RTI² is implemented, within their building?

3. How do the teachers and staff at one school perceive the impact the RTI² process has had on the effective identification and service of students with specific learning disabilities within their building?

**Rationale for the Study**

With the recent shift in policy regarding the identification and service of students with or at-risk for specific learning disabilities, secondary schools across Tennessee are now required to implement multi-tiered models of intervention designed to target struggling learners, identify their specific needs, and intervene in their deficit areas to facilitate their learning. Little empirical evidence, however, has been published as to the efficacy of such practices within a secondary setting (Ridgeway, Price, Simpson, & Rose, 2012). Thus, implementation within one school has produced mixed results in terms of student learning and growth. Given the lack of empirical evidence to support the use of these multi-tiered models of intervention at the high school level and the recent mandate from the State of Tennessee for the use of such model, this study seeks to examine the perceptions of teachers and staff from one high school as they relate to the implementation of a multi-tiered system of supports to identify and serve students with or at-risk for specific learning disabilities. Structural considerations, roles, resources, and professional development related to the implementation of Tennessee’s shift in policy will be
analyzed in order to develop an understanding of how teachers and staff at one high school perceive the effectiveness and appropriateness of such models within their building.

**Researcher Background**

The researcher of the present study has been a Special Education teacher at the same high school in the participating district for ten years. This limits the comparison to other schools and districts as the researcher has professional knowledge and experience in one setting only. In the role of a special educator, the researcher’s responsibilities have shifted as a result of the implementation of Tennessee’s policy shift requiring schools to implement an RTI\textsuperscript{2} framework across the K-12 continuum. Typically seen as a general education initiative, the responsibility for RTI\textsuperscript{2} implementation has been poorly defined and has resulted in a lack of guidance from policymakers as to how these multi-tiered models of intervention should be implemented. Consequently, the researcher’s perception regarding the ill-defined roles and responsibilities of teacher and staff members within the researcher’s school setting incited the researcher’s desire to investigate how the other teachers and staff perceived the implementation of an RTI\textsuperscript{2} model within their building as a way of identifying and serving students with or at-risk for specific learning disabilities.

**Definition of Terms**

Many terms used within this study appear frequently within educational literature and are commonly known to practicing educators. The following terms are defined to assist the reader by providing clarity in their meaning as they are used throughout this study.

*At-Risk.* As defined in the most recent codification of the Elementary and Secondary Education Act of 1965, recently renamed the Every Student Succeeds Act ([ESSA], 2017), the term *at-risk* is used for a child, youth, or student who is school aged and
at-risk for academic failure, dependency adjudication, or delinquency adjudication, has a
drug or alcohol problem, is pregnant or is a parent, has come into contact with the
juvenile justice system or child welfare system in the past, is at least 1 year behind the
expected grade level for the age of the individual, is an English learner, is a gang
member, has dropped out of school in the past, or has a high absenteeism rate at school.
(20 U.S.C. § 6472(2))

*Child with a Disability.* IDEA, as amended in 2013, defines a child with a disability as a
child “with intellectual disabilities, hearing impairments, (including deafness), speech or
language impairments, visual impairments (including blindness), serious emotional disturbance,
… orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific
learning disabilities; and who, by reason thereof, needs special education and related services”
(20 U.S.C. § 1401(3)(A)(i)). Additionally, the State of Tennessee includes children identified as
intellectually gifted as being qualified for special education services. The State of Tennessee
further clarifies that a child with a disability is a

A youth between three (3) and twenty-one (21) years of age, inclusive, who have been
certified under regulations of the state board of education by a specialist as being
unsuited for enrollment in regular classes of the public schools, or who are unable to be
educated or trained adequately in such regular programs without the provision of special
classes, instruction, facilities or related services, or a combination of special classes,
instruction, facilities or related services. Any child with disabilities who turns twenty-
two (22) years of age between the commencement of the school year in August and the
conclusion of the school year the following June, will continue to be a child with
disabilities for the remainder of that school year. (T.C.A. § 49-10-102(1)(A), 2013)
Differentiated Instruction. The TNDOE Response to Instruction and Intervention Framework defines differentiated instruction as targeted instruction provided to meet the needs of students. Instruction includes diverse avenues to learn the skills and content to process, construct, extend, generalize, or make sense of ideas. Furthermore, differentiation will develop learning opportunities so all students within a classroom will learn effectively, regardless of differences in student progress, interests, and needs. (Tennessee Department of Education [TNDOE], 2017c, p. 107)

Evidence-Based Practice. The latest reauthorization of the ESSA in 2017 outlines clear guidelines on what can and cannot be considered an evidence-based practice. For example, to be considered an “evidence-based” practice for use by a local educational agency, the activity, strategy, or intervention being used must be one that

(i) demonstrates a statistically significant effect on improving student outcomes or other relevant outcomes based on—

(I) strong evidence from at least 1 well-designed and well-implemented experimental study;
(II) moderate evidence from at least 1 well-designed and well-implemented quasi-experimental study; or
(III) promising evidence from at least 1 well-designed and well-implemented correlational study with statistical controls for selection bias; or

(ii) (I) demonstrates a rationale based on high quality research findings or positive evaluation that such activity, strategy, or intervention is likely to improve student outcomes or other relevant outcomes; and
(II) includes ongoing efforts to examine the effects of such activity, strategy, or intervention. (20 U.S.C. § 7801(21))

*High School.* As defined in the ESSA (2017), the term *high school* means a secondary school that (A) grants a diploma, as defined by the State; and (B) includes, at least, grade 12” (20 U.S.C. § 7801(28)).

*Individualized Education Plan (IEP).* As stipulated in IDEA (2013), an Individualized Education Program, hereafter referred to as an Individualized Education Plan or IEP, is a written statement for each child with an identified disability that is developed, reviewed, and revised, which includes (a) a statement of the child’s present levels of academic achievement and functional performance, (b) a statement of measurable annual goals, including academic and functional goals, (c) a description of the child’s progress toward meeting the annual goals, (d) a statement of the special education, related services, and supplementary aids or services to be provided to the child that are based on peer-reviewed practices to the greatest extent practicable, (e) an explanation of the extent, if any, to which the child with a disability will not participate with their typical peers in the regular class or other school-wide activities, (f) the anticipated date services or modifications will begin, and (g) beginning no later than the year in which the child turns 16, appropriate measurable post-secondary goals with accompanying transition services designed to assist the student and the student’s family in achieving the student’s goals, both short- and long-term (20 U.S.C. § 1414(d)(1)(A)(i)).

*IQ-Achievement Discrepancy.* The traditional way of evaluating children suspected of having a specific learning disability, as first noted in the 1977 Federal Register, specified that appropriate school personnel may determine the existence of a specific learning disability if there is a “severe discrepancy between ability and achievement” (U.S. Office of Education, 1977, p.
when provided age-appropriate learning experiences. Using this process, a student is given a battery of assessments to determine whether or not the student’s achievement in certain areas (reading, math, or writing) is at a level to be expected when compared with the student’s general cognitive ability as determined by intelligence testing (McKenzie, 2009).

**Multi-Tier System of Supports.** The ESSA (2017) defines a ’multi-tier system of supports’ as a “means of comprehensive continuum of evidence-based, systematic practices to support a rapid response to students’ needs, with regular observation to facilitate data-based instructional decisionmaking” (20 U.S.C. § 7801(33)).

**Pattern of Strengths and Weaknesses.** IDEA (2017) stipulates that if a child does not adequately achieve State-approved grade-level standards in one or more of the specified areas, provided the child receives learning experiences and adequate instruction appropriate for their age, States may allow the process of identifying a pattern of strengths and weaknesses for any child they suspect as having specific learning disability. More specifically, a group of qualified professionals may determine that a child has a specific learning disability if

- the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments. (34 C.F.R. 300.309(a)(2)(ii))

**Progress Monitoring.** Within the Response to Instruction and Intervention Framework outlined by the TNDOE, progress monitoring is “used to assess students’ academic performance, to quantify a student’s rate of improvement or responsiveness to instruction, and to evaluate the effectiveness of instruction” (2017c, p. 12).
Response to Instruction and Intervention (RTI²). The TNDOE Special Education Framework (2017b) defines RTI² as “a three-tier integrated, seamless problem solving model that addresses individual student needs. Tier I (general education of all students), Tier II (strategic intervention), and Tier III (intensive remediation).”

Secondary School. As outlined in the ESSA (2017), “the term ’secondary school’ means a nonprofit institutional day or residential school, including a public secondary charter school, that provides secondary education, as determined under State law, except that the term does not include any education beyond grade 12” (20 U.S.C. § 7801(45)).

Social Validity. The term social validity refers to the overall social significance of a proposed study based on the goals, the social appropriateness of the procedures to be used, and the social importance of the hypothesized effects (Wolf, 1978). More specifically, social validity is used to ensure all stakeholders involved in the proposed intervention (e.g., faculty and staff) believe the change in their day-to-day practices are worth the time and effort involved with implementing such an intervention (Lane, Kalberg, & Menzies, 2009).

Specific Learning Disability (SLD). In general, IDEA (2013) defines the term specific learning disability as a “disorder in 1 or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations” (20 U.S.C. § 1401(30)(A)). IDEA also includes “such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia” (20 U.S.C. § 1401(30)(B)) in the definition. The term specific learning disability, however, does not include learning problems that are “primarily the result of visual, hearing, or motor disabilities, of
intellectual disabilities, of emotional disturbance, or of environmental, cultural, or economic disadvantage” (20 U.S.C. § 1401(30)(C)).

**Transition Services.** Upon the year of a child’s 16th birthday, IDEA requires schools to develop a coordinated set of activities for children with disabilities that is designed to be within a results-oriented process that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child’s movement from school to post-secondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation; [these services are] based on the individual child’s needs, taking into account the child’s strengths, preferences, and interests. (34 C.F.R. Ch. III, 2017)

**Treatment Fidelity.** Often synonymous with the terms *treatment integrity* and *procedural reliability*, *treatment fidelity* is the degree to which the prescribed instruction or intervention plan is implemented, which includes addressing the identified area of deficit, and using the prescribed intervention with the appropriate number of students and duration of intervention sessions (Gresham, MacMillan, Beebe-Frankenberger, & Bocian, 2000; Moncher & Prinz, 1991; TNDOE, 2017c; Yeaton & Sechrest, 1981).

**Universal Screening.** The TNDOE’s Response to Instruction and Intervention Framework (2017c) defines *universal screening* as a process in which schools utilize “multiple sources of data to identify individual student strengths and areas of need,” which will provide schools “accurate information for making informed decisions about skills-specific interventions, reteaching/remediation, and enrichment for each child” (p. 115). Further, schools must administer at least one nationally normed, skills-based universal screener to all students designed
to briefly assess academic skills in the areas of basic reading skills, reading fluency, reading comprehension, math calculation, math problem solving, and written expression (TNDOE, 2017c).

Summary

Teachers have been expected to implement new teaching methods within the RTI² Framework as dictated by the TNDOE. It is believed, however, that teachers have not been provided with ample professional development and resources to successfully implement the required programs, which has resulted in a poor understanding of its purpose, and, consequently, poor implementation. This study seeks to extend the literature by examining the perceptions of teachers and staff within one Middle Tennessee high school using a qualitative approach grounded in the principles of phenomenography. By approaching the research questions using this approach, the target population’s perceptions about their experience with newly implemented procedures will produce a detailed description, analysis, and understanding of how mandated policies are viewed by both individual practitioners and the school community as a whole.
Chapter 2
Review of the Literature

The foundations of American society are built on the principles of equality and limitless opportunities. Throughout its short history as a nation, however, the United States has struggled to ensure equality for all of its citizens and is continually amending laws to bring these ideas to fruition. For students with disabilities, securing the right to equal educational opportunities has taken decades for society to overcome. In the landmark Supreme Court decision of Brown v. Board of Education, Chief Justice Earl Warren states that “it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of an education. Such an opportunity… is a right that must be made available to all on equal terms” (1954). While the Brown v. Board decision sought to bring about societal changes prohibiting discrimination in education based upon race, it spurred a civil rights movement in the United States that resulted in increased opportunities for students with disabilities, a population that was previously denied equal access to the same educational experiences as students without disabilities (Yell, 2016).

Educating Students with Disabilities in the General Education Classroom

Prior to the enactment of what is now known as the Individuals with Disabilities Education Act (IDEA; 2013) in 1975, children with disabilities were often excluded from public education due to a flawed belief that this unique population would not benefit from educational opportunities and their mere presence was disruptive to other students. Following the precedent as set forth in Brown v. Board of Education (1954), the landmark federal district court cases of Pennsylvania Association for Retarded Citizens (PARC) v. Commonwealth of Pennsylvania (1972) and Mills v. Board of Education of the District of Columbia (1972) paved the way for federal legislation that would secure the right for students with disabilities to have a
free and appropriate public education, individualized to meet their needs, with the goal of providing equal opportunities for all students (Yell, 2016). By increasing all students’ access to equal educational opportunities, schools can be seen as mediators or channels of social mobility through the teaching and evaluating students’ acquisition of certain cognitive skills necessary for improved socioeconomic status (Mehan, Hertweck, & Meihls, 1986). Affirming this notion, the writers of IDEA (2013) recognize that disabilities are “a natural part of the human experience and in no way diminishes the right of individuals to participate or contribute to society;” further, improving educational outcomes for this population is “an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities” (20 U.S.C. § 1400(c)(1)).

Counter to the historical practice of excluding students with disabilities from participating in the general education curriculum, this vulnerable population is now actively present alongside their typical peers in the public school setting. But are the individual needs of every student with an identified disability being met through the implementation of appropriate Individualized Education Plans (IEPs)? The notion of fair and equitable educational practices for this population is often at the forefront of conversation among educational leaders due to the nature of having to choose between doing what is best for the students and what is required by law without reinforcing the inequities these students already have to overcome (McHatton, Glenn, & Gordon, 2012). IDEA (2013) requires that students with disabilities be included in the general education curriculum with their typical peers to the greatest extent practicable. This Least Restrictive Environment, more commonly referred to as a student’s LRE, applies to academic, extracurricular, and other school activities offered their nondisabled peers (Stader, 2013). Further, the Every Student Succeeds Act ([ESSA]; 2017) mandates that states close the
achievement gap by bringing all students up to grade-level achievement in reading and math through empirically validated instructional strategies and challenging the academic content. Boscardin (2005) poses the following two questions as to the role this has on students with diverse learning needs:

Will better alignment between the systems of special education and general education provide students with a greater opportunity to learn? Or, will blended systems result in diminished opportunities for students with disabilities to receive the individually appropriate instruction they need to grow into productive adulthood? (p. 22)

The dilemma for educators then becomes whether to educate all students according to the same academic standards or to design educational programs that will prepare students for future expectations and responsibilities. Whether their goal is to attend a four-year university, community college, join the military, or enter directly into the workforce, students should have a tailored program of studies to help them achieve their future goals. For many educators, inclusive educational settings are seen as a means for improved educational achievement and social development for children with disabilities, which will ultimately lead to greater success for these students once they matriculate from the school setting into adulthood. For some teachers, however, the inclusion of children with varying ability levels within their classrooms creates challenges that require extensive training to work successfully with students who have disabilities (Spring, 2012).

**Approaches to Identifying Students with Specific Learning Disabilities**

Shortly after the enactment of the Education for All Handicapped Children Act of 1975, the U.S. Office of Education (1977) published regulations that outlined procedures for evaluating children suspected of having a specific learning disability (SLD), which required, at a minimum,
evaluations of children with disabilities to: (1) be administered in the child’s native language; (2) use multiple methods or procedures for determining eligibility; and (3) be conducted by a multidisciplinary team (MDT) that includes at least one teacher or specialist with specific knowledge of the area of suspected disability. Further, students suspected of having an SLD could be identified for services if (1) the child was not achieving at a level commensurate with his or her same age peers, and (2) there was a severe discrepancy between the child’s achievement and intellectual ability in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation, or mathematics reasoning (U.S. Office of Education, 1977). While these basic tenets of eligibility determination still hold true today, Federal Regulations stipulate that evaluation procedures adopted by states

(1) Must not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has a specific learning disability…

(2) Must permit the use of a process based on the child’s response to scientific, research-based intervention; and

(3) May permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability (34 C.F.R. Ch. III § 300.307, 2017)

While the use of a severe discrepancy model is still permissible for the identification of students with SLD, new regulations have broadened the scope of evaluation procedures to include Response to Intervention (RTI) models and other research-based procedures, such as the identification of a pattern of strengths and weaknesses in performance, achievement, or both, in relation to state-approved standards (34 C.F.R. Ch. III § 300.309(a)(2), 2017). While states are given leeway on which approach to use in the identification of students with disabilities, there is
an absence of detailed guidance, which has led to much debate surrounding the various methods used in the identification of students with SLD (Zirkel, 2017).

**IQ-achievement discrepancy.** The IQ-achievement discrepancy model has been the traditional way of evaluating children suspected of having a specific learning disability since it was included in the first set of guidelines in 1977. As outlined in the Federal Register, appropriate school personnel could determine the existence of a specific learning disability if a child had a “severe discrepancy between ability and achievement” (U.S. Office of Education, 1977, p. 65083) when provided age-appropriate learning experiences. Using this process, students are given a battery of assessments to determine whether or not their achievement in certain areas (reading, math, or writing) is at a level to be expected when compared with their general cognitive ability determined by intelligence testing (McKenzie, 2009).

Even though this method is the most widely used method for identifying students with SLD, it has garnered much criticism in recent years due to inconsistent criteria for use nationwide. More specifically, the discrepancy can vary based (a) how it is computed, (b) the qualifying size of a discrepancy, and (c) the specific IQ and achievement tests used to determine discrepancy (Fuchs & Fuchs, 2006; Hosp, Huddle, Ford, & Hensley, 2016). Other concerns related to the use of an IQ-achievement discrepancy model include the inability of assessments to discern between disabilities and consequences of inadequate teaching, the misidentification of students due to teacher bias, late identification resulting from taking a “wait-to-fail” approach for screening students, failure of assessment results to information the instructional process, and under-identification of students who do not meet the discrepancy criteria but would nevertheless benefit from support (The IRIS Center, 2006). Despite frustrations with this model, it is a well-established practice that is easy to employ, does not require a lot of time of teachers because test
administration is conducted by school psychologists, and identification only requires a one-time, albeit comprehensive, assessment (The IRIS Center, 2006).

With the subsequent reauthorizations of IDEA in 2004 and in 2013, states are no longer permitted to require schools to use the IQ-achievement discrepancy approach to identifying students with SLD. In a review of states’ documents for regulations related to the identification of students with SLD, (Hauerwas et al., 2103) found that eight states (CO, CT, DE, IN, IA, NY, RI, and WV) specifically prohibit the use of a discrepancy model, while two states (IL & MS) allow its use after RTI data is collected. In Tennessee, the Special Education Framework (TNDOE, 2017b) does not directly prohibit the use of an IQ-achievement discrepancy model for identifying students with an SLD, but rather states that “the use of RTI² strategies may not be used to delay or deny the provision of a full and individual evaluation to a child suspected of having a disability” (Component 2.3: Referral). Consequently, the ambiguous specificity within the framework does not explicitly prohibit the use of a discrepancy model, but it does not readily allow it either.

**Response to Intervention.** Sometimes referred to as *multi-tiered systems of supports* (MTSS), Response to Intervention models are generally characterized by the following core components: (a) high quality, research-based instruction within the general education setting, (b) continuous progress monitoring, (c) universal screening for academic and behavioral issues, and (d) the delivery of multiple tiers of progressively more intense interventions to ameliorate identified deficits (Zirkel, 2017). While the ESSA (2017) and IDEA (2013) allow for the use of RTI models to identify students with or at-risk for SLD, guidelines for implementation vary from state to state and from district to district within individual states. Consequently, interpretations as to the number and length of intervention tiers, decision-making protocols, and progress
monitoring requirements have created much discussion as to the validity for its use (Zirkel, 2017). A more detailed discussion on the use of such models for the identification of students with or at-risk for SLD, more specifically at the secondary level, will be addressed in subsequent sections.

**Pattern of strengths and weaknesses.** A third alternative to the achievement-discrepancy model for the identification of SLD is the emphasis on identifying a student’s pattern of strengths and weaknesses (PSW). As outlined in the Code of Federal Regulations, a child may be determined to have a specific learning disability if there is a notable pattern of strengths and weaknesses in the child’s “performance, achievement, or both, relative to age, State-approved grade-level standards, or intellectual development, that is determined by a group to be relevant to the identification of a specific learning disability, using appropriate assessments” (34 C.F.R. Ch. III § 300.309(a)(2)(ii), 2017). Although there is no formal operational definition of how to identify students with SLD using this approach, McGill and colleagues (2016) indicate that several models have been proposed by researchers, which include the Concordance/Discordance Model (see Hale & Fiorello, 2004), the Cattell-Horn-Carroll Operational Model (see Flanagan, Alfonso, & Mascolo, 2011), and the Discrepancy/Consistency Model (see Naglieri, 2011). While no two models are alike, the researchers note the models share at least three core assumptions with regards to the determination of SLD: (a) there must be evidence of a cognitive weakness, (b) weaknesses in an area of academics must also be established, and (c) evidence of “spared cognitive-achievement abilities” must be identified (McGill, Styck, Palomares, & Hass, 2016). Further, McGill and colleagues (2016) conclude that the PSW model is still emerging as an empirically validated practice and that more evidence is needed to determine its validity for use as a viable alternative to diagnosing SLD.
Prevalence of Students with Specific Learning Disabilities in the Classroom

Contrary to popular belief, the right to a free education is not guaranteed under the Constitution of the United States; rather, the responsibility for educating the citizens of our country rests in the hands of states and those that lead them. The idea for compulsory school attendance did not exist until 1852 when Massachusetts passed the first law mandating all children attend school. By 1918, every state had compulsory attendance laws in place (Yell, 2016). Despite these mandates, children with disabilities were often prevented from attending school as a result of enacted statutes targeting the “feeble minded” and “mentally deficient” who would cause disruption to other students and would not be able to reap the benefits of a public education (Department of Public Welfare v. Haas, 1958; Yell, 2016). This practice continued until the 1970s when two landmark court cases, Mills v. Board of Education of the District of Columbia (1972) and Pennsylvania Association for Retarded Citizens (PARC) v. Commonwealth of Pennsylvania (1972), led to the development of federal legislation designed to improve the educational outcomes of children with disabilities.

Concurrent with these seminal cases, Congress passed the Rehabilitation Act of 1973, which contained a short provision protecting the rights of those with disabilities. Extending beyond the classroom, Section 504 of the Rehabilitation Act of 1973 states:

No otherwise qualified handicapped individual in the United States… shall solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subject to discrimination under any activity receiving federal financial assistance (Section 504, 29 U.S.C. § 794[a]).

While Section 504 did not specifically identify schools, it did require agencies that received federal funding to make modifications or accommodations for individuals with disabilities to
ensure the services received were comparable to those for individuals without disabilities. Shortly thereafter, congressional findings in 1974 revealed that more than 1.75 million students with disabilities were still not receiving educational services; further, of the more than 3 million students with disabilities who were admitted to school, the education they received was not appropriate to meet their needs. Consequently, P.L. 94-142, or the Education for All Handicapped Children Act of 1975 (EAHCA), was signed into law as an educational “bill of rights” outlining policies to ensure qualified students with disabilities receive an individualized education program (IEP). More specifically, the EAHCA defined specific parameters for the development of an IEP, which included (a) nondiscriminatory testing, evaluation, and placement; (b) access to education in the least restrictive environment to the maximum extent practicable; (c) procedural due process; (d) free educational opportunities; and (e) an appropriate education (Yell, 2016). In the years following the enactment of the EAHCA, the number of students with disabilities served under what is now IDEA rose from approximately 3.7 million in 1976 to 4.1 million in 1980; for those students with Specific Learning Disabilities (SLD), the number served nearly doubled from 796,000 in 1976 to approximately 1.5 million 1980 (U.S. Department of Education, Office of Special Education Programs [OSEP], 2017). According to OSEP, as recently as 2015, the number of students with disabilities exceeded 6.5 million, with 34.4% of those students being eligible for services under the category of SLD, an increase of 12.9% since 1976.

While the 1954 Brown v. Board of Education U.S. Supreme Court decision declared the practice of racial segregation to be unconstitutional in public school settings, it was not until years later that the inclusion of students with disabilities in the general education setting would
be addressed at a national level. In his May 20, 1974 address to Congress, Senator Robert T. Stafford posed the following question:

We are concerned that children with handicapping conditions be educated in the most normal possible and least restrictive setting, for how else will they adapt to the world beyond the educational environment, and how else will the nonhandicapped adapt to them?

To address the inequity of educational opportunities for children with disabilities, Senator Stafford championed the addition of a least restrictive environment (LRE) mandate to the EAHCA to further prevent the exclusion of students with disabilities from being educated in the same environment as their peers without disabilities (Stafford, 1978). While the original policymakers sought to provide students with disabilities access to an educational setting alongside their typical peers to the greatest extent practicable, they also recognized that a more restrictive environment might be necessary. Thus, regulations were included in the law outlining a continuum of placement options to be considered based on each student’s individual needs.

According to data from OSEP’s 2017 annual report on the educational environment for students with disabilities, the percentage of students with disabilities participating in the general education setting at least 80% of the day has more than doubled since the data were first collected in 1989. Whereas only 31.7% of students with disabilities participated in the general education curriculum more than 80% of the day in 1989, that number increased to 62.5% in 2015 (U.S. Department of Education, Office of Special Education Programs [OSEP], 2017). Not surprisingly, the percentage of students with disabilities enrolled in a separate school for students with disabilities has decreased from 4.5% to 2.9% over the same time period. While data specific to those students with SLD only spans three years, it is promising to note that in 2015,
the number of students with SLD who spent the majority of their school day in the general education setting was 69.5%, up nearly 2% from 2013. According to the Office of Special Education and Rehabilitative Services’ (OSERS) 39th Annual Report to Congress on the Implementation of the *Individuals with Disabilities Education Act* (2018), that number was even higher in Tennessee where 70.2% of students with disabilities remained in the regular class 80% or more of the day and only 0.9% identified students attended separate schools.

With an increased presence in the general education classroom, it is not surprising that the percentage of students with disabilities graduating with a regular high school diploma has also increased and the percentage of students dropping out of school has decreased. In the same report to Congress, OSERS (2018) reported an 8.8% increase in the number of students with disabilities who graduated high school between 2009 and 2015 nationwide. In Tennessee, the percent increase was 11.3%, from 66.0% in 2009 to 77.3% in 2015, 7.9% higher than the national average of 69.4%. Similarly, the number of students dropping out of high school decreased from 22.4% nationwide in 2009 to 18.0% in 2015. In comparison, the 7.6% of students with disabilities in Tennessee who dropped out of high school in 2015 elicits hope that the educational opportunities for students with disabilities are constantly improving, as just a few years prior in 2009, that rate was 12.3%. While OSERS’ report does not identify a particular reason for the improved outcomes for students with disabilities, an increased emphasis on the inclusion of students with disabilities in the general education classroom to the greatest extent practicable could be a contributing factor.
Response to Intervention: A Primer

History of the Response to Intervention Initiative

The use of multi-tiered models of intervention has been gaining traction across schools in the United States to address a variety of academic and behavioral issues for students with special needs, despite the lack of empirical evidence validating its use (Ridgeway et al., 2012). While there are multi-tiered models of intervention that specifically address behavior, Response to Intervention (RTI) models focus on meeting the academic needs of struggling learners through a variety of tiered levels of academic intervention. With the 2004 reauthorization of IDEA (2013), schools were given a new alternative to identifying students with SLD bringing RTI to the forefront of educational conversations. Traditionally, students have been identified as needing special education services through IQ-achievement discrepancy models; however, RTI models offer an alternative approach to identifying students with SLD, that focuses on providing early interventions in the general education classroom rather than placing them directly into a special education setting (Fuchs & Fuchs, 2006; National Center for Learning Disabilities, 2013).

Though there are many different ways to implement RTI, the models are generally designed as a three-tiered approach to identifying and supporting students with learning needs in the general education classroom through screening, intervention, and progress monitoring.

Supporting Students Using a Multi-Tiered Approach

Primary prevention. The basic three-tiered RTI model begins with the entire school being serviced under Tier 1 interventions that consist of high-quality, evidence-based classroom teaching practices with differentiated instruction designed to support struggling learners who may need additional support (Duffy, 2007). Approximately 80-85% of a school’s population is expected to thrive under these conditions, but screening and progress monitoring help schools
identify students who would benefit from more intensive interventions in which they receive more specialized small group instruction and targeted interventions (Bender, 2012). Universal (or Tier 1) interventions take place within the general education setting with the ultimate goal of ensuring all students have adequate opportunities to master critical content without further intervention (Stoiber & Gettinger, 2016). Examples of Tier 1 interventions include the utilization of a Universal Design for Learning (UDL; Allsopp, Farmer, & Hoppey, 2016) approach that incorporates flexibility in the content, assignments, and activities to maximize student learning (Rose, 2000) or Peer-Assisted Learning Strategies (PALS; McMaster & Fuchs, 2016) that pairs higher-performing students with lower-performing students to provide structured reciprocal peer tutoring at each student’s individual level. For those students who do not respond to universal or primary prevention efforts, they are given more targeted levels of support such as secondary and/or tertiary interventions.

**Secondary prevention.** Students who are nonresponsive to the primary prevention efforts are placed into more targeted interventions at the secondary level. Secondary prevention efforts have a goal of reversing the harm that was not prevented with the help of the primary prevention plan, or universal support provided to every student. These interventions target roughly 15% of the school population and consist of students with similar academic, behavioral, and social concerns (Fuchs & Fuchs, 2006). Secondary interventions are specialized group-based strategies for those students with considerable risk factors (e.g., low academic achievement, poor social interactions with peers) and should not replace the core curricula, but enhance it to supplement learning for those students identified as needing support (Stoiber & Gettinger, 2016). For older students, the focus of Tier 2 targeted interventions tends to shift toward remediation and content-specific recovery rather than explicit instruction targeting
prerequisite or basic skills. Examples of secondary interventions include interventions that are explicit and provide struggling students with a strong conceptual foundation along with efficient strategies, that are embedded with regular, strategic, and cumulative practice (Fuchs, Fuchs, & Malone, 2016). In secondary interventions, student progress is monitored to determine how they are responding to the program with measures like curriculum-based measurement (CBM) probes and daily progress reports. Those students meeting exit criterion are removed from the secondary supports, whereas, those who are not responding are placed in more targeted interventions at the tertiary level.

**Tertiary prevention.** Tertiary preventions provide the most intense level of support for those students (roughly 5% of the school population) who continue to struggle academically despite receiving targeted, evidence-based instruction to supplement the core curriculum (Stoiber & Gettinger, 2016). While instruction within the first two tiers is taught by a general education teacher, more intensive Tier 3 interventions are conducted by an interventionist due to the increased amount of time, resources, and more frequent progress monitoring required. As students get older, so do their achievement gaps; consequently, older students in Tier 3 interventions may require multiple school years of intervention and remediation to catch up with their peers (Stoiber & Gettinger, 2016). Determining the criterion for exit or need for more intense interventions, such as eligibility for special education, varies across grade-levels and, thus, requires more frequent progress monitoring. In some models, however, entry into Tier 3 interventions happen in conjunction with identification for special education and come in the form of individualized education programs with additional progress monitoring (Fuchs & Fuchs, 2007). While not all RTI models subscribe to the thought that special education services begin within the third tier of intervention, all models generally design Tier 3 interventions as intensive
one-on-one interventions tailored to each specific child’s learning needs. It is important to note that once students are identified as needing special education services, it is still possible for them to exit the special education program and move back down to Tier 2 or Tier 1 intervention if significant progress is being made.

**Data-Driven Decision Making: Identifying Students with Additional Needs**

**Universal screening.** In order to identify students requiring extra supports, schools use screening tools to recognize those students with academic warning signs rather than waiting until the end of the year to place students in interventions based solely on academic failure and scores from standardized tests. The National Center on Response to Intervention (National Center on Response to Intervention [NCRTI], 2010) defines *universal screening* as “brief assessments that are valid, reliable, and demonstrate diagnostic accuracy for predicting which students will develop learning or behavioral problems.” At the elementary school level, these assessments are typically administered to all students as a way of identifying those students who are at-risk for academic failure and in need of more intense interventions or supports to remain successful. At the secondary level, however, there are few, if any, validated screening assessments available, resulting in a shift from universal screening to individual, case-by-case screenings (Shinn, Windram, & Bollman, 2016).

While universal screening can occur at different intervals, it is most commonly conducted three times a year (fall, winter, and spring). Screening can occur as often as weekly or as few times as once a year (Clemens, Keller-Margulis, Scholten, & Yoon, 2016). Common examples of universal screening tools can come in the form of curriculum-based measurement (CBM) tests or computer-delivered adaptive tests such as the *STAR* assessments (Renaissance Learning,
that typically focus on reading, early literacy, and mathematics skills known to be indicators of future success.

**Evidence-based practice.** The ESSA (2017) stipulates that an educational activity, strategy, or intervention can only be considered an *evidence-based practice* if it has been demonstrated to produce a statistically significant effect on improving the outcomes for students (20 U.S.C. § 7801(21)). More specifically, evidence-based interventions are those prevention, intervention, or treatment programs that have been demonstrated to produce measurable, positive outcomes in at least one published study (Stoiber & Gettinger, 2016). Most empirically-validated practices, however, have been developed for application in clinical settings with limited generalization in the K-12 school-based environment. Consequently, identifying appropriate programs that have been proven effective in ameliorating academic deficits for students within a non-clinical setting has prompted several groups such as the *Promising Practices Network* (http://www.promisingpractices.net) and the federally funded *What Works Clearinghouse* (WWC; https://ies.ed.gov/ncee/wwc/) to develop criteria for reviewing the effectiveness of published programs. The now defunct *Promising Practices Network* was started in 1997 with the goal of helping public and private organizations by offering credible, research-based information on what works to improve the lives of children and families. Established in 2002, the WWC “is a central and trusted source of scientific evidence on education interventions (programs, products, practices, and policies)” funded by the Institute of Education Sciences at the U.S. Department of Education (WWC, 2017) that uses a systematic review process to find what works in education. After identifying all of the research on a given intervention, the quality of each study is assessed, and a summary of the findings are published allowing practitioners to find effective interventions that will help improve student outcomes. The WWC does not rank,
evaluate, or endorse interventions, but uses a consistent and transparent set of standards to
review the evidence of effectiveness for each intervention by placing them in one of three
categories: meets without reservations, meets with reservations, and does not meet WWC
standards. While the WWC is not the only source for locating evidence-based practices, it can
help guide policymakers, district leaders, and teachers in finding instructional methods,
programs, and effective curricula for use within their schools.

Treatment fidelity. Often used interchangeably with the terms treatment integrity and
procedural reliability, treatment fidelity is the degree to which the prescribed instruction or
intervention plan is implemented as intended (Gresham et al., 2000; TNDOE, 2017c; Yeaton &
Sechrest, 1981). Fidelity of implementation also includes the prescribed frequency and duration
of treatment to yield the best results. In other words, treatment fidelity measures the accuracy
and consistency with which the independent variables involved in the treatment plan are
implemented as designed. Without an accurate measure of treatment fidelity, researchers and
practitioners cannot determine whether changes in student outcomes can be attributed to the
newly implemented curriculum or instructional strategies (Lane, Bocian, MacMillan, &
Gresham, 2004).

To measure treatment fidelity, school personnel can use a variety of methods such as
direct observations; feedback from outside consultants; self-monitoring, self-reporting, and
behavioral interview techniques; permanent products; and manualized treatments and
intervention scripts (Lane et al., 2004). While these methods can be used in isolation or in
conjunction with one another, the most accurate measure of treatment fidelity is direct
observation using a treatment integrity protocol that includes operational definitions of the
intervention components, documentation of presence or absence of each component, and a
computed percentage of session integrity. Comparing both direct observation results and self-reports of treatment can provide decision-makers with a more comprehensive view of how the intervention plan is being implemented and can ultimately lend insight as to why, or why not, a particular plan is working.

**Progress Monitoring.** Progress monitoring is the practice of routinely assessing student performance to determine the extent to which a student is responding adequately to their (Johnson, Smith, & Harris, 2009). Progress monitoring, therefore, is one of the most critical components of an intervention plan as it helps teachers and decision-making teams determine whether changes need to be made in response to data trends in student performance over time (Stecker, Fuchs, & Fuchs, 2008). To capture student data, progress monitoring should incorporate a series of brief assessments that are administered regularly in order to ascertain whether or not students are progressing through the curriculum at the desired pace. Administered as frequently as weekly and at least monthly, progress monitoring protocols should be designed as quick assessments to gauge student growth over time.

The assessment types most frequently associated with progress monitoring include mastery measurements, curriculum-based assessments (CBA), and Curriculum-based Measurements (CBM). CBM probes are standardized and allow for the measurement of growth across the curriculum with regards to basic skills while focusing on long-term goals as opposed to short term goals. Developed by Deno (1985), CBM probes generate reliable data that are valid as they compare with other widely used sources of data such as achievement test scores, age, instructional placement, and teachers’ judgment of student abilities. Although CBMs have been empirically tested for validity, reliability and use at the elementary level, limited research has been conducted at the secondary level, which consequently limits the availability of
empirically validated tools for secondary teachers (Calhoon, 2008). CBA and mastery measurements, on the other hand, allow for the measurement of growth across a specific content area and play an important role in the decision-making process regarding instruction and intervention (Johnson et al., 2009). Furthermore, these measurements focus on more short-term instructional objectives and play an important role in determining the appropriate instructional sequence for students as they work through the curriculum and master specific skills.

Within an RTI framework, progress monitoring measures allow teachers to determine whether students are meeting performance benchmarks across all tiers. Within the first tier, progress monitoring measures are used to measure the effectiveness of the core curriculum and, in conjunction with universal screening data, can help identify students in need of additional intervention. As students move through the different tiers of intervention, progress monitoring aids in determining the need to modify the type or intensity of the interventions utilized (Klingbeil, Bradley, & McComas, 2016). Since the purpose of progress monitoring is to inform and improve the accuracy of instructional decisions, Tennessee’s RTI² framework (2017c) requires progress monitoring take place at least every other week in order to collect a minimum of eight to ten data points before making instructional decisions for individual students. Changes in instructional decisions may include increasing or decreasing the frequency of intervention sessions, the type of intervention used, the intervention provider, or even the time of day the intervention is delivered.

**Obstacles to Implementation**

**Social validity.** Prior to implementing any new program or intervention within the school setting, leaders should assess the perceptions of the school community as to the appropriateness of the new plan. Doing so will assess the social validity, or the overall
significance of a proposed change in routine based on the goals, social appropriateness of the procedures to be used, and the social importance of the hypothesized effects (Wolf, 1978). Consequently, measuring social validity prior to and during implementation can ensure all stakeholders involved (e.g., faculty, staff, students, and parents) believe the change in their day-to-day practices are worth the time and effort involved (Lane et al., 2009). As Gresham and Lopez (1996) assert, practitioners may be reluctant to implement research-based, empirically validated practices because the procedures are either unrealistic or unacceptable in daily practice, the goals are not relevant or important, and the outcomes are intangible.

To successfully implement any new plan, schools and districts must consider local cultural issues that will impact plan adoption and implementation as changes of this magnitude often impact the individuals responsible for implementing evidence-based practices, such as RTI², the most (Miller & Freeman, 2016). Once a plan is implemented, Gibbons and Coulter (2016) suggest schools attend to the following components to ensure sustainability: leadership; vision and culture; infrastructure; resources; implementation plans; professional development (knowledge, skills, and self-efficacy); and incentives. Addressing these seven aspects is imperative for sustained change, otherwise the change process will be adversely affected. Further, Gibbons and Coulter describe several implications for practice and lessons learned. These include but are not limited to: guidance on understanding the magnitude of change; beginning with a leadership facilitated, clearly written implementation plan that articulates the school or district’s vision; encouraging principals to become instructional leaders; keeping the focus on instruction by providing support for teachers; and avoiding entitlement decisions until core features of the plan are in place. Ultimately, it is staff buy-in and ownership of any new program or initiative that will ensure the successful implementation because, without their
support, practitioners are less likely to see the intended benefits, both on a personal and global level, as a result of their participation. Staff perceptions of the acceptability and appropriateness should be reassessed at set intervals to justify continued use and viability of a given plan. Questions surrounding the social significance, acceptability of intervention procedures, and social importance of outcomes should also be considered (Mahdavi & Beebe-Frankenberger, 2009) and regularly reviewed.

**Professional development.** Integral to any new plan in an educational setting is training for those who are expected to implement the plan. Given the complexity of RTI² frameworks, providing teachers and staff with adequate and ongoing professional development opportunities is crucial to the success of any intervention. Further, it is not uncommon for practitioners to only receive a brief initial training on a policy or practice before being expected to implement it on their own (Arden, Gandhi, Edmonds, & Danielson, 2017). For new programs to be implemented as designed, professional development cannot occur in isolation and must incorporate ongoing coaching that includes demonstrations with practice opportunities and feedback for practitioners.

Providing ample professional development opportunities and building the capacity of staff members to embrace an RTI² framework is a multifaceted task that requires more than simply teaching and coaching team members on proper protocol. Researchers have cautioned, however, that there is often a disconnect between what teachers are trained to do and what they actually do (Koselak, 2011). This gap between what teachers should be doing and what they are actually doing in the classroom can be lessened by providing them time to problem-solve and to consult with colleagues in conjunction with more structured training, coaching, and feedback regarding their current teaching practices (National High School Center, National Center on Response to Intervention, and Center on Instruction, 2010). Just as every student has different
learning needs, so do different staff members have different needs, which makes the traditional whole-group design for professional development ineffective (McLester, 2012). Nonetheless, district and school leadership can ensure their teams are supported through the communication of a shared vision that includes common goals, time for collaboration, and data used to drive instruction. Once the administration has facilitated the formation of this type of collaborative environment, the leadership team can further support teacher learning opportunities by gathering, cataloguing, storing, and sharing the ideas made available through this collaboration to ensure implementation is consistent with the intended instructional framework (Koselak, 2011; Newmann, Smith, Allensworth, & Bryk, 2001).

**Treatment fidelity.** All aspects of a school’s RTI\(^2\) plan (i.e., intervention, assessment, tiers, etc.) should be implemented with fidelity (Callender, 2014). According to the National Center on Response to Intervention (2010), treatment fidelity, or fidelity of implementation, is the degree to which content and instruction are delivered as intended, both accurately and consistently. When new interventions are designed and implemented, it is not uncommon for school and district teams to focus on the overall design, personnel training, identifying target audiences, selecting outcome variables, and progress monitoring. Procedures for monitoring treatment fidelity, however, are frequently left out of design plans (Lane et al., 2004). Consequently, failure to incorporate measures of treatment fidelity in a given intervention plan can lead to the continued use of ineffective strategies and lead to an inaccurate portrayal of what is changing the identified dependent variable, or student performance, threatening the internal and external validity of the overall treatment process. Factors other than the prescribed intervention, such as student attendance or other uncontrolled extraneous variables, can threaten the internal validity of any treatment plan by allowing alternative explanations for treatment
outcomes. Threats to external validity, or the ability for a treatment plan to be generalized across populations and settings, include using results from one population to justify the same treatment plan for another group. When practitioners expect the same results from different populations (e.g., ninth graders and twelfth graders) using the same treatment plan, without controlling for other mitigating factors (Ary, Jacobs, Sorensen, & Walker, 2014), external validity is threatened.

If implemented as designed, multi-tiered systems of support, such as RTI² plans, should be self-correcting and constantly improving. These multi-tiered systems of support function as circles of information gathering, action, additional information gathering, reassessment, and refinement (Noell & Gansle, 2016). Consequently, if practitioners do not collect continuous data to monitor their implementation, the system will break down and ultimately there will not be an accurate portrayal of whether or not the current plan is working at the student or building level (Gresham, 1989).

Much like progress monitoring, checking treatment fidelity should be regular and continuous. In addition to direct observations by outside observers, indirect assessments and manualized treatments can be used to ensure interventions are done with fidelity (Gresham et al., 2000). Indirect assessments can take the form of self-reports, rating scales, interviews, or permanent products collected after an intervention session has been completed. These have the advantage of being less time consuming, more socially acceptable, and require fewer personnel. They might, however, be less accurate due to the tendency for practitioners to rate themselves higher on self-reporting or post-treatment protocols. Manualized treatments, on the other hand, take the variability out of treatment procedures by providing interventionists with step-by-step procedures, activities, topics, and assessments involved in the delivery of a given intervention (Gresham et al., 2000). Manualized treatments have the benefit of providing interventionists
with manuals that can be consulted as questions arise, but they may not provide adequate tools to measure the level of implementation and often go unreferenced. To ensure interventions are being delivered as planned, it is suggested that all components of an intervention be operationalized and multiple measures of treatment fidelity are used to obtain more than one perspective for comparison of implementation (Gresham et al., 2000).

**Support for RTI Through Educational Policies and Laws**

**ESSA.** The most recent adoption of the Elementary and Secondary Education Act, now referred to as the Every Student Succeeds Act (ESSA), was signed into law by President Obama in December 2015. One notable change to the law was the addition of the requirement for schools to establish a “multi-tiered system of supports” (MTSS) for at-risk, disengaged, unmotivated, unresponsive, underperforming, or consistently unsuccessful students (ESSA, 2017; Knoff, Reeves, & Balow, 2018). Even though the establishment of some type of MTSS is required by the ESSA, the term “response to intervention” is never referenced as the model for such frameworks and indicates that there is no specific MTSS framework required by law, which allows states and districts to develop and implement their own models of support. Further, the ESSA does not include specifics related to the number of tiers in a multi-tier system, the number of students served at each level, how students are grouped, who works with them, what assessments should be completed, and how often assessments should be completed (Knoff, 2017). With the ultimate goal of improving learning for all students, the vague nature of the wording within the ESSA allows schools and districts to tailor their MTSS frameworks to meet the needs of their individual student populations. Further, Koselak (2011) asserts that frameworks such as the RTI² initiative in Tennessee have much to offer in terms of general
education initiatives by creating school climates that are “relentlessly focused on improving learning outcomes for all students” (p. 3).

**IDEA.** The 2004 amendments to IDEA, introduced the idea for using multi-tiered systems of support, like RTI², for the sole purpose of identifying students with specific learning disabilities (SLD; Zirkel, 2012). The corresponding IDEA regulations more specifically stipulated that states had three options for the identification: permit or prohibit the use of the IQ-achievement discrepancy formula; permit or require the use of RTI; and permit or require other “alternative research-based procedures” (34 C.F.R. Ch. III, § 300.307[a]). Much like the ESSA, IDEA was written with vague wording, leaving many details related to implementation to the discretion of states and districts to determine, limiting the uniformity with regards to certain aspects of SLD identification such as what types of interventions are used, duration of interventions, how is inadequate progress determined, and who determines whether or not appropriate instruction was delivered (Hauerwas et al., 2103). As a result, the intended purpose for the use of multi-tiered models of intervention has shifted from being used to identify students with learning disabilities to whole-school improvement plans designed to prevent learning problems within the general education setting (Zumeta, Zirkel, & Danielson, 2014).

While the core tenets of RTI² frameworks include the use of high quality, research-based instruction, continuous progress monitoring, screening for learning and behavioral problems, and multiple tiers of progressively more intense instruction and intervention (Zirkel, 2018), considerable confusion remains as to the scope of RTI² frameworks for the sole purpose of identifying students with or at-risk for SLD. Consequently, questions regarding the use of RTI² frameworks as the exclusive source for identifying students with or at-risk for SLD has come under scrutiny for potentially violating the Child Find provisions in IDEA legislation (§
1412[a][3][A]) and regulations (§ 300.111) that explicitly state all children with disabilities “who are in need of special education and related services, are identified, located, and evaluated.” In states and districts utilizing RTI frameworks to identify students for special education services, questions regarding its oversimplification and lack of evidence-base have risen related to students going unidentified for lengthier periods of time as problem-solving teams attempt to find a solution to a struggling student’s lack of progress. Despite its increase in use as an alternative to the severe discrepancy model for SLD identification, Reynolds and Shaywitz (2009) caution practitioners on the use of RTI frameworks as an approach to SLD diagnosis. Specifically, they assert that RTI models fail to identify students who perform at higher academic levels, but still struggle. They also assert that the process fails to provide valuable information about students’ cognitive profiles and the root causes of their academic difficulties, which can more appropriately guide interventions.

Touted by some researchers as an alternative to the “wait to fail” discrepancy model, others see RTI as a “watch them fail” model for the identification of students with SLD. In response to concerns regarding the identification of students requiring special education and related services, the U.S. Department of Education’s Office of Special Education Programs ([OSEP], 2011) issued a memorandum prohibiting school systems from using RTI processes “to delay or deny the timely initial evaluation for children suspected of having a disability” and further stipulate that a Local Education Agency (LEA) must conduct an initial evaluation within 60 days if parents request an initial evaluation for their child. With such ambiguity in the language provided by federal legislation and subsequent regulations, the implementation and support for RTI models vary from state to state.
Response to Intervention and the State of Tennessee

As a part of Tennessee Succeeds, Tennessee’s strategic plan to ensure all students across the state “receive the instruction and focused time necessary to be successful in and beyond K-12” (TNDOE, 2017a, p. 3), RTI² plays an important role in addressing deficits in student learning by intervening with students at the first sign of struggle. Within Tennessee’s RTI² framework, students receive strong instruction, the first “I” in RTI², through the core curriculum and supplementary interventions, the second “I,” to support struggling learners and prevent prolonged academic difficulties. Through Tennessee’s RTI² framework, students can fluctuate between the tiers, receiving various levels of support along the way. Although the sole purpose of RTI² is not for special education identification, students may be considered for special education services under the Specific Learning Disability (SLD) eligibility should they fail to show growth despite receiving the appropriate interventions within the three tiers of support.

As stated in Tennessee’s RTI² framework (TNDOE, 2017c), public education plays an important role in preparing students for success after high school, and in Tennessee, educators have been challenged with preparing K-12 students with the “knowledge, skills, and abilities to be positive members of society” (p. 6). As a part of the Tennessee Succeeds initiative, Governor Bill Haslam initiated “Drive to 55,” a statewide challenge to equip 55 percent of Tennesseans with a college degree or certificate by the year 2025 in an effort to reduce unemployment and improve the quality of life through workforce and economic development (Drive to 55 Alliance, 2018). Consequently, the RTI² framework is critical in supporting the development of “career-ready students” who “graduate K-12 education with the knowledge, abilities, and habits to enter and complete postsecondary education without remediation and to seamlessly move into a career that affords them the opportunity to live, work, and sustain a living wage” (TNDOE, 2017c, p.
6). By taking a problem-solving approach to student learning, the foundation of the RTI² framework was designed to provide effective instruction and a culture of high expectations for all students through the guiding questions that ask educators what their students need and how to provide for their individual differences.

Implementation of RTI² frameworks in Tennessee began during the 2014-2015 school year with elementary schools and expanded to middle schools the following school year. Beginning with the 2016-2017 school year, implementation of Tennessee’s RTI² Framework became mandatory for all K-12 public schools, including high schools. At the onset of implementation, the Tennessee Department of Education’s Office of Research and Policy (Dawkins, 2014) conducted a survey of district and school leaders from 14 schools in seven districts across the state to gain a better understanding of the status of implementation across the state. Initial findings indicated district and school leaders were knowledgeable about the state’s newly mandated framework but noted concerns related to the time required for implementation, lack of both financial and human resources needed for implementation, delineating between general education and special education responsibilities, as well as identifying appropriate screeners and progress monitoring tools (Tennessee Department of Education[TDNOE], 2018). The state released a report entitled “Assessing Progress: Four Years of Learnings from RTI² Implementation in Tennessee,” which provided a snapshot of progress across the state with regard to the implementation of this new framework. Findings indicate that Tennessee has seen a significant decline in the number of students identified with an SLD as a result of implementation and new guidelines for special education eligibility; however, feedback from educators on the annual Tennessee Educator Survey suggest revisions to the framework are necessary. According to the survey results, 37 percent of educators strongly believe that RTI² is
improving learning in their school, and 29 percent recognized that RTI² has made improvements in student learning, but still think the framework needs improvement within their school. The remaining 33 percent of respondents, however, indicated they were not convinced that RTI² has improved student learning in their schools. Given these results, four challenges were identified as focus points for improvement moving forward: integrating RTI² into already packed school structures; insufficient staffing to support implementation; unclear, insufficient, and inflexible guidance from the state; and, a lack of appropriate supports to address the unique challenges at the high school level. In response to what the state learned from educator feedback, revisions to the state’s RTI² framework will lessen the burden of RTI² guidelines, enhance support and resources for district implementation, and provide differentiated guidance for high schools (TNDOE, 2018).

In the Spring of 2018, the Tennessee Department of Education released a plan for revisions to the state’s RTI² framework. The plan included a timeline for the release of enhanced resources and supports. Feedback regarding implementation at the high school level highlighted an increased need for addressing the challenges unique to secondary settings. Beginning in 2018, the state began hosting high school RTI² webinars, disseminating monthly promising high school RTI² practices, and the development of a separate high school RTI² implementation guide. Additionally, the Department of Education hosted regional communities of practice for high school staff to collaborate with each other and address the barriers (TNDOE, 2018).

**Response to Intervention at the Secondary Level**

Ensuring every student’s success within the general education setting is the primary responsibility of every educator regardless of a student’s ability level; however, implementing RTI models at the secondary level present unique challenges and difficulties that are not present
within an elementary school setting. Even though there are distinct differences between elementary and secondary school implementation practices, there are several underlying features of RTI plans across the K-12 continuum. For example, both elementary and secondary RTI plans focus on prevention and early intervention practices that are driven by systematic screening of all students for learning difficulties (Shinn et al., 2016). Additionally, there is a strong emphasis on the use of research-based Tier 1 instructional practices; however, curricular focuses shift away from basic skills in elementary school to more content-specific skills at the secondary level. Ultimately, all schools strive create positive school climates that incorporate increasingly intensive interventions targeting students who need support.

**Obstacles at the Secondary Level**

Windram, Bollman, and Johnson (2012) provide several reasons why RTI frameworks at the secondary level can elicit challenges that may hinder the successful implementation of such a model within a high school setting. First, the authors conclude since high schools are bigger with more staff and since more students are coming from different feeder middles schools, consistent implementation is hard to organize and monitor. With these larger populations, the authors stipulate, there is more diversity (educationally and socially) and “new buildingwide norms must be established” (p. 10). Along those lines, once students matriculate to the high school level, gaps in student performance among peer groups become more pronounced and harder to mediate without more intense interventions. For this reason, (Fuchs et al., 2010) suggest placing students directly into intensive interventions once deficits have been identified rather than waiting for students to fail under business-as-usual conditions.

In addition to a more diverse student population, high school students also have increased vocational and academic responsibilities with the ultimate goal of graduating from high school
with the appropriate number of credits. As students progress through their high school careers, classes build on each other therefore making it essential that they have a firm foundation in their formative years. Similarly, these students are expected to “independently self-monitor, self-motivate, organize, and assume responsibility for their own learning, as well as accommodate new personal responsibilities such as driving, dating, and so on” (Windram et al., 2012, p. 10). Leaving the sheltered environment of the elementary and middle school setting often presents students with challenges that they have never faced before.

Even without the increasing intensity of the high school curriculum, students are also faced with the challenge of earning credits towards graduation. This presents the most unique and difficult challenge when it comes to implementing RTI plans at the secondary level. In their elementary and middle school years, pulling students away from their academic classes to receive individualized instruction did not present the same problem as it does in the high school setting. When required to administer pullout, individualized instruction, high schools are faced with the challenge of when to provide the prescribed interventions for the required amount of time. Since students are enrolled in classes they need to graduate, when are they going to find the time to receive intervention? For example, are they going to be pulled from their science classes? Who makes that decision? For these reasons, implementing RTI models at the secondary level needs to be carefully examined to ensure their success to meet the needs of the unique population they serve.

**Current Models of RTI at the Secondary Level**

While it may seem that the implementation of RTI models at the secondary level is new, many schools and districts have had successful programs in place for several years. Considered by many to be the model for RTI implementation, the Long Beach Unified School District
(LBUSD) in California has been utilizing RTI-style practices rather than IQ-achievement discrepancy models for identifying students for special education services since the 1980s (Bender, 2012; Duffy, 2007). Prior to students entering high school, the LBUSD analyzes state assessment data to identify students who are one or more years behind in reading benchmarks and places them in targeted interventions once they enter high school. Students who are one year behind in reading receive supplemental reading instruction through a literacy workshop course while those students at least two years behind in reading are assigned to double blocks of English/Language Arts instruction. The double block of English/Language Arts instruction is designed to include the core English course all students take back-to-back with an extra period of intensive reading and literacy intervention. This practice of placing students in appropriate classes immediately upon entry into high school helps ensure a successful transition from middle to high school for those students most at-risk for difficulties (Bender, 2012).

Comparable examples of successful RTI implementation at the secondary level can be found in Minnesota (Windram, Scierka, & Silberglitt, 2007). At Chisago Lakes High School, an “RTI English 9” class was created in response to an identified need for the remediation of basic reading and writing skills among its student population. This “RTI English 9” course was 85 minutes long to ensure the students received the standard English 9 curriculum along with remediation skills in basic reading and writing. Delivery of remedial instruction took place during the last 30-40 minutes of the “RTI English 9” class and was adjusted based on the collection of data from student progress. Similarly, Windram and colleagues (2007) describe East Central School District’s use of a math resource room to provide supplemental math instruction to ensure students had a strong math foundation in order to pass Algebra I their freshman year of high school. As a part of the math resource room, students entered into
learning contracts and practiced self-monitoring of grades as a way of tracking their own progress and taking ownership of their learning. In this model, however, students were taken out of a physical education or elective class in order to receive supplemental math instruction.

In all of the aforementioned examples of RTI models, students were placed in extended blocks of English / Language Arts or math to receive supplemental instruction in their deficit areas, however not all RTI models adhere to that type of framework. In a joint effort by the National High School Center, National Center on Response to Intervention, and the Center for Instruction (2010), an analysis of eight successful high school RTI models across the country was completed to develop a ‘Lessoned Learned’ guide for practitioners to inform their planning and implementation of such practices at their own schools. Of the eight schools observed, four schools were on block scheduling and four schools observed traditional six- or seven-period days. Two of the schools provided extra supports after school, while four schools replaced elective credits with intervention periods and skills classes. Co-teaching and pull-out (special education) classes were also present in some models. As is evident, there are many ways to implement RTI models at the secondary level, but each individual school has to determine what framework will work best with the population they serve.

Current Literature Related to Multi-Tiered Approaches at the Secondary Level

Within the body of literature related to RTI implementation, research focusing on implementation at the secondary level lags far behind that of research at the elementary level due to the unique challenges associated with implementing such a program in a high school setting (Shinn et al., 2016). In a survey of practitioners at both the elementary and secondary level, researchers at George Mason University (Regan, Berkeley, Hughes, & Brady, 2015) found that educators believed the implementation of RTI was feasible, but they lacked specific guidance
about how to implement such a model within their setting. Of note was the pronounced lack of understanding about the guiding principles of RTI at the secondary level coupled with the “universally negative attitudes toward the initiative” portrayed by high school participants (Regan et al., 2015, p. 245). While more research is emerging with respect to the effectiveness of RTI models at the secondary level, the majority of studies focus on elementary school interventions and practices. Consequently, secondary schools are limited in the amount of research available to draw from, which has led some researchers to propose the need for different models of RTI be developed for secondary level schools (Fuchs & Vaughn, 2012; Vaughn & Fletcher, 2012).

Summary

In Tennessee, implementing Response to Instruction and Intervention (RTI²) models at the secondary level presents educators with unique challenges that would not be present in an elementary or middle school setting. Among other things, scheduling of intervention and finding appropriate strategies for differentiated instruction are among the main reasons why implementing RTI² models at the secondary level can be perceived as challenging. Within the body of literature, there are several examples of schools and school districts alike that have successfully implemented RTI² models within their settings, but more research needs to be done to create a more comprehensive body of literature. This study seeks to extend the literature by examining practitioner perceptions of one school’s RTI² implementation at the secondary level.
Chapter 3

Methodology

One of the goals of research is to increase understanding about a phenomenon through the collection and analysis of data. More specifically, educational research seeks to add to the current knowledge base and existing literature, which, it is hoped, will suggest improvement for practice, offer new ideas for educators, and inform future policy (Creswell, 2015). The current study utilizes a qualitative approach to research that seeks to understand the views of participants as they relate to their experiences with a newly implemented framework within their school. Using a phenomenographic design allows the researcher to develop a deeper understanding of practitioner perceptions regarding the implementation of a new procedure for identifying and serving students with or at-risk for learning differences at the secondary level within the high school being studied.

Research Design

Because only one school will be studied, a phenomenographic approach will be used to study practitioners’ perceptions of how RTI is being implemented within one particular school. One of the first researchers to advocate for its use, Ference Marton described phenomenography as a way for researchers to understand “the different ways in which people experience, interpret, understand, apprehend, perceive or conceptualize various aspects of reality” (1981, p. 178). Focusing on people’s perceptions of reality by becoming familiar with people’s ideas about the world and their experiences within it, the goals of phenomenology are twofold: “[i]t can be used as an instrument for description of the way people think in concrete situations and, from the collective perspective, it can be seen as a description of thinking” (Marton, 1981, p. 198).
Criticism for the use of phenomenographic research practices often centers around the objectivity of the researcher, or lack thereof (Webb, 1997), due to phenomenographic researchers’ tendency to immerse themselves in the investigations, much like ethnographic studies. Along those lines, Richardson (1999) notes that phenomenographic researchers are often members of the academic staff where a study may be conducted but dismisses it as “fortuitous and just reflects the tendency of educational researchers to recruit samples of participants that happen to be the most convenient” (p. 58). Further, Richardson (1999) suggests researchers take a reflexive approach throughout the process to guard against potential problems inherent with the established social relationship between the researchers and their study participants when conducting interviews. To ensure objectivity, the researcher engaged in frequent peer debriefing and member checks to reduce the potential for bias.

**Participants and Setting**

Participants included teachers and staff at a high school in Middle Tennessee serving grades 9 through 12. Situated in an affluent suburb of Nashville, Bruin High School (pseudonym) employs 92 teachers and 44 staff members, which include 18 teaching assistants and five administrators. During the 2017-2018 school year, BHS served 1,732 students, with the majority of students (81.6%; \( n = 1,411 \)) being Caucasian or Asian (10.5%; \( n = 182 \)), and only 3.8% (\( n = 65 \)) of the students identifying as African American. In comparison, students across Tennessee were primarily Caucasian (62.7%) or African American (24.0%), with Asian students comprising only 2.3% of the student population.

In grades 9-12, the number of students classified as Limited English Proficient (\( n = 7 \); 0.4%) or eligible for Special Education services (\( n = 124 \); 7.2%) was less than the percentage of students across Tennessee with the same classifications. Although approximately 36.1% of the
students Tennessee were classified as economically disadvantaged, only 1.4% ($n = 24$) of the students at BHS qualified for free or reduced-price meals (see Table 4.1 on page 55 for the school’s full profile over a four-year period).

**Purposeful sampling.** Purposeful sampling was used due to the researcher’s interest in the specified population. Purposeful sampling, also called judgmental sampling, is a nonrandom sampling technique that targets a specific population for study (Johnson & Christensen, 2017). For the purposes of this study, the researcher was interested in the opinions and attitudes of staff members at one individual secondary school with regard to their perceptions of the newly imposed process for identifying and serving students with or at-risk for learning disabilities. Prior to collecting data, approval to do so was sought by the Institutional Review Boards (IRB) of Carson-Newman University and the participating school district.

**Data Collection**

To ensure a holistic approach was taken when looking at the studied phenomenon, the data were triangulated via the use of anonymous survey data, one-on-one semi-structured interview data, and more concrete, numerical student data.

**Survey.** Survey research is used to describe trends and identify individual opinions, beliefs, and attitudes about a given policy or procedure (Creswell, 2015). For the purposes of this study, the researcher conducted a cross-sectional survey that examined staff members’ attitudes, beliefs, and opinions about the issue of RTI² implementation in their school at the time of the survey. The survey was adapted from a previously administered questionnaire designed to solicit perceptions from teachers regarding the barriers and benefits of RTI models (see Werts, Carpenter, & Fewell, 2014). The final survey (see Appendix A) consisted of 18 open-ended and close-ended questions related to the respondent’s understanding, involvement, and perception of
the RTI² process within their school. The survey also contained nine demographic questions and a final question soliciting additional comments about RTI² that may not have been addressed in the survey. Upon completion of the survey, respondents were given the opportunity to self-identify for participation in a more in-depth, semi-structured, face-to-face interview with the researcher with the assurance that responding to the email address in the survey would maintain their anonymity on the survey.

Prior to administering the survey to the faculty and staff at BHS, a pre-notice announcement was made at a faculty meeting alerting potential respondents to the forthcoming request for their participation in a study on RTI² within their building. An email notification was also sent to ensure those faculty members absent from the meeting were aware of the forthcoming survey. The next day, the researcher sent the link to all faculty and staff members with a cover letter describing the purpose of the study and the importance of their participation.

**Semi-structured interviews.** The use of semi-structured interviews was intended to elicit a more comprehensive view of teacher and staff perceptions regarding RTI² implementation in their building from self-identified respondents in the anonymous survey. While the interview questions were pre-planned and used Tennessee’s Secondary Level Reflection Tools (Tennessee Department of Education, 2015) to guide the discussion, the more conversational nature of the semi-structured interview allowed the researcher greater flexibility of coverage producing richer, more anecdotal data from participants (Smith & Osborn, 2015). Prior to beginning the interviews, the researcher reviewed the purpose of the interviews and reviewed the terms of the Informed Consent forms with the participants (see Appendix B). While performing semi-structured in-person interviews required more time to conduct and was harder to analyze, the information obtained provided the researcher with more detailed and
specific information from the participants with regards to their perceptions of how the newly implemented RTI\textsuperscript{2} structure was working within their school building.

**Student data.** Data on student enrollment and characteristics for this study was obtained from the Tennessee Department of Education’s website. Student data were collected and compared between the target school, the school district, and the state as a whole in the areas of enrollment, graduation rates, and results from the ACT assessment. Data collected was delineated by federally monitored student subgroups, such as grade, race, socioeconomic status, English proficiency, and special education status. Student-teacher ratios for the target school, school district, and state were also compared. Trends in special education enrollment and dismissal were also collected to determine the effect intervention efforts had on the number of students served with special education services under the identification of Specific Learning Disability in the categories of Basic Reading Skills, Reading Fluency, Reading Comprehension, Math Calculation, Math Problem Solving, and Written Expression.

**Data Analysis**

According to Creswell (2015), the analysis of qualitative data requires an understanding of how to make sense of information in order to form answers to a given research question. Data analysis begins with the preparation and organization of the data followed by an exploration of the data in an effort to formulate codes within the information gathered. From there, themes begin to emerge that can then be interpreted and ultimately validate the accuracy of the researcher’s findings.

Upon completion of the survey and semi-structured interviews, all narrative data were transcribed and organized by date, time, and participants. The researcher transcribed all interview data on the computer personally using Microsoft Word due to the small amount of
interview data obtained. Transcriptions were then cross-checked by a peer to ensure accurate reporting.

After all survey data and interview data were transcribed, the researcher conducted a preliminary exploratory analysis of the data to break it into segments with codes. Following the process described by Creswell (2015), the researcher examined the codes for overlap and redundancy and then narrowed the data into a few themes. During this process, individual pieces of data were selected for further use or disregarded.

**Validity and Trustworthiness**

To establish validity and trustworthiness, the researcher engaged in several techniques to ensure the research was conducted with the highest ethical standards. Throughout the research process, the researcher continuously discussed the findings with a peer throughout the data collection and analysis processes. The role of the peer debriefer was to challenge the researcher to reduce bias by limiting themes and conclusions to only those which can be fully supported by data. This helped reduce bias and checked the subjectivity of the researcher’s interpretation of the data. Member checks were also conducted with those participants selected to contribute further to the research in the semi-structured interviews. Through this process, the researcher was able to validate participants’ responses and ensure an accurate interpretation of information obtained throughout the interview process.

Finally, the researcher maintained an audit trail to demonstrate confirmability. Hard copies of everything were kept and filed along with a detailed log of activities related to the collection of data throughout the study. This, along with detailed descriptions of all methods and data analysis procedures, will enable other researchers to replicate the study and develop their own conclusions given the same data and context.
Limitations

The researcher is aware that this study contains several limitations, or potential weaknesses, that are out of researcher control. While allowing participants to self-identify for participation in the semi-structured interviews readily identifies those participants who feel strongly (either positively or negatively) about the subject matter, responses from these participants may be skewed based on their desire to provide the researcher with information relevant to the study and may not be fully representative of their opinion. Additionally, the data collected is limited to those who responded to the survey. Because the survey was administered anonymously, there was no way to follow up with participants in an effort to obtain a higher response rate.

Delimitations

While the topics of RTI and RTI² encompass many areas of interest to researchers, the delimitations of current study narrowed the scope of the study to secondary teachers’ perceptions. These researcher-defined boundaries also limited the scope of inquiry to the target population at a chosen high school in Middle Tennessee. Additionally, the use of electronic survey rather than multiple modalities for a response, limited the ways with which participants could engage in the study.
Chapter 4

Presentation of the Findings

The purpose of this study was to determine practitioner perceptions of response to intervention models at the secondary level. More specifically, this study sought to analyze the perceptions of the faculty and staff at one school in Middle Tennessee through the use of an anonymous survey presented to the entire staff as well as more in-depth semi-structured interviews with a few key staff members. The research questions were designed to determine the extent of knowledge teachers and staff of the high school had regarding the purpose behind Tennessee’s RTI² framework. The research questions also sought to gain insight about the teachers’ and staff’s thoughts about the level of implementation within their building and the effectiveness in using RTI² models to identify and support students with or at-risk for specific learning disabilities.

Survey responses from participating staff members were initially examined for overall knowledge of RTI² frameworks and were further analyzed to identify common themes within the responses. Responses from practitioners were used to describe how the recently mandated RTI² frameworks were perceived by the faculty and staff at the target school. Through the use of purposeful sampling, selected staff members were asked to further contribute to the study by participating in an in-person, semi-structured interview with the researcher. Those interviewed provided more clarity regarding the general knowledge of school staff regarding the use and purpose of RTI² as well as personal opinions as to the effectiveness and necessity of such frameworks within the target school.

Once all the data were compiled and coded, several themes began to emerge. The researcher first divided the data into three classifications—positive, negative, neutral—based on
the tone of the response as it related to RTI² implementation. Further inspection of the data revealed many of the comments centered around four major components of RTI²: teachers, students, data, and time. Once the data were categorized, four distinct themes emerged that focused on (1) school demographics, (2) communicating progress, (3) current responsibilities of students, and (4) structural considerations.

**Demographic Information**

Bruin High School (BHS) is a high school in a district that has roughly 40,000 students enrolled in P-12 for the 2018-2019 school year. The 48 total school sites include ten high schools, ten middle schools, twenty-six elementary schools, one K-8 school, and an Alternative Learning Center. BHS serves students in grades 9 through 12 that feed from one middle school and three elementary schools. As depicted in Table 4.1, school demographics remained relatively stable in four years prior to the study.

<table>
<thead>
<tr>
<th>Table 4.1</th>
<th>School Profile Over Time</th>
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<tbody>
<tr>
<td>Student Enrollment</td>
<td>1,689</td>
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<tr>
<td>Ethnicity</td>
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<tr>
<td>Caucasian</td>
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<td>10 (0.6)</td>
</tr>
<tr>
<td>Special Education</td>
<td>140 (8.3)</td>
</tr>
<tr>
<td>Economically Disadvantaged</td>
<td>53 (3.1)</td>
</tr>
</tbody>
</table>

*Note.* Data retrieved from Tennessee Department of Education website.
The data include information regarding the ethnicity of students as well as the number of students identified as Limited English Proficient, Special Education, or Economically Disadvantaged. The number of students receiving special education or related services in comparison to the entire student population ranged from a high of 8.6% \( (n = 153) \) during the 2015-2016 school year, to a low of 7.2% \( (n = 124) \) during the 2017-2018 school year.

Comparable trends were seen statewide and within the school’s district (see Table 4.2) with regard to the percentage of students receiving special education or related services declining over a four-year period. This trend will be discussed in the following chapter.

Table 4.2
Comparative Demographics Over Time

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<td>Native American</td>
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<td>0.5</td>
<td>0.4</td>
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<tr>
<td>Other</td>
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<td>0.3</td>
<td>0.2</td>
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<td>0.2</td>
<td>0.2</td>
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<tr>
<td>Limited English Proficient</td>
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<td>5.0</td>
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<td>5.3</td>
<td>2.0</td>
<td>4.6</td>
<td>1.4</td>
</tr>
<tr>
<td>Special Education</td>
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<td>10.2</td>
<td>14.0</td>
<td>10.0</td>
<td>13.9</td>
<td>9.8</td>
<td>13.6</td>
<td>9.4</td>
</tr>
<tr>
<td>Economically Disadvantaged</td>
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<td>9.6</td>
<td>35.1</td>
<td>4.2</td>
<td>34.7</td>
<td>3.7</td>
<td>36.1</td>
<td>2.3</td>
</tr>
</tbody>
</table>

*Note.* All numbers reported are percentages. Data retrieved from Tennessee Department of Education website.

**Participant Characteristics**

**Survey.** The initial survey was distributed to potential participants via email, which included background information about the study and a link to the anonymous electronic survey on SurveyMonkey.com. A follow-up email was sent a week after the initial request. Of the 136
faculty and staff members employed at BHS, 29 responded to the survey, a response rate of 21%. One respondent completed the survey on paper due to technical difficulties. Of the 29 respondents, only 24 completed the demographic portion of the survey yielding the following information.

Survey participants included two administrators, fifteen general education teachers, three special education teachers, one paraprofessional, two guidance counselors, and one school psychologist. Ten survey participants held a master’s degree, while eight held a bachelor’s degree, five had doctorates, and one held an Education Specialist degree. Roughly half of the respondents (n = 13) had 20 or more years of teaching experience, four had between 15 and 19 years of experience, three had between 10 and 14 years of experience, two had between 5 and 9 years of experience, and only two had less than five years of teaching experience. The majority of respondents (n = 19) have been at BHS at least five years. All grade levels and subjects taught, with the exception of Foreign Language, were represented. This included special education, standard, honors, and advanced placement courses. With the exception of two respondents, BHS was the only school in which participants worked.

**Semi-structured interviews.** The request for participants in follow-up interviews at the conclusion of the survey yielded no volunteers. Upon further review of the survey data and requests for participation from faculty members, it became apparent that many members of the faculty were unwilling to participate further in interviews because the majority of the faculty did not see the relevance as it pertained to their professional responsibilities. Requests for interviews with guidance counselors also resulted in an unwillingness to participate in interviews, not because they did not see the relevance, but rather their lack of knowledge on the subject. Consequently, interview participants were chosen based on their role within the school and
knowledge of the RTI² process. Interviews were conducted with four members of the BHS faculty and staff: an administrator, a school psychologist, a general education teacher, and a special education teacher. With over 90 years of teaching experience between them and an average of 15 years at BHS (see Table 4.3 for full participant characteristics), these four participants were asked to participate in a one-on-one interview with the researcher because of their knowledge of school procedures and changes in the student population over time.

Table 4.3

Interview Participant Characteristics

<table>
<thead>
<tr>
<th>Role</th>
<th>Education</th>
<th>Teaching Experience</th>
<th>Experience at BHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. K Administrator</td>
<td>Master’s</td>
<td>29</td>
<td>17</td>
</tr>
<tr>
<td>Ms. M School Psychologist</td>
<td>Master’s</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>Mr. M General Education Teacher</td>
<td>Ed.S.</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Ms. A Special Education Teacher</td>
<td>Bachelor’s</td>
<td>25</td>
<td>13</td>
</tr>
</tbody>
</table>

*Note.* Teaching experience and experience at BHS represented in years.

Research Questions

The research questions guided the investigation of the study. The following research questions were designed to examine the perceptions of teachers and staff at one Middle Tennessee high school regarding their knowledge of RTI² and the implementation within their building:

1. What is the nature and extent of teacher and staff knowledge regarding their role in and the purpose behind the implementation of Tennessee’s RTI² framework within their building?

2. How do teachers and staff from one high school perceive the level of treatment fidelity, or degree to which RTI² is implemented, within their building?
3. How do the teachers and staff at one school perceive the impact the RTI² process has had on the effective identification and service of students with specific learning disabilities within their building?

**Results**

Although the response rate was only 21%, the researcher conducted several peer reviews and debriefing sessions to ensure an adequate representation of the BHS community was obtained before data analysis was started. One debriefing session ultimately resulted in an interview with Mr. K, the main administrator for the school who had already agreed in advance to be interviewed. Given Mr. K’s 17-year history as an administrator of BHS, he was very knowledgeable as to acceptable participation rates from his staff with regard to surveys and other non-required questionnaires.

**Research Question One: What is the nature and extent of teacher and staff knowledge regarding their role in and the purpose behind the implementation of Tennessee’s RTI² framework within their building?**

An initial review of survey responses resulted in the acknowledgment that the majority of faculty and staff at BHS were unfamiliar with the RTI² process and the purpose of RTI² in general. Of the 29 responses to the survey, only 38% \((n = 11)\) had received any training about RTI². On follow-up questions, it was not surprising that 61% \((n = 17)\) of the respondents indicated they had no involvement in the RTI² process at BHS with only 13 respondents having been involved in the RTI² process for two or more years. Given the lack of training and involvement in the RTI² process among the teachers and staff, response data related to the research questions were primarily limited to those respondents with more involvement in the RTI² process at BHS.
Several respondents indicated a lack of knowledge, not only about RTI\(^2\) as a whole, but how student data were used to inform instruction. Several questions on the survey inquired about the respondents’ opinions as to the importance of certain RTI\(^2\) processes and knowledge of the tools used to identify and serve students. For example, Question 5 asked, “Which of the following are important to the RTI\(^2\) process in your school?” Options included screening all students, parent involvement, multiple tiers, problem-solving protocols, use of a standard protocol, curriculum-based measurement, graphing data, standardized testing, and end of the year testing. For each item, more than 30% of respondents chose Not Sure. Other response choices included Not Used; Used, but Not Successful; Used and Somewhat Successful; and Used and Very Successful. Responses suggested screening all students, standardized testing, and end of the year testing were the three items that were the most successfully used tools, while all other categories were thought to be Used and Somewhat Successful. Interestingly, the use of Standardized Testing and End of the Year Testing were noted to be Used, But Not Successful by three respondents.

Among survey responses, several respondents indicated confusion as to their purpose and role within the RTI\(^2\) process. At least five respondents cited the need for more training so they could better understand the process. It was also noted that meaningful communication from administrators or staff members regarding student process was lacking. One teacher voiced concern over the validity of the screeners used to identify students:

The few times I’ve attempted to talk to a guidance dept etc about a student they will refer to some standardized test and say, ‘he made a ________ on this test so he’s okay’ yet he can’t write a sentence and has trouble reading.

When asked about this, Mr. K said that training the entire staff was not a necessity because “99%
of the faculty don’t interact with these kids” and he would rather have teachers focus on their primary roles within the classrooms. The other interviewees noted similar observations as to overall staff knowledge. While they all agreed the staff had heard of RTI², the general consensus was that staff members were ignorant of the overarching purpose behind it. Ms. A explained this phenomenon well:

I think the staff has heard of RTI, but I do not think they understand the purpose of it or the need for it. The majority of staff think that students with IEPs who are receiving intervention in their identified areas of deficits are those who RTI was designed for. In reality, RTI is a general education initiative wherein students within the general education population are screened for deficits in reading, math, and writing, then placed into a series of interventions targeting their deficit areas. For those students who continue to fall below certain percentiles on standardized screeners, we use STAR Reading and Math. Those students are placed in increasingly more intense interventions to target those deficit areas. If those fail to work, then the discussion of an IEP is started, often not until second semester, when it is too late.

As a special education teacher, Ms. A is more knowledgeable about the special populations within the BHS student body, which are much smaller in comparison to averages across the state (see Tables 4.1 and 4.2 for comparisons). Given Ms. A’s description of what RTI² at BHS looks like and what it should be, it is understandable that the majority of staff who responded to the survey were unfamiliar with their purpose and the role RTI² plays within their school. Similarly, Mr. M noted that the faculty was familiar with the school’s daily enrichment period and “opportunities it has for [teachers] to make sure students don’t fall behind in work,” but generally speaking, he felt teachers were ignorant of the state-mandated use of RTI² methods
for identifying and serving students with or at-risk for learning disabilities. Regardless of what the RTI² looked like at BHS, Ms. M still thought it would be a good idea for teachers to “know what the RTI process looks like” because she does not think teachers are aware, and it would be beneficial for the “other people involved [to] understand and be aware of what the process is and not just me.”

**Research Question Two: How do teachers and staff from one high school perceive the level of treatment fidelity, or degree to which RTI² is implemented, within their building?**

Implementation of RTI² models encompass many intricate facets which include: (a) high quality, research-based instruction within the general education setting, (b) continuous progress monitoring, (c) universal screening for academic and behavioral issues, and (d) the delivery of multiple tiers of progressively more intense interventions to ameliorate identified deficits (Zirkel, 2017). Integral to any successful intervention is a measure of treatment fidelity, which measures the accuracy and consistency with which the independent variables involved in the treatment plan are implemented as designed. Without an accurate measure of treatment fidelity, it is hard to discern whether changes, if any, in student outcomes can be attributed to changes in the number of students identified on screeners, changes in instructional strategies used, or other mitigating factors (Lane et al., 2004).

When asked about screening students for participation in RTI², survey respondents were more knowledgeable and only four participants indicated they had no knowledge of the screening process. Grades (n = 18), teacher referrals (n = 18), end of the year reading and math scores (n = 17), and the assessment of all students at the beginning of the school year (n = 15) were chosen as the most frequently used methods for screening students in need of support. Nine participants indicated parent referrals were used. Three respondents said assessments in
reading and math throughout the year were used to identify students. When asked about the
effectiveness of the school’s screening procedures, the school psychologist, Ms. M, noted that
the screeners in place pick up a negligible number of students because only students falling
below the 25th percentile are flagged for intervention. Next year, however, she said that number
would be going up to the 30th percentile, which would “could be significant” in terms of the
number of students showing up on the screeners because “we’ve got a lot between the 25th and
30th [percentiles] whom we’ve not been providing services who will be identified.”

The lack of diversity and the high achievement level of students at BHS inhibit the
successful implementation of multi-tiered intervention models. With an average ACT score of
27.2 (2016-2017), the students at BHS score an average of 7.1 points higher than the average
student across the state of Tennessee. Similarly, students with disabilities at BHS have an
average score of 24.7, which also exceeds that of the average student in Tennessee. Given those
characteristics, the identification of students in need of academic support does not necessitate the
same resources designated for intervention purposes as in other schools across the state. Having
so few students that fall into this category of need presents the administration, Mr. K, with the
dilemma of how to allocate resources effectively:

Designating people to perform interventions is not efficient because the minimum class
size is 15, so pulling a staff member away from their typical duties to work with so few
kids results in a bad use of resources and causes other class sizes to increase; essentially
causing other students to be served at much higher student-teacher ratios, which,
depending on the course, could adversely impact student achievement overall.

When deciding staff assignments, Mr. K has to think about his student body as a whole,
weighing the needs of the few versus the needs of the many. Taking a utilitarian approach often
results in personnel shifts, which can take the form of teachers performing interventions for students in areas outside their expertise.

Ms. M, the school psychologist, echoed Mr. K’s sentiments with her observation about those students identified as needing support, specifically math support. In recent years, initial screening at the beginning of the school year did not identify any students in need of extra support; however, one student was identified during the mid-year screening window. She indicated that because the school did not have the system in place or the resources to serve those students, no intervention was provided. While Ms. M was forthcoming with her opinions of the school’s shortcoming with regard to implementation, she did acknowledge that RTI² has been “helpful in identifying students who might have otherwise gone unnoticed and do need some, primarily literacy, support.”

As a special education teacher, Ms. A works closely with those students who are already identified as having learning differences and are receiving special education services. Since RTI² was implemented at BHS, Ms. A has observed that “there are very few students who have actually shown up on the screeners and the number of general education students receiving interventions is negligible.” Although a few students show up on the academic screener that are not already receiving special education services, Ms. A says they cheated the system by obtaining an eligibility of OHI (other health impaired) either with a doctor’s note of anxiety, ADHD, or something else because it would have taken too long to get an IEP for their area of deficit with an eligibility of Specific Learning Disability.

Ms. A’s observation was confirmed by Ms. M who noted that two or three students bypassed the RTI² process to obtain services last year. Mr. K also acknowledged that because it takes a “pre-defined amount of time to become eligible for special education services under the
category of specific learning disability, these students are gaining quicker access to services via alternative special education eligibility categories such as OHI [Other Health Impaired] or through a 504 plan.” Ms. M confirmed this observation in a separate conversation and acknowledged that there were very few differences in allowable accommodations from a 504 plan and from an IEP, with the primary difference being less documentation required for 504 plans. The most desirable purpose for obtaining accommodations via a 504 plan or an IEP is, as Ms. A pointed out: extended time on tests.

Generally speaking, RTI² was thought of as “conceptually great,” but there was the overwhelming view that structural considerations within the high school setting limited the ability to see any benefit from its use. Ten respondents indicated that “time” or “scheduling” was a primary barrier to successful implementation and that providing intervention to struggling students would “[interfere] with current course work” by “taking away from students’ study hall time.” Consequently, those students identified as needing intervention “feel punished” and have “resentment” toward the process designed to help them. One respondent identified “students’ socio-emotional needs” as a barrier to successful implementation and observed that there was a “stigma” associated with receiving intervention.

Mr. K shared the same sentiments as his faculty’s concern regarding their potential for interventions to overshadow students’ ability to stay up to date with their current academic responsibilities. He further noted that helping students “maintain success in their general education classes while intervening on basic skill development was and is still difficult to juggle.” He expressed the additional concern that taking time away from students’ current course requirements “makes it difficult to maintain pace for graduation without taking away from the credits students need to graduate.” Successful examples of RTI implementation at
secondary schools, have scheduled students in double blocks of math or English/Language Arts as a common way to provide intervention (see Bender, 2012; Duffy, 2007; National High School Center, National Center on Response to Intervention, and Center on Instruction, 2010; Windram et al., 2007); However, at BHS the primary concern is graduation requirements. Ms. A iterated Mr. K’s sentiments by pointing out that the litany of graduation requirements set forth by both the state and the district hinder the school’s ability to place students in scheduled blocks of intervention time that serve no purpose other than to remediate deficit skills.

As described in the review of literature related to implementing RTI models at the secondary level, structural considerations inherent to secondary schools present obstacles warranting special attention when implementing multi-tiered models of intervention. Current coursework, graduation requirements, and personal responsibilities outside of school all impede secondary schools’ abilities to intervene with students identified as needing extra support. To accommodate the mandate requiring schools to provide intervention for struggling students, the daily schedule at BHS had to be restructured to include an “Enrichment” period.

Designed to be a time when students can receive intervention or touch base with their teachers, the intended purpose of the Enrichment period has been lost. According to Ms. A, the Enrichment period turns into an “opportunity for many students to catch up on work” or they end up “using it as an extended lunch period.” Mr. M independently corroborated Ms. A’s opinion that Enrichment ultimately becomes a time for students to catch up on work rather than being provided with enriching opportunities. While Mr. K agreed that the Enrichment period provided students with more opportunities to get help than was previously afforded, he recognized that it was not a perfect solution when thinking about the RTI2 mandates set forth by the state. Having so few students that fall into this category of need, he indicated, makes for complex scheduling
of personnel and students. When looking at the school as a whole, the need for a staff member
designated solely for the purpose of providing intervention to struggling students was and still is
not a necessity. Consequently, if a student does show up on a list of students needing support,
either by way of academic screener or teacher referral, interventions are done on a case-by-case
basis, often by a staff member that is not fully trained to take on such a task.

The mention of time, or lack thereof, was prevalent among survey respondents and
echoed in the conversations with the four interviewees. Finding time to schedule students and
teachers, given their already packed schedules, becomes increasingly difficult once students
reach high school. As Mr. K said, “an Algebra teacher’s job is to teach algebra; the RTI
teacher’s job is to teach skill development.” Ms. A did mention in her interview that during her
scheduled times to provide intervention to her students on an IEP, there would often be conflicts
in the students’ schedules resulting in lost time for intervention. On several occasions, she said,
scheduled interventions would have to be canceled due to conflicts with students who would
have to make up missing assignments, re-take tests, or a different schedule at school rendered
time for intervention impossible.

**Research Question Three: How do the teachers and staff at one school perceive the impact
the RTI\(^2\) process has had on the effective identification and service of students with specific
learning disabilities within their building?**

As presented in Table 4.1, the population of BHS remained relatively stable in the four
years prior to the study. The number of students receiving special education services ranged
from a high of 153 (8.6%) during the 2015-2016 school year to a low of 124 (7.2%) during the
2017-2018 school year, a difference of 29. In Tennessee, all students are required to take the
ACT prior to graduation, regardless of special education eligibility. Table 4.4 shows a comparison of ACT data across a two-year period for BHS, WCS, and the State of Tennessee.

Table 4.4
Comparison of Average ACT Scores Across Study Participants and Specific Subgroups Within Each Group

<table>
<thead>
<tr>
<th></th>
<th>2015-2016</th>
<th>2016-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TN</td>
<td>WCS</td>
</tr>
<tr>
<td>Average ACT Score</td>
<td>19.9</td>
<td>24.6</td>
</tr>
<tr>
<td>Limited English Proficiency</td>
<td>*</td>
<td>17.1</td>
</tr>
<tr>
<td>Students with Disabilities</td>
<td>*</td>
<td>20.1</td>
</tr>
<tr>
<td>Economically Disadvantaged</td>
<td>*</td>
<td>20.4</td>
</tr>
</tbody>
</table>

Note. Delineated data for specific subgroups at the District and School Levels not available prior to the 2016-2017 school year.
* Data not available.

During the 2015-2016 school year, the average ACT score for students at BHS was a 26.6, 6.7 points above the average across Tennessee. The following year, the average Composite ACT score for BHS rose to 27.2, 7.1 points above the state average. Beginning with the 2016-2017 school year, ACT data comparisons were delineated between subgroups for specific schools and districts. A similar trend emerged when comparing students with disabilities attending BHS with all students across the state. With an average ACT score of 24.7, those students with disabilities taking the ACT during the 2016-2017 school year performed 4.6 points higher than the overall state average. ACT data from the 2017-2018 were not yet available at the time of publication.

Similarly, the graduation rates for students at BHS exceeded the state average, both overall and among students with disabilities. Table 4.5 shows a comparison of graduation rates across a two-year period for BHS, WCS, and the state of Tennessee. While the overall graduation rate at BHS showed a decline of 0.8% from 2016 to 2017, the graduation rate for
students with disabilities increased from 73.5% to 76.7%, which exceeds the state and county graduation rates.

Table 4.5
Comparison of Graduation Rates Across Study Participants and Specific Subgroups Within Each Group

<table>
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<tr>
<th></th>
<th>2015-2016</th>
<th>2016-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation Rate</td>
<td>TN</td>
<td>WCS</td>
</tr>
<tr>
<td></td>
<td>88.5</td>
<td>95.5</td>
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<tr>
<td>Limited English Proficient</td>
<td>75.6</td>
<td>85.0</td>
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<td>Students with Disabilities</td>
<td>71.8</td>
<td>73.3</td>
</tr>
<tr>
<td>Economically Disadvantaged</td>
<td>85.5</td>
<td>80.4</td>
</tr>
</tbody>
</table>

*Note. All percentages are as reported by the Tennessee Department of Education. *Data not available.

With such a high achieving student population at BHS, general impressions regarding the use of RTI² to identify and intervene with at-risk students yielded mixed results, ranging from having “potential for success” to “it just needs a lot, a lot, a lot more fine tuning” and “more buy-in and support.” As discussed by all four interviewees, the student population at BHS has so few students that are identified on either the screeners or by referral, that the number of general education students needing and receiving interventions is negligible. Consequently, due to the low number of students needing the extra supports provided through RTI² interventions, the general consensus as to the impact RTI² has had on the BHS community in terms of identification and services of students with learning differences remains neutral. One interviewee indicated they would be “hard pressed to find some strengths with what we’re doing” because they believed they were “just kind of muddling.” The same interviewee, however, did believe that RTI² had a purpose, but it would need to be adjusted to fit the “individual needs of our school structure and population.”
As previously mentioned, the restructuring of the school day at BHS to allow for an Enrichment period was heavily favored by both survey respondents and interview participants. The Enrichment period did, however, turn into a daily period for all students to catch up on work or get help from teachers in classes where they were struggling rather than receiving specific interventions targeting deficit areas identified through the screeners.

While under-identification was a concern for some participants, others felt they were “not sure all students identified need special education.” Similarly, one respondent identified a lack of “coordination between teachers, input and visibility of meaningful data, [and] time lag between data visibility and meaningful action” as a barrier to the successful implementation of RTI\(^2\). The same educator did say that RTI\(^2\) could improve student learning, social skills, and confidence, but that was hindered as a result of “bureaucratic red tape,” “access to useful data sharing,” and a “drift from individualization.” Addressing these concerns would improve the impact and usefulness of RTI\(^2\) at BHS.

**Interpretation of the Data**

Upon initial review of the data, the overall tone from survey respondents and interview participants indicated a lack of support for the use of RTI\(^2\) models within their building. With student test data to support this notion, the need for multi-tiered models of intervention was not a necessity at BHS. On the ACT, a standardized test measuring college readiness benchmarks, students at BHS scored an average of 7.1 points higher than the state average of 20.1 for the 2016-2017 school year. Students with disabilities also scored higher than the state, with an average score of 24.7. According to ACT.org (2018), these scores also outdid the national average of 20.9 among 2016, 2017, and 2018 high school graduates nationwide.
Even though the majority of study results indicated an unfavorable view toward the implementation of RTI\textsuperscript{2} models at the secondary level, participants did describe several potential benefits and observed successes that have occurred after implementation. Notably, participants expressed positive views of the restructured school day to include a schoolwide Enrichment period. Validated by several study participants, Ms. A’s analysis of the daily Enrichment period suggests BHS’s non-traditional method of implementation has seen some success due to the “availability of teachers on a daily basis for students to see teachers for extra help and for teachers to call students in who may be struggling in their classes.” Ms. A furthered her observation that the Enrichment period does not only benefit the general education population, but her students as well because she uses that period to call her students to see her when she would have not otherwise had the opportunity.

The general consensus about using RTI\textsuperscript{2} models at the secondary level revealed the need for more fine-tuning and support. Without buy-in and support, the school psychologist cautioned, these multi-tiered models of intervention are doomed to failure. She further noted that RTI\textsuperscript{2} has been hard to implement because there are more pressing priorities facing the BHS community. With such a high performing student population, the social-emotional needs of students, as well as teachers, and current academic concerns have taken precedence over the full implementation of an RTI\textsuperscript{2} model to identify and serve such a small number struggling learners. While participants did acknowledge that RTI\textsuperscript{2} models can serve a purpose, the different requirements set forth by the state and district are, as Ms. A asserts, “completely unreasonable within a high school setting” and “adjustments need to be made to accommodate those schools who may or may not need to provide the same level of supports that other school populations need.”
Summary

This study analyzed faculty and staff perceptions of RTI² models at the secondary level. Data generated from this study yielded findings that indicate the faculty and staff at BHS have mixed views as to the purpose and level of implementation of RTI² within their building. Even though it is a state mandate, the majority of teachers at BHS fail to demonstrate a basic understanding of the principles behind its purpose and their role in its implementation. While several study participants were cautiously optimistic as to the potential benefits of RTI², the majority felt as though implementation required too much work without being able to see any benefit.

School demographics, communication of progress, current academic responsibilities of students, and structural considerations were cited as major barriers to the successful implementation of RTI² at the secondary level. Generally speaking, participants felt as though RTI² was great in theory; however, it was difficult to implement and impractical given the demographics of the school. In comparison with students across the state, the students at BHS have high achievement rates and even higher graduation rates. With these higher rates of achievement, the need to focus on the identification of students with or at-risk for learning disabilities is diminished. The structural considerations most frequently cited included time needed to implement interventions, scheduling of students and teachers, and the fear that providing interventions for students to remediate basic skills would detract from their current learning and ultimately hinder their ability to graduate on time. Consequently, while the use of RTI² models may benefit lower performing schools, RTI² does not appear to serve an immediate purpose at BHS in the eyes of the faculty and staff.
Chapter 5

Conclusion

With the 2004 reauthorization of the Individuals with Disabilities Education Act ([IDEA], 2013), schools were given an alternative method for identifying students with or at-risk for learning disabilities that deviated from the traditional IQ-achievement discrepancy method. Designed as multi-tiered models of intervention, Response to Intervention (RTI), has gained traction within the education community to address the variety of academic and behavioral issues among students with special needs. Despite the lack of empirical evidence to validate its use (Ridgeway, Price, Simpson, & Rose, 2012), many states have shifted toward the use of such models that focus on identifying and supporting students with learning differences in the general education classroom through the use of academic screening, intervention, and progress monitoring.

Tennessee’s RTI model, Response to Instruction and Intervention (RTI²), began during the 2014-2015 school year with implementation at the elementary school level, expanding to middle schools the following year. Beginning with the 2016-2017 school year, implementation of RTI² became mandatory for all K-12 public schools. By taking a problem-solving approach to student learning, the foundation for Tennessee’s RTI² framework is based on the belief that providing effective instruction and a culture of high expectations for all students will allow educators to better understand their students’ needs and provide for their individual differences across all academic settings.

Four years into implementation, the Tennessee Department of Education conducted a cursory assessment of progress across the state. The report, “Assessing Progress: Four Years of Learnings from RTI² Implementation” (TNDOE, 2018), found that Tennessee has seen a
significant decline in the number of students identified with a Specific Learning Disability as a result of implementation and new guidelines, but feedback from educators suggested revisions needed to be made to the framework. Touted as a way to improve the learning outcomes of students through continuous data collection, analysis and intervention (National Center on Intensive Intervention, 2013), the report identified four challenges that needed to be addressed moving forward: integrating RTI² into already packed school structures; insufficient staffing to support implementation; unclear, insufficient, and inflexible guidance from the state; and a lack of appropriate supports to address the unique challenges at the high school level.

Research has shown many problems are inherent with implementing multi-tiered models at the high school level (Bineham, Shelby, Pazey, & Yates, 2014; Fisher & Frey, 2013; Sansosti, Noltemeyer, & Goss, 2010; Sansosti, Telzrow, & Noltemeyer, 2010). One problem is a lack of time to remediate students’ academic deficits after they arrive in high school with previously undiagnosed learning disabilities (Duffy, 2007). Another problem is each student who arrives with well-established academic deficits may also have low motivation and poor academic self-confidence. This lack of time to remediate longstanding academic deficiencies among the students with low motivations may create compliance issues when working with adolescents (Fuchs, Fuchs, & Compton, 2010) amid the inflexible secondary setting.

Current literature related to the implementation of multi-tiered models of prevention at the secondary level provides noteworthy information about the potential benefits for schools implementing these programs (Bender, 2012; Callender, 2014; Johnson, Smith, & Harris, 2009). The current study seeks to extend the literature related to the implementation of Tennessee’s RTI² framework at the secondary level by analyzing teacher and staff perceptions from one high school regarding the implementation of such frameworks within their school. Namely, issues of
teacher background knowledge, treatment fidelity, and perceived outcomes were addressed. The primary research questions addressed were:

1. What is the nature and extent of teacher and staff knowledge regarding their role in and the purpose behind the implementation of Tennessee’s RTI² framework within their building?

2. How do teachers and staff from one high school perceive the level of treatment fidelity, or degree to which RTI² is implemented, within their building?

3. How do the teachers and staff at one school perceive the impact the RTI² process has had on the effective identification and service of students with specific learning disabilities within their building?

**Discussion of Findings**

Generally speaking, results from the survey and interview data revealed mixed opinions as to the effectiveness and feasibility of implementing RTI² models at the secondary level. Responses from study participants did not indicate strong impressions either in favor of or against the use of RTI² within their building. In fact, responses suggest more confusion as to the overall purpose of and rationale for use of RTI² models.

**Research Question One: What is the nature and extent of teacher and staff knowledge regarding their role in and the purpose behind the implementation of Tennessee’s RTI² framework within their building?**

Through the distribution of an anonymous survey delivered electronically, teachers and staff were asked about their involvement in the RTI² process within their building. The majority of respondents indicated they had received no training related to RTI² (62%) and were not involved in the RTI² process (61%). Not surprisingly, many of the responses to the survey
yielded the acknowledgment that RTI\textsuperscript{2}, although mandated by the state, played an insignificant role within this particular school. Interviews with the principal and school psychologist confirmed this notion and noted that the need for comprehensive staff training was not a priority due to the low number of students identified as needing extra support. More specifically, the principal acknowledged that training the entire staff about RTI\textsuperscript{2} was not a necessity because the majority of faculty members would not interact with the identified students.

There is no perfect way to identify students who are struggling academically. As one teacher mentioned, attempts to elicit support from guidance counselors were countered with data from a standardized test contradicting the teacher’s observations. Consequently, interactions like the one this teacher described can incite negative perceptions as to the purpose behind proposed changes within their well-established ways of performing their professional duties. Not only were the faculty unaware of their role and the purpose of RTI\textsuperscript{2} within their buildings, but the guidance counselors’ lack of knowledge indicates a more systemic view from the top down that does not value or support the use of multi-tiered models of support to meet the academic needs of struggling students. Results from the interviews confirmed the lack of buy-in among staff members. As noted in the interview with the special education teacher, most teachers in the building did not understand the purpose or rationale behind the RTI\textsuperscript{2} process.

**Research Question Two: How do teachers and staff from one high school perceive the level of treatment fidelity, or degree to which RTI\textsuperscript{2} is implemented, within their building?**

Prior to the interviews, it was evident that knowledge of RTI\textsuperscript{2} processes was limited among the faculty and staff at BHS. Consequently, obtaining the perceptions of the faculty and staff regarding how they viewed the level of treatment fidelity within their building would be difficult. With more than half of respondents indicating no training in RTI\textsuperscript{2}, their knowledge of
whether RTI\textsuperscript{2} was being implemented as intended would be difficult to ascertain.

More useful data related to treatment fidelity were obtained during the one-on-one interviews. Both the school psychologist and special education teacher indicated that the way RTI\textsuperscript{2} was implemented at BHS was not as the state had intended. Further, the principal iterated the lack of need for implementation at BHS due to the high achievement among students and the low number of students identified with the universal screeners. BHS’s loose interpretation of state and district guidelines has, however, resulted in the reallocation of time and resources to allow for a school-wide enrichment period in which all students have the opportunity to meet with teachers. The daily enrichment time, it seems, is what teachers perceive to be what RTI\textsuperscript{2} is supposed to look like. While not exactly what the state intended for RTI\textsuperscript{2} to look like, this school has turned an unrealistic mandate into a creative solution that provides their students with an opportunity to catch up where they are behind or to remediate deficit skills in specific classes.

**Research Question Three: How do the teachers and staff at one school perceive the impact the RTI\textsuperscript{2} process has had on the effective identification and service of students with specific learning disabilities within their building?**

According to the school psychologist, no students have gone through the RTI\textsuperscript{2} process and obtained an IEP. In fact, those students who transferred to BHS from private school settings and who would have traditionally qualified for services under the IQ-achievement discrepancy model gained special education support through the alternative eligibility categories, such as other health impaired. Going through the tiered RTI\textsuperscript{2} process in order to obtain special education support, it was decided, would be detrimental to the students’ academic success and ultimately their social-emotional well-being. Conversely, one respondent opined that not all students who were identified on the screeners needed special education services.
Recommendations for Practice

Currently, literature related to RTI² implementation at the secondary level is scant in comparison to published research describing successful models at the elementary level. Implementing multi-tiered models of support at the secondary level present unique challenges elementary schools do not have to accommodate. Successful models at the secondary level have been used as examples to show that RTI² implementation is feasible (National Center on Intensive Intervention, 2013), despite the more diverse populations, structural challenges, and graduation requirements that have to be taken into account when implementing systemic change. There are many ways to implement RTI² models at the secondary level (e.g., block scheduling or RTI² specific courses). Each school, however, must determine what framework will work best with the population the school serves and continuously evaluate the school’s program for effectiveness.

Just as RTI² models are designed to provide interventions based on an individual student’s needs, the implementation of RTI² models at the secondary level should reflect the overall needs of the community in which the school serves. Having schools develop building-level RTI² teams to address the needs struggling students can help facilitate a more successful use of such models within their buildings. Additionally, all teachers should be reminded of one of the primary tenets of RTI² models: Tier 1 is the first line of defense and should be characterized by rigorous, core academic instruction.

Recommendations for Further Research

The present study was limited to the analysis of perceptions from the faculty and staff of one school. Further research should expand the number of educators and schools involved in the study to create a more holistic and comprehensive study. While all high schools across the state
of Tennessee are required to implement RTI² models within their buildings, the need for its use at BHS does not necessitate full implementation and, thus, the current study does not present a fair representation of how RTI² is implemented statewide. Future studies could include schools within the same school district that may have student populations with different academic needs and who could benefit from such multi-tiered models of intervention. Likewise, the anonymous and voluntary nature of the survey did not elicit a large enough sample size to gain a more comprehensive view of how RTI² is implemented within the studied school.

Similarly, responses were limited to just faculty and staff members, but did not incorporate the attitudes and perceptions of those stakeholders that have the potential to see the most benefit: students. The voices of students were purposefully absent from the present study; however, future studies should consider including the perceptions of students. Since students are the stakeholders who directly benefit from interventions designed to improve their academic deficiencies, understanding how they feel about the process can add valuable insight as to what is working, what is not working, and what needs to be changed.

**Summary**

As one survey respondent stated, RTI² is “conceptually great,” but needs some fine tuning, buy-in, and support from stakeholders to be truly successful. The practitioners who participated in the present study did not have strong opinions—positive, negative, neutral—as to the effectiveness of RTI² models within a secondary setting, but rather seemed unaware of the intricacies involved with such policies mandated by the state of Tennessee.

As previously stated, the foundations of American society are built on the principles of equality and limitless opportunity. Public education plays an important role in helping students achieve their dreams by preparing them for success after high school. In Tennessee, the RTI²
framework is designed to support the development of “career ready students” that have unlimited opportunities once they graduate from high school. While the present study did not reveal extensive knowledge about the implementation of such models within one particular high school, it does lend for potential growth and hope that the faculty and staff within the studied school are willing to try anything to support the growth—both academically and socially—of their students.
References


*Instructional Science, 10*, 177-200.


APPENDIX A

Response to Instruction and Intervention (RTI²)

Training, Implementation, and Perceptions Questionnaire
Dear Colleague,

Within the state of Tennessee, Response to Instruction and Intervention, or RTI\textsuperscript{2}, has been adopted as the process for the identification of students with Specific Learning Disabilities in the areas of reading, mathematics, and written expression. As someone who works in the school system, you are at the forefront of the implementation of programs for special populations. Thus, your understanding of the process for RTI\textsuperscript{2} is important. To date, there is little research literature that tells us about what is actually happening in the classroom and what educators think about it.

Please fill out the following questionnaire about your use and perception of RTI\textsuperscript{2} within your building. This should only take about 15 minutes of your time, and you will be adding valuable information to the field.

Anne Louise Spangler, Ed.S.
Carson-Newman University
Response to Instruction and Intervention (RTI^2)
Training, Implementation, and Perceptions Questionnaire

Response to Instruction and Intervention (RTI^2) is a systematic method to ensure that students who experience educational difficulties receive early and effective support. The method provides data for more effective and possible earlier identification of students who need specially designed instruction or special education. A considerable number of studies in the past few years explored the process of identifying students with disabilities by the students’ responses to instruction and interventions within their classrooms. However, little is known about how educators perceive RTI^2 or how RTI^2 is implemented in their schools.

This survey was adapted for personal use with permission from the author of the original survey, Dr. Margaret Werts (wetsmg@appstate.edu). For more information on how the survey was originally used, see: Werts, M. G., Carpenter, E. S., & Fewell, C. (2014). Barriers and benefits to response to intervention: Perceptions of special education teachers. *Rural Special Education Quarterly, 33*(2), 3-11.

1. Have you had training in RTI^2?
   - [ ] yes
   - [ ] no

2. Check all of the following that describe your training regarding RTI^2.

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Less than 5 hours</th>
<th>5 to 10 Hours</th>
<th>More than 10 hours</th>
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</thead>
<tbody>
<tr>
<td>Conferences</td>
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<tr>
<td>Workshops</td>
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<tr>
<td>Inservice</td>
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<tr>
<td>Self-Taught</td>
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<tr>
<td>In College Course</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

3. How are you involved in the RTI^2 process?
   - [ ] in the planning process
   - [ ] in implementation
   - [ ] both

4. How long have you been involved in the RTI^2 process?
   - [ ] less than one year
   - [ ] one year
   - [ ] two years
   - [ ] three years
   - [ ] more than three years
5. Which of the following are important to the RTI\textsuperscript{2} process in your school?

<table>
<thead>
<tr>
<th></th>
<th>Not Used</th>
<th>Used, but Not Successful</th>
<th>Used and Somewhat Successful</th>
<th>Used and Very Successful</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
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<td>Screening all Students</td>
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<td></td>
</tr>
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<td>Parent Involvement</td>
<td></td>
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<tr>
<td>Multiple Tiers</td>
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<tr>
<td>Problem Solving Protocol</td>
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<tr>
<td>Use of a Standard Protocol</td>
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<td>Curriculum-Based Measurement</td>
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<td>Graphing Data</td>
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<tr>
<td>Standardized Testing</td>
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<tr>
<td>End of Year Testing</td>
<td></td>
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</tbody>
</table>

6. How does your school screen students for participation in RTI\textsuperscript{2}?
(check all that apply)

- [ ] end of year reading and math scores
- [ ] parent referral
- [ ] teacher referral
- [ ] assessment of all students at the beginning of the year
- [ ] grades
- [ ] other (please specify): __________________________

7. How are parents involved?

<table>
<thead>
<tr>
<th></th>
<th>Making Referrals</th>
<th>Assisting in Instruction</th>
<th>Collaborating with GenEd Teachers</th>
<th>Collaborating with SpecEd Teachers</th>
<th>Making Decisions to Move to Next Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier I</td>
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<tr>
<td>Tier II</td>
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<tr>
<td>Tier II</td>
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</tbody>
</table>
8. In TIER I (delivering high-quality instruction in general education), who…

<table>
<thead>
<tr>
<th>(check all that apply)</th>
<th>General Educator</th>
<th>Special Educator</th>
<th>Psychologist</th>
<th>Paraprofessionals</th>
<th>Principals</th>
<th>Guidance Counselors</th>
<th>Other School Staff</th>
<th>Other (Please Specify)</th>
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<tr>
<td>Assesses Individual Needs</td>
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<tr>
<td>Plans Instruction for Improvement</td>
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<tr>
<td>Chooses Curriculum</td>
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<tr>
<td>Delivers Instruction</td>
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<tr>
<td>Collects Data</td>
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<tr>
<td>Interprets Data</td>
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<tr>
<td>Makes Decision to move to Tier II</td>
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9. In TIER II (delivering collaborative, high-quality instruction in small groups), who…

<table>
<thead>
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<th>(check all that apply)</th>
<th>General Educator</th>
<th>Special Educator</th>
<th>Psychologist</th>
<th>Paraprofessionals</th>
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<th>Guidance Counselors</th>
<th>Other School Staff</th>
<th>Other (Please Specify)</th>
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<tbody>
<tr>
<td>Assesses Individual Needs</td>
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<tr>
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<tr>
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<tr>
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</table>
10. In TIER III (delivering intense, high-quality instruction in small groups or individually), who...

<table>
<thead>
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<th>(check all that apply)</th>
<th>General Educator</th>
<th>Special Educator</th>
<th>Psychologist</th>
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<th>Guidance Counselors</th>
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11. How often are your students evaluated?

<table>
<thead>
<tr>
<th>Tier I</th>
<th>Tier II</th>
<th>Tier III</th>
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<tbody>
<tr>
<td>Daily</td>
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<td>Weekly</td>
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<tr>
<td>Every Two Weeks</td>
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<td>Every Four Weeks</td>
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<td>Every Eight Weeks</td>
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<tr>
<td>Once a Semester</td>
<td></td>
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<tr>
<td>Once a Year</td>
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<tr>
<td>Other (please specify)</td>
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</tbody>
</table>

12. What assessment tools do you use to evaluate the success of instruction?
13. Has RTI\(^2\) been successful in identifying students for special education within your school building?
   a. Not at All
   b. Not Very Successful
   c. Neutral
   d. Somewhat Successful
   e. Very Successful
   f. Comments?

14. Has RTI\(^2\) been successful in providing assistance for students who need extra instruction but do not need special education?
   a. Not at All
   b. Not Very Successful
   c. Neutral
   d. Somewhat Successful
   e. Very Successful
   f. Comments?

15. Rate how RTI\(^2\) has helped in the following areas:

<table>
<thead>
<tr>
<th>Student Success</th>
<th>Special Education Referrals</th>
<th>Assessment of Students</th>
<th>Improving Teaching</th>
<th>Job Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Low-Medium</td>
<td>Low-Low-Medium</td>
<td>Low-Medium</td>
<td>Low-Medium-Medium</td>
<td>Low-Medium-Medium</td>
</tr>
<tr>
<td>Medium</td>
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<td>Medium-Medium</td>
<td>Medium-Medium</td>
</tr>
<tr>
<td>Medium-High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
16. List three (3) potential benefits to RTI²:

1. 

2. 

3. 

17. List three (3) potential barriers to successful implementation of RTI², in general:

1. 

2. 

3. 

18. List three (3) potential barriers to successful implementation of RTI², within a secondary setting:

1. 

2. 

3. 

Thank you for your responses thus far. Please complete the next section about yourself.
1. Highest educational degree completed:
   - Undergraduate Degree (B.S., B.A., etc.)
   - Master’s Degree (M.S., M.Ed., etc.)
   - Education Specialist Degree (Ed.S.)
   - Doctorate (Ed.D., Ph.D.)
   - Other: ______________________

2. What is your job title?
   - Building Administration
   - General Education Teacher
   - Special Education Teacher
   - Paraprofessional
   - Support Staff
   - Other: ______________________

3. What is your employment status?
   - Part-time
   - Full-time

4. How many years have you been an educator?
   - Less than 1 year
   - 1 to 4 years
   - 5 to 9 years
   - 10 to 14 years
   - 15 to 19 years
   - 20 or more years

5. How many years have you been an educator at this school?
   - Less than 1 year
   - 1 to 4 years
   - 5 to 9 years
   - 10 to 14 years
   - 15 to 19 years
   - 20 or more years

6. With what grade levels do you work (check all that apply)?
   - Elementary School (Pre-K – 5th)
   - Middle School (6th – 8th)
   - 9th Grade
   - 10th Grade
   - 11th Grade
   - 12th Grade

7. Level of courses taught (check all that apply):
   - I am not a General Education teacher
   - Standard courses
   - Honors courses
   - AP courses
   - Other: ______________________

8. Type of courses taught (check all that apply):
   - I am not a General Education teacher
   - English
   - Math
   - Science
   - Social Studies
   - Foreign Language
   - Humanities & Fine Arts
   - Career & Technical
   - Other: ______________________

9. In how many schools do you work?
   - 1
   - 2
   - 3
   - More than 3

10. Please add any comments about RTI^2 that you would like to share.

Thank you for the information about RTI^2. Your responses and time are very important to me. I am planning to follow up with a random selection of volunteers to participate in face-to-face or phone interviews about RTI^2. If you would like to volunteer, please email me at alspangler@cn.edu and give me your name and best contact information. Responding to this email address will not link your questionnaire information to your name.
APPENDIX B

Informed Consent for Interview Participants
Dear colleague,

Thank you for taking the time to complete the questionnaire regarding your use and perception of RTI² within your building. To gain a more comprehensive view of how RTI² functions within your building and your role in implementation, your participation in subsequent interviews is vital. Participation in the interview process is entirely voluntary and you may withdraw your consent to participate at any time. Likewise, your participation will remain confidential as any of your personally identifiable information will be changed to ensure your anonymity.

The interview process should only take about 15 minutes of your time, and you will be adding valuable information to the field. Thank you for your assistance in contributing to the field of research.

Anne Louise Spangler, Ed.D. candidate  
Carson-Newman University
Consent for Participation in Research Interview
conducted by
Anne Louise Spangler, Ed.D. candidate

I agree to participate in a research project conducted by Anne Louise Spangler, Ed.D. candidate at Carson-Newman University, Jefferson City, Tennessee.

1. I have been given sufficient information about this research project and I understand my role. The purpose of my participation as an interviewee in this project and the future management of my data has been explained to me and is clear.

2. My participation as an interviewee in this project is voluntary. There is no explicit or implicit coercion whatsoever to participate.

3. Participation involves being interviewed by the primary researcher, which should last approximately 15 minutes. By signing this consent form, I give the researcher permission to take notes during the interview, while recording the interview and subsequent dialogue by audio tape. It is clear to me that in case I do not want the interview and dialogue to be taped I am fully entitled to withdraw from participation.

4. I have the right not to answer questions and if I feel uncomfortable in any way during the interview session, I have the right to withdraw from the interview.

5. I have been given the explicit guarantee that the researcher will not identify me by name or function in any reports using information obtained from this interview, and that my confidentiality as a participant in this study will remain secure.

6. I have been given the guarantee that this research project has been reviewed and approved by the appropriate Institutional Review Boards.

7. I have read and understood the points and statements of this form. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.

8. I have been given a copy of this consent form co-signed by the interviewer.

_________________________________________        _____________
Participant’s Signature                  Date

_________________________________________        _____________
Researcher’s Signature                  Date