

Reflecting on the Research

Instructions: 1) Read attached article 2) discuss the following with PLC Team 3) post on the blog.

a.) **CPR:** What is Learning CPR?

b) **Definition:** What is RtI according to this article?

c) **Self Assessment:** How does our practice at Athena compare with the 9 elements of effective RtI programs as defined in the article? Use specific phrases from the article as evidence to fill in the chart.

| RtI Principles | Areas of Strength for Athena | Areas of Weakness for Athena |
|--|------------------------------|------------------------------|
| Administrative Support | | |
| Systematic Data Collection | | |
| Staff Support & Training | | |
| Parent Support & Involvement | | |
| Understanding of Legal Requirements | | |
| Realistic Time Line | | |
| Strong Teams | | |
| Integration with Existing Schedule | | |
| Coordination of Existing Intervention Programs | | |

d) **Blog Posting:** Have one member of your team post the following on the blog (on the RtI page).

- What was the Most Valuable Point (MVP) from the article?
- What is a possible next step for Athena on our RtI journey?



Learning CPR

Why the Urgency?

Maple Elementary School was located in a remote area in the Pacific Northwest; most of the students' parents had attended Maple themselves, and staff members knew most children by name even before they started school. Life was uneventful in their small town—until the day the attendance secretary entered the principal's office and announced with a concerned voice, "Amy Johnson is suffering a severe asthma attack in PE; we think she's lost consciousness." Recognizing the urgency of the situation, the principal first instructed the secretary to call 911 immediately then rushed to the gymnasium. There, he noted that the site crisis team was already working to assist the student in need and the school nurse was administering cardiopulmonary resuscitation (CPR); the physical education teacher was clearing the area of on-looking students, and a designated member of the crisis team was waiting at the front of the school to guide the ambulance crew to the correct location.

Within minutes, paramedics arrived, assessed Amy's condition, and provided her with targeted, lifesaving medical treatment. Soon, Amy regained consciousness. After a few tense minutes, the fire chief said confidently, "She's breathing on her own now; she's going to be just fine."

Later that afternoon, the principal attended a parent-teacher meeting regarding Robbie, a sixth-grade student whose family had just moved to Maple's small town. The meeting opened with a review of Robbie's educational history. Previous report cards painted a clear, consistent picture: Robbie was a remedial reader who had difficulty decoding words and retaining information. Each year, this deficiency grew, as it did, his attention in class and overall effort waned. While previous teachers' comments described Robbie's learning difficulties, little documentation existed on what interventions they had employed to support him.

Robbie's current teacher said, "He's not trying at all in class, and until he starts to care about school, ask for help, and work harder at his assignments, he's going to continue to fail." His parents threw up their hands in frustration at her words.

"We've tried motivating Robbie for years," his mother said, "but nothing seems to work." The meeting ended with the team deciding to allow Robbie to experience a "fresh start" at Maple Elementary and to meet again when the semester ended in 9 weeks to review his progress.

That evening, the principal sat in his office thinking about the day's events. He had faced two student emergencies, a medical and an educational crisis, which ended with opposite outcomes. Staff had been successful with Amy, the asthmatic girl, because they were guided by an extreme sense of urgency; everyone understood that she faced a life-or-death situation. Maple had developed and practiced a systematic emergency response plan, so it was prepared to respond to Amy's health needs. Their response was timely, directive and administered by trained professionals. In the end, by providing CPR, paramedics saved Amy's life.

But when it came to Robbie, the struggling learner, Maple's staff lacked a sense of urgency at the parent conference. There was no systematic program that would provide Robbie with timely, targeted, and directive learning help. Thus, while being gratifyingly successful with the asthmatic girl, the team at Maple was frustratingly ineffective with the boy who was educationally at risk.

Appropriate Response to Learning Emergencies:

Unfortunately, Robbie's story is fairly representative of the vast majority of U.S. schools. Nearly all schools are well-prepared to respond to medical emergencies but woefully unprepared to handle learning crises. Worse, most schools lack a real sense of urgency in addressing student learning problems. Yet the only real difference between the life-threatening conditions of the asthmatic girl and the educational crisis of the boy who was significantly below grade-level in reading is the speed with which they are "dying."

To successfully help learners at risk, we must apply the same characteristics of our medical emergency response procedures to our instructional intervention program. In other words, we must provide our students at risk with "Learning CPR," which is:

- Urgent
- Directive
- Timely
- Targeted
- Administered by trained professionals
- Systematic

Read



* Response to Intervention The Future for Secondary Schools

The first of two articles on response to intervention (RTI), this month's column explains RTI and its role in school improvement.

By Andrea Canter,
Mary Beth Klotz, and
Katherine Cowan

When the administrators and the math faculty of the East Central School District in Minnesota became concerned that a significant number of students would not pass the math test that would be given to students in grade 11 and was required for graduation, they implemented a response to intervention (RTI) program to address the issue. The program used universal screening of students in grade 8 to determine which students were in need of intervention. Those students received supplemental math instruction; use of evidenced-based instructional strategies; use of behavior management and motivational techniques; regular progress monitoring; and small-group instruction. Although not all students achieved grade-level competency in the first year, they made on average twice the growth typically seen in grade 8 and greatly improved their rate of growth compared with their scores from the previous year. In the following years, interventions were continued for many students and were also expanded to include younger students (Windram, Scierka, & Silbergliitt, 2007).

and placement. In fact, many experts advocate for the inclusion of RTI strategies in the upcoming reauthorization of the No Child Left Behind Act. The National Academy of Sciences recommends using RTI strategies to improve achievement and behavior and to help reduce the disproportionate representation of minority students in special education (Donovan & Cross, 2002). Successful implementation of an RTI program can translate into fewer IEPs, reduced rates of student disengagement and failure, and increased numbers of students achieving grade-level standards in general education.

In many states, school districts are developing local models of RTI and incorporating the model into their programs for students who need instructional and behavioral supports. Although research regarding RTI has been conducted for more than a decade at the elementary school level, the process is relatively new for the more complex environments of middle level and high schools. Effective implementation requires significant planning and leadership from administrators.

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The use of RTI methods as part of a comprehensive system to address student learning difficulties and behavioral challenges is a growing—and promising—approach to improving student outcomes. RTI methods have been used in general education for years, but they gained widespread attention as a component of the Individuals With Disabilities Education Improvement Act of 2004 (IDEA 2004).

Despite its legal underpinnings in IDEA, RTI is not a special education process but a general education initiative that fits within school improvement efforts. RTI is an effective method for helping struggling learners in the general education environment before they fail and face special education referral

→ What Is RTI?

RTI is a tiered process of implementing evidence-based instructional strategies in the regular education setting and frequently measuring the student's progress to determine whether these strategies are effective. The RTI process generally involves three stages of implementation (Brown-Chidsey & Steege, 2005).

Tier 1. The first tier consists of universal strategies, including a high-quality core curriculum, research-based teaching strategies, schoolwide screening to identify students at risk for difficulty, and the design of supports for these students within their regular educa-

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tion classrooms.

Tier 2. The second tier involves instructional modifications and assessments that are developed for students who do not respond sufficiently to tier 1 strategies. At this stage, the process includes assessing students' skills and evaluating the instructional environment, curriculum, and delivery of instruction. Specific interventions are designed and delivered as needed, often in small-group contexts, and students' progress is measured frequently.

Tier 3. The third tier addresses the needs of students who continue to display an inadequate response to instruction despite the use of high-quality, evidence-based strategies at tier 2. At tier 3, instruction and interventions are further individualized and students may be referred for evaluation of eligibility for special education. Although districts will vary in their definitions and criteria for special education assessments, data obtained using RTI procedures is considered a key component of eligibility determinations for specific learning disabilities.

At all three tiers, teaching methods, interventions, evaluations, and communications must take into consideration the cultural backgrounds and linguistic needs of the students and their families. RTI approaches have been effectively implemented with students from diverse backgrounds, including English language learners. Involving personnel who have expertise in instructional consultation and evaluation of individual progress and program effectiveness, such as school psychologists and curriculum specialists, is essential to planning and implementing RTI models successfully.

Different From Other Approaches

Historically, students with learning or behavioral needs have had few options for support

Components of Strong Teams

RTI requires strong teams that can make collaborative decisions. A team should:

- Include a cross-disciplinary group of subject-area teachers, specialists, such as reading teachers and teachers of English language learners, related services personnel, such as school psychologists, speech language pathologists, social workers, and school counselors, administrators, and special education personnel.
- Be organized according to existing structures within the school. For example, middle-level schools might be organized as families or grade-level teams and high schools might be organized around academic departments.
- Involve a core team with additional personnel as needed.
- Facilitate parent involvement in planning and reinforcing academic and behavioral interventions. Provide student progress reports to parents.
- Incorporate RTI into the business and routine of the team. Additional teams and meetings are not necessary if the team's responsibilities include solving student academic or behavior problems.
- Have clear systems in place for evaluating and adjusting RTI approaches and for providing staff development.

in regular education. Some schools offer Title I services that typically involve pull-out classes in basic skills and tutoring programs that vary considerably in quality. Others use truly ineffective remedies, such as grade retention. Most often, struggling students are subjected to repeated failure before they are referred for special education services. Even then, an individual plan is developed only if a team determines that the student has a disability. For many reasons—including poverty, limited English skills, and cultural bias—special education evaluations may not accurately measure student potential. Many students reach the secondary level with limited basic skills and at high risk for dropping out or failing to graduate. Some become chronically truant and others develop serious behavior problems.

RTI, on the other hand, provides a mechanism for supporting struggling students without waiting to determine special education eligibility. RTI approaches can be implemented from preschool through high school and can address problems early. Because strategies are scientifically based and progress is monitored frequently, interventions are more likely to be effective and can reduce the number of students who ultimately require special education

Resources

IDEA Partnerships Collaborative Work on Response to Intervention
www.ideapartnership.org/page.cfm?pageid=17

Meeting the Needs of Significantly Struggling Learners in High School: A Look at Approaches to Tiered Intervention
 H. Duff, 2007. Available at www.betterhighschools.org/docs/NHSCRTI_Brief_08-02-07.pdf

National Association of School Psychologists
www.nasponline.org/resources/rti/index.aspx

services. As a regular education initiative, RTI is not dependent on special education personnel, funding, or eligibility rules for implementation. Any student at any time can be supported through RTI procedures. Finally, RTI is flexible and involves collaboration among school personnel, taking advantage of the many skills and ideas in a given faculty.

Effective RTI Programs

Although RTI can be shaped to fit the philosophy, personnel, experience, and needs of a given school or district, there are some elements that are common to all RTI programs.

1. **Administrative support.** RTI may differ from the approaches that are currently being used in a school, or it might be similar in some respects to current student support team models and services. Regardless of the degree of change, it is essential that any innovation be wholly supported by school leaders. Principals and other administrators should be knowledgeable about and able to promote the use of scientifically based practices, team problem solving, and frequent student progress monitoring.

2. **Systematic data collection.** Many schools have effective procedures in place as a result of NCLB and state assessment mandates. At each tier, student progress must be evaluated accurately and frequently, and records of student progress should be easily accessible to teachers, parents, and support personnel. Curriculum-based measurement procedures offer one scientifically validated approach to measuring the effects of changes in instruction over time. Training, software, and other technological supports for data collection are available to help schools develop effective and efficient methods that will align naturally with existing programs.

3. **Staff support and training.** Instructional strategies and team decision making are vital to the implementation of tier 2 and tier 3. Whether RTI reflects a radically different view of student learning and remediation or merely extends the philosophies and experiences of the faculty, teachers must receive thorough training in the basic principles of RTI and in scientifically proven instructional strategies.

Schools with limited experience in team problem solving will greatly benefit from training in team decision making. Training is not a one-shot event but will require different levels of ongoing professional development.

4. **Parent support and involvement.** Parents of students with suspected disabilities may be particularly apprehensive about RTI and what it might mean for their child. Parents should be invited to information sessions and included on advisory councils to provide input as the design of the RTI program gets underway. Parent involvement at each stage of RTI is important because home-school collaboration is essential to the success of any assessment, intervention, or program modification.

5. **Understanding of legal requirements.** Principals, teachers, and staff members should be well versed in their states' regulations for implementing IDEA 2004, particularly the rules for identifying students with specific learning disabilities and using RTI in the special education evaluation. Many states provide training for administrators and other personnel.

6. **Realistic time line.** The implementation of a schoolwide RTI program cannot be rushed. Developing an implementation plan and training staff members can take a year and can include inviting consultants into the school. With new approaches, it usually is best to start small—implementing only tier 1 the first year or implementing tiers 1 and 2 at one grade level or within one team. Planning should be coordinated with feeder schools to create consistent student support across grade levels. RTI at a secondary school will naturally be organized differently than at an elementary school, but there can be commonalities in decision making, parent involvement, and data collection. Developing an RTI program should include creating a plan for evaluating the effectiveness of and modifying the program as needed.

7. **Strong teams.** Interventions are carried out by individual teachers, but the process requires team decision making and sharing expertise. Teams can be defined differently from school to school but should include a cross-disciplinary group and fit within existing team

structures: RTI can be incorporated into the business and routine of an existing team if the team's responsibilities already include solving student academic or behavior problems.

② Integration with existing scheduling.

Secondary schools often have difficulty scheduling time to support students with individualized instruction. Struggling readers can be grouped to practice study skills. Block scheduling can provide an effective framework for modifying instruction. Scheduled study halls can be used for skills labs.

③ Coordination of existing intervention programs.

Intervention programs already in place, such as a drop-out prevention program or an intensive reading program for students performing far below grade-level expectations or state standards, might be appropriate tier 2 or tier 3 strategies.

Conclusion

Administrators may be reluctant to take on another new initiative. The beauty of RTI is that it

does not require a wrenching overhaul but can build on existing frameworks within a school and can be implemented in stages that meet students' needs and staff members' capacities. Most important, RTI relies on—and ultimately enhances—core principles of effective education: high-quality instruction, evidence-based individualized student support, consistent evaluation of outcomes, ongoing professional development, and collaboration among staff members and with families. RTI truly offers a future of improved school outcomes that all secondary schools can achieve. PL

REFERENCES

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