Response to Intervention

Manual

Savannah Chatham County Public Schools
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Chapter 1
Introduction and Overview
Definition and Purpose

The Savannah Chatham County Public School System has adopted the Response to Intervention (RtI) model to provide academic and behavioral support in the general education classroom with the goal of preventing students from falling behind through early intervention.

The National Research Center on Learning Disabilities (NRCLD, 2006) defines Response to Intervention as: “…an assessment and intervention process for systematically monitoring student progress and making decisions about the need for instructional modifications or increasingly intensified services using progress monitoring data.”

RtI is an integrated approach to service delivery that encompasses general, remedial and Exceptional Student Education through a multi-tiered service delivery model. It utilizes a problem-solving framework to identify and address academic and behavioral difficulties for all students using scientific, research-based instruction. Essentially, RtI is the practice of:

1. providing high-quality instruction/intervention matched to all students’ needs
2. using learning rate over time and level of performance to make important educational decisions to guide instruction

(National Association of State Directors of Special Education, 2005).

RtI practices are proactive, incorporating both prevention and intervention, and are effective at all levels from early childhood through high school. RtI is a general education initiative written into the special education law. The language that Congress uses in Individuals with Disabilities Education Act (IDEA 2004) and Elementary and Secondary Education Act (NCLB 2001) stresses the use of professionally sound interventions and instruction based on defensible research, as well as the delivery of effective academic and behavior programs to improve student performance. Congress believes that as a result, fewer students will require special education services. Recent research shows that multi-tiered models are effective educational practices within schools to bring high quality instruction to all students.

The key purposes of RtI are:

- decisions based on data,
- screening for at-risk students,
- school wide collaboration to help each student,
- progress monitoring,
- and evaluating the effectiveness of instruction and interventions.

The RtI concepts presented in this document make use of a multi-tiered approach that incorporate the aspects of a personalized education. This manual has been designed to propose a framework for schools to implement RtI. Instruction should be standards-based, student-centered, and rooted in assessment with the consistent use of best instructional practices and materials that are grounded in research. A holistic approach to problem-solving will be used with each child, taking into account cultural, social, and oral language factors. Parents need frequent communication to partner with the school when making RtI decisions.

Main Ideas

The RtI team is typically different from the child study team in that the child study team historically has been used in a pre-referral and referral process for Special Education. The RtI process is an early intervention and prevention process with the goal being to eliminate the future need for Special Education services for the child by intervening before a gap in academic achievement becomes too great. RtI is about prevention and early support, it is not a retooling of the pre-referral/child study team process. RtI is comprised of core principles that represent
recommended RtI practices (Mellard, 2003). These principles represent systems that must be in place to ensure effective implementation of RtI components and establish a framework to guide and define the practice.

1. Use scientific, research-based interventions/instruction. The critical element of RtI systems is the delivery of scientific, research-based interventions with fidelity in general, remedial and special education. This means that the curriculum and instructional approaches must have a high probability of success for the majority of students. Since instructional practices vary in efficacy, ensuring that the practices and curriculum have demonstrated validity is an important consideration in the selection of interventions. Schools should implement interventions, monitor the effectiveness, and modify implementation based on the results.

2. Monitor classroom performance. General education teachers play a vital role in designing and providing high quality instruction. Furthermore, they are in the best position to assess students’ performance and progress against grade level standards in the general education curriculum. This principle emphasizes the importance of general education teachers in monitoring student progress rather than waiting to determine how students are learning in relation to their same-aged peers based on results of state-wide or district-wide assessments.

3. Conduct universal screening/benchmarking. School staff conducts universal screening in all core academic areas. Screening data on all students can provide an indication of an individual student’s performance and progress compared to the peer group’s performance and progress. These data form the basis for an initial examination of individual and group patterns on specific academic skills (e.g., identifying letters of the alphabet or reading a list of high frequency words) as well as behavior skills (e.g., attendance, cooperation, tardiness, truancy, suspensions, and/or disciplinary actions). Universal screening is the least intensive level of assessment completed within an RtI system and helps educators and parents identify students early who might be “at risk.” Since screening data may not be as reliable as other assessments, it is important to use multiple sources of evidence in reaching inferences regarding students “at risk.”

4. Use a multi-tier model of service delivery. An RtI approach incorporates a multi-tiered model of service delivery in which each tier represents an increasingly intense level of services associated with increasing levels of learner needs. The Savannah-Chatham County Public School System has adopted a four-tier approach.

5. Monitor progress frequently. In order to determine if the intervention is working for a student, the RtI Team must establish and implement progress monitoring. Progress monitoring is the use of assessments that can be conducted frequently and are sensitive to small changes in student behavior. Data collected through progress monitoring will inform the RtI Team whether changes in the instruction or goals are needed. Informed decisions about students’ needs require frequent data collection to provide reliable measures of progress. Various curriculum-based measurements are useful tools for monitoring students’ progress.

6. Implement with fidelity. Fidelity refers to the implementation of instruction and interventions as designed, intended, and planned. Fidelity is achieved through sufficient time allocation, adequate intervention intensity, qualified and trained staff, and sufficient materials and resources. Fidelity is vital in universal screening, instructional delivery and progress monitoring. Successful RtI systems must consistently maintain high levels of fidelity in the implementation of both interventions and progress monitoring. This means that the intervention plans are applied consistently and accurately. It is the responsibility of an administrator at each school to ensure fidelity by monitoring the delivery of instruction (e.g., pacing guides, fidelity checklists, Principal’s Walk Through, etc.).
Response to Intervention
The Georgia Student Achievement Pyramid of Interventions

Tier 1 – Standards-Based Classroom Learning
Tier 2 – Needs-Based Learning
Tier 3 – SST-Driven Learning
Tier 4 – Specially-Designed Learning

Tier 1 – Standards-Based Classroom Learning:
All students participate in general education learning that includes: • Universal screening to target groups in need of specific instructional and/or behavioral support; • Implementation of the Georgia Performance Standards (GPS) through a standards-based classroom structure; • Differentiation of instruction including fluid, flexible grouping, multiple means of learning and demonstration of learning; • Progress monitoring of learning through multiple formative assessments; • Positive behavior supports.

Tier 2 – Needs-Based Learning:
In addition to Tier 1, targeted students participate in learning that is different by including: • Intensive, formalized problem solving to identify individual student needs; • Targeted research based intervention tailored to individual needs; • Frequent progress monitoring and analysis of student response to intervention(s).

Tier 3 – SST-Driven Learning:
In addition to Tier 1 and Tier 2, targeted students participate in learning that is different by including: • Standard intervention protocol process for identifying and providing research based interventions based on need and resources; • On-going progress monitoring to measure student response to intervention and guide decision-making.

Tier 4 – Specially-Designed Learning:
In addition to Tier 1 through 3, targeted students participate in: • Specialized programs, methodologies, or instructional delivery; • Greater frequency of progress monitoring of student response to intervention(s).

5-10% of total enrollment

10-15% of total enrollment

80% of total enrollment

20% of total enrollment
Chapter 2
Research on
Response to
Intervention
RtI is an evidence-based approach to early intervention for students struggling with learning or behavior in general education and special education settings. Its core principles are that Tier 1 evidence-based instruction is provided with fidelity, student progress is monitored frequently, students’ responsiveness to intervention is evaluated, and instruction is adapted as needed (National Association of State Directors of Special Education, 2005; Vaughn & Fuchs, 2003). It has come to the forefront of education reform efforts in recent years, with a different twist—it came from the bottom up. Now both federal legislation and state initiatives have endorsed the effectiveness of RtI and similar initiatives. RtI addresses NCLB and IDEA 2004 mandates, concerns about traditional special education identification procedures, the disproportionate representation of minorities in special education, the integration of general and special education, and the delivery of evidence-based programs to students.

Integration of Program Areas
RtI emphasizes integration of program areas, application of a problem solving approach, and use of evidence-based instruction with progress monitoring data because they have consistently improved educational outcomes in achievement, behavior, and graduation rates. Indeed, RtI has programmatic collaboration built into its design since it requires coordinated decision-making and resource sharing among general education, special education, and related services personnel. Similarly, the statewide standards-based curriculum in Georgia, applied to all programs, is expected to be facilitated, in part, through the state’s tiered intervention model. Georgia is an example of how an RtI approach is used to improve school services—the School Improvement program area uses it to help schools in the AYP Needs Improvement category; Curriculum and Instruction uses it to provide differentiated instruction; and Special Education uses it as one option in the student eligibility decision process.

Basis for informing instructional decision-making
Some researchers have long asserted that there is a lack of evidence of the cost effectiveness and validity of aligning instruction to diagnostic classifications (Canter, 2004; Fletcher et al., 2002; Reschly & Tilly, 1999; Ysseldyke & Marston, 1999). Recent RtI-related literature suggests that a central advantage of RtI over the IQ-achievement discrepancy model is RtI’s provision of information directly relevant to the design, delivery, and monitoring of student progress via more appropriate instruction (Bradley, Danielson & Doolittle, 2007). Currently, states are shifting from categorizing-labeling students to focusing more on the instructional needs of students—meeting them where they are—with the goal of basing instructional decisions on how students are progressing. It is anticipated that this shift will help integrate general and special education, streamline resources, and promote greater inclusion of students with special needs.

Disproportionality
RtI may help reduce the disproportionate representation of minorities in special education. All states and schools in the U.S. are accountable for disproportionality in special education through State Performance Plan reporting to the Office of Special Education Programs. The Georgia Department of Education concurs that disproportionality is a serious concern in the state and Georgia is under consent decrees requiring the elimination of this disproportionality. RtI can be used as a strategy to account for cultural and linguistic considerations and differences among students when designing interventions, thereby possibly reducing the disproportionate identification of minority students. Research evidence on the potential of RtI to reduce the disproportionate number of minority students is promising. Marston (2002) cites significant decreases in placement rates of minority students in special education with RtI. In the Minneapolis Public Schools, Marston, Mysksens, Lau, and Cantor (2003) found that the RtI process reduced disproportionality for African-American students, and similarly, VanDerHeyden and Witt (2005) found a significant increase in the rate of response of minority students to early intensive instruction.
Special Education Identification

Finally, RtI has been discussed in the literature as an alternative method to the traditional IQ-achievement discrepancy model for identifying and intervening with students’ learning problems or disabilities. With the discrepancy model, a student must evidence a severe discrepancy between general intelligence and academic achievement before being identified as having a specific learning disability (SLD) in order to receive special education services. Such a discrepancy is typically not evident until a student has completed two or more years of schooling. This represents a “wait to fail” approach that is considered by many to work against early intervention. Indeed, researchers have cited the advantages of early identification and remediation of students with SLD (Gresham 2002; Jenkins & O’Connor, 2002). Delaying identification of SLD until a child falls below a predicted level of performance can result in at least two years of academic failure (Donovan & Cross, 2002).

RtI and its Relationship to Other State and Federal Programs

NCLB’s focus on evidence-based practice, data-driven decision-making and multi-tiered intervention reflects the fundamental elements of RtI and similar tiered-interventions. NCLB’s focus on preventing learning problems, reducing achievement gaps among minority students, and intervening early with struggling learners is further specified in IDEA 2004; it allows an RtI approach as a means to determine student eligibility for special education. IDEA 2004 promotes instructional practice and decision-making designed to ensure that inadequate instruction or cultural bias do not lead to the academic or behavioral misidentification of minority students in special education. At its core, IDEA 2004 encourages reforms that better integrate special and general education systems. The law’s corresponding emphasis on improving outcomes for both at-risk students and those with learning difficulties is very much in line with the aims of RtI.

Decision makers have been working for many years to improve school practices and classroom instruction with approaches and features—such as teacher support teams, a problem solving process, data-based decision making—that characterize RtI.

In the planning and development stages for RtI or tiered approach initiatives, informational resources may provide assistance in becoming familiar with the components of RtI and the research base behind it, exploring particular models, and gathering information on elements to consider in implementing RtI:

- National Center on Response to Intervention (NCRTI)
- National Resource Center on Learning Disabilities (NRCLD)
- National Association of State Directors of Special Education (NASDSE)
- National Center on Educational Outcomes
- National Technical Assistance Center on Student Progress Monitoring
- The IRIS Center at Peabody
- Whatever It Takes: How Professional Learning Communities Respond When Kids Don’t Learn, by Richard DuFour, Rebecca DuFour, Robert Eaker and Gayle Karhanek
- Response to Intervention: Training for California Educators (California Department of Education five-part video series)
- Florida Center for Reading Research
- Iowa Heartland Model

Two RtI models have emerged as options for implementation: the problem-solving model and the standard protocol model, with variations and hybrids emerging based on the two (Hollenbeck, 2007; Fuchs et al., 2003). The problem-solving model (PSM) evolved out of school problem-solving teams (Graner et al., 2005) and behavioral consultation (Fuchs et al., 2003). The approach relies on groups of teachers and specialists to design and monitor interventions with students identified as having academic challenges (Fuchs & Fuchs, 2007). In contrast to PSM, the standard protocol model (STP) uses school or class-wide screening to identify student learning problems, which are then, addressed using predetermined instructional techniques and interventions. In
practice, the features of the problem-solving and standard protocol approaches can be merged (Hollenbeck, 2007). For example, Iowa’s Heartland AEA Problem-Solving model, initiated in 1988, has evolved over time from allowing maximum flexibility for LEAs within the parameters of the model’s design principles to incorporating more standardized protocols and commercially available interventions (Jankowski, 2003; Grimes & Kurns, 2003). While states are at varying stages of the development and support of the RtI model, experts generally recommend a phased introduction over a handful of years that allows sufficient time for educators and administrators to accommodate new practices (Fuchs & Deschler, 2007). The National Research Center on Learning Disabilities (NRCLD) defines the following RtI core implementation features, such as:

- Universal screening of academics and behavior
- High-quality research-based classroom instruction
- Implementation of appropriate research-based interventions
- Continuous progress monitoring of students’ response to interventions

NRCLD also identifies several common attributes of RtI implementation:
- The concept of multiple tiers of increasingly intense student interventions
- Implementation of a differentiated curriculum
- Instructional delivery includes staff other than the classroom teacher
- Categorical or non-categorical placement decisions

The most mature examples of wide-scale adoption of RtI are Iowa’s Heartland AEA model, Minneapolis’ PSM model, and Florida’s Problem Solving and Response to Intervention project.

Savannah-Chatham County has chosen to merge the problem-solving and standard protocol models with the four tiered student achievement pyramid.

(Georgia Department of Education Dr. John D. Barge, State School Superintendent September 19, 2011)
Chapter 3
Elements of RtI
**Tiers of Intervention**

As noted earlier, a RtI approach incorporates a multi-tiered system of service delivery in which each tier represents an increasingly intense level of services. The level of supports/interventions provided to students changes fluidly from tier to tier. A multi-tiered concept aligns all available resources to support and address students’ needs regardless of their eligibility for other programs. It is important to note that RtI is not a placement model; it is a flexible service model. Tiers build upon and supplement the lower tiers, rather than supplanting them.

**Standards-Based Classroom Learning**

**(Tier 1)**

In the RtI framework, all students in Tier 1 receive high quality scientific, research-based instruction from general education teachers in the core curriculum. The core curriculum provides the foundation for instruction upon which all strategic and intensive interventions are formulated. While Tier 1 instruction occurs in the general education setting, it is not necessarily grade level instruction but rather *differentiated instruction*. Instruction at Tier 1 includes all developmental domains such as behavioral and social development along with instruction in academic content areas. Tier 1 instruction must be both differentiated and culturally responsive to serve approximately 80-90% of the student body and is effective for the vast majority of students. At this phase, general education teachers match students’ prerequisite skills with course content to create an appropriate instructional match and use instructional strategies with fidelity that are evidence-based.

An important first step in identifying at-risk students is the use of *universal screening and/or benchmarking* of students in all academic areas. At Tier 1, universal screening for all students is conducted at least three times – at the beginning, middle and end of the school year.

**Progress monitoring** documents student growth over time to determine whether the student is progressing as expected in the core curriculum. A student’s progress will need to be graphed after each formative assessment to track growth or lack of growth. There are multiple ways to graph data collection such as by hand, Excel templates, and online tracking services.

CBMs are primarily used as a method for progress monitoring and are characterized as brief, easy to administer and score, and produce measures that are good predictors of a student’s academic ability. A list of various CBM tools can be found in the resources section of this manual. CBMs are used for both screening/benchmarking and progress monitoring. Other measures of student performance such as classroom observations, state-wide and district-wide assessments, and other standardized testing may be considered when measuring the effectiveness of the interventions provided.

The data collected during Tier 1 progress monitoring of ‘at-risk’ students helps teams make informed decisions at the classroom level. These data provide a picture of the student’s performance and rate of growth (i.e., progress) to inform instructional and curricular changes so that every student reaches proficiency on targeted skills. Students who do not reach a proficiency level at Tier 1 will need more strategic interventions. **Lack of responsiveness** is defined as the rate of improvement, or a progress slope, that is not sufficient for the student to become proficient with state standards within a reasonable timeline without provision of additional interventions. This is why accurate data collection and graphing are essential to track the rate of a student’s progress.

The decision to advance to Tier 2 is based upon an analysis of the progress monitoring data and a determination of a lack of responsiveness at Tier 1. A holistic approach is needed when determining possible causes of the failure to progress such as medical conditions, family crises, or other traumatic life changes that may impact the student’s classroom performance. If these events are short-term, the team may decide to keep the student in Tier 1
and provide other supports to address the immediate needs of the student. In very rare cases, some students are significantly below Tier 1 and Tier 2 peers, indicating a need for Tier 3 intensity in order for the student to make progress. The RtI Team will make this determination when reviewing the student’s individual needs.

Following Georgia state requirements, any student functioning below grade level in reading (as measured by the SRI or CRCT) is required to receive a minimum of 120 (90+30) minutes per day in reading instruction. This requirement will be addressed through the RtI multi-tiered process. Students receiving Tier 2 and Tier 3 supports may need interventions in the regular classroom, in addition to interventions in the Tier 2 setting. The RtI Team may assist the classroom teacher in designing these interventions; however, many of them are just a normal part of good teaching practices.

Many interventions can and should be done in the regular classroom (Tier 1), following the principles of differentiated instruction and universal design, regardless of whether or not a teacher has any students receiving supplemental or intensive intervention supports in their classroom. Universal design means that, although something may be intended for a particular target, it has universal applications. For example, although a wheelchair ramp is intended to assist people in wheelchairs, it is routinely used by delivery people with a hand truck and parents with strollers, as well. The scenarios below illustrate how RtI works in the CCGPS, using these principles.

**Guiding Questions**

**Tier 1**
- Are the GCCPS being taught in the classroom?
- Is the curriculum differentiated?
- Are benchmark assessments or screenings being completed with all students?
- Has instruction been modified as a result of the benchmark data?
- Did 80% or more of all students meet the benchmark expectations?
- Are 80% of the students passing all subjects?
- Are 80% of the students following classroom rules and school-wide positive behavior plans?
- Is the student in the bottom 20% on benchmarks, assessments, and grades as compared with peers?
- Is the student experiencing behavioral difficulties or communicating ineffectively?

The answers to these questions may or may not indicate that the student requires Tier 2 interventions.

**Process and Procedures**
- Complete universal screening and benchmark assessments in the Fall, Winter, and Spring
- Use research- and evidence-based instructional strategies/CCGPS to teach students.
- Provide core reading instruction addressing the five elements of reading (Phonemic Awareness, Phonics, Fluency, Vocabulary, and Comprehension).
- Change or differentiate instruction, as needed (to include flexible, small groups).
- Identify groups of students at risk of failing academically or exhibiting chronic, persistent behavior difficulties that may need to participate in more intensive interventions.
- Notify parents using the Tier 2 Parent Notification Letter to inform that their child will be receiving small group instruction in specific areas of need.
Needs-Based Learning
(Tier 2)

**Needs Based** is provided to students who are not achieving the desired standards through the core curriculum alone, despite differentiated high-quality instruction. Tier 2 typically consists of 10-15% of the student body. Strategic interventions supplement (not replace) the instruction in the core curriculum provided in Tier I and should be targeted at identified student needs and stated in an intervention plan. Decisions about selecting the appropriate strategic interventions should be made when a student begins to receive the strategic supports and then reviewed through progress monitoring at appropriate intervals after interventions are implemented.

Strategic interventions are intended to be short-term and are put in place for immediate implementation; however, students may continue to receive supplemental interventions for as long as they are making reasonable progress. While no specific time frame is mandated, interventions need to be in place for a period long enough to accumulate streams of meaningful data. This will allow the teams to make informed and well considered decisions. Interventions are generally provided in smaller groupings; they may occur in the main classroom or in other settings. Instruction must be provided by trained staff and supervised by individuals with expertise in the intervention chosen by the RtI Team.

At Tier II, progress monitoring involves reviewing existing data of the student’s performance and progress using CBM tools. Progress monitoring is done more frequently at Tier II than Tier I, usually occurring two times per month, or more frequently as determined by the RtI Team. Data gathered through Tier II progress monitoring informs teams of modifications needed to student intervention plans. For example, if progress monitoring data reflects student performance below the goal line over four consecutive periods of data collection, the amount and frequency of the intervention should be increased, or new strategic interventions should be added.

Students who are successful may no longer require strategic instruction once they reach a delineated benchmark. However, a significant number of students experiencing success with these strategic interventions will continue to need this level of support over an extended period of time to remain successful. For a small percentage of students, Tier II interventions will not be enough. If a student is not making adequate progress after it is determined that the strategic interventions have been implemented with fidelity; the student may require more intensive interventions (Tier III).

**Guiding Questions**

- Has a hearing and vision screening been completed?
- Did the student pass some/all of the screenings completed?
- Have parents been notified that their child has been experiencing difficulties and needs extra support?
- Has the small group/standard protocol process been initiated and appropriate documentation collected?
- Are research and/or evidence-based interventions being used?
- Is Tier I instruction still being provided to the student?
- Are the interventions being implemented with fidelity?
- Is progress monitoring occurring on at least a weekly basis? If not, has the team identified individuals who can complete this task so the data can be collected?
- Is the student showing insufficient progress when compared with grade-level expectations?
- Is the student showing marked improvement in grade-level skills?

The answers to these questions may or may not indicate that the student requires referral to Tier 3/SST process.
Process and Procedures

- Continue to provide Tier 1 instruction.
- Complete Parental Consent for Screening form (hearing, vision, etc.).
- If a student fails the hearing screening, a letter should be provided to the parents to notify them of the need for further evaluation and a referral should be made to the district audiologist. Functional hearing screenings are acceptable.
- If a student fails the vision screening, a letter should be provided to the parents to notify them of the need for further evaluation. Parents must have the student’s vision examined by a doctor; results of the examination should be returned to the school. Functional vision screenings are acceptable.
- The speech and language screening completed by the Speech-Language Pathologist/Speech Language Therapist, if communication concerns are noted. After the communication screening has been completed; the SLP will provide interventions to the teacher to implement, if necessary.
- The motor screening completed by the Occupational or Physical Therapist, if necessary.
- Complete the RTI Tier 2 Parent Notification Letter to inform parents/guardians that their child will be receiving small group instruction in the specific areas of need.
- If student exhibits chronic, persistent behaviors, a RTI FBA/BIP must be completed at this time.
- Provide small group interventions; using the RTI Tier 2/3 Intervention & Progress Monitoring Documentation Form to record progress.
- Administer progress monitoring probes at least every other week to measure student progress toward goal attainment (one baseline measure and at least four data points per intervention).
- If after 4 data points of progress monitoring, regression or no progress is indicated, the RTI team should meet to determine if more intensity in delivery, time, or instruction is required, or if a different strategy should be implemented.
- Complete the RTI Tier 3/SST Referral Form if inadequate performance is documented at Tier 2. All areas must be addressed concerning student strengths and weaknesses!
- Continue Tier 2 interventions if they are moving the student toward grade level performance.
- Return the student to Tier 1 if they have met their goal.

SST Driven Learning
(Tier 3)

Intensive interventions are designed to accelerate a student’s rate of learning. This is done by increasing the frequency and duration of individualized interventions based on targeted assessments that analyze the lack of responsiveness to the interventions provided through core and strategic interventions. Intensive interventions are supplemental to core (Tier 1) and strategic (Tier 2) interventions and are targeted to specific individual student needs. Students receiving intensive supports are those students who are performing significantly below standards and who have not adequately responded to high quality interventions provided at the Core and supplemental levels. Intensive interventions generally are required for 5-10% of the student body and are usually delivered in groups of approximately 2-5 students. Progress monitoring is completed more frequently at this level, at least on a weekly basis. In addition to the interventions the student is receiving in the core curriculum and at the strategic level, they may need even more additional time or accommodations for success.

While selecting intensive interventions, targeted assessments are typically conducted prior to a student receiving intensive supports. These assessments are more diagnostic in nature and use direct measures in addition to analysis of RtI data to provide more in-depth information about a student’s specific instructional needs. They are used to identify the student’s skill deficits. Targeted assessments may be administered by specially trained general
education teachers, reading specialists, school psychologists, or other specialists. Targeted assessments include the use of interviews, observations, error analysis techniques, CBMs (in this case targeting a very narrow skill), other standardized assessments, and/or a functional behavioral assessment.

Students who are successful with this level of support and no longer need intensive individualized interventions may be returned to previous levels of support. Students who are not successful or require permanence in terms of intensity of interventions should be referred for the possible consideration of Special Education services. The school-based problem-solving team will consider the need for further norm-based assessment(s) and a referral to Special Education services. Other long-term planning (such as a 504 plan) may also be considered if indicated.

**Guiding Questions**

- Is the student showing inadequate progress?
- Have the interventions been implemented with fidelity?
- Has progress monitoring occurred on at least a weekly basis?
- Has the RtI team determined that a referral to the special education is warranted?
- Has the psychologist been invited to the Tier 3/SST meeting prior to referral?

The answers to these questions may or may not indicate that the student requires a referral for special education eligibility.

**Process and Procedures**

- Continue to provide Tier 1 instruction.
- Send parent/guardian the Tier 3 Parent Invitation Letter, allowing sufficient time for parents to respond/attend.
- Continue using the five step problem solving model to develop appropriate interventions.
- Complete medical documentation form(s), if necessary (OHI, OI, VI, OT/PT, etc.-see Acorn)
- Analyze baseline and progress monitoring data from Tier 2 to create specific goals for student improvement.
- Complete the RTI Tier 2/3 Interventions & Progress Monitoring Documentation Form at the meeting in order to plan and identify specific interventions to implement with the student and to determine how progress will be documented. If communication interventions have been provided by the teacher for the student, invite the SLP to that meeting.
- Give the Student Background Information Form to the parents/guardians to complete whenever the team considers referral for a comprehensive assessment. When significant emotional and/or behavioral concerns are suspected, the RTI team will request that a social history be completed to include information regarding the history of the child’s current problem(s), the professional services and interventions that have been considered or provided from outside the school.
- Implement interventions for a minimum of eight weeks; keep progress monitoring data on a weekly basis; and meet every four weeks to discuss student progress.
- Move student to lower intervention tiers if the student meets their identified goal(s).
- Make a determination of suspected disability and refer for a comprehensive evaluation if adequate progress is not demonstrated
- Invite the school psychologist or DSS to the Tier 3 Referral meeting; the school psychologist should be invited to those initial referrals requiring a psychological evaluation; whereas, the DSS should be invited to all other initial referrals. If communication interventions have been provided by the teacher for the student, invite the SLP. The psychologist or DSS will review all RTI documentation and offer recommendations, as needed.
- If a referral for a comprehensive evaluation is determined necessary, the school psychologist or DSS will explain Parental Rights and obtain signatures for the Consent for Evaluation.
After reviewing documents for compliance, the school psychologist or DSS will be responsible for uploading all RTI documents into TieNet.

Tier 3 interventions must continue until eligibility determination is complete

*For students who may be considered for Specific Learning Disabilities eligibility; SLD determination requires 12 weeks of intervention data and additional weeks of interventions can take place during the specified evaluation period for Special Ed eligibility.

Special Education and Related Services
(Tier 4)

Tier 4 is the provision of specialized services.

- Completion of a comprehensive evaluation
- Eligibility determination
- IEP development
- Placement and provision of special education services with all entitled IDEA benefits and protections

Guiding Questions

- Does the Eligibility Team have enough information to determine eligibility?
- Will the initial IEP be written at the eligibility meeting or is more time needed to complete a draft?
- If the IEP cannot be written; when will the IEP meeting be scheduled (must be within 30 days of completion of the evaluation and/or 90 days from consent for evaluation)?
- Have all necessary due process forms been completed? i.e. eligibility, IEP, consent to place

The answers to these questions may or may not indicate that the student requires special education services. If students are not eligible for special education services, they should continue to receive intervention support through RtI or be considered for 504, EIP, and/or other supports.

Process and Procedures

- Provision of FAPE and all IDEA rights and privileges
- Give/send a copy of the due process paperwork to the parents/guardians
- Provide the appropriate parts of the IEP to all educators and complete the Record of Access form located on the website
- Continue with RtI support if the student does not qualify for special education services
Fast Track Procedures

Reasons to Fast-track an Evaluation
- The student is demonstrating moderate to severe difficulties cognitively; academically, communicatively, and/or behaviorally.
- The student demonstrates sensory or physical impairments such as vision impairments, hearing impairments, or orthopedic impairments.
- The student demonstrates significant medical impairments such as a neurological problem, seizure disorder, etc.
- The parents, although encouraged to use the RtI process, still request a comprehensive psychological evaluation (please contact your principal and program manager regarding these requests prior to referral).

Fast-track Process and Procedures
- Schedule a Tier 3/SST meeting; use the appropriate notification form. If communication interventions have been provided by the teacher for the student, invite the SLP to the Tier 3/SST meeting.
- Request that the parents bring in any independent assessments or medical information from physician/psychologist/psychiatrist, if available.
- Request that staff bring all relevant data to the meeting (grades, tests, work samples, etc.).
- Complete the Tier 3/SST Referral form, check box C.
- Develop Tier 2/3 SST interventions on the form and set up a meeting within four weeks.
- Acquire a parent/guardian signature on the consent for hearing and vision screening.
- Give the appropriate medical or sensory documentation forms to the parents e.g. OHI
  - Medical Form, etc., if necessary so that they can acquire a signature from their physician.
- Implement the interventions and collect progress monitoring data on a weekly basis.
- Garner signatures on the consent to evaluation form once the h/v screening has been completed successfully and all medical forms have been received.
- Invite the school psychologist and SLP, if Speech/Language will be evaluated to the referral meeting to explain Parental Rights and garner the parent’s signature on the Consent for Evaluation.
- Give the referral packet to your school psychologist so that they can assess the student.
- Continue to develop, implement, and progress monitor the Tier 2/3 SST interventions until the evaluation has been completed and eligibility determined.
RtI Problem Solving Process

In making decisions, teams should use the following approach:

**What is the problem** - When a concern is raised, the first step is to review the concern and attempt to identify the problem. The RtI Team should first review existing student data to determine specific problems. For example, a student should not be identified as simply having an academic or a behavior problem. The team should try to narrow the problem (based upon available data) to identify the deficit skill area(s) (e.g., phonemic awareness, problem solving skills, math calculations, vocabulary, reading comprehension or peer interactions, etc.).

**Why is this happening** - Once the problem is defined, the RtI Team needs to develop a hypothesis as to why the problem is occurring and continuing. This involves analyzing those variables that can be altered through instruction in order to find an instructional solution. This includes questions of fidelity, missing skills, motivational factors, or lack of exposure to the general curriculum. The team should focus on explanations of the problem that can be addressed through instruction. In addition to the cause of the problem, the team needs to consider the student’s rate of learning. In doing this, the team reviews the student’s learning trend (e.g., progress) in the areas identified by the RtI Team. The team should also compare the student’s progress to peers over time.

**What is our plan** - Once the problem has been analyzed, the team identifies interventions that will meet the student’s needs. The team does this by developing a plan that includes: an implementation timeframe; the frequency of the interventions (how often the intervention will be provided and for how many minutes per week); who will provide the intervention (e.g. classroom teacher, reading specialist, etc); and a timeframe to evaluate the effectiveness of the intervention. The team plots an aim line (goal line) depicting the desired rate of progress a student needs to reach the goal from the current baseline.

**Implement the plan** - Interventions must be implemented with fidelity. To ensure fidelity, qualified staff must deliver the interventions according to the prescribed process and prescribed timeframe. Schools should document their delivery of the interventions using multiple sources (e.g., observation notes, lesson plans and grade books, student work reflecting instructional elements and graphs of student progress, etc.).

**Did the plan work?** - In order to determine if the intervention is working for a student, the team must collect data through progress monitoring. The data must be charted or graphed. A student’s current performance and progress is compared to their projected “aim-line.” If performance falls significantly below the aim-line over three or four consecutive monitoring periods, the RtI Team should revisit the intervention plan to make appropriate modifications or revisions.
Problem-Solving Process: Five Step Problem-Solving Process:

What is the problem?
What does the data show?

Did the plan work?
What does the data show?

Why is this happening?
Curriculum issues?
Instructional issues?
Student issues?

Implement the plan
Who will do what, where, when, and how often?
How will fidelity of implementation be determined?

What is our plan?
What are we going to do?
What interventions are needed?
How will we measure success?
Universal Screening

WHAT is universal screening?
Universal Screening is a general outcome measure used to identify underperforming students and to determine the rate of increase for the district, school, classroom, and student in reading and math. A Universal Screening will not identify why students are underperforming; rather it will identify which students are not at the expected performance criteria for a given grade level in reading and mathematics.

According to Jenkins (2007), the key feature in a screening measure is the accuracy in classifying a student as “at risk” or “not at risk”. Additionally, a strong screener will address the issue of False Negatives, (students not identified as at risk who truly are at risk) and False Positives (students identified as at risk who are not). A system can risk wasting intervention resources if attention is not given to false positives and false negatives. At the secondary level, schools should ensure screening tools are chosen that meet the criteria below. Understanding an adolescent’s approach to this type of screening process will be important. While this assessment is not a grade, it is important to support students’ understanding that their performance on this screener will identify classes that will be a part of their course of study during their high school years.

For a screening measure to be useful, it should satisfy three criteria (Jenkins, 2003):
- It needs to identify students who require further assessment.
- It needs to be practical.
- It needs to generate positive outcomes (accurately identifies students without consuming resources that could be put to better use).

Purpose of a Universal Screener (from NASDSE, 2005):
- Identify individuals in need of further assessment and possible movement to Tier 2 interventions
- Provide feedback about class performance to help school leadership identify when a teacher might require support
- If implemented on a regular basis across grade levels, it will identify false negatives-- students who slip through the screening at one level but are then identified at later points in the year.

Georgia DOE Criteria for evaluating possible universal screeners:
- Easily Administered
- Research Based
- Highly correlated to skills being assessed
- Benchmark or predictor of future performance
- Reliability and Validity
- Sensitive to small increments of change
- Expected identified rates of increase
- Data analysis and reporting component

School administrators routinely review assessment data. The use of Georgia’s summative assessments (EOCT, CRCT, and GHSGT) can be a part of the universal screening process. However, the use of additional screeners will be needed to ensure appropriate identification of individuals needing support. For example, the 8th grade CRCT should be reviewed by high schools and their feeder middle schools collaboratively. This process will help create an initial list of students potentially needing additional screening assessments immediately upon entering 9th grade. The 9th grade teachers and administrators should use a reading and/or mathematics screening tool designed to identify missing essential learning skills needed for success at the high school level.
WHEN do I administer a universal screening?
Universal screenings should be administered three times a year (fall, winter, spring) in reading and math. The Georgia Department of Education recommends the use of a universal screening process three times per year. The rationale is that a one-time-only universal screening at the beginning of the year can over-identify students as requiring preventive interventions. Approaches to implementing the universal screening process could include:

**Elementary Level**
- Teachers administer reading and math assessments, analyze results, and make collaborative decisions based on their schools problem solving model.
- Computer assisted assessment tools could allow for a classroom to complete an assessment at the same time.
- SWAT – school wide assessment team could be used. Non classroom teachers and administrators are trained in the assessment, visit a classroom, and quickly assess all individuals in a timely fashion. SWAT could also be in the media center and classrooms on a rotational schedule.

**Secondary Level**
- Computer assisted assessment tools.
- SWAT – school wide assessment team could be used. Non classroom teachers and administrators are trained in the assessment, visit a classroom, and quickly assess all individuals in a timely fashion. SWAT could be in the media center and classrooms on a rotational schedule (ex. All 9th grade English classes are scheduled in the SWAT rotation).
- Mini assessments for students enrolling new to the school. While paperwork is completed by parents, students could complete a quick paper and pencil assessment.

At the secondary level, data from universal screenings should be shared with all content area teachers. For example, math, science, and social studies teachers should know immediately which students in their classes struggle with reading and comprehension. Since these classes have an increasing amount of reading embedded in the work, teachers need to be able to support student mastery and application of content. The conversations across content areas will allow ELA/reading teachers to identify reading instructional strategies for use in other content areas.

### Data Analysis Resources – Georgia’s Assessments

**GKIDS**
The primary purpose of GKIDS is to provide ongoing diagnostic information about kindergarten students’ developing skills in English Language Arts, Math, Science, Social Studies, Personal/Social Development, and Approaches to Learning. GKIDS will also provide a summary of student performance in English Language Arts and Mathematics at the end of the kindergarten school year. GKIDS should serve as one indicator of first grade readiness. GKIDS will serve both a formative and summative role in assessing kindergarten students and may be used as part of the screening process for rising first graders. As part of the data analysis process, the GKIDS assessment may be used to identify kindergartners needing additional instructional or behavioral support.

**CRCT**
The CRCT is designed to measure how well students acquire the skills and knowledge described in the Common Core Georgia Performance Standards (CCGPS). The assessments yield information on academic achievement at the student, class, school, system, and state levels. This information is used to diagnose individual student strengths and weaknesses as related to the instruction of the CCGPS, and to gauge the quality of education throughout Georgia. CRCT data may be used as part of the universal screening process. School wide data teams should review progress in relation to district expectations and identify areas in need of additional support. The
data team should consider whether the identified area is a curriculum issue, instructional issue, or a student who needs addition support. Teacher data teams should review student performance to identify areas for instructional support and individuals needing additional assessments in order to target instruction. As part of the data analysis process, the CRCT may be used to identify individuals and groups of students requiring additional assessments to determine the specific need for intervention support.

Lexiles
An educational tool that links text and readers under a common metric, Lexiles allows educators to forecast the level of comprehension a reader is expected to experience with a particular text. A Lexile is a standard score developed by MetaMetrics that matches a student’s reading ability with difficulty of text material. The Lexile range for a student may be used to select instructional support materials on the student's level in order to make the content more accessible. As part of the data analysis process, schools may use Lexiles to set goals, measure the effectiveness of instruction, and measure individual and group growth over time.

Grades 5 and 8, and GHSGT Writing Assessments
Georgia’s performance-based writing assessments are administered to students in grades three, five, eight, and eleven. Student writing samples are evaluated on an analytic scoring system in all grades to provide diagnostic feedback to teachers, students, and parents about individual performance. The writing assessments provide information to students about their writing performance and areas of strength and challenge. This information is useful for instruction and preparation for future writing assessments. As part of the data analysis process, the writing assessments may be used to identify areas of instructional focus for students needing additional support.

EOCT
The End of Course Tests (EOCT) aligns with the Georgia curriculum standards and includes assessment of specific content knowledge and skills. These assessments provide diagnostic information to help students and teachers identify strengths and areas of need in learning, therefore improving performance in all high school courses and on other assessments, such as the GHSGT. As part of the data analysis process, the EOCT may be used to help identify students needing additional assessments to determine the need for intervention support. Additionally, the EOCT provide data to evaluate the effectiveness of classroom instruction at the school and system levels.

Georgia High School Graduation Test (GHSGT)
Georgia’s graduation tests provide valuable information for students, educators, and parents about student strengths and areas for improvement. The tests identify students who may need additional instruction in the concepts and skills required for a diploma. As part of the data analysis process, the GHSGT may be used to identify students needing additional assessments to determine the need for intervention support.

PSAT
The PSAT/NMSQT Score Report Plus that is returned to high schools following the annual October administration of the PSAT to all sophomores contains easy to interpret percentiles in Critical Reading, Math, and Writing Skills that counselors, administrators, and classroom teachers may use to identify sophomores scoring below the 50th percentile in any of the three areas of the PSAT. As part of the data analysis process, the PSAT may be used to identify students needing additional assessments to determine the need for intervention support.
Differentiated Instruction

What is Differentiated Instruction and how does it fit with Response to Intervention?
Differentiated Instruction is a broad term referring to the need of educators to tailor the curriculum, teaching environments, and practices to create appropriately different learning experiences for students, as needed. To differentiate instruction is to recognize students’ varying interest, readiness levels, and learning profiles and to react responsively.

There are four elements of the curriculum that can be differentiated: content, process, products, and learning environment.

(From the Sacramento City Unified School District)
Content: Multiple options for taking in information
Process: Multiple options for making sense of the ideas
Product: Multiple options for expressing what they know
Environment: Multiple arrangements and settings to foster engagement and relevance.

During Phases I-IV of GPS (now CCGPS) training, one day was devoted to differentiation. This information, from How to Differentiate Instruction in Mixed-Ability Classrooms was shared by Carol Ann Tomlinson:

Differentiated instruction is proactive.
Differentiated instruction is more qualitative than quantitative.
Differentiated instruction is rooted in assessment.
Differentiated instruction is student centered.
Differentiated instruction provides multiple approaches to content, process, and product.
Differentiated instruction is a blend of whole-class, group, and individual instruction.
Differentiated instruction is organic.

Flexible Grouping

What is Flexible Grouping and how does it fit with Response to Intervention?

Flexible Grouping is a type of differentiation in which students are organized into groups based on interests and/or needs. Groups are not static, and teachers use data to establish and modify the composition of the student groups.
Within a standards-based classroom, flexible grouping may resemble other grouping strategies because students are sitting together. To implement flexible grouping with fidelity, teachers would use assessment data, based on the Common Core Georgia Performance Standards (CCGPS), to organize for instruction during a period on any given day. All students need access to grade level and/or content area CCGPS. During an instructional period, teachers may provide information to the entire class for a short period of time. Realizing that students need to interact with material in order to make it meaningful, the teacher would provide time for individual and/or group interaction. The teacher should group students together in a purposeful way to further support understanding. Flexible grouping, with fidelity, is the “how are they grouped?” part of grouping. The use of assessment data is the basis for these short term grouping formations. A clear instructional plan is needed to ensure the teaching and learning that occur in the group are targeted to student needs.
Fidelity of Implementation and Progress Monitoring

Fidelity (or integrity) of implementation is the delivery of instruction in the way in which it was designed by its author to be delivered (Gresham, MacMillan, Beebe-Frankenberger, & Bocian, 2000). Fidelity must also address the integrity with which screening and progress-monitoring procedures are completed and with which an explicit decision-making model is followed. In an RtI model, fidelity is important at both the school level (e.g., implementation of the process) and the teacher level (e.g., implementation of instruction and progress monitoring, NRCLD 2006). If fidelity of implementation is not required and monitored, one cannot be sure that students have actually received the interventions as designed, and therefore students’ response to the interventions cannot be adequately judged, and thus the effectiveness of the interventions cannot be measured with validity or reliability.

How can schools ensure fidelity of implementation? (NRCLD 2006)

- Link interventions to improved outcomes (credibility)
- Definitively describe operations, techniques, and components
- Clearly define responsibilities of specific persons
- Create a data system for measuring operations, techniques, and components
- Create a system for feedback and decision making (formative)
- Create accountability measures for non-compliance

The conversation around fidelity of instruction is not just an intervention conversation but a conversation for all Tiers. In Georgia, the non-negotiables for Tier 1 instruction require a standards-based instructional framework. With that in mind, schools have a responsibility to ensure each teacher in the building is versed in the language of standards-based teaching. As data teams review student achievement results, an awareness of the level of implementation of standards-based instruction in the building is key. With this school-wide standards based classroom implementation data, the team can begin to determine how Tier 1 instruction is impacting student performance.

The implementation of any intervention (whether a school-created or purchased program) needs to occur exactly according to its developer’s specifications. As noted above, to ensure that implementation of the intervention is carried out with fidelity to the design requires monitoring by administrators and data team members in order to determine whether the level of student response or non-response to the intervention is or is not connected to the delivery.

Implementation fidelity can be impacted by a wide range of factors that schools should consider (Allen & Blackston, 2003; Yeaton & Sechrest, 1981):

- Intervention complexity
- Time and material resources required for the intervention
- The number of intervention agents
- Efficacy (actual and as perceived by the intervention agents and stakeholders)
- The motivation of the intervention agents and stakeholders
  (Gresham, MacMillan, Beebe-Frankenberger, & Bocian, 2000; Gresham, Gansle, Noell, Cohen, & Rosenblum, 1993).

There are several approaches that can be used to assess fidelity (Roach & Elliott, 2008):

- Self report: The person who is delivering (teaching) the intervention keeps a log or completes a checklist which records the critical components of the intervention.
- Permanent Products: Data and artifacts/documentation of the implementation of the intervention are analyzed to determine if critical components were followed.
• Observations: Observations are conducted of the delivery of the intervention, checking for the presence or absence and accuracy of implementation and critical intervention components.

**Progress Monitoring**

Progress monitoring is a vital part of the RtI problem-solving process. The collection of valid and reliable data displayed in a graph allows the team to determine how a student is responding to an intervention. These graphing templates (or others) may be used to monitor student progress during an intervention plan period. However the following must be considered:

- Does the graph contain 8-12 data points necessary to accurately create a trend line?
- Does the graph show the goal-line (aim-line) or appropriate benchmark?
- Does the data correlate with the goals of the intervention plan? In other words is the graph monitoring the same need that was prioritized and addressed in the intervention plan?
- Is there a new graph for each intervention period?
- Is there a separate graph tracking data for each intervention?
- At a minimum, probes should be administered every other week for a Tier 2 and weekly for Tier 3 interventions.
Chapter 4
RtI and Behavior
**Academic System**

- Individually tarred Students
- Intensive, Individual Intervention
- High efficiency
- Rapid response
- Universal Interventions
- All students

**Behavioral Systems**

- Individual Students
- Assessment-based
- Intense, durable procedures
- Targeted Group Interventions
- Some students (at-risk)
- High efficiency
- Rapid response
- Universal Interventions
- All students, all settings
- Preventive, proactive
**RtI and Behavior**

It is important to begin this section on RtI and behavior by noting the relationship between academic performance and behavior. While most of the discussion here focuses on behavior in isolation, rarely does behavior occur without a relationship to the academic environment. The problematic behavior of many students is directly related to academic deficits and their desire to escape difficult tasks. Therefore it is essential that academic performance be reviewed and any deficits be addressed in conjunction with providing behavioral interventions and supports. The following information is provided with the assumption that academic performance has been assessed and any identified deficits are being addressed through the RtI process.

- The basis for RtI and behavior is the development and implementation of universal school-wide expectations, rules, and procedures which serve as the *standards* for behavior (Tier 1).
- In this preventative approach, the expectations (*standards*) are then systematically taught to all students through lessons and demonstration similar to the way reading or mathematics skills are taught.
- Students achieving the behavior standards are recognized in the same way that grades and honor roll acknowledge students for academic success.
- The degree to which behavior reflects the school-wide standards is measured through data collection and analysis.
- If the school-wide discipline plan is consistently and effectively being implemented, 80-90% of the students should respond positively.
- If that is not the case, a problem solving approach would be utilized to identify possible barriers such as poor instruction, inconsistent implementation of the school-wide plan, or lack of fidelity of implementation.
- If none of those barriers are identified, a universal intervention such as modifying the plan would be appropriate.
- When 80-90% of students are responding positively to the school-wide plan, schools can begin to identify those remaining students who may need more support. By collecting and analyzing behavior data, school teams can identify the students needing intervention and the specific behavior skills to be targeted.
- The most common data used for decision making at this level is office discipline referrals (ODRs).
- The data may also indicate specific classrooms or locations where discipline referrals are most frequent, indicating a need for more support in those areas.
- This data enables schools to identify students with unacceptable externalizing behavior but does not always identify students with internalizing behavior or less severe behavior.
- Schools may want to develop a screening measure to identify at-risk students in these categories, since the most common screener used is merely teacher identification.
- Once students have been identified through data analysis or screening, Tier 2 evidence-based interventions are provided.
- Targeting skills, providing interventions, and monitoring progress for small groups of students may include re-teaching and practice of specific behaviors (e.g., waiting for a turn, walking quietly in the halls, riding the bus without incident), development of appropriate social skills (e.g., asking for help, coping with negative comments from others, making friends), or following school procedures (e.g., getting to class on time, following cafeteria rules, properly using the media center).
- Examples of more interventions may be found at the Positive Behavior and Intervention Supports (PBIS) website at www.pbis.org
• The progress of students involved in these Tier 2 interventions should be closely monitored and may involve teacher checklists, ODRs, or rating scales.
  • Tier 3 interventions should include a more in-depth analysis of a student’s behavioral problems which would include a thorough review of all previous interventions and may include a functional behavioral assessment.
    ➢ The SST team may also conclude that additional information is necessary and further assessment may be required (behavior checklists, behavior rating scales, etc.).
    ➢ Academic assessments may also be completed since the potential link between academic deficits and behavior problems cannot be ignored.
• The approach to behavioral interventions at Tier 2 mirrors academics and should provide individualized interventions and progress monitoring.
  ➢ Based on the information gathered through a functional behavior assessment.
  ➢ More frequent progress monitoring would occur to enable the SST team to evaluate the effectiveness of interventions.

How is a universal screening process connected to behavior?
Universal screenings are an important part of any school wide discipline plan. Analysis of disciplinary infraction/compliance data will yield broad based areas of focus for any school. While a paper and pencil assessment is not appropriate in this type of screening, the use of existing documentation, including student and teacher interviews, will support the development of behavioral expectations and identify targeted areas of improvement.

School-Wide Positive Behavior Interventions and Supports (SW-PBIS)
Positive Behavioral Interventions and Supports (PBIS) consist of a set of clear expectations for behavior, consistent reward and incentive programs, data based decision making, and faculty support. PBIS can be incorporated into the RtI model on all levels. School-wide PBIS strategies are aligned with Tier 1 interventions. Classroom interventions are compatible with Tier 1 and 2 interventions, making use of school wide strategies with classroom lesson plans. Interventions for targeted groups are associated with Tier 2 and include small groups of students from many classrooms aiming toward the same behavioral goal. Tier 3 includes Individual Interventions which are considered critical.
School-wide PBIS targets the entire school population by mapping out procedures and processes through a set of behavioral expectations for an entire school. These expectations are taught to staff and students and highlighted through all school activities. The expectations are made into a variety of visual reminders throughout the school. Staff members regularly teach and refer to the expectations when dealing with all students.
A variety of data is collected with the goal of identifying students who need support at various levels. Office discipline referral (ODRs) data can be analyzed to identify types of discipline problems, settings, and chronic offenders. Teacher rating scales, checklists, and school-wide data, such as reasons for referrals for behavior issues, can be studied to identify the levels of Tier 1 support needed. Typically, behavioral measures consider the (1) frequency, (2) intensity and, (3) intensity of the behavior being observed. Once data is compiled, an analysis can yield information on which types of interventions are needed. If data shows that problems are occurring more often in a particular classroom, then interventions can be targeted to only that classroom. PBIS strategies range from providing rewards and incentives for students who follow school-wide expectations to implementing effective social skills lessons with students needing higher tiers of support. A school-based team can work together to collect data and design interventions which may prevent referrals to more specialized programs.
Progress monitoring for behavioral interventions is similar to progress monitoring for academic interventions. Data must be regularly collected and analyzed to determine if interventions are successful. Changes in the level of supports provided are dependent on the success or lack of success which indicates the need for more intensive interventions.
SCCPSS RtI Behavior Pyramid

Tier 4
Specialized Instruction

Tier 3
Behavior Contracts, Mentoring Partnerships, Referrals to Guidance Counselor/ Social Worker

Tier 2
FBA/BIP, Check In/Check Out, Social Skills Group, Anger Management, Peer Mediation, Student Planning Centers, Decision-Making Skills, Conflict Resolution

Tier 1
PBIS, Social Skills, Consistency Student Self-Reflection, Mindset Seat Changes, Timeout, Peer Tutoring, Parent Teacher Conference
Chapter 5

ELL
**English Language Learners**

**RtI Procedures for English Language Learners**

- Include interventions for social language skills
- Include interventions for vocabulary-concrete and abstract
- Include interventions for writing-grammatical conventions, spelling, and content
- Include a social/ background interview with the parents during Tier 2 rather than Tier 3
- Integrate language acquisition activities within academic instruction
- Promote proficiency in English
- Choose meaningful and comprehensible interventions
- Examine the intervention choices and data for any hidden biases
- Use informal and formal assessment to inform intervention selection and delivery
- Consult with ELL staff, if available, when planning interventions and assessments
- Consult with the school’s SLP when planning interventions and assessments

**Effective Assessment Guidelines for English Language Learners**

- Use RtI data
- A “rule of thumb” referral policy should not exist since each student’s difficulties are different
- Use informal and formal assessment models
- Train translators about the administration/standardization rules of the assessments performed
- Use a team approach to determine which formal measures should be used i.e. teacher, ELL teacher, psychologist, and parent
- Complete observations of the student in multiple settings while completing various tasks
- Keep all of the data in one place
- Assess in both languages, if possible
- Assess oral language and written language skills
- Use formal assessments i.e. Muñoz, orally translated, and non-verbal measures

**Characteristics of SLD with English Language Learners**

- Language-based Characteristics: Dyssfluent speech/writing flow, Disorganized speech/writing, and Associative/abstract language learning difficulties
- Nonverbal Characteristics: Ability to focus, Processing lags, Memory Issues, Sustained Concentration levels, Abstract nonverbal reasoning, Organization problems, Work & study habits, and Classroom behavior
- Visual/auditory Processing Characteristics: Directionality of letter/number formation, Phonemic/phonological processing difficulties, and Speed of discerning visual differences

**Barriers to Effective Assessment of English Language Learners**

- Assessing only in the student’s native language
- Using questions from formal assessments which cannot be translated effectively into the native language
- Failing to address the discrepancies between informal and formal assessments, if they exist
- Failing to consider the influence of speech and language acquisition when interpreting assessment results
- Failing to consider the reliability and validity of the formal assessments
- Failing to consider performance variability based upon culture, family, linguistic, and psychological issues
Federal Law-IDEA 2004
P.L. 108-446 § 614 (b) (3) (A) (i) and (ii)

“(3) ADDITIONAL REQUIREMENTS—Each local educational agency shall ensure that—
“(A) assessments and other evaluation materials used to assess a child under this section—
“(i) are selected and administered so as not to be discriminatory on a racial or cultural basis;
“(ii) are provided and administered in the language and form most likely to yield accurate
information on what the child knows and can do academically, developmentally,
and functionally, unless it is not feasible to so provide or administer.”

Initial Referral Procedure

A full and individual initial evaluation is conducted prior to the provision of special education and related services. The Georgia Department of Education requires 100% compliance for completion of all initial referral timelines.

After completing the Tier1 and Tier 2 process:
- RtI coordinator schedules Tier 3 RtI meeting and invites the school psychologist and/or DSS along with other appropriate team members.
- RtI team makes determination of suspected disability and refers for a comprehensive evaluation if progress is not demonstrated. Refer to RtI Tier 3 Process and Procedures previously noted in this chapter.
- School psychologist generates Parental Consent for Evaluation when a comprehensive psychological evaluation is required. Parental rights are provided and explained in the native language. The RtI coordinator obtains parent signature on the Parental Consent for Evaluation, records the received date on the form, scans and attaches the parent signature to the original draft in TieNet. This begins the 60 day initial timeline.
- DSS generates Parental Consent for Evaluation for all other initial referrals to programs not requiring a psychological (SI, PSI, OI, Blind/VI, D/HOH).
- All initial evaluations and eligibility meetings are completed within 60 calendar days of receiving signed Parental Consent for Evaluation by the psychologist, therapist, itinerant, or preschool teacher.
- A meeting is held to determine eligibility. This meeting should include the parent, general education teacher, LEA representative, special education teacher, therapist, DSS, psychologist and other appropriate team members. An eligibility report is created regardless of whether the student is eligible or ineligible.
- All participants sign the signature page of the eligibility. The signature page and all other appropriate documents (RtI, work samples, observation, medical forms, and/or social history) are scanned and attached to the eligibility.
Appendix
Appendix A

Tier 1
Common Core Standards Based Classroom Learning

- Remain on Tier 1
- Provide more supports
- Move to Tier 2

Decisions

Universal Screening

Tier 2
SST Driven Learning

- Continue Tier 1 Instruction
- Hold RtI Meeting
- Formalized Interventions
- Minimum of 4 weeks
- Follow up meetings

Documents
- Tier 2 / 3 Intervention & Progress Monitoring
- Documentation form
- Tier 2 Parent Notification Letter
- Parental Consent for Screening
- Tier 3 / SST Referral

Decisions

- Remain on Tier 2 with the same or different Interventions
- Return to Tier 1
- Referral to Tier 3

Tier 3
Needs-Based Learning

Continue Tier 1 Instruction
- Hold Tier 3 Meetings
- Formalized Interventions
- Minimum of 8 weeks (Re-check after 4)
- Follow up meetings
- All mandatory forms must be completed

Documents
- Tier 3 Parent Invitation
- Tier 2 / 3 Intervention & Progress Monitoring Data Sheet

Decisions

- Remain on Tier 3 with the same or different interventions
- Return to Tier 2
- Referral to Tier 4

Tier 4
Special Education and Related Services
Appendix B

**RtI Leadership Roles**

**System Leadership**
- Create a district-wide plan for RtI implementation including the plan for monitoring implementation of the interventions and addressing issues of fidelity
- Determine reading, mathematics, and behavior expectations
- Establish and support a common set of characteristics of Tier 1 and Tier 2 instruction in all classrooms
- Support the implementation of the non-negotiables at each Tier of the RtI pyramid

**Building Leadership**
- Implement the RtI plan including monitoring interventions and addressing issues of fidelity
- Create a school-wide focus on having assessment drive instruction
- Develop staff understanding of the RtI process
- Establish schedules to provide various times for interventions
- Ensure that Tier 1 standards-based instruction occurs in all classrooms
- Establish standard protocols of support for students needing Tier 2 support

**Classroom Teachers**
- Implement the CCGPS
- Implement the Tier interventions (as planned, as appropriate)
- Consistently use Formative and Summative assessments to guide classroom instruction
- Differentiate Instruction-- it is the heart of teaching and learning
- Consistently communicate with the intervention and instructional specialists

**Intervention and Instructional**
- Implement the CCGPS
- Implement the Tier interventions (as planned, as appropriate)
- Consistently communicate with general classroom teachers
- Coach and model differentiated instruction, progress monitoring, and research based interventions
- Adhere to fidelity of implementation of the intervention

**School Psychologists**
- Participate in informal and formal consultations with teaching teams (rather than an assessment role) at all Tiers with a focus on standards-based instruction
- Provide training, direction, and support for progress monitoring and selection of interventions
- Support foundational understanding of school wide RtI

**Parents and Families**
- Participate in the parent and school partnership process
- Be familiar with the Common Core Georgia Performance Standards for a given grade and/or content area
- Expect consistent school communication regarding student achievement
- Communicate with school administrators concerning questions about school programs and student support
Parents and Families

As with all aspects of education, parents play a critical role in the Response to Intervention process. Strong parent communication procedures in all areas of the school will support open lines of information regarding all teaching and learning initiatives. For support and understanding, the Department recommends schools provide parents information about RtI through the general education classroom. This procedure will highlight the importance of all students receiving a quality, standards-based delivery of instruction with timely, multiple opportunities for support, as needed. While some students will need more intensive instruction, it is important for parents to understand the fluidity of movement between the Tiers and the overall goal being the student’s success at applying skills learned during the intervention to general classroom performance. In addition, parents need to know that RtI and the Georgia Student Achievement Pyramid of Interventions is not a specific “time” or “period” during the school day. Rather, it is deeply embedded in what is happening in all areas of teaching and learning. RtI is not to be thought about as a delay in services for any student. It is an increase in the amount and quality of support provided for all students, as needed, with built-in appraisals. Parents need to know that assessments drive decision making. A clear progress monitoring plan provided by the school will support understanding of the need for data based decision making.

Listed below are six Parent and Family Standards found on the website “Parent Mentor Partnership of Georgia” (www.parentmentors.org). This organization, in collaboration with the Georgia Department of Education, works to provide clear communication between families and schools. The mission of this organization is to build effective family, school, and community partnerships that lead to greater achievement for students, especially those with disabilities.

- Parenting
- Communicating
- Volunteering
- Learning at Home
- Decision Making and Advocacy
- Collaborating with the Community

Parent to Parent of Georgia
www.parenttoparentofga.org

RtI Action Network
http://www.rtinetwork.org/

National Research Center on Learning Disabilities
http://www.nrcld.org/topics/rti.html

A Parent’s Guide to Response-to-Intervention (from NRCLD)

Response to Intervention: A Primer for Parents (from NASP National Association of School Psychologists)
www.nasponline.org/resources/handouts/rtiprimer.pdf

To print a copy of the RtI Parent brochure please visit the RtI homepage on ACORN.
Online Resources

Reading, Writing, Math:

Reading Rockets: www.readingrockets.org
  _ Reading and writing resources
Intervention Central: www.interventioncentral.org
  _ Reading, math and behavior interventions, CBM probes and mastery measures
Center for Early Literacy Learning (CELL): www.earlyliteracylearning.org
  _ Uses a tiered model to promote literacy and language development in children 0 – 5 years old.
Consortium on Reading Excellence (CORE): www.corelearn.com
  _ Resources for evidence-based reading interventions
Put Reading First, National Reading Panel Report: www.nifl.gov/partnership/publications/reading_first.html
  _ Describes findings, practitioner-oriented, includes evidence-based reading activities for the 5 big areas of reading
Center on Instruction: http://centerforinstruction.org
  _ Evidence-based math interventions (click on math)

Behavior:

Positive Behavior Support for School Staff: www.modelprogram.com
  _ Free downloads directed at building school wide positive behavior support
Schoolwide Information System for Behavior Problems: www.swis.org
  _ Management program for data regarding location, frequency, function of behavior
Center for Effective Collaboration and Practice: http://cecp.air.org/fba
  _ Behavior interventions
Florida’s Positive Behavior Support Project: http://flPBIS.fmhi.usf.edu
  _ Resources and evaluation tools for PBIS
Center for Evidence-Based Practices to Improve Social Emotional Development of Young Children: www.challengingbehavior.org
  _ Coordinates CSEFEL working on Tier 1 & 2 and OSEP working on Tier 2& 3 interventions

English Language Learners (ELLs):

The National Center for Culturally Responsive Educational Systems
  (NCCREST): www.nccrest.org
  _ A project that targets improvements in culturally responsive practices, early intervention, literacy, and positive behavioral supports.
RtI Action Network – RtI in reading for ELLs:
  www.rtinetwork.org/Learn/Diversity/ar/EnglishLanguage
  _ Recommendations for teaching reading to ELLs

Progress Monitoring/CBM Tools for Academics:

CBMNow: www.cbmnw.com
  _ CBMs in reading, writing, mathematics and spelling
DIBELS: http://dibels.uoregon.edu
  _ Reading CBMs
National Center on Student Progress Monitoring: www.studentprogress.org
Review of CBMs in reading, writing and math
Research Institute on Progress Monitoring: www.progressmonitoring.org
Dr. Jerome Tindal- University of Oregon: http://www.easyCBM.com
This site provides technical assistance to districts and proven monitoring practices.