



— AN EARLY COLLEGE DISTRICT —
JIM HOGG COUNTY
—
INDEPENDENT SCHOOL DISTRICT

RTI

**RESPONSE TO INTERVENTION
HANDBOOK**

2017-18

DISTRICT MISSION STATEMENT

Inspiring Longhorns to become productive leaders in life and beyond!

DISTRICT VISION STATEMENT

Our students will achieve inclusive excellence!

CORE VALUES

Joining Together

High Expectations

Caring for Students

Innovative Learning

Student-Centered

Data-Driven

Research and Policy

Research

The District position on Response to Intervention is informed by:

- ✓ Mellard & Johnson. RTI: A Practitioner's Guide to Implementing Response to Intervention, 2007.
- ✓ Ogonosky. The Response to Intervention Handbook, 2008.
- ✓ Perangelo & Giuliani. Classroom Management for Students with Emotional and Behavioral Disorders, 2008.b

Policy

No Child Left Behind – P.L. 107-110

- ✓ Scientifically, research-based instruction
- ✓ Frequent progress monitoring with changes in programs as needed
- ✓ Early intervention
- ✓ Student outcomes drive decisions

INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT OF 2004 EARLY INTERVENING SERVICES

- (1) In general. A local educational agency may not use more than 15% of the amount such agency receives under this part for any fiscal year...,to develop and implement coordinated, early intervening services, which may include interagency financing structures, for students in K – 12 (with a particular emphasis on students in K-3) who have NOT been identified as needing special education or related services but who need additional academic and behavioral support to succeed in the general education environment.
- (2) Activities. In implementing coordinated, early intervening services under this subsection, a local educational agency may carry out activities that include: (A) professional development for teachers and other school staff to enable such personnel to deliver scientifically based academic instruction and behavioral interventions, including scientifically based literacy instruction, and where appropriate, instruction on the use of adaptive and instructional software; and (B) providing educational and behavioral evaluations, services and supports, including scientifically based literacy instruction.

P.L. 108-446 §613(f)

INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT OF 2004

To ensure that underachievement... is not due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in §§300.304 – 300.306:

- (1) Data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
- (2) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child’s parents.

34 CFR §300.309(b)(1-2)

INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT OF 2004 DETERMINATION OF ELIGIBILITY (EXCLUSIONARY CLAUSE)

Special Rule for Eligibility Determination – A child must ***not*** be determined to be a child with a disability under this part

- (1) If the determinant factor for such determination is:
 - (i) Lack of appropriate instruction in reading, including in the essential components of reading instruction (as defined in §1208(3) of the ESEA;
 - (ii) Lack of instruction in math; or
 - (iii) Limited English proficiency.

34 C.F.R. §300.306(b)(1)

COMMISSIONER’S RULES – TEXAS ADMINISTRATIVE CODE

“Referral of students for a full and individual initial evaluation for possible special education services shall be a part of the district’s overall, general education referral or screening system. Prior to referral, students experiencing difficulty in the general classroom should be considered for all support services available to all students, such as tutorial; remedial; compensatory; response to scientific, research-based intervention; and other academic or behavior support services. If the student continues to experience difficulty in the general classroom after the provision of interventions, district personnel must refer the student for a full and individual initial evaluation...”

19 TAC §89.1011

COMMISSIONER'S RULES – TEXAS ADMINISTRATIVE CODE

LEARNING DISABILITY

- (A) Prior to and as part of the evaluation described in subparagraph (B) of this paragraph and 34 CFR §§300.307-300.311, and in order to ensure that an underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or mathematics, the following must be considered:
 - (i) Data that demonstrates the child was provided appropriate instruction in reading, and/or mathematics within general education settings delivered by qualified personnel; and
 - (ii) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal evaluation of student progress during instruction. Data-based documentation of repeated assessments may include, but is not limited to, response to intervention progress monitoring results, in-class tests on grade-level curriculum, or other regularly administered assessments. Intervals are considered reasonable if consistent with the assessment requirements of a student's specific instruction program.
- (B) A student with a learning disability is one who:
 - (i) Has been determined through a variety of assessment tools and strategies to meet the criteria for a specific learning disability as stated in 34 CFR §300.8(c)(10), in accordance with the provisions in 34 CFR §§300.307-300.311; and
 - (ii) Does not achieve adequately for the child's age or meet state-approved grade-level standards in oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving when provided appropriate instruction, as indicated by performance on multiple measures such as in-class tests; grade average over time (e.g., six weeks, semester); norm or criterion-referenced tests; statewide assessments; or a process based on the child's response to scientific, research-based intervention; and
 - (I) Does not make sufficient progress when provided a process based on the child's response to scientific, research-based intervention, as indicated by the child's performance relative to the performance of the child's peers on repeated, curriculum-based assessments of achievement at reasonable intervals, reflecting student progress during classroom instruction; or
 - (II) Exhibits a pattern of strengths and weaknesses in performance, achievement, or both relative to age, grade-level standards, or intellectual ability, as indicated by significant variance among specific areas of cognitive function, such as working memory and verbal comprehension, or between specific areas of cognitive function and academic achievement.

19 TAC §89.1040(c)(9)

RTI Guidance

1. The central office is responsible for providing directions, support, and resources to campuses and teacher to ensure that a cohesive Rtl system is implemented districtwide.
2. The campus administrator is responsible for the implementation of Rtl.
3. Universal screenings will be administered three times a year (fall, winter, and spring) to all students in grades K-8.
4. Identified screeners will be administered with fidelity according to the directions stated within the administration guidelines for each screener.
5. Campus principal/assistant principal/or designated person will review the universal screener results and will hold a campus Rtl meeting to recommend students for Rtl tiered intervention.
6. Campus Rtl teams will utilize the JHCISD's District Supported Resources list to prescribe targeted interventions based on student needs.
7. Documentation of student progress will be collected by campuses and will be reviewed at regularly scheduled Rtl meetings.
8. Student intervention plans will be reviewed according to the timelines established in the JHCISD's Guidebook.
9. Data will be used to make any necessary additions or other changes to student intervention plans.
10. Student privacy is of the highest priority with the Rtl team.

Defining Response to Intervention

Response to Intervention, or RtI, is the practice of meeting the academic and behavioral needs of all students through a problem-solving process with three key elements:

- ✓ High-quality instruction and research-based tiered interventions aligned with individual student need
- ✓ Frequent monitoring of student progress to enable results-based academic and/or behavioral decisions
- ✓ Use of student response data in making important educational decisions (such as those regarding placement, intervention, curriculum, and instructional goals and methodologies)

The instructional approaches within the general education setting should result in academic and/or behavioral progress for the **majority** of the students. The primary focus of RtI is early intervention to prevent long-term academic failure. Struggling students are identified using data based progress monitoring and are provided intensive instruction. The use of a scientifically validated curriculum, as well as instructional methods expected in an RtI model, leads to school improvement. Support services require collaboration among parents and/or guardians, and campus personnel such as classroom teachers, administrators, counselors, interventionists, special education teachers, and dyslexia teachers.

The Major Components of RtI

Data-based decision making—Critical educational decisions are based on assessment results. Data are carefully analyzed to determine why academic or behavioral problems exist.

Universal screening—Universal screenings are assessments administered to all students to determine as early as possible which students are at risk of not meeting academic benchmarks. These screenings are administered three times per year in order to meet early intervention needs of all students.

Tiered model of delivery—The RtI process incorporates a tiered model of delivery of instruction. The tiers reflect increasing intensification of interventions to meet the individual needs of students.

Progress monitoring—The monitoring of student progress is a research-based practice that produces data about student growth over time. Progress monitoring is used to determine the effectiveness of instruction and/or interventions.

Fidelity of implementation—Fidelity of implementation is achieved when the delivery of instruction, assessments, and progress monitoring is carried out as it was designed to be.

RTI in Practice

RtI supports the early identification of *struggling* learners by providing immediate intervention using scientific research based instruction and teaching methods in order to improve educational outcomes.

- ✓ RtI is a general education *preventive* approach used to intervene early when a student show signs of not meeting grade-level educational and/or behavioral standards.
- ✓ RtI generates high-quality instruction and interventions matched to student's specific area of need: Reading, Math or Behavior.
- ✓ RTI uses a student's learning rate and level of performance to make educational decisions, this is called progress monitoring.
- ✓ RtI can be used to make referral decisions for a student who does not respond to intensive intervention (Tier 3) in the general education setting.
- ✓ RtI provides data that can be used in the identification of a student with specific learning disabilities but is should ***not*** be the vehicle for "*getting kids into*" special education.
- ✓ RtI meets the educational needs of all students by providing direct, focused instruction to address specific academic and/or behavioral needs.
- ✓ Movement between the three Tiers of RtI is fluid, students move up, down and out of the tiers based on their needs and progress monitoring data.

Roles and Responsibilities

Campus Principals are key to making RTI effective for students. Campus Principals shall ensure that RTI is implemented.

Principal

- Ensures implementation of Rtl on campus
- Serves as or appoints Rtl - Administrator
- Assigns para-professional staff to support Rtl implementation when possible
- Attends Rtl team meetings and is active in the Rtl process
- Ensures that procedures are followed and required program data is maintained
- Recruits new core team members
- Promotes Rtl at campus and district levels
- Consults with teachers on regular basis and ensures that teachers implement programs and plans with fidelity
- Provides or coordinates targeted and continuous professional development on Rtl
- Understands and provides for student confidentiality
- Designates a case manager for each student

Assistant Principal

- Under the direction and campus principal completes necessary Rtl forms
- Designates and/or coordinates collection of school- wide data for team to use in determining Tier 2 and Tier 3 students
- Monitors progress of Rtl students
- Monitors Rtl plans for implementation and effectiveness of interventions/strategies
- Communicates with parents as required on Rtl issues
- Promotes Rtl process with all staff
- Serves as an Rtl team member
- Carries out case management duties when assigned
- Participates in intervention planning meetings

Counselor

- Assists classroom teacher begin Rtl paperwork and process
- Completes paperwork schedules and facilitates Rtl meetings
- Documents Rtl plans on DMAC/ Maintains student files, work, etc.
- Serves as an Rtl team member
- Participates in all Rtl meetings
- Utilizes the universal screenings as required
- Provides individual and/or group support counseling
- Promotes the Rtl process with all staff
- Serves as the contact person for students who self- refer
- Participates in intervention planning meetings
- Meets with students following an intervention
- Monitors students for effectiveness of interventions/ strategies
- Maintains log of all students involved in the Rtl process
- Communicates with parents as required on Rtl issues
- Monitors progress of Rtl students
- Monitors Rtl plans for implementation and effectiveness

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|---|
| Classroom Teacher |
| <ul style="list-style-type: none"> • Delivers core curriculum and all interventions with fidelity(Tier 1) • Attends and participates in RtI meetings for their students • Implements/participates in specific skill interventions designed by the RtI team for students in Tier 2 and Tier 3. • Keeps ongoing progress monitoring notes in <i>DMAC</i> on identified RtI students (includes but is not limited to curriculum based monitoring, state assessment scores for specific subject area, work samples, anecdotal notes) • Keeps documentation of progress monitoring for each student with an RtI intervention plan • Monitors RtI plans for effectiveness of interventions/ strategies • Refers students who are struggling learners to the RtI process • Models effective methods of interacting with students in at-risk situations |
| LPAC Representative |
| <ul style="list-style-type: none"> • Attends and RtI meetings for identified ELL students, advises and completes LEP paperwork for RtI • Conducts language screenings and assessments as required • Provides ELL interventions at all Tiers • Provides supportive data and documentation necessary for the RtI team • Ensures that language acquisition is NOT the basis for disability referrals |
| Special Education Teacher/ Personnel (Excludes Diagnosticians and Therapists) |
| <ul style="list-style-type: none"> • Serves as a RtI team member <i>in Tier 3</i> • Provides RtI team with information regarding methodology for providing instructional and/or behavioral interventions that can be implemented in general classroom • Attends RtI meetings as required • Promotes a working relationship between the RtI process and Special Education |
| Nurse |
| <ul style="list-style-type: none"> • Attends RtI meetings and provides pertinent medical information on students • Refers students to the RtI process when physical symptoms indicate a problem impacting learning and/or behavior • Functions as a case manager when assigned • Serves as a resource regarding health services and/or health issues |

Confidentiality Statement: The information disclosed during RtI meetings is protected by federal confidentiality rules found at 42 C.F.R. Part 2. The federal regulations prohibit members from making any further disclosure of information unless further disclosure is expressly permitted by Part 2. A general authorization is required for the release of medical or other information to criminally investigate or prosecute any alcohol or drug use client. Confidentiality is also required by federal regulation found at 34 C.F.R. §99 (FERPA).

RTI Implementation

The following essential components must be implemented with fidelity and in a rigorous manner:

Data-based decision making—Critical educational decisions are based on assessment results. Data are carefully analyzed to determine why academic or behavioral problems exist.

Universal screening—Universal screenings are assessments administered to all students to determine as early as possible which students are at risk of not meeting academic benchmarks. These screenings are administered three times per year in order to meet early intervention needs of all students.

Tiered model of delivery—The RtI process incorporates a tiered model of delivery of instruction. The tiers reflect increasing intensification of interventions to meet the individual needs of students.

Progress monitoring—The monitoring of student progress is a research-based practice that produces data about student growth over time. Progress monitoring is used to determine the effectiveness of instruction and/or interventions.

Fidelity of implementation—Fidelity of implementation is achieved when the delivery of instruction, assessments, and progress monitoring is carried out as it was designed to be.

Parental Involvement -. School implementing RtI provide parents information about their child's progress, the instruction and interventions used, the staff who are delivering the instruction and the academic or behavioral goals for their child.

TIER I: HIGH-QUALITY CLASSROOM INSTRUCTION, SCREENING, AND GROUP INTERVENTIONS

Within Tier I, all students receive high-quality, scientifically based instruction provided by highly qualified personnel to ensure mastery of the grade level curriculum. The vast majority (**80-85%**) will respond to both the identified instructional opportunities and teacher identified strategies for differentiated instruction. All students are screened on a periodic basis to establish both academic and behavioral baselines and to identify struggling learners who may be in need of supplemental supports. The length of time for this process can vary, but generally ranges around 6 - 8 weeks. During that time, student progress is closely monitored using a validated screening system such as curriculum-based measurement. Students identified as being “at-risk” through universal screenings, results on state- or district-wide assessments, and/or collected behavioral data receive instruction during the school day in the regular classroom. Students not demonstrating adequate progress are referred to Tier 2. With respect to behavioral difficulties, students not responding to specific strategies and supports to improve behavioral functioning as implemented by the classroom teacher are subject to consideration of Tier 2 services. Fidelity of implementation and curriculum will be evaluated in determining the need to proceed to Tier 2.

TIER 2: TARGETED INTERVENTIONS

Students *not* making adequate progress in the regular classroom in Tier I are provided with increasingly intensive instruction matched to their needs on the basis of levels of performance and rates of progress. Intensity varies across group size, frequency and duration of intervention, and level of training of the professionals providing instruction or intervention. **Services and interventions are provided in small-group settings of 6-8 students per group meeting for a minimum of 60 minutes per week over a 6-8 week period** of time to supplement the *support* of the regular instruction in the general curriculum. Students needing prescriptive intervention to improve social and behavioral functioning in the classroom will receive specified behavioral supports and interventions based on their specific skill needs. Progress monitoring is conducted at least once every two weeks to evaluate student progress. Students who continue to show too little progress at this level of intervention are then considered for more intensive interventions as part of Tier 3. All interventions must be implemented with evidence of fidelity.

TIER 3 INTENSIVE INTERVENTIONS

At this level, students receive individualized, intensive interventions that target the student's skill deficits. Intensive, individualized interventions through Tier 3 are usually implemented for a period of approximately 6 weeks with evidence of regularly scheduled curriculum based monitoring conducted at least once per week. Students who may have an eligible disability under Section 504 and/or Dyslexia may also have their needs addressed through a Tier 3 /§504 accommodation plan. **Tier 3 interventions are more intensive (minimum of 90 minutes per week) and individualized (1-3 students per group) than Tier II interventions.** Students with Tier 3 behavioral needs continue to access interventions and behavioral plans while campus staff increases behavioral compliance. Students who do not achieve the desired level of progress in response to these targeted interventions and who have a disabling condition are then referred for consideration of a full and individual initial evaluation through special education (Tier IV). The data collected during Tiers I, 2 and 3 are included and will be used to make the eligibility decision in addition to the results from the evaluation. Tiers I, 2, and 3 when implemented with fidelity meet the vast majority of student needs (academic and behavioral). When a child masters specific skills, the committee should consider placement back to Tier 2 or even Tier I. Those students who are not successful should continue to receive Tier 3 supports and consideration for assessment in special education.

SPECIAL CONSIDERATIONS: SECTION 504, BILINGUAL/ELL, SPECIAL EDUCATION

Section 504

Section 504 covers qualified students with disabilities who attend schools receiving Federal financial assistance. To be protected under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such an impairment; or (3) be regarded as having such an impairment. Section 504 requires that school districts provide a free appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities.

While Section 504 support is considered a Tier 3 consideration, at any point in the RtI process, the parent can request an evaluation under Section 504. The request for having the campus conduct an evaluation for Section 504 services should be reviewed and considered by the RtI committee. The parent should be a part of this decision-making process.

Bilingual/ESL

There are many caveats and considerations involved in decision making regarding screening, instruction, assessment, and interventions for Bilingual/ESL students. Because the majority of ELLs entering our schools face a variety of obstacles, their need for systemic instructional and behavioral support is significant. Response to Intervention, as a problem-solving process, provides an effective framework through universal screening, differentiated instruction, progress monitoring, and the delivery of student services and resources through a multi-tiered model that is extremely beneficial for assessing core instruction and providing targeted and intensive interventions to meet the needs of Bilingual/ESL learners.

Special Education

Response to Intervention is not designed to be a pre-referral process to Special Education. It is not a model in which students must fail before interventions begin. Instead, it is a proactive, positive approach for supporting all learners, particularly those who are struggling academically and/or behaviorally. RtI meets learners where they are within the curriculum on their instructional level, approximately 90-95 percent of learners will respond positively without the need for intensive, specialized instruction that is provided through Special Education services.

Commissioner's Rules, §89.1011:

Prior to referral, students experiencing difficulty shall be considered for all support services available to all students—tutorial; remedial; compensatory; response to scientific, research-based intervention; and other academic or behavior support services. If the student continues to experience difficulties in the general classroom after the provision of interventions, district personnel must refer the student for a full and individual evaluation.

Within the federal requirements of special education eligibility —exclusionary factors are also provided. A student will not be judged eligible for special education if one of these factors is identified as the primary reason for lack of progress:

1. Lack of appropriate instruction in reading or mathematics

Commissioner's Rules, §89.1040:

Prior to and as part of the evaluation described in subparagraph (B) of this paragraph and 34 CFR, §§300.307-300.311, and in order to ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or mathematics, the following must be considered: (i) data that demonstrates the child was provided appropriate instruction in reading (as described in 20 USC, §6368(3)), and/or mathematics within general education settings delivered by qualified personnel; and (ii) data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal evaluation of student progress during instruction.

2. Limited English proficiency
3. Cultural or economic disadvantage

After a careful review of student's progress through the tiered interventions, the Rtl Committee shall determine if a referral to Special Education is appropriate.

Referral of students for a full and individual initial evaluation for possible special education services shall be a part of the district's overall, general education referral or screening system. Prior to referral, students experiencing difficulty in the general classroom should be considered for all support services available to all students, such as tutorial, remedial, compensatory, and other services. If the student continues to experience difficulty in the general classroom after the provision of interventions, district personnel must refer the student for a full and individual initial evaluation. This referral for a full and individual initial evaluation may be initiated by school personnel, the student's parents or legal guardian, or another person involved in the education or care of the student.

At any point in the Rtl process, the parent can request an evaluation for Special Education. The request for having the campus conduct an evaluation for Special Education services should be reviewed and considered by the Rtl committee. The campus has fifteen (15) school days to respond to the parent's request for assessment. The parent should be a part of the Rtl committee meeting and this decision-making process.

References:

RTI Action Network – excerpts from “Learn About RTI”
www.rtinetwork.org Texas Education Agency - *Student Handbook Statement*, 2007.

Elements of a Tiered Rtl Approach

| Rtl Components by Tier | Description | Procedures for Implementation |
|---|---|--|
| <p>TIER I</p> <ul style="list-style-type: none"> • Universal screening • Diagnostics • Progress monitoring <p><i>High-quality instructional and behavioral supports are provided for all students in general education</i></p> | <ul style="list-style-type: none"> • Collection and sharing of benchmark data among teachers, principals, district staff, and parents (data is collected in fall, winter, and spring) • Specific, objective measures of problem areas, not anecdotal information or opinions | <ul style="list-style-type: none"> • School personnel conduct universal screening of academic and/ or behavioral skills • Teachers implement a variety of research-supported instructional strategies • Ongoing curriculum-based assessment (continuous progress monitoring) is used to guide high-quality instruction • Students receive differentiated instruction based on data from ongoing assessments |
| <p>TIER II</p> <ul style="list-style-type: none"> • Baseline data collection • Diagnostics • Progress monitoring • Written plan of accountability • Comparison of pre- and post-intervention data <p><i>Students whose performance and rate of progress in their classroom, school, or district lag behind those of peers receive more specialized prevention or remediation within general education</i></p> | <ul style="list-style-type: none"> • Curriculum-based measurement (CBM) to determine whether a problem area is an issue with the student or the core curriculum • Which interventions will be tried that are different? Who will do them? When? Where? For how long? • Frequent collection of a variety of data to examine student performance over time and evaluate interventions in order to make data-based decisions • Data-based decision making for intervention effectiveness | <ul style="list-style-type: none"> • Curriculum-based measures are used to identify which students continue to need assistance with specific kinds of skills • Collaborative problem-solving is used to design and implement instructional support for students that may consist of more individualized strategies and interventions • Student progress is monitored frequently to determine intervention effectiveness • Systematic assessment is conducted to determine the fidelity with which instruction and interventions are implemented • Parents are informed and are involved in planning • General education teachers receive support (training, consultation, direct services) |
| <p>TIER 3</p> <ul style="list-style-type: none"> • Increased intensity of interventions <p><i>Tier 3 includes all the elements of Tier 2. The difference between Tier 2 and Tier 3 is the frequency and group size of the intervention treatment.</i></p> | <ul style="list-style-type: none"> • The most intensive phase of Rtl • Fidelity of intervention ensured by documentation • If progress monitoring does not establish improvement after intervention phase is implemented, referral for multi- disciplinary assessment for Special Education is warranted | <ul style="list-style-type: none"> • Procedures are consistent with those of Tier 2 • Intensity of interventions increases; treatment, time and group size vary with intervention |

Behavior problems have become more prevalent issues in today's schools. Utilizing a problem solving process, such as RtI, applies to behavioral difficulties, much like it applies to academic skills. One similarity between academic and behavior systems is in program and intervention selection. Specifically, when selecting a behavioral intervention, schools should carefully select programs and interventions that are consistently implemented school-wide.

Different types of student behavior require different interventions. We can compound problems by applying incorrect strategies to any student behavior – positive or negative. The information offered in the following three strategies help reinforce positive behavior (without using conditional approval, or reinforcing dependence or people-pleasing behaviors), can help motivate desirable behaviors (without nagging or threatening), and can help intervene with negative behavior effectively and non-punitively.

RtI for academics and behavior relies on data collection. In order to assess the level of intensity and select an appropriate behavioral intervention, data must be analyzed. Prior to intervening, a teacher ideally gathers baseline data on the student's problematic behaviors. One way to obtain a baseline is to evaluate discipline referrals. However, there are many ways to evaluate a student's behavior depending on the identified behavior. For example, observations may be conducted to evaluate the duration, intensity, and frequency of the identified behavior. Baseline data (which may include such things as observations, time on task, behavior rating scales, self-report scales, discipline referrals) assist teams in determining appropriate steps to address the student's needs.

School-wide behavioral systems are important for all students, and a system for identifying at-risk students must be in place. For example, looking carefully at office disciplinary referrals is one way of analyzing which students are in need of intervention (Irvin et al., 2006). Office disciplinary referrals are a naturally occurring data source that are relatively cheap, ongoing, and effective measurements for identifying at-risk students (Irvin et al., 2006; Putnam, Luiselli, Handler, & Jefferson, 2003; Sprague et al., 2001; Sugai et al., 2000; Tidwell, Flannery, & Lewis-Palmer, 2003; Walker, Cheney, Stage & Blum, 2005).

Behavior interventions, like academic interventions, should be implemented in a systematic format. Implementing school-wide systems reduces student confusion by assuring classroom and grade level consistency. Behavioral systems should be selected after consideration of the unique needs of child (e.g., students' age/grade, class size, staff composition, etc.) with consideration given to the school climate and the particular qualities of that school population.

At the most basic level (Tier I, also known as Primary Strategies or least intensive), the teacher begins by addressing problem behaviors with a class-wide intervention. Tier I works most effectively when the system is implemented in Kindergarten through 6th grades, much like an academic core program should be implemented. Primary prevention strategies focus on interventions used on a school-wide basis for all students (Sugai & Horner, 2002). This level of prevention is considered "primary" because all students are exposed in the same way, and at the same level, to the intervention. The primary prevention level is the largest by number. Approximately 80% to 85% of students who are not at-risk for behavior problems respond in a positive manner to this prevention level (Sugai et al, 2000).

Primary prevention strategies include, but are not limited to, using effective teaching practices and curricula, explicitly teaching behavior that is acceptable within the school environment, established classroom rules and contingencies, guidance curriculum, posted classroom rules, redirection and reinforcement plans that are consistently implemented, classroom arrangement and systems within the school, consistent use of pre-correction procedures, using active supervision of common areas, and creating reinforcement systems that are used on a school-wide basis (Lewis, Sugai, & Colvin, 1998; Martella & Nelson, 2003; Nelson, Crabtree, Marchand-Martella, & Martella, 1998; Nelson, Martella, & Marchand- Martella, 2002).

If, after these attempts, progress is not identified and a student has additional needs that have not been met, more intensive interventions should be attempted. This moves the intervention along the continuum toward Tier II (also known as Secondary Prevention Strategies or Moderate Intensity). Tier II may require direct instruction for the student and can be individualized in the classroom setting or can occur in a smaller group setting (i.e., social skills). Secondary prevention strategies involve students (i.e., 10% to 15% of the school population) who do not respond to the primary prevention strategies and are at-risk for academic failure or behavior problems (Nelson, et al., 2002).

Interventions at the secondary level often are delivered in small groups to maximize time and effort and should be developed with the unique needs of the students within the group. Examples of these interventions include special support such as social skills training (e.g., explicit instruction in skill deficit areas, friendship clubs, check in/check out, role playing). Additionally, secondary programs could include behavioral support approaches (e.g., simple Functional Behavioral Assessments [FBA], pre-correction, self-management training). Even with the heightened support within secondary level interventions, some students (1% to 7%) will need the additional assistance at the tertiary (Tier 3) level (Walker et al., 1996).

Tertiary prevention programs focus on students who display persistent patterns of disciplinary problems (Nelson, Benner, Reid, Epstein, & Currin, 2002). At times, a student's behavior is so severe that intensive and individualized behavior planning must be put in place to address his/her needs. A student is then moved into Tier 3 where specific and involved behavior plans will likely occur. Tertiary-level programs are also called intensive or individualized interventions and are the most comprehensive and complex. The interventions within this level are strength- based in that the complexity and intensity of the intervention plans directly reflect the complexity and intensity of the behaviors. Students within the tertiary level continue involvement in primary and secondary intervention programs and receive additional supports as well. These supports could include use of full FBA, de-escalation training for the student, empirically based interventions that teach active problem solving, coaching through difficult behaviors, appropriate reinforcements and natural consequences, heightened use of natural supports (e.g., family member, friends of the student), and development of a Behavior Intervention Plan (BIP).

Source: www.pbis.org

Tier 3 – Intensive Individual Interventions (1-5% of students or 6+ disciplinary office referrals)

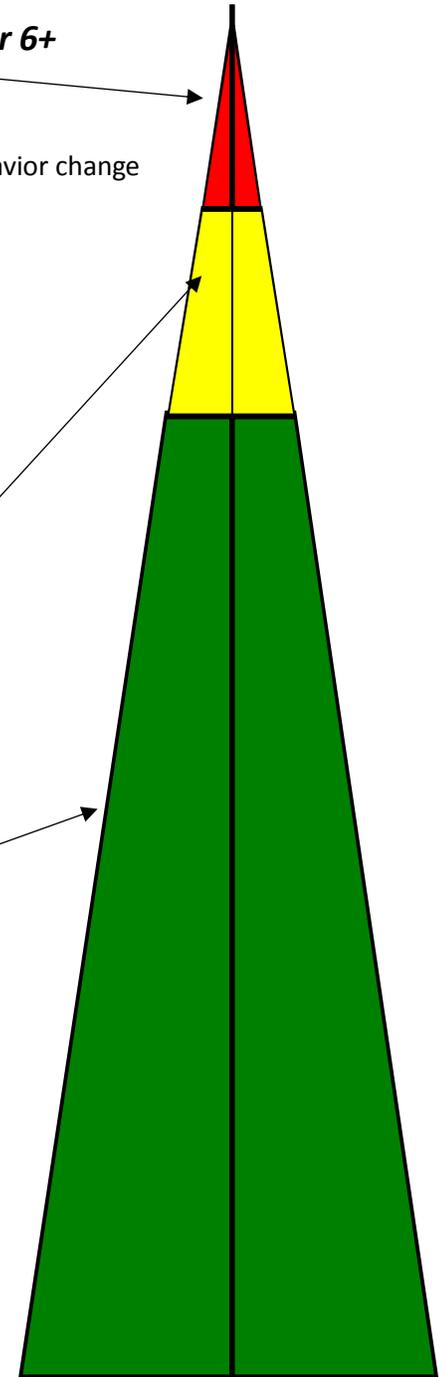
- Conference with parents
- Collaborate efforts daily between home and school to elicit home behavior change
- Small group or one-on-one counseling
- Monitor behavior chart across settings
- Collaborate with community agencies (e.g. CIS)
- Parent training and collaboration
- Assign a mentor
- Increase the frequency of services, the duration of the service per session or the intensity of the reinforcement

Tier 2 – Targeted Group Interventions (5-10% of students 3-5 disciplinary office referrals)

- Conference with parent
- Provide small group counseling focusing on social skills
- Teach self-management skills to monitor own behavior
- Provide positive praise and the opportunity to earn privileges
- Weekly behavior reports sent home

Tier 1 – Universal Interventions (80-90% of students or 0-2 disciplinary office referrals)

- Universal Screener
- School-wide behavior expectations
- School-wide social skills program
- Effective classroom management skills
- Conference with parent
- Simple targeted behavior chart



SUGGESTED BEHAVIORAL INTERVENTION RESOURCES:

The following resources provide interventions, goals, and objectives groups by specific behavior categories and are appropriate for any student engaging in the selected behaviors:

PBIS World at <http://pbisworld.com>

WHAT IS FIDELITY?

Fidelity of implementation refers to how closely the prescribed procedures of a process are followed. (Mellard and Johnson, 2007) Fidelity of implementation is *“the degree to which teachers and other program providers implement programs as intended by the program developers.”*

(Mellard and Johnson, p. 240, 2007)

Positive student outcomes are dependent upon:

- Fidelity of implementation of process at the school level
- Degree to which interventions are empirically supported
- Fidelity of intervention implementation at the teacher level

(Pierangelo and Giuliani, 2008)

Practices to Ensure Fidelity of Implementation

- Definitively describe the system of components, procedures, and techniques; include feedback and decision making
- Clearly define responsibilities of specific persons such as teachers, administration, coaches, etc.
- Create a data system for measuring operations, techniques, and components
- Link fidelity data to improved outcomes data
- Approach instructor observation in a positive manner emphasizing problem-solving
- Create accountability measures for noncompliance.

(Johnson, Mellard, Fuchs, & McKnight, 2006; Pierangelo & Giuliani, 2008)

District Approved Interventions

| PK-5 | Tier 1 Core Classroom Instruction (80-90% of students) | Tier 2 Targeted Interventions (5-15% of students) | Tier 3 Intensive Interventions (1-5% of students) |
|---------|---|--|--|
| Reading | Read Naturally LiPS Odyssey Ware CEI Lab | Read Naturally LiPS Odyssey Ware CEI Lab | Read Naturally LiPS Odyssey Ware CEI Lab |
| Math | TBD | TBD | TBD |

| Junior High | Tier 1 Core Classroom Instruction (80-90% of students) | Tier 2 Targeted Interventions (5-15% of students) | Tier 3 Intensive Interventions (1-5% of students) |
|-------------|---|--|--|
| Reading | Read Naturally LiPS Odyssey Ware CEI Lab | Read Naturally LiPS Odyssey Ware CEI Lab | Read Naturally LiPS Odyssey Ware CEI Lab |
| Math | TBD | TBD | TBD |

| High School | Tier 1 Core Classroom Instruction (80-90% of students) | Tier 2 Targeted Interventions (5-15% of students) | Tier 3 Intensive Interventions (1-5% of students) |
|-------------|---|--|--|
| Reading | LiPS Odyssey Ware CEI Lab | Read Naturally LiPS Odyssey Ware CEI Lab | Read Naturally LiPS Odyssey Ware CEI Lab |
| Math | TBD | TBD | TBD |

Curriculum-Based Measures (CBM):

CBM's are a way to progress monitor academic skills in both reading and math using your state curriculum.

Skills can be taught in logical order. Growth in all skills is tracked over the entire year.

Each test (also called a probe) includes sample items from every skill taught across the academic year.

Students' success is based on individual goals, rather than a pre-set group criterion. Each probe tests prior material, checking for the retention of previously taught skills. Probes, administration, and scoring are standardized to produce reliable and valid scores.

**An additional website for CBM probes is:

<http://www.interventioncentral.org/htmdocs/interventions/cbmwarehouse.php>

RTI Step by Step

Tier I

All students should receive high-quality core instruction and behavioral support in this tier. Administer universal screeners 3 times yearly to all students.

For any student who does not meet expectations on a Universal Screening and/or grade level standards or demonstrates a pattern of need and consistently accesses additional supports and the teacher considers them a candidate for Tier II, do the following to document interventions and begin working toward a Rtl Tier II Referral:

All forms are located in DMAC

1. General Education Classroom Teacher develops an intervention plan using the **Tier I Intervention Form** in *DMAC*. **Tier I Parent Letter** is sent to parents/guardians. Tier I intervention is provided in a small group setting within the classroom for 6-8 weeks.
2. Document the intervention(s) and monitor progress, teacher progress monitoring tracking log maybe used, following the Tier I Intervention Form plan. The **Tier I Intervention Form** must be updated at the end of the 6-8 week intervention period. The **Tier 1 Intervention Form** is generally updated with information from the Teacher Progress Monitoring Log.
3. If the interventions are successful, return the student to core instruction and continue to monitor progress.
4. If the interventions are **not** successful and the student does not meet goal target after 6-8 weeks of intervention, refer the student to Tier II using the **Tier 2 Referral Form**, in *DMAC*.
5. Counselor will notify the campus Rtl Administrator using the **Tier 2 Administrator Notification Form** that a Tier 2 Referral form has been completed. The Rtl Administrator reviews data from Tier I and makes recommendations in *DMAC* on the **Tier 2 Administrator Notification Form**. Counselor schedules **Tier 2 Meeting** and invites parents/guardians and appropriate staff. Counselor sends out the **Tier 2 Referral Parent Letter**.

Tier II

Tier II Meeting:

6. Counselor in coordination with RTI Committee documents the meeting using the **Tier 2 Meeting Form** in *DMAC*.
7. Discuss teacher and parent/guardian concerns, background information, and information from **Tier 2 Referral form**. The Rtl Administrator makes recommendations to the committee (after reviewing the universal screener data, Tier I Intervention Form, Progress Monitoring and Tier 2 RTI Referral Form).

8. RTI Committee collaborate as a team to and determines a course of action for student(select from the following):
 1. Student continues at Tier 1 with the present intervention with revisions and/or adjustments. (Student remains at Tier 1)
 2. Develop a new Tier I academic and/or behavioral goal and select a new intervention to match each goal. (Student remains at Tier 1)
 3. Develop a **Tier 2 Intervention Plan**.
9. If RTI Committee chooses to develop a Tier 2 Intervention plan document plan using the **Tier 2 Intervention Form** in *DMAC*.
10. Provide additional 60 minutes of small group targeted instruction that supplements and reinforces core instruction and behavioral expectations for *6- 8 weeks*.
11. Document interventions and monitor progress in the **Tier 2 Intervention Form**.
12. The campus administrator schedules a **Tier 2 Follow-Up Meeting** to be held in 6-8 weeks.

Tier 2 Follow-Up Meeting:

13. Document the meeting using the **Tier 2 Follow-Up Meeting Form**.
14. Collaborate as a team to review previous intervention plans and assess the effectiveness of the interventions by reviewing progress monitoring data and determine placement. The Rtl Administrator makes recommendations to the committee (after reviewing the universal screener data and/or the **Tier I & 2 Intervention Forms**). The committee will document decisions on the **Tier 2 Follow Up Meeting Form** a then select from the following:
 1. The student has achieved the designated level of progress determined in Tier 2 Intervention Plan and may return to either Tier I with continuous monitoring. (Refer to Step 2 above)
 2. The student has made some progress yet achieves below grade-level expectations and needs to remain at Tier 2 for a longer period of time. The intervention remains the same, or is modified in time and/or frequency, or another intervention is implemented based on progress monitoring data. (Refer to Step 11 above)
 3. The student is not making progress at the expected level. The Rtl team must consider making a decision to move the student to Tier 3 for more individualized intensive interventions for a longer duration, or minimum of 90 minutes per week with 1-3 students within the group. (Continue to Step 17)

TIER 3

15. Campus RtI Administrator schedules Tier 3 Meeting and invites parents/guardians and appropriate staff using the **Tier 3 Parent Letter**.
16. As an RtI team, develop the **Tier 3 Intervention Form** in *DMAC*.
17. Document interventions and monitor progress in the Intervention Plan.
18. Campus RtI Administrator schedules **Tier 3 Follow-Up Meeting** to be held in 6-8 weeks.
19. RTI committee makes recommendations for student
 1. The student has achieved the designated level of progress outlined in the Tier 3 Intervention Form and may return to Tier 1.
 2. The student has achieved the designated level of progress for the targeted skill(s) and exits to Tier 2 with continued monitoring before returning to Tier 1.
 3. The student had made some progress yet achieves below grade level expectations and needs to remain at Tier 3 for a longer period of time. The intervention remains the same, or is adjusted for time and/or frequency, or another intervention is implemented based on progress monitoring data.
 4. The student has demonstrated severely limited progress. The RTI team determines if a referral is warranted to the Section 504 Committee, special education or other district option.

RTI Annual Summary

At the end of each school year complete the RTI Annual Summary Report for each student who received RTI.

FORMS LIST

- A. Tier I – Intervention Form *(Completed by classroom teacher)*
- B. Tier 1 Parent Letter *(Completed by classroom teacher)*
- C. Tier 2 Referral *(Completed by classroom teacher)*
- D. Tier 2 – Administrator Notification *(Completed by counselor)*
- E. Tier 2 Parents Letter *(completed by counselor)*
- F. Tier 2 Meeting Form *(Completed by RTI Committee/Counselor, Parent)*
- G. Tier 2 Intervention Form *(Completed by RTI Committee/Counselor)*
- H. Tier 2 Follow Up Meeting Form *(Completed by RTI Committee/Counselor)*
- I. Tier 3 Parent Referral Letter *(Requires signatures, completed by counselor)*
- J. Tier 3 Intervention Form *(Completed by RTI Committee/Counselor)*
- K. Tier 3 Follow Up Meeting *(Completed by RTI Committee/Counselor, Parent)*
- L. Annual Summary Form *(Requires signatures completed by counselor, signed by Principal, Asst. Principal or consultant)*

Glossary

1. Behavior Intervention Plan (BIP) - A concrete plan of action for managing a student's behavior.
2. Continuum of Services- An array of services to meet an individual student's needs.
3. Curriculum-based Measurement (CBM)- A precise tool for directly measuring student competency and progress in the basic skill areas of reading fluency, spelling, mathematics and written language. A CBM is a short probe of 2-5 minutes in length and should be administered once or twice a week.
4. Cut Score- A score on a test by which students are identified for supplementary services.
5. Data-driven Decisions- A continuous process of regularly collecting, summarizing, and analyzing information to guide development, implementation, and evaluation of an action. Most importantly, this process is used to answer educational or socially important questions.
6. Fidelity- The degree of accuracy with which an intervention, program, or curriculum is implemented according to research findings and/or its developers' specifications.
7. Interventionist- An instructor who implements high-quality instruction to meet the specific individualized needs of students utilizing progress monitoring and data to make decisions regarding placement, intervention, curriculum, instructional goals and methodologies.
8. Positive Behavioral Interventions and Support (PBIS)- A tiered system of school wide practices that encourage and reward student behavior.
9. Progress Monitoring- A scientifically based practice to assess students' academic performance and evaluate the effectiveness of instruction that can be used with individual students, small group, or an entire class. The process used to monitor implementation of specific interventions.
10. Problem-Solving Method- Assumes no given intervention will be effective for all students and is sensitive to individual student differences; generally has four stages (problem identification, problem analysis, plan implementation, and plan evaluation).
11. Rate of Improvement (ROI)- A student's rate of improvement on progress monitoring tests is the number of units of measure (i.e. words read correctly correct responses, correct digits) a child has made per week since the beginning of the supplemental intervention. To discover this rate, divide the total number of units gained by the number of weeks that have elapsed. (Example: 16wrc/9 weeks= 1.5 wrc/week). The rate of improvement is compared to the rate of improvement of a typical peer and is one of the factors considered in determining whether a student has made adequate progress. The at risk student's rate of improvement must be greater than the rate of improvement of a typical student in order to "close the gap" and return to grade level functioning.
12. Rtl Model- Conception of the process known as Response to Intervention for delivering scientifically based instruction and interventions to facilitate student learning (Ogonosky). The practice of providing high-quality instruction and interventions matched to student's needs, monitoring progress frequently to make changes in instruction or goals, and applying student response data to important educational decisions.

13. Rtl Campus Team- A group of education professionals and other stakeholders who collaboratively consider student specific data, strategies and interventions, and develop a plan of action to address an academic or behavioral student-specific need.
14. Tiers- A level in a pyramid of interventions of an RTI system that includes interventions and supports for a clearly defined group.
15. Tiered Model- An educational model that delineates three or more levels of instructional interventions based on gaps in student skills.
16. Universal Screener- A process of reviewing student performance through formal and/or informal assessment measures to determine progress in relation to student benchmarks and learning standards. Also, the practice of assessing all students in a school with valid measures in the major curricular areas, so that no student at risk falls through the cracks.

Helpful Websites

1. <http://pbisworld.com>
2. pbis.org
3. <http://www.interventioncentral.org/htmldocs/interventions/cbmwarehouse.php>
4. www.rtinetwork.org
5. <http://www.rti4success.org>
6. <https://www.meadowscenter.org>
7. <http://ies.ed.gov/ncee/wwc>
8. <http://www.centeroninstruction.org>