Tiered Systems of Support:

Preventative, Proactive Cost-Effective Frameworks to Improve Student Achievement

"By strengthening general education and moving from reactive to preventative in practice, we will require less special education and reduce costs."

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Response to Intervention and Positive Behavioral Supports: Preventing and Addressing Academic and Behavioral Difficulties in General Education and Special Education

Research on schools that demonstrate strong academic success with special needs students (Parrish, 2012; Levenson, 2009), coupled with the intersection of NCLB (2002) and IDEA (2004), shows that the use of scientifically based instructional practices improve student outcomes (Campbell-Whatley, Floyd, O'Farrow and Smith, 2014). NCLB requires accountability measures that ensure that students make adequate yearly progress. According to the 2004 amendments to IDEA, states must use a process to determine if a child responds to scientific, research-based intervention and data-based documentation of repeated assessments to determine the response to intervention (RTI) before the child is referred for evaluation to be determined for eligibility for special education. RTI is emerging as a best practice process model for assisting at-risk students. McCook (2009) affirms that the successful implementation of a multi-tiered system such as RTI requires "a marriage of special education, general education and federal programs in such a manner that the education system becomes more seamless in its services, rather than a system of separate parts" (McCook, p.xi).

RTI is a proactive multi-tiered system of support designed to identify students at risk of academic difficulty and provide needed instructional and behavioral supports. It is also a framework that could be used to provide useful data that contributes to referral and decision-making about students with learning disabilities or could supplant the IQ discrepancy model currently used in New Jersey for eligibility for special education.

Although there is considerable variability in the implementation of this multi-tiered model, commonalities exist. The first involves school-wide efforts to prevent behavior problems. These models emphasize the problem-solving process in which a shared decision-making team identifies the problem, proposes strategies to remedy the problem, and then reevaluates the problem (Donavan and Cross, 2002; Walker *et al.*, 1998). The second derives from a body of research on preventing reading difficulties in children. These approaches use standardized protocols to deliver interventions, increasing in intensity and differentiation depending on the child's response to these interventions. Both models have been strongly influenced by public health models of disease prevention that differentiate primary, secondary, and tertiary levels of intervention that increase in cost and intensity depending on the response (Vaughn, Wanzek, and Fletcher, 2007).

Guidelines for Use of RTI Stech (2013), in his research on federal guidelines for use of RTI in special education placements, cites Burns, *et al*. (2007) who explains, "In the 2004 amendments to the Individuals with Disabilities Education Act (IDEA), Congress responded to long-standing criticisms of the IQ-achievement discrepancy model for identifying children with specific learning disabilities….the law now states that local education agencies (LEAs) 'shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability in oral expression, written expression, basic reading skill, reading comprehension, mathematical calculation or mathematical reasoning'" (*Pub.L.* No. 108-446 § 614 [b][6][A]). Thus, the long-held belief that discrepancies between a child's ability as measured by an intelligence test score and his or her academic achievement will no longer be the only criterion in determining specific learning disabilities.

"The law goes on to say that an LEA 'may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures…'" (p.264) These provisions stipulate that not only should an IQ-achievement discrepancy no longer be the sole determining factor in special education placement, but this discrepancy model need not be our default if a research-based intervention (RTI) shows evidence that a student has made little or no progress in response to such interventions. As Burns *et al*. states, "IDEA also allows school districts to use up to 15% of their federal special education funds each year to develop and implement coordinated early intervening services. These services are for students in all grades who require additional academic and behavior support to be successful in general education, but who have not been identified as needing special education and related services" (*Pub.L.* No. 108-446, § 613 [f]). Thus, with this clause IDEA encourages school districts and schools to provide additional support to students in the general education classroom prior to consideration for eligibility for special education services. State regulations, following the federal model, also require the use of RTI.[12]

RTI Defined In July 2012, the U.S. Office of Special Education Programs published a document titled "Response to Intervention: Fundamentals for Educators." OSEP defines Response to Intervention as the practice of providing high-quality instruction/intervention matched to student needs and using learning rate over time and level of performance to inform education decisions (NASDE, *Responsive to Intervention: Policy Considerations and Implementation*). As a school improvement model which places heavy reliance on early interventions, RTI improves student

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[12] *New Jersey Administrative Code* states:

- *N.J.A.C.* 6A:14-.5(c)12. A specific learning disability may also be determined by utilizing a response to scientifically based interventions methodology as described in *N.J.A.C.* 6A:14-3.4(h)6.
- *N.J.A.C.* 6A:14-3.4(h)6. When a response to scientifically based interventions methodology is utilized to make the determination of whether the student has a specific learning disability, the district board of education shall: i. Ensure that such methodology includes scientifically based instruction by highly qualified instructors, and that multiple assessments of student progress are included in the evaluation of the student; ii. Not be required to include more than the assessment conducted pursuant to the district's response to scientifically based intervention methodology in the evaluation of a student; and iii. If the parent consents in writing, extend, as necessary, the time to complete an evaluation pursuant to (c) above.

achievement and behavior and may help reduce disproportionate representation of minority students in special education. The core principles of RTI are based on a unifying belief that "all children can learn." RTI also requires the use of frequent problem-solving and problem-analysis; universal screening of academic, behavioral and social-emotional indicators of success; evidence-based interventions with fidelity of implementation; ongoing and sensitive progress monitoring of student responses to intervention; data-based decision-making, and a multi-tiered approach with increasing levels of intensity (Batsche, 2006).

There are three tiers common in the RTI process:

Tier 1 focuses on offering high quality, research-based instruction via differentiation as the core instruction for all students in general and inclusive classrooms. This core instruction must be delivered with fidelity. In this tier, school leaders, faculty and staff are engaged in a universal screening of academics and behavior.

Tier 2 involves short-term, evidence-based interventions in a small-group delivery model. Differentiated instruction, supplemental instruction, modifications, specialized equipment, or technology to target academic and behavior needs are provided in a thoughtful, deliberate manner. Intensity, duration and frequency of instruction are determined by identified needs. Instruction can be provided by a general education teacher, reading specialist or special education teacher. Student responses to interventions are well documented during this stage, which will be used for pre-referral decisions.

Tier 3 provides intensive instruction in special or general education settings. The students are provided high-quality, scientifically based, individualized interventions, such as metacognitive strategies, Explicit Direct Instruction, Reading Recovery, Orton Gillingham, Project Read, Wilson, Framing Your Thoughts, and Fast Forward (Office of Special Education Programs, National Center for Response to Intervention, www.rti4success.org/www.rti4success.org/, McCook, 2009, Campbell-Whatley, Floyd, O'Farrow & Smith, 2013).

School-wide Positive Behavior Support (SWPBS) Positive Behavior Support[13] is a parallel process of RTI, based on the similar principles and practices, including—

- Development of a continuum of scientifically based behavior and academic interventions and supports;
- Use of data to make decisions and solve problems;
- Arrangement of the environment to prevent the development and occurrence of problem behavior;
- Teaching and encouraging pro-social skills and behaviors;
- Implementation of evidence-based behavioral practices with fidelity and accountability;
- Universal screening and continuous monitoring of student performance and progress.

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[13] For additional information on School-side Positive Behavioral Supports, go to the OSEP Technical Assistance Center at http://pbis.org/research/default.aspx.

SWPBS is a tiered decision-making framework that guides selection, integration, and implementation of the best evidence-based academic and behavioral practices for improving important academic and behavioral outcomes for all students. It is a comprehensive set of procedures and support strategies tailored to address and overcome patterns of destructive and stigmatizing behaviors. SWPBS emphasizes four integrated elements: (a) data for decision making, (b) measurable outcomes supported and evaluated by data, (c) practices with evidence that these outcomes are achievable, and (d) systems that efficiently and effectively support implementation of these practices (Alberto and Troutman, 2009).

Building on the research of Fuchs, Mock, Morgan, & Young, (2003), Hughes and Dexter (2014) offer these comments in support of considering an alternative state:

> A longstanding issue in special education is the over identification of students with [learning disabilities]. Many in the field blame the IQ-discrepancy method of identification as the cause of this issue. The major concerns of this group are that IQ tests are a poor index of intelligence, that the IQ-discrepancy approach is a "wait-to-fail" model since students must perform poorly for years before achievement scores are sufficiently below their IQ scores, and that low achievement for many students is actually caused by poor instruction rather than disability. The problem of over identification for school districts is largely financial. Many school districts already operating on small budgets waste ample amounts of money and manpower on special education services for students who do not need them (p.1).

In their review of the literature, they suggest that several aspects of RTI are presented as addressing the issue of overrepresentation, particularly among minorities:

1. Assessment instruments used in RTI (e.g., curriculum-based measures) are non-biased versus other forms of assessment.
2. All students receive effective instruction and thus most students, including minorities, will progress satisfactorily.
3. Instructional decisions (e.g., movement to or from a tier) are based solely on academic performance.
4. If, after receiving Tier 1 instruction, more minorities are identified as being at risk (based on universal screening data) than majority students, the instruction will be evaluated and modifications will be made to the core program.
5. Providing more intensive instruction in Tier 2 will result in fewer students moving into special education.[14]

Universal Design for Learning UDL is a set of principles for curriculum development that give all individuals equal opportunities to learn. It provides a blueprint for creating instructional goals, methods, materials, and assessments that work for everyone. UDL is not a single, one-

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[14] The following sources provide information on various tiered systems of support: the RTI Action Network at http://www.rtinetwork.org/, the Kansas Multi-tiered System of Supports at www.kansasmtss.org; the National Center for Intensive Intervention at http://www.intensiveintervention.org/chart/progress-monitoring-mm, and the AIMSWEB system at http://www.aimsweb.com.

size-fits-all solution, but rather flexible approaches that can be customized and adjusted to provide multiple access points to meet individual needs.

Guidelines focus on proving multiple means of representation, action and expression and engagement (Katzman, 2013, presentation to Task Force).

Universal Design was originally an architectural concept. When applied in the school context, it seeks to develop curriculum, instructional strategies and school-wide practices that assume that students with disabilities will be participating in all aspects of schooling. [15] Hehir and Katzman (2012) offer this relevant and timely example:

> We should universally design our reading programs assuming that children with dyslexia will be in every school and classroom. Given that dyslexia affects learning to read, different approaches and interventions are needed to design reading and literacy programs that will be effective for these children (p.102).

Research has demonstrated that schools that use UDL design principles and practices have more effective literacy reading programs and have reduced referrals to special education (Lyon, Reid *et al.*, 2003; Snow, C.E., Burns, S., and Griffin, P., 1998).

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[15] "Universal design" means a concept or philosophy for designing and delivering products and services that are usable by people with the widest possible range of functional capabilities. It includes products and services that are directly usable without requiring assistive technologies, as well as products and services that are made usable with assistive technologies (29 *U.S.C.* §3002(17). 15P.L).