

ATTAINMENT'S

RTI Workshop

**How to Implement and Maintain
a Successful Program**



Edward Schultz, PhD

RTI Workshop: How to Implement and Maintain a Successful Program

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Edward Schultz, PhD

Edited by Tom Kinney

Graphic Design by Lynn Chrisman

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Attainment Company, Inc.

P.O. Box 930160

Verona, Wisconsin 53593-0160 USA

1-800-327-4269

www.AttainmentCompany.com

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Introduction

Response to Intervention (RTI) is a multitiered academic and behavior problem prevention model that delivers interventions and services at increasing levels of intensity based on the response of the student (Bradley, Danielson, and Doolittle, 2007). It is not really a “program,” not a curriculum, not an assessment, nor is it a collection of assessments, evaluations, or screenings. In some ways, RTI doesn’t really even exist as its own independent entity. What it is, rather, is a sort of wish list of best practice approaches that have been singled out as exceptional and necessary over the years from our collective experience in constantly attempting to upgrade and optimize our education system. In particular, RTI addresses from the very beginning of public school, that is to say kindergarten (and sometimes preschool), the learning and behavior problems that hitherto had been allowed to fester for way too long into students’ school careers before they were identified and appropriately channeled.

The RTI approach hews faithfully to the best science we have about education and, as such, is dependent upon a systematic process that includes the following best practices: the application of scientific, evidence-based interventions delivered in a general education setting; a rigorous monitoring of the progress of student response to these interventions; use of (RTI) data that has been gathered on each student for the district to be able to make informed instructional decisions about each and every student going forward. While many of the concepts of RTI have been familiar to and used by educators for years, RTI finally achieved legal status only upon being included in “Public Law 108–6, the reauthorized Individuals with Disabilities Education Act (2004) (IDEA).

This introduction is designed to provide the historical and legal background of RTI, outline its intent and purpose, and clarify the myths and misconceptions concerning the RTI process. In subsequent chapters, we show how you can implement your own RTI program with existing materials and supports and how

you can optimize this process efficiently. Many reproducible materials to assist you in either implementing or maintaining your RTI program are included in this book and in the “DF that accompanies it to help you make it happen.

Historical and Legal Background

Four major developments concerning students identified as learning disabled (“LD”) or those deemed at risk for being identified with “LD” came together and influenced policymakers to embrace a model of prevention to address the needs of these students. The first of these is the longstanding concern about how “LD” is defined and identified and the steadily increasing number of students who are being identified. Since the enactment of “Public Law 94-142 in 1975, the “LD” population has tripled to the point where it represents over 50% of the special education population and over 5% of the entire school population (Kavale, Thurlow, & Mostert, 2005). This has been largely attributed to the ability-achievement discrepancy criterion, more often known as the “discrepancy model,” which had been the primary method of identifying students with “LD” over the past three decades.

DEFINITION

Discrepancy model – looking at intraindividual differences between students in specific skill areas, especially with students who are at below-average functioning in a few skill areas with average or above average skills in other areas. Until just recently, this was one of the major determining factors in identifying students with “LD”.

Second, with the passage of the reauthorization the IDEA 2004—and No Child Left Behind 2001, a much needed increased emphasis has been placed on providing early intervention for struggling students and reducing the number of students served in special education programs. It is key to note here that IDEA 2004—allows 15% of its funding “to develop and implement coordinated, early intervention services” for students 3-12 who aren’t identified as needing special education but require academic and behavioral support to succeed in general education. This potential redirection of significant funding is a major paradigm shift for schools that take advantage of it, and there is no better way to do that than through a rigorous RTI program. It could conceivably save districts expenses that would otherwise go to special education services, while

targeting better interventions for those students on the bubble who would have often in the past been included among the identified.

According to the “art A general provisions of IDEA 2004, almost 20 years of research and experience has demonstrated that the education of children with disabilities can be made more effective by

“providing incentives for whole-school approaches, scientifically based early reading programs, positive behavioral interventions and supports, and early intervening services to reduce the need to label children as disabled in order to address the learning and behavioral needs of such children”

A third reason has been the emphasis on reading in both research and policy. According to ”yon et al. (2001), the number of students with reading problems could be reduced by up to 70% through early identification and prevention programs. That is a huge and stunning percentage, and not to take advantage of it is almost criminal. “olicy support here for early reading help can be seen in the *Reading First* program, where the RTI process supports both its research findings and policy initiatives by systematically addressing the need for basic reading skills in primary grade general education classrooms.

Finally, an increased policy emphasis on providing all students access to scientifically based instruction delivered in core academic subjects by a highly qualified teacher has required educators to create systems of support that share responsibility for students with “D or at risk for “D. Meeting the “highly qualified” statute of NC “ and the IDEA requirements for students with disabilities to have access to the general education system and be included within state accountability systems has forced schools to restructure services from the traditional segregated model to those that promote integration and inclusion. More and more frequently, newer models are total inclusion, though that remains a controversial practice.



DEFINITION

Highly ’ualified in this context, refers to those teachers, most often still found only in secondary schools, who are best qualified to teach a specific subject, while in elementary, teachers still tend to be generalists who teach all or most subjects. Under these new guidelines, the generalied special education teacher is often no longer considered to be qualified. - his often results in students who were formerly taught by special education teachers in resource class now being taught in general education classrooms.

Intent and Purpose of RTI

In order to implement RTI, it is critical that educators fully understand its intent, purpose, and benefits, and can identify the challenges of building durable and sustainable systems for its implementation. The purpose of RTI is multifaceted, ranging from being a prevention model to that of an alternate approach to identification of a specific learning disability (SLD), depending on the student's progress through the tiers of instruction (Fuchs & Fuchs, 2007).

- In Tier I, the emphasis is on primary prevention of learning and behavior difficulties.
- Tier 2 provides remedial and intensive instruction to struggling learners prior to special education referral.
- Tier 3 (or Tier —, depending on your school's conceptualization of the RTI process) involves even greater intensities of instruction or special education consideration.

It is important to consider that the most recent revision of IDEA 2004 (20 U.S.C. 1415) requires that states "must permit the use of a process based on the child's response to scientific, research-based intervention." While states can choose other methods to identify SLD, states and subsequently districts that choose to use RTI as a method of identifying SLD will have in part a different application of RTI than states that primarily use other methods of identification.

Make no mistake, the primary purpose of RTI is to create a prevention model of support for struggling learners instead of the traditional wait-to-fail models in which students had to have significant failure over (misspent and wasted) time to receive specialized interventions and services. By using an RTI model, schools can more accurately distinguish between children who truly have SLD and those whose learning problems can be resolved or remediated with more specific, scientifically based, general education interventions. Many potential benefits of this process have been identified and are summarized below.

The use of a schoolwide RTI process can

- provide the earliest intervention for students who struggle. Traditional models have historically required students to fail for a period of time prior to receiving any specialized assistance, often referred to as the wait-to-fail

model. An RTI process can quickly identify students who need extra help before falling too far behind their peers.

- Use screening data to reduce bias in the special education referral process. This is done by replacing teacher-based referrals with an emphasis on data-based referrals. This has the potential to reduce the overall number of students referred for special education services, to stem the over-identification of minority students in special education, and to cut back on the number of students being referred whose problem was not that of having a disability, but that of not receiving adequate instruction or worse, caused by poor or misguided instruction.
- Build a culture of collaboration among administrative staff, teachers, interventionists, and parents by sharing responsibility and accountability for student learning.
- Provide critical information to educators about the instructional needs of the students and link them to evidence-based interventions. This information will be particularly valuable for students who do not respond to increasing levels of support and are ultimately referred for a comprehensive evaluation or special education consideration.

Challenges

While the potential benefits of the use of an RTI model are clear, school districts have many questions as they move to large-scale implementation. For example

- How many tiers of instruction are needed for an RTI process
- How will students move from tier to tier
- Which approach is best for your school, the problem-solving or the standardized protocol model
- How does RTI apply to secondary students
- What personnel needs do you have to fully implement RTI
- How will data be collected and student progress monitored
- How will “nonresponse to intervention” be determined
- When should a student be referred for a comprehensive assessment

Book Overview

This hands-on workshop like book is designed to provide guidance to practitioners and policymakers to help meet IDEA updates and help struggling students become successful. While traditional models of RTI have first and foremost focused on students with academic problems, the three-tiered RTI logic has also been applied to students who display emotional, social, and behavior problems within a (recommended) comprehensive system of positive behavior support ("PBS"). Herein, we take an integrated three-tiered approach to address the comprehensive and often complex needs of students, including their academic, behavioral, and emotional needs. And we provide *complete, clear, and specific* guidance geared to match the intensity of its suggested interventions to that of the specific needs of individual students. By taking a system theory approach to organizational change, we also address an area often missed, the organization and the people within it. Each chapter provides specific implementation guidance with reproducible tools and resource guides to help implement each step of your RTI process.

Overview of Response to Intervention (RTI)

RTI is a process in which all students are provided quality instruction and behavioral supports in the general education classroom, while their progress is monitored at regular intervals. Students who do not respond appropriately are given additional instruction and supports at greater levels of intensity along with progress monitoring that now is occurring

with greater frequency. Students who continue to be nonresponsive are given additional instruction and supports and may be considered for special programs. The basic RTI model, consisting of at least three tiers of interventions and support, is described below.

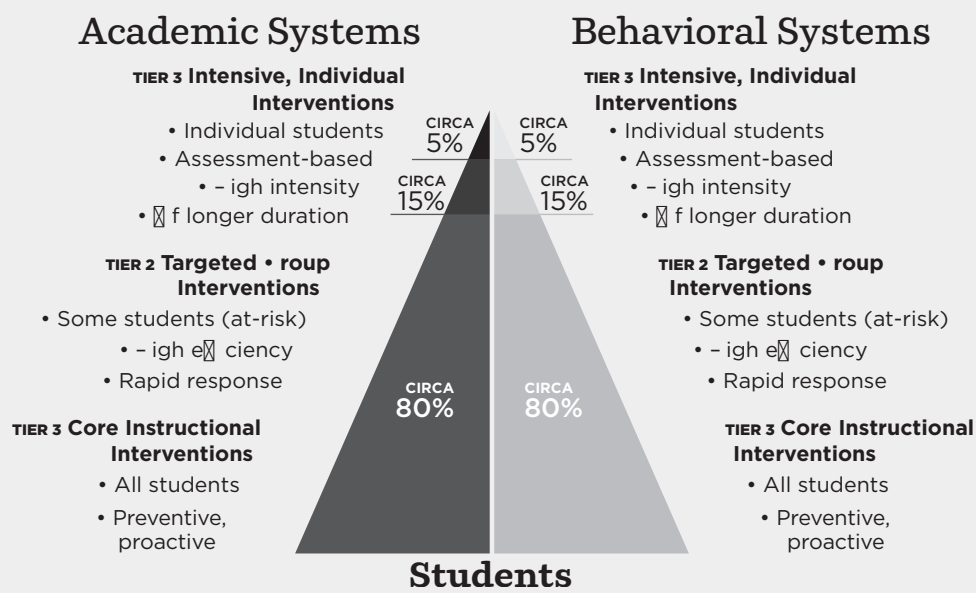
Chapter 1 Overview

- Definition of Response to Intervention (RTI)
- Description of the Multitiered RTI Model of Support
- Core Features of RTI

The Three-Tiered Model of Support

According to the NRC (2005), the application of RTI is best understood within the context of a multitiered prevention/intervention model. There are many possible variations of RTI models that contain the core components necessary to impact student outcomes. The 2005 NRC Roundtable collaborative workgroup, representing 15 organizations, identified the core concepts as application of scientific, evidence-based interventions in general education; measurement of student response to these interventions; and use of RTI data to inform instruction. While schools are able to implement RTI models containing four and even five tiers of prevention/intervention, Fuchs and Fuchs (2007) recommend employing a three-tiered framework to implement these concepts. (Both approaches have positives, see next page.) The advantages of using a three-tiered framework is due to the difficulty of designing more than one tier of preventive intervention that can be

reliably distinguished in format, intensity, and supports from the other. For the purposes of this book, a three-tiered model will be the one most often suggested. It is illustrated and summarized below



The National Association of State Directors of Special Education. (Used with permission)

Tier 1 Intervention

Tier 1 intervention is the delivery of high-quality instructional and behavioral supports provided for all students schoolwide. Tier 1 practices are designed to prevent problems from developing and to ensure that students initially receive high-quality instruction and supports to allow them to achieve expected age- and grade-level academic achievement, social and emotional development, and behavior goals. This tier is characterized by universal screenings, delivery of research-supported teaching strategies, and benchmark assessments. Tier 1 interventions are usually successful for approximately 80-90% of the student population.

Tier 2 Intervention

Tier 2 intervention is the delivery of high-quality targeted supplemental instruction for students who are failing to meet age- or grade-level expectations provided at Tier 1. These students represent approximately 10-15% of the school population and upon being flagged for Tier 2, they then receive even more intensive research-supported instruction than that in Tier 1, targeted to

their specific needs, for a period of usually 6–12 weeks. These interventions are generally provided in a small group setting within the general education classroom, using flexible grouping and differentiated instruction from the classroom teacher or from other qualified personnel. At Tier 2, student progress is monitored more frequently, usually at least once per week to determine intervention effectiveness. Students who respond appropriately to these interventions may remain at Tier 2 or return to Tier 1 based upon their individual needs. Students who fail to make sufficient progress at Tier 2 will require yet even more intense intervention at Tier 3.

Tier 3 Intervention

Tier 3 interventions deliver high-quality intensive interventions that target student skill deficits with the goal of remediating existing problems and preventing more severe ones from occurring. Tier 3 interventions serve approximately 1–5% of the student population who have significant learning or behavioral needs or both, and provide even more intensive instruction and specialized supports. These are often done by specialists and delivered in settings outside the general education classroom. Students who fail to respond to Tier 2 interventions should be considered for comprehensive evaluations and for special education or other programming outside the norm. (Note: This part of the process sometimes divides a three-tiered RTI model into a four- or even five-tiered RTI model.)

DEFINITIONS

Universal screening — a type of assessment that is characterized by the administration of quick, low-cost, repeatable testing of age-appropriate skills to all students. The process in which all students in a particular grade level are assessed to identify those at risk for failure on some predetermined outcome (e.g., state assessments) allowing the district to compare progress between students. The results of these screenings are used to help identify students who may need additional assessments or interventions.

Heterogeneous grouping — lets students be challenged by changing their learning environment and postulates that students shouldn't be kept in the same group for specific subjects because it assumes their learning may well accelerate at times. Top students can also get benefit from flexible grouping by either setting, in which they work with intellectual peers, or in different groups where they are natural leaders.

While districts have considerable flexibility (number of tiers, length of time at each tier, assessment tools, instructional strategies) in determining how RTI will be implemented in their schools, in order to build a productive RTI system, the features described below are essential.

1. Universal screenings. Screenings take place by reviewing recent student performances on state or district tests or by administering an academic screening (curriculum-based measurement) to all students in a given grade. Related behaviors (attendance, tardiness, truancy, disciplinary contacts, nurse visits) may also serve as screening data and help identify students who may require additional support.

2. High-quality classroom instruction. High-quality instruction is delivered by qualified general education teachers in general education settings. The quality of the classroom instruction can be measured by comparing student

Tiers 4 and 5 Are Also Worth Considering

While this book describes and promotes a three-tiered model of support intervention prior to referral to special programs (such as special education, 504), there are also many good reasons to choose additional tiers and schools should feel free to do so. Districts can structure the number of tiers that best fits their unique school needs. Whichever model is used, three or more, the district should always have clear entrance and exit criteria between each tier, which is to say they must make clear distinctions between the endpoint for general education interventions and the point at which special services begin. Fuchs and Fuchs (2007) recommend three tiers of instruction, with Tier 3 being special education evaluation or placement. They recommend the three-tier model because it's difficult enough to design three tiers that can be reliably distinguished in format, intensity, and style. In most cases, three is sufficient to achieve your goals. But every district has different needs, and you should design yours in a way that is appropriate to your needs.

Fuchs and Fuchs (2007) recommend a 15- to 20-week Tier 2 intervention period time to assess progress. When students do not make sufficient progress after the Tier 2 intervention, they are referred to Tier 3 interventions that begin following an instructionally focused evaluation that's conducted in consonance with the special education multidisciplinary evaluation.

achievement across classrooms at the same grade level. Instruction and curriculum is grounded in scientific research that has been proven effective for most students.

3. Targeted research-based instruction and interventions. Research-based interventions go beyond adapting and accommodating the current curriculum and are characterized by making a systematic change in delivery of instruction and supports that have proven effective in addressing the presenting problem.

4. Continuous progress monitoring. In an RTI model, general educators assume an active role in the assessment and monitoring of classroom performance of students, and they do it at regular intervals. “Progress monitoring is the scientifically based practice used to assess student performance and evaluate the effectiveness of targeted, intensive instruction

The Fuchs and Fuchs model is similar to the one this book has put forth, but our model has a 6- to 12-week Tier 2 duration and a 6- to 8-week Tier 3 duration prior to a special education multidisciplinary evaluation. Each school district will have to reconcile the model they wish to implement with their respective state regulations regarding how long to remain in each tier.

The three-tiered model described in this book uses the data collected at Tier 3 to determine if a student has responded favorably to additional intensive interventions in general education. If these students do not respond to targeted interventions conducted with fidelity at Tier 3, then a referral for a special education evaluation would be warranted.

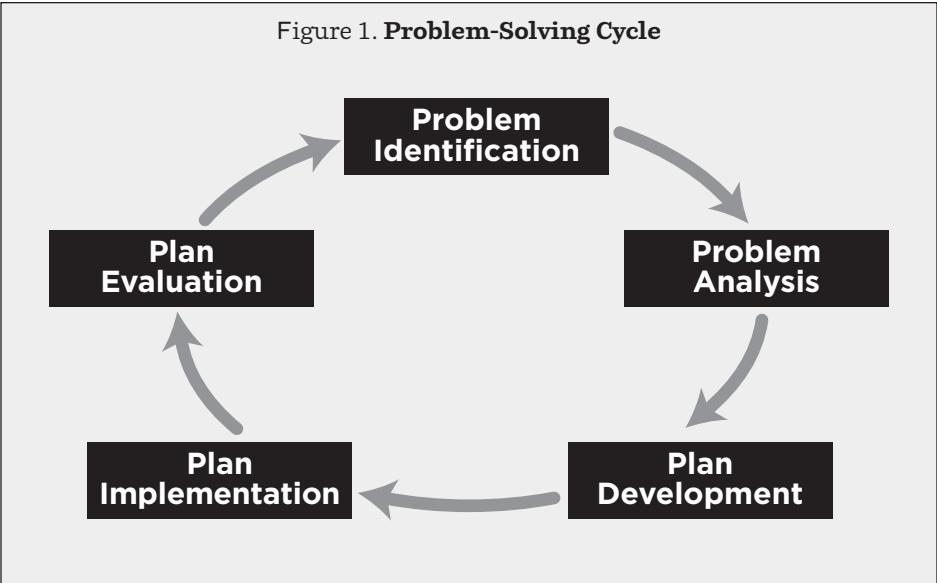
The three-tiered model described in this book uses the data collected at Tier 3 to determine if a student has responded favorably to additional intensive interventions in general education. If a student does not respond, a more comprehensive assessment is needed to see if the student has a possible disability and demonstrates an educational need for special services. The clear decision point for this model is nonresponders to Tier 3. Some schools may consider this a three-tiered model, or a four-tiered model with special education considered as the fourth tier. The rationale for the model posited in this book is to keep the focus on the skill deficits of the students (i.e., math, reading, and social skills) being the driving force of interventions rather than special education labeling. For example, students may just need special education for reading and general education Tier 2 instruction for math.

and interventions. It is a fundamental and essential component of the RTI process. A scientifically validated form of progress monitoring is curriculum-based measurement, or C³M. C³M allows teachers to regularly assess student performance using brief, simple, global measures. Consequently, the obtained data is used to make instructional decisions.

5. Decision-making rules. Critical to the RTI process is the formation of guidelines by each school to determine which students are not making sufficient progress or responding to interventions, when to enter or exit tiers, and when to refer a student for a comprehensive evaluation or consideration for special education.

6. Fidelity measures. Fidelity measures are in place to ensure that interventions are designed and implemented consistently and for a sufficient length of time to provide reliable data on a student's response to intervention.

7. Data-based decision making. Decisions are made going forward in the RTI sequence by constant analysis of information collected on a regular basis that helps you to identify a student's status, need for change, and successes or failures of interventions. Informed educational decisions are made using professional judgment that is based on this sound data thereby reducing the chances for error and bias in treatment.



Two Implementation Approaches to RTI

In order to build a strong RTI system in your school, the following essential elements must be included: the problem solving approach and the standard treatment protocol. Both are deployed at decision-making points between the three tiers of preventive intervention. However, schools usually choose between the two approaches or use a model that integrates both. The nature of the problem the student has dictates which approach to use. Generally speaking, the problem-solving approach is the preferred method to address behavioral skills, while the standard treatment protocol is considered to be better suited for academic needs.

Problem-Solving Approach

This approach addresses the school's systematic reaction to a student's failed response to a previous intervention by providing a new and more robust evidence-based intervention. These interventions are carefully selected to meet individual student needs. It is a case-by-case approach that follows a cycle of steps: problem identification, problem analysis, plan development, plan implementation, and plan evaluation. Figure 1 depicts the "Problem-Solving Cycle."

Standard Treatment Protocol

This approach uses standardized protocols, or specific instructional programs, to address a student's failure to respond to interventions. Supplemental instruction is consistently delivered at each tier of instruction for similar problems. For example, a school may provide the same intervention for all students who are not progressing in reading fluency, although it does work for some, but not for many others. In other words, it's a one-size-fits-all solution that in fact doesn't work for everyone. The problem-solving approach is more individualized; its procedures for instructing and assessment are the same for all students in a small group.

RTI and Early Childhood Settings

While the majority of research and implementation of RTI systems has focused on elementary and secondary educational settings in recent years, early childhood settings have traditionally implemented many of the components of RTI (such as screenings, early identification, and early intervention). Multitiered prevention/intervention systems such as positive behavior support (PBS) have been implemented in early childhood settings with promising results (Mendict, Corner, Squires, 2007; Stormont, Smith, Lewis, 2007). These systems primarily focused on social-emotional learning. Recently, RTI has been identified as a way of enhancing intellectual and academic development and school readiness for young children (Fox, Carta, Strain, Dunlap, Emmeter, 2009). Using an integrated approach of PBS and RTI, academic (like early literacy or number sense) and behavior competence, young children will enter schools better prepared.

Pyramid Model

One framework for slotting RTI into early childhood settings is the Pyramid Model (Fox, Carta, Strain, Dunlap, Emmeter, 2009). This model was originally designed to address social and emotional competence (Fox, Mack, Royles, 2005) and focuses on three components of intervention practice: universal promotion for all students, secondary preventions for children at risk of social and behavioral delays, and tertiary interventions for children with intense social and behavioral challenges (Fox, Carta, Strain, Dunlap, Emmeter, 2009). While the focus of this model has been on social and emotional learning, academic learning and readiness has also become a focus of early childhood interventions.

RTI in Early Childhood Settings

RTI systems within early childhood settings share the same processes as in elementary and secondary systems: screenings, tiered instruction and prevention, evidence-based practices, and parental involvement. Professionals implementing RTI in early childhood settings will have to pay particular attention to screenings and interventions that are developmentally appropriate. For example, reading skills such as phonemic awareness are prerequisite to all other reading skills. Screening measures such as CDM will have to focus on letter naming and sound fluency rather than oral reading fluency. Children in early childhood settings will also have to be screened for auditory and vision problems as well as social and emotional learning.

Universal Schoolwide Screenings

Universal Screenings at Tier 1

In the RTI model, universal schoolwide screening is completed in the early fall of the school year followed by benchmark screenings in the midterm and spring. Universal screenings are used to identify students whose performances may indicate further examination. It is considered a Tier 1 practice because it is conducted with all of the students in a given general education classroom. The hallmarks of an effective screening measure are first that;

in addition to helping identify students who require additional consideration, by screening all the students at the same time, it's practical and by following research-based procedures, it also yields accurate data. It's important to note that while screening measures are not diagnostic tools, they should be used in conjunction with additional data to avoid misidentifying students. CQM, mentioned earlier, is recommended for use in universal screenings. In addition, we recommend that schools double down by using universal screenings in combination with continuous progress monitoring. For example, monitor each student's progress in the general education curriculum, teacher nomination, and reviewing the existing data, all in order to more reliably identify students who need preventive intervention. And it's vital that schools routinely analyze collected data before screening students with potential academic and behavior needs.

Chapter 2 Overview

- Universal Screening Defined
- A Step-by-Step Universal Screening Process
- Universal Screening Big Ideas
- Resources

DEFINITION

Teacher nomination is the process of having teachers select students they suspect may need preventive intervention. It could be behavioral or academic interventions or both.

Routine Data Review

Schools routinely collect tons of data each year on students. A more rigorous systematic organizing of this data early in the school year and using it in conjunction with universal screening measures greatly increases the reliability of the screening process. This organizing process also helps you in the early identification process and in the development of schoolwide prevention efforts. Table 2 provides a list of data on academic and behavioral indicators that schools must better organize, collect, and interpret to assist in identifying students who may require additional supports.

Table 2 Sources of Data Used for Screeners		
Data Sources	Academic Indicators	Behavior Indicator
End-of-Year Tests	X	
District Assessments	X	
Grade Reports		X
Attendance	X	X
Tardy Reports	X	X
Previous School Records	X	X
Discipline Contacts	X	X
Title I, Special Education, 504	X	X
Referrals to Campus Support Teams	X	X
Other		

The Six-Step Screening Process

Strong and sustainable systems of RTI require collaboration among teachers, specialists, and administrators from the onset of implementation. In order to maximize screening efforts, school leaders must ensure that screening measures are psychometrically sound and have the necessary validity and reliability to measure the targeted academic, behavioral, or social skills. School leaders must also ensure that school personnel who are involved in screening measures have the necessary training to administer, score, and interpret the data. In order to be effective, screening procedures must be efficient, scheduled with sufficient support provided to school personnel, and utilized within the educational decision-making process. In order to effectively screen students for

further consideration, use the following six-step sequence to implement universal screenings at Tier 1.

Follow these steps for all grade levels

1. Schedule. Establish a regular screening and benchmark schedule (early fall, midterm, and spring). In order to make universal screenings an effective component of the RTI process, it is important to schedule initial and benchmark screenings well in advance. Your review of existing school data can be completed prior to the school year with universal screenings to take place shortly after it starts. We recommend that you schedule staff training well in advance of initial administration. Subsequent benchmark screening should be conducted near midterm and then again in the spring.

2. Identify. Skill area must be identified (reading, math, behavior). Ensure that content is aligned with each grade level curriculum. While academic screenings, especially for reading, have been done for many years, the screening for social, emotional, and behavioral development is not as widespread. This is a critical component in the RTI process. Orner et al., (2005) clearly illustrate this rationale with the following excerpt.

“The basic message is that academic and behavioral supports must be intertwined. Children will not learn to read by being taught social skills, but they will also not learn to read if good curriculum is delivered in a classroom that is disruptive and disorganized.” (page 82)

3. Select measure. When selecting a measure, ensure that it meets accepted psychometric standards and that school personnel have adequate resources and training to use it. Numerous factors need to be considered when selecting a screening measure. Factors include age and grade of student, skill to be assessed, number of students to be screened, technology and data collection tools available, local or state requirements, and so on.

4. Screen. All students within the school should be screened; however, certain students may be excluded if screening is not appropriate (like those with severe/profound disabilities). Employ multiple screening measures such as progress monitoring data, existing school records review, and teacher nomination to increase reliability.

DEFINITION

Psychometry is a branch of psychology that deals with tests that measure psychological variables like intelligence, aptitude, and personality traits.

5. Data Collection. Systematically collect and organize data. Schoolwide screening data can be organized in a variety of ways—grade, subject, classroom, or skill. Computer programs and commercially available software can assist the district in this process.

6. Data Analysis. Analyze data by determining decision rules and predetermined cutoff points (such as having the bottom 10% of students in each grade level, or students who fall below the 16th–25th percentile, identified for follow-up progress monitoring or moved to Tier 2) that will aid in decision making. A checklist entitled **Data Analysis Checklist for Universal Screeners** and the **Classwide Student Performance on Universal Screener** chart can be found within the reproducible section of this book on pages 90 and 91.

DEFINITION

Decision rules refer to set, predetermined cutoff scores from progress-monitoring data that are used to decide when to move a student between tiers of instruction or for a special education referral.

Motivational Problem vs. True Deficit

It's often difficult for teachers to tell whether a student's lack of progress is due to a motivational problem or a true deficit in a targeted academic or behavior area. Differentiating between the two is imperative because your selection of appropriate instructional programming will depend on whether the student is having trouble self-motivating or whether a skill deficit is the real culprit.

To make this critical distinction, make your own **Motivational versus Skill Deficit Screener**. The steps are listed below. It should be done with each student in each class who falls within the bottom 10% and below the 16th–25th percentile. A **Motivational versus Skill Deficit Screener** is done by following these steps:

1. Compile a collection of small tokens (e.g., stickers, toys) to use as reinforcers; be sure chosen reinforcers are age-appropriate.
 2. Save copies of the CSM probe (screener) that was administered.
3. Identify students performing at the bottom of each class.
- Bring each student into the testing area individually (you may have multiple administrators working various sections of the room to allow for efficient screening).

Self-Assessment Planning for Six Step Universal Screener Implementation

Directions: In responding to each bullet item below, use the following rating scale:
Not Started (NS) In Progress (IP) Achieved (ACH)

Universal Screening Step	STATUS	Comments/Recommendations
Step 1: Schedule • School personnel have established a schedule that allows a period for the implementation of probes. • School personnel are identified and identified and assigned responsibilities. • A process for reviewing previous data has been established.		
Step 2: Identify • Targeted students and/or behavioral skills to be screened have been identified.		
Step 3: Select Measures • Measures for measuring universal screening outcomes. • Measures used (psychological) appropriately. • School personnel receive training in the administration, scoring, and interpretation of measures.		
Step 4: Screen • School-wide data (e.g., CBRS, classroom) are collected through an efficient and effective systematic process.		
Step 5: Data Collection • Training needs are implemented to ensure effective collection of data. • School-wide data have been set up for data entry and analysis.		
Step 6: Data Analysis • School personnel are trained in the analysis of data. • Data is used for instructional decision-making.		

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Data Analysis Checklist for Universal Screeners

Once universal screeners have been conducted school-wide, follow the steps below to organize and analyze data for making instructional decisions.

- ☐ Separate all screeners by class (e.g., homeroom teacher)
- ☐ Score each student's screener (e.g., CBRS)
- ☐ Rank order screeners by class. Rank from the highest to lowest performer in each class (see **Classroom Rank Order Chart**).
- ☐ Identify the class median score.
- ☐ Compare the class median score with local or national norms.
- ☐ Determine whether there is a class-wide problem (e.g., if the class median falls within the fluctuation range when compared to norms).
- ☐ If class median falls within the instructional range, it is not a class-wide problem.
- ☐ Identify the bottom 40% of students who scored below the 50th-25th percentile.
- ☐ Conduct **individualized** versus **class-wide** **screeners** on the bottom performers.
- ☐ Identify students in need of interventions.
- ☐ Identify intervention to be used with each student.
- ☐ Plan progress monitoring schedule.

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Class-wide Student Performance on Universal Screener

Once universal screeners have been conducted school-wide, use this chart to organize and analyze data for making instructional decisions.

Student	Score	Performance or Deficit	Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

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5. Show the student the score he obtained on the first administration.
6. Tell the student, “You earned a score of (number of digits correct; number of words correct) on the first administration of this (math, reading, etc.) probe. I want you to try again, and if you can beat your score this time, you can pick something out of the (box, treasure chest, etc.)”
7. Administer the probe using the standardized directions and time limit.
8. Score the probe.
9. If the child beats her score, allow her to pick a reinforcer (probably a motivational problem).
10. If the child does not beat his score, tell the student, “Nice try! Thanks for trying so hard! You did not beat your score this time,” (likely a skill deficit).

Universal Screening’s Big Ideas

- School personnel are trained in administering, scoring, and interpreting universal screenings.
 - Universal screening measures must be practical, accurate, and efficient.
 - They need to be ongoing through the school year.
- Their data must be considered along with other supporting RTI data prior to making preventive intervention decisions (e.g., moving to Tier 2).
 - Their data must be organized systematically.

Screening Resources

Universal Academic Screening

National Center on Student Progress Monitoring

<http://www.studentprogress.org>

The center's mission is to provide technical assistance to states and districts and disseminate information about progress monitoring in different content areas. Materials on this site are free.

Intervention Central

<http://www.interventioncentral.org>

This website offers free tools and resources to help school staff and parents promote positive classroom behaviors and foster effective learning for all children and youth. This website was created by Jim Wright, a school psychologist from Syracuse, New York.

AIMSweb Progress Monitoring and Response to Intervention System

<http://www.aimsweb.com>

AIMSweb is a scientifically based, formative assessment system that “informs” the teaching and learning process by providing continuous student performance data and reporting improvement to parents, teachers, and administrators to enable evidence-based evaluation and data-driven instruction.

The Dynamic Indicators of Basic Early Literacy Skills (DIBELS)

<http://diels.uoregon.edu>

The Dynamic Indicators of Basic Early Literacy Skills (DIBELS) are a set of standardized, individually administered measures of early literacy development. They are designed to be short (one minute) fluency measures used to regularly monitor the development of prereading and early reading skills.

Universal Behavior Screening

The School-Wide Information System (SWIS)

<http://www.swis.org>

A web-based information system designed to help school personnel to use office referral data to design schoolwide and individual student interventions.

Systematic Screening for Behavior Disorders (SSBD)

<http://www.sopriswest.com>

Developed by Bill M. Walker and Herbert R. Stevenson, this resource allows you to screen and identify students who may be at risk of developing behavior disorders. The three-stage process makes use of teacher judgment as well as direct observation.

Social Skills Rating System (SSRS)

<http://ags.pearsonassessments.com>

Developed by Frank M.resham and Stephen N. Elliott, the Social Skills Rating System allows you to obtain a more complete picture of social behaviors from teachers, parents, and even students themselves. Evaluate a broad range of socially validated behaviors behaviors that affect teacher-student relationships, peer acceptance, academic performance, and more.

Reproducibles

Self-Assessment Planning for Six Step Universal Screener Implementation

Directions: In responding to each bulleted item below, use the following rating scale.

Not Started (NS)

In Progress (IP)

Achieved (ACH)

Universal Screening Steps	STATUS	Comments/Recommendations
Step 1. Schedule. <ul style="list-style-type: none"> School personnel have established a schedule (Fall, Winter, & Spring) for the implementation of universal screeners. School personnel are identified and debriefed and assigned responsibilities. A process for reviewing previous data has been established. 		
Step 2. Identify. <ul style="list-style-type: none"> Targeted academic and/or behavioral skills to be screened have been identified. 		
Step 3. Select Measure. <ul style="list-style-type: none"> Measure for conducting universal screening is chosen. Measures meet psychometric requirements. School personnel receive training in the implementation, scoring, and interpretation of measures. 		
Step 4. Screen. <ul style="list-style-type: none"> School-wide data (e.g., CBM, discipline reports) are collected through an efficient and effective systematic process. 		
Step 5. Data Collection. <ul style="list-style-type: none"> Fidelity checks are implemented to ensure effective collection of data. School-wide database has been set up for data entry and analysis. 		
Step 6. Data Analysis. <ul style="list-style-type: none"> School personnel are trained in the analysis of data. Data is used for instructional decision making. 		

Schultz & Stephens, 2008

For more information on this form, see page 22. The CD that accompanies this book contains full-size versions of this reproducible in PDF.

Data Analysis Checklist for Universal Screeners

Once universal screeners have been conducted school-wide, follow the steps below to organize and analyze data for making instructional decisions.

- ☐ Separate all screeners by class (e.g., homeroom teacher)
- ☐ Score each student's screener (e.g., CBM).
- ☐ Rank order screener scores by class. Rank from the highest to lowest performer in each class (see **Classroom Rank Order Chart**).
- ☐ Identify the class median score.
- ☐ Compare the class median score with local or national norms.
- ☐ Determine whether there is a class-wide problem (e.g., if the class median falls within the frustration range when compared to norms).
- ☐ If class median falls within the instructional range, it is not a class-wide problem.
- ☐ Identify the bottom 40% of students who scored below the 16th-25th percentile.
- ☐ Conduct **Motivational versus Skill Deficit Screener** on the bottom performers.
- ☐ Identify students in need of interventions.
- ☐ Identify intervention to be used with each student.
- ☐ Plan progress monitoring schedule.

For more information on this form, see page 20. The CD that accompanies this book contains full-size versions of this reproducible in PDF.