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The Use of Response to Intervention to Support Struggling Readers

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The Use of Response to Intervention to Support Struggling Readers

by

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Background of the Topic

There are currently two models used to refer students for further testing to see if they may have a specific learning disability so they can receive special education services. The first and most widely used is the discrepancy model. The classroom teacher typically refers students who they feel are not making adequate gains. The teaching style and individual demands of different teachers can determine whether or not a child may be referred (Dunn, Cole, & Estrada, 2009). Student behavior can also play a role in special education referrals. Often, students who misbehave, are not attentive, or ask for more help may be referred (Dunn, Cole, & Estrada, 2009). Depending on the demographics of the school or classroom, gender or ethnicity may play a role in referrals as well (Dunn, Cole, & Estrada, 2009).

The second model is Response to Intervention (RTI). In a Response to Intervention model, referrals are based on data collected from individualized interventions designed to meet a student's unique needs (Dunn, Cole, & Estrada, 2009). RTI is not just for those students receiving special services (Moore & Whitfield, 2009). It is a process for any student who shows signs of failing significantly behind his or her peers (Moore & Whitfield, 2009). It will help identify struggling learners who have a chance of becoming proficient with proper and timely intervention (Moore & Whitfield, 2009).

RTI is a multi-tiered differentiated instructional model. Curriculum based measures are given to all students three times a year to monitor the growth of students in reading. These screeners are then used to identify students who are possibly at risk for having difficulties in reading. Individualized interventions are then designed to fit the

needs of the student. The RTI model requires a team of teachers to make data-based decisions.

Statement of the Problem

The majority of school districts use the discrepancy model to qualify students with having a specific learning disability. This paper will focus on how the Response to Intervention (RTI) model can be used instead to benefit all students in the classroom. Three issues guide this study. First, the history of RTI is examined. Second, comparing and contrasting the use of RTI to identify learning disabilities in reading verse the use of the discrepancy model. Finally, the use of differentiated classroom instruction and RTI practices to benefit all learners in the classroom. Specifically the use of appropriate interventions with students who are struggling to give support to them instead of waiting for them to fail in order to receive extra support.

Rationale

The results from the proposed research have practical consequences. They include classroom students receiving differentiated instruction. Struggling students will receive interventions that are at their instructional level and specific to their learning needs. The interventions will be monitored throughout to make sure the student is making appropriate gains. For struggling students, the use of RTI will provide an alternative way to qualify for special education services. The use of RTI may also lower the number of special education referrals. Using scientifically researched based interventions and differentiated instruction will show students who need extra help in an area verses students who have a specific learning disability.

Response to Intervention

Review of the Literature

The focus of this paper is how Response to Intervention is able to help struggling readers. The review is organized thematically. First, the use of RTI for differentiated instruction is examined. Next, the use of RTI to qualify students who have a specific learning disability is examined.

Scope of the Review

A computational search of educational databases was completed to find materials suitable for an examination of Response to Intervention to support struggling readers. The descriptors used for the search were Response to Intervention and Multi-Tiered Systems of Support. Table 1 depicts the brief bibliographic data for the identified studies.

Table 1

Brief Bibliographic Data for Reviewed Studies

Authors (Year)	Journal
Dunn, Cole, & Estrada (2009)	Rural Special Education Quarterly
Fuchs & Fuchs (2009)	Reading Teacher
Johnston (2011)	Elementary School Journal
McAleeney & Coyne (2015)	Hammill Institute on Disabilities
Moore & Whitfield (2009)	Reading Teacher
VanDerHeyden, Witt, & Gilbertson (2007)	School Psychology

Response to Intervention

Response to Intervention (RTI) is a multi-tier approach to the early identification and support of students with learning and behavior needs (RTI Action Network). While originally grounded in special education law (Individuals with Disabilities Education Act, 2004) as a legal alternative to the IQ-discrepancy approach for identifying students with learning disabilities, RTI has evolved into a general education prevention system aimed at improving performance of students at risk for poor academic outcomes (Gilbert, et al., 2013).

Schools across the United States are implementing RTI models to address early reading difficulties in an effort to provide every student the support necessary to develop adequate reading proficiency (Denton 2012). Multiple studies have demonstrated that with typical instruction, children who do not learn to read adequately in the primary grades will likely continue to struggle with reading in subsequent years. If the performance gap between typically developing readers and students at risk for reading difficulties is addressed aggressively in the early stages of reading acquisition, more serious reading problems may be prevented (Denton 2012).

The RTI model measures a student's response to "scientific changes in instruction" that rely on evidence based interventions (O'Donnell & Miller 2011). RTI can be used school wide to make sure that all of the resources are used to improve student outcomes. RTI is not only a special education initiative or as a method for identification of a learning disability. The RTI model is designed to enhance academic and behavioral outcomes in all students. The RTI approach should emphasize reducing the need for

identification in special education rather than only being used to identify students with disabilities.

The use of RTI will benefit a greater number of students. Instead of waiting for students to fail to receive support, like in the discrepancy model, students will receive preventative support in RTI. This support will come before there are significant problems in literacy. Early intervention can improve reading skills of struggling readers. In addition, there is a general belief that preventive programs have greater efficacy and are more cost effective than remedial programs that wait for problems to emerge before treatment is initiated (Gilbert, et al., 2013).

RTI is also intended to reduce the number of students who become identified as having a learning disability by preventing reading difficulties. The purpose of RTI is not to prevent special education.

In the area of reading, the RTI model uses a multilevel system with different tiers. Most RTI models use three different tiers. Each tier increases in intensity. The model relies on data based decision making rather than discrepancies between ability and achievement. RTI is an effective model to use because of its early prevention system. It accurately identifies students most at risk for future difficulties in reading. The interventions are intensive and timely based on the needs of the student.

The first tier is primary prevention. This is the core instructional program. It is instructed by the classroom teacher to insure that all students are receiving high-quality, researched based curriculum each day that is also being taught with fidelity. This includes accommodations that are needed for students and problem-solving strategies to

address motivational problems that interfere with student performance (Fuchs, Fuchs, 2009).

Effective Tier 1 instruction is differentiated, meaning that children receive instruction targeted to meet their needs as readers. Teachers can effectively differentiate instruction based on data from screening, diagnostic, and progress monitoring assessments, including assessments that accompany a published reading program, informal inventories of sight word or letter-sound knowledge, curriculum based measures of early reading skills and oral reading fluency, and other assessments (Denton 2012).

All students deserve high-quality first instruction provided by qualified teachers. This will ensure that their difficulties are not due to inadequate instruction. Even with good teaching, some students will continue to struggle. They will need instruction that is specific to their strengths and needs.

In the first tier, the students are also all initially screened using a universal screener for academic proficiency. Students whose performance is below their peers are flagged as someone who may be a risk for poor reading outcomes. Other district assessment scores and results from state tests are also looked at. These children may be in need of more intensive instruction. If the student is struggling on multiple assessments they are then moved to the second tier.

In RTI, tier II focuses on students who are at high risk of developing difficulties in reading, but before any serious long-term deficits have emerged. The purpose of secondary prevention includes the identification of children who may have a disability. These services and interventions are provided in small group settings in addition to instruction in the general curriculum. The students in this group meet with a small group

of students to work on their skill deficits. These groups of students should be homogeneously grouped based on their instructional needs. The tutoring sessions are typically 20-40 minutes long and 3-4 times per week.

Implementation of RTI models requires the use of progress monitoring assessment data for determining whether students are making adequate progress toward instructional goals as well as outcome assessments to evaluate whether these goals are attained (Denton 2012). Student progress is monitored frequently to examine student achievement and gauge the effectiveness of the curriculum. Decisions are then made regarding students' instructional needs based on multiple data points taken during the intervention. Most of the time progress is monitored using curriculum-based measures (CBMs) that are closely aligned with instructional content. Most students are expected to benefit when a validated tutoring is used with fidelity. If progress is not being made or if the rate of increase is too small that could signal a change in intervention or a need for Tier III.

Tier III involves a more intense individualized instruction. A reading specialist or highly skilled instructor should give the instruction. Having the least qualified adults working with the highest need students may not show the same success. Students are in groups of three or fewer students. The sessions are longer and also occur more frequently.

Their progress is also monitored during the intervention. Failure to respond to the tier III intervention could signal a possible learning disability and need for special education. Research shows that smaller student to teacher ratios as well as an increased amount of time does not, in and of itself, produce increased reading scores over lower

doses and larger grouping of students (Gilbert, et al., 2013). Specially designed individualized interventions may have greater results with Tier III students over a standard treatment program.

Struggling readers who participate in Tier II or Tier III interventions perform better on average than do struggling readers who receive only Tier I instruction. Tier 2 and Tier 3 interventions typically consist of supplemental instruction that is added to regular classroom reading instruction rather than replacing it because students with reading difficulties need increased instruction and opportunities for practice. Students who are at risk for reading difficulty because of unresponsiveness to Tier I classroom instruction benefit from supplemental reading tutoring that is based on a standard program approach compared with at-risk students who continue in their Tier I classroom without supplemental reading tutoring (Gilbert, et al., 2013). Multiple years of using RTI will also have a greater benefit to students. The use of RTI spanning multiple years may be required to help struggling students perform within the average range on reading assessments.

Diagnostic assessments also play an important role in the RTI process. Teachers and specialists need to be making appropriate instructional decisions that come from gathering specific information about the students. A one-size-fits-all intervention or standard protocol may cause more problems (Lipson, Chomsky-Higgins, & Kanfer, 2011). There should be a direct link between the assessment and the intervention. Diagnostic assessments do not need to be given to all students. This will save both the teachers and students time to start interventions and other classroom learning. Teachers will have more time to further assess students who are struggling with reading.

After the diagnostic assessments are given and analyzed, appropriate interventions need to begin. Students who are struggling for success in the classroom deserve differentiated instruction in the classroom and tailored interventions in supplemental settings (Lipson, et al., 2011).

Students reading difficulties are diverse and so should the interventions and assessments that are used. Instruction focused on the wrong strategy does not help students, but it may actually be harmful (Lipson, et al., 2011). Without very good diagnostic information and/or a flexible formative assessment system, our instructional programs and student performance will not improve, and RTI will simply be an alternate route to special education placement or to permanent membership in Title I classrooms (Lipson, et al., 2011).

Giving the students more of the same is not always better. Students with reading difficulties benefit from instruction that is purposeful and targeted at important objectives that students need to learn, progressing logically from easier to more challenging skills. Key skills should be directly taught so that students are not left to infer these critical concepts and skills (Denton 2012).

The intervention time that is given does not have to be any more than what was previously given. When the intervention is focused on the skill deficit with focused instruction based on careful and comprehensive assessment and research-based interventions, confirming what others have observed: More intervention is not necessarily better (Lipson, et al., 2011).

Some teachers may already have the tools and assessments that are needed to make instructional decisions. They now need the skills to be able to break apart the

assessments to be able to use them to support the student. For example, many schools use a benchmarking system that is either part of their purchased reading curriculum or an assessment system such as the QRI-5 or DRA. Not only do these assessments give the teacher a reading level, they are also able to use them to see areas of weakness in phonics decoding, sight words, fluency, and/or comprehension.

Other schools and teachers are lacking some of the assessments that are needed after the screeners are given. It is important to examine assessment results in more than one way because different measures can provide different insights. We might get quite a different picture of a student's strengths and areas of need with an array of information than if we rely on only one score (Lipson, et al., 2011).

Teacher professional development has a large role in ensuring that instruction at all levels is of high quality and is delivered with fidelity to evidence-based and empirically validated programs and processes (Denton 2012). Very little professional development is done with teachers in the area of RTI as they move buildings and school districts.

One of the struggles connected with the use of RTI is the lack of specific requirements. There are not guidelines laid out defining an appropriate period of time for the intervention to be given or what adequate progress would be. In Minnesota, the RTI requirements for qualification are that the rate of progress is measured over at least seven school weeks with a minimum of 12 data points. The rate of improvement is minimal and continued intervention will not likely result in reading age or state-approved grade-level standards. The progress that the student is making will likely not be maintained when instructional supports are removed. The level of performance in repeated

assessment of achievement falls below the child's age or state approved grade-level standards. The level of achievement is at or below the 5th percentile on one or more valid and reliable achievement tests using either state or national comparisons.

Each district is also able to decide how many tiers and what those tiers would look like. Other criticisms include a lack of research supporting use of this model, disputes over the inclusion and cognitive assessment, variations in implementation, and logistical considerations when converting to such a model (O'Donnell & Miller 2011).

Providing quality supplemental reading intervention to all students who require it can be challenging, given the realities associated with limited time, personnel, and qualifications of interventionists, where interventions should be provided, group size, and the timing and duration of interventions (Denton 2012). Will the fidelity of the intervention be possible with the high number of students as well as the change in teachers?

Acceptability is another one of the factors that could influence the decision of using the RTI model. There has to be acceptance from the school psychologists and other school personnel. If school psychologists' levels of acceptability for the RTI model are low, this may affect decisions to support and recommend the model. This could play a role in the eventual success or failure of the model.

Acceptability has been linked to treatment effectiveness, integrity, and utilization rates, with lower levels of acceptability hypothesized to result in lower levels of these variables. Shapiro and Eckert extended treatment acceptability research by examining the acceptability of various assessment measures. Several studies have been conducted to assess school psychologists' and teachers' levels of acceptability of different assessment

measures. These studies have reported higher levels of acceptability among both school psychologists and teachers for curriculum-based measurement (CBM) in comparison with traditional norm-referenced assessment measures.

There may be connections between the acceptability of an assessment measure, its utilization, and the success of subsequent recommendations. As a result of the IQ-A discrepancy model's use of traditional norm-referenced measures and the RTI model's primary focus on the use of CBM, school psychologists' levels of acceptability for the two different models may differ (O'Donnell & Miller 2011). Having knowledge of the acceptance could help with professional development and further research.

Acceptability levels for the RTI model were found to vary significantly by level of exposure to the RTI model. A statistically significant difference was found between the no or minimal exposure and frequent exposure groups. The trend of increasing acceptability for the RTI model can be seen in Figure 1 (O'Donnell & Miller 2011).

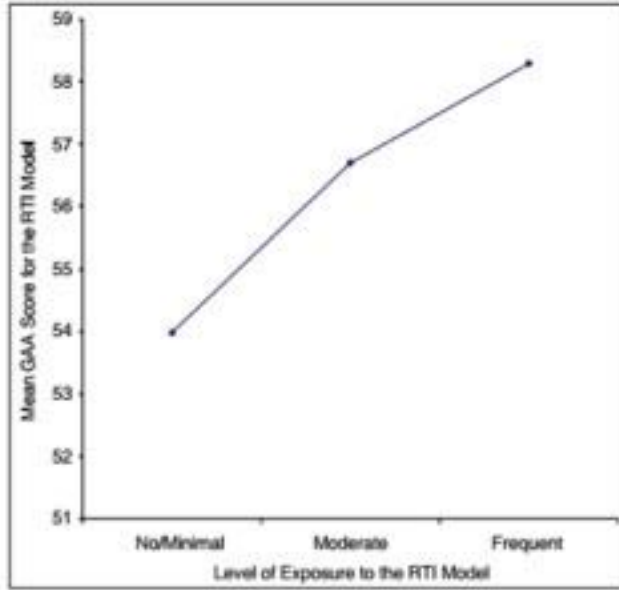


Figure 1. Acceptability of the RTI model by exposure to the RTI model

GAA = general assessment acceptability

Acceptability levels for the RTI model were also found to vary significantly by school setting. There is a statistically significant difference between the middle and high school and multiple settings groups. The relationship between acceptability for the RTI model and school setting is presented in Figure 2.

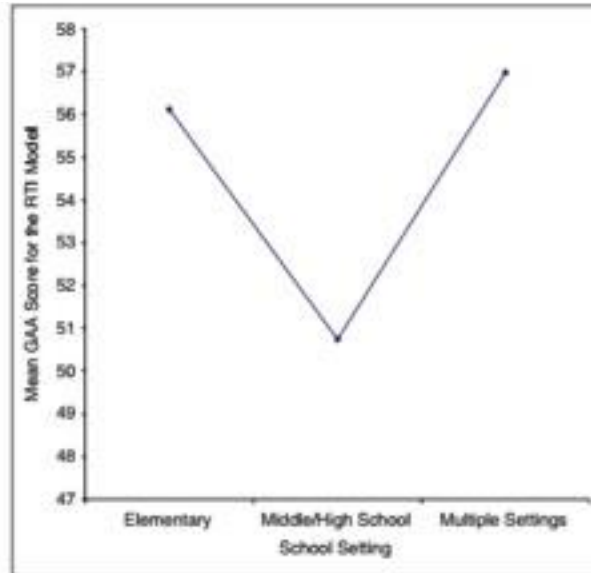


Figure 2. Acceptability of the RTI model by school setting

GAA = general assessment acceptability

Some of the factors that may influence some of these results are, the lack of research for the RTI model and interventions before and beyond the elementary years, CBM probes that typically focus on basic fluency skills rather than higher level academic skills, and greater difficulty coordinating and implementing interventions at the middle and high school levels due to students' and teachers' schedules (O'Donnell & Miller 2011).

Many studies have demonstrated that the validity of the RTI framework as a prevention system that yields important data related to the identification of students with learning disabilities. Thus, the implementation of a comprehensive RTI model may reduce the number of students referred for special education, promote effective early identification, provide diagnostic information to consider in the identification of a

disability, and may reduce the impact of the disability on a child's academic progress (Denton 2012).

Summary of Findings

Findings

Upon reviewing the literature and given my experience using RTI, I believe that RTI can be used as an effective tool for both differentiated instruction, as well as after more training has been done in the school district, used as a way to qualify students with having a specific learning disability.

My school district has been implementing RTI for over ten years. Each elementary building across the district is in a different spot in the implementation process depending on the principal, special education staff, as well as the classroom teachers. In our building we are at the point where students who are struggling with reading are receiving tier 3 interventions that are as intensive as the interventions they would be receiving if they qualified for special education services.

Classroom teachers need to make sure they are working closely with the intervention teachers with the time that the interventions are taking place as well as the interventions that are being done. Giving a child a label of having a learning disability is not something to take lightly. The interventions need to be done with fidelity while also making sure that the student is not missing out on Tier 1 classroom instruction during their intervention times.

Implications

Each year when a new group of students enters my second grade classroom, I already have an idea of whom I will be working with. I receive a list of the students during the summer with their names, reading benchmark levels from the spring, as well

as their spring sight word scores, and DIBELS reading fluency scores. All of these scores give me a place to start with them as readers.

I reassess all of the students around the fourth week of school. This gives the students time to adjust to the new classroom and routines as well as giving them time to catch up after the summer months off. I start by giving the students a grade level DIBELS fluency passage. This will give me an idea who may be struggling with fluency, phonics, or phonemic awareness. I also assess FRY sight words and get a current reading benchmark level by using Literacy By Design (LbD) Rigby Reading Program. With the new information, I look to see who is at risk for possible reading difficulties. By using so many different assessments, I feel like it is a truly comprehensive picture of what skills they are falling short on. I assess my students often throughout the school year. I believe it is very important for students to be taught at their instructional level. By knowing their reading levels as well as their areas of need, I am better able to make sure all students are successful in the classroom.

Students who fall below the 25th percentile on two or more assessments are then given extra diagnostic assessments. The diagnostic assessments help me to focus on what the skill deficit may be. I look at the five pillars of reading (phonemic awareness, phonics, fluency, comprehension, and vocabulary) during this time. Starting with phonemic awareness and moving up to see what interventions will be needed.

We have Title I at our school. The Title I teachers meet with each grade level at the beginning of the school year to see what students they will be meeting with and providing interventions to. The timing of the interventions with Title I is always a bit of a challenge. It is very important to have the students in the classroom to receive the core

instruction and the interventions in addition to these pieces, not instead of. I also believe it is very important for the classroom teacher to understand the interventions that are being done in Title I. The majority of the student's day is spent in the classroom, so it is the teacher's job to make sure that student's needs are being met.

Further research and study

I will continue to look for different ways to further my use of RTI for differentiated instruction. I will continue to follow reading research on RTI and look at different ways to implement models. My building has been using the RTI model for many years. I would like to see continued growth for the rest of the district. I would also like to see how RTI could be used to identify students with having a learning disability instead of using the discrepancy model.

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