A Status Report on SRBI in Connecticut Public Schools

Final Report from the Connecticut Association for Reading Research

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CARR Research Goal

To encourage and support research at all levels of reading and language arts education to promote informed decision making by reading professionals, policymakers, and the public

Foreword

Culminating over three decades of special education policy, federal legislators developed a new model for identifying Specific Learning Disabilities (SLD) in the 2004 reauthorization of the *Individuals with Disabilities Act* (*IDEA*). Discarding the traditional IQ-discrepancy model through which SLD identification rates had exploded 300% since its inception in 1977, this new model – commonly referred to as Response to Intervention or RtI – created a significant paradigm shift in how educators would identify struggling learners, provide support services, and refer students for special education services.

Soon after legislators shaped the federal policy, the State of Connecticut began to investigate how this new model would affect its own educational system. After a period of dialogue and planning among stakeholder groups, the state moved to assimilate RtI into state policy. Initial implementation took place in the academic year of 2009-2010.

As a special interest council of the International Reading Association, the mission of the Connecticut Association for Reading Research (CARR) is to conduct original research that addresses the unique interests of Connecticut educators. The drafting of new policy that potentially affects every school, every teacher, and every student in the state endowed RtI (referred to as SRBI in Connecticut) with momentous influence. Hence, CARR undertook a three-year research study to offer a comprehensive review of the nature of this new policy and its implementation in Connecticut schools.

It is the hope of the CARR board that this report will prove valuable to both policymakers and practitioners as an examination of how Connecticut's SRBI model aids students in their literacy development as well as the viability of the implementation and sustainability plan that seeks to ensure an educational system that meets the needs of all students.

Executive Summary

The purpose of this study was to investigate the current status of SRBI in Connecticut public schools in respect to four research questions. 1) What are educators' perceptions of SRBI? 2) How familiar are they with SRBI principles and practices? 3) What are their beliefs regarding its implementation and sustainability in their school systems? 4) What professional development resources and training have they previously received, and what resources and training do they believe are integral to the success of SRBI in Connecticut?

A mixed-methods design utilized a questionnaire survey to collect responses from a sample group of 200 educators representing 64 school systems, including classroom teachers, reading educators, instructional support personnel, building and district administrators, and independent consultants. The quantitative research employed descriptive statistics garnered from the Likert scale items included in the instrument, while the qualitative research focused on the embedded open-ended items.

Findings suggested that participants supported the philosophy and rationale behind SRBI but harbored reservations about its implementation and sustainability. Key concerns centered on the significance of leadership, familiarizing all faculty and administrators to SRBI, ongoing professional development to facilitate the transition to this new model, the time demands associated with such intensive services, staffing needed to provide quality interventions (including the importance of ensuring that those working with the neediest of students are certified and trained to offer interventions), resources to meet the needs of diverse student populations, scheduling issues both for students and for educators, and a prevailing theme focusing on their perceived lack of an in-depth, comprehensive understanding regarding data analysis.

To implement and sustain such a policy change in Connecticut schools, school systems should consider several recommended actions. First, they must take an active leadership in enactment of SRBI practices in their schools. Second, school systems should develop a comprehensive professional development that is inclusive of all educators (e.g., principals, classroom teachers, reading educators, special education teachers, school psychologists, instructional support staff)

and comprising multiple trainings and varied SRBI components (e.g., core instruction and differentiation strategies, the nature and scope of interventions, acquiring resources necessary for tiered interventions, and data analysis). Third, they should develop a kit of resources and specific interventions to facilitate the implementation process and ease the transition from the previous IQ-discrepancy model. Fourth, school systems should develop school-based multidisciplinary teams to collect and monitor data, guide instructional planning and delivery of services, and assess the degree of fidelity schools are maintaining with the SRBI model.

Finally, while this report provides a preliminary report on the status of SRBI in Connecticut's public schools, its intent is also to serve as a dialogue between Connecticut educators and Connecticut policymakers. SRBI has the potential to effect systemic reforms that can make a real difference in our children's lives. It requires only that we all work together to ensure its success.

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Chapter One

RtI in Legislative and Educational Policy Contexts

Introduction

Connecticut's Scientific Research-Based Interventions (SRBI) stems from the national model of Response to Intervention (RtI) which is the culmination of over three decades of federal involvement in special education services in this nation. Beginning with the *Education for All Handicapped Children Act* of 1975 (later re-codified as the *Individuals with Disabilities Act* or *IDEA*), this legislation ensured appropriate public education for students with disabilities and access to nondiscriminatory evaluation procedures.

From the onset, however, controversy fermented due to the use of the IQ-discrepancy model as the primary diagnostic procedure. Soon after, statistics regarding eligibility criteria provided fodder for public debate over the validity of the identification process. For example, Gresham (2001)

Box 1

Literacy Statistics

In 2009, approximately 67% of fourth graders read at or above Basic in NAEP testing; 33% at or above Proficient, and only 8% performed at the Advanced level

Aud, et al., 2011

17-20% (1 in 5) of American students demonstrate significant reading disabilities

Greenwood, Kamps, Terry, & Linebarger, 2007

The majority of students identified as learning disabled is classified due to reading disabilities

Scanlon & Sweeney, 2010

30% of American students drop out of school every year

Thomas & Dykes, 2011

claimed that after nearly two decades of the IQ-discrepancy model no clear definition of learning disabilities existed in "policy or practice," [thus,] "findings indicate that substantial proportions of school-identified LD students – from 52 to 70 percent – fail to meet state or federal eligibility criteria" (p. 1).

While the national debate over the IQ-discrepancy model would ultimately lead to a dramatic policy change affecting both general education and special education, it was not the only deciding factor in the creation of RtI. Historical influences in the fields of psychology and literacy would coalesce to bring about a national recognition of the struggling reader, and legislative policy would follow that sought to offer the services that handicapped students would need to be successful in academic settings.

Historical Influences

The end of the nineteenth century witnessed the launch of experimental psychology into the cognitive processes of reading, and soon after leaders in the educational field delved into the pedagogical underpinnings of reading. Meanwhile, medical doctors began for the first time to diagnose students with reading difficulties – namely, reading dyslexia – a term reserved for those children who struggled to learn to read. While some schools employed trained reading specialists, private consultants provided most of this specialized tutoring outside of public school settings.

Due to the dearth of public school services, concerned parents of struggling learners organized a conference in 1963. Attended by specialists from a host of different fields, Samuel Kirk – later recognized as the father of special education – suggested the umbrella term of "learning disabilities" as a means to characterize the specific needs of these students.

Marshaling their forces, they moved to influence change at the national level and lobbied for federal guarantees for a free and appropriate education for their children (Berninger, 2006).

As stakeholders in this new field of learning disabilities continued to rally support for their cause, the framework of the RtI model that would emerge in 2004 found its beginnings in the middle of the twentieth century when behavioral analysts utilized a problem-solving paradigm to address issues in social contexts. Eventually, practitioners refined the process to include a methodology for monitoring students' responses to interventions in academic settings. Corresponding to this advancement emanated awareness that the instructional environment plays a key role in ameliorating learning problems. During the 1980s, school systems began to utilize tools to monitor academic progress and track student achievement. These historical influences merged with federal legislation as each new federal policy provided more advanced attempts to affect the academic achievement of all students and to use data as a barometer for school success (Wright, 2007).

Legislative Policy

As lawmakers endeavored to provide equity in the educational arena, the *Elementary and Secondary Act* of 1965 delivered the first federal legislation providing funding to public schools. Designed to address perceived social problems and eradicate poverty and its effect on the American economy, it did not consider the needs of disabled children. A decade would pass before the federal government reflected on the needs of handicapped students and with this recognition would come the advent of special education policy in the United States. A review of these policies is located in Appendix A.

1975 – Education for All Handicapped Children Act (PL 94-142)

The first significant special education legislation originated in 1975 with the *Education for All Handicapped Children Act* (*EAHCA*) which guaranteed students with disabilities a free and appropriate public education (FAPE), the least restrictive environment (LRE) for school settings, due process rights, and nondiscriminatory evaluation protocols. Subsequently, a tidal wave of students qualifying for special education services inundated American schools. Since its inception, the number of students identified as learning disabled has grown more than 300% with American schools providing special education services for more than 6 million children (Cortiella, 2008).

1977 – Final Regulations for EAHCA (PL 94-142)

Legislators approved regulations for PL 94-142 in 1977. During this time, a learning disability was defined as "a severe discrepancy between achievement and intellectual ability" (U.S. Department of Education, 1977, p. G1082). Unable, however, to reach consensus regarding diagnostic procedures for identifying students with learning disabilities, a compromise was formed which set in place a protocol that identified learning disabilities as students who demonstrated acute underachievement in comparison with IQ as measured through an intelligence test.

The use of IQ as the sole criterion as a measure for determination of learning disability led to grave concerns from the educational field (Stuebing, Barth, Weiss, & Fletcher, 2009). To begin, the ability-achievement discrepancy did not address why students may exhibit normal cognitive functioning and yet struggle in specific academic performance standards. The

discrepancy model with its utilization of a standardized testing instrument also did not take into account situation-specific issues related to the individual student, including the variability of early childhood developmental experiences. Questions stemmed as well regarding those students whose ability-achievement discrepancy was not severe enough and were simply characterized as "slow learners" with no eligibility for special education services. Furthermore, clinical decisions regarding eligibility were limited to pre-determined discrepancy criteria without regard for the school psychologist's expertise (Holdnack & Weiss, 2006).

Of import is that since its inception in 1977, special education referrals increased by 200% which led to over-extensions of services in special education as well as a national concern over possible misdiagnosis (Vaughn, Linan-Thompson, & Hickman, 2003). Of import is that these dramatic increases occurred, however, only in the area of learning disabilities with its use of the IQ-discrepancy formula (Holdnack & Weiss, 2006).

1990 – IDEA Amendments (PL 101-476)

After reauthorizations in 1983 and 1986, policymakers again reauthorized *EAHCA* in 1990 and renamed it the *Individuals with Disabilities Act*, IDEA (PL 101-476). Lawmakers designed the 1990 amendments to ensure a greater diversity of services for eligible students. Founded on the concept of "zero exclusion," *IDEA* also reaffirmed that eligible students receive a free and appropriate education in public schools (Hardman, 2006).

1997 – IDEA Amendments (PL 105-17)

> *Learning disabilities have become a sociological sponge to wipe up the spills of general education.*
>
> G. Reid Lyon, (in Gresham, 2001)

With the 1997 reauthorization of *IDEA* (PL 105-17), the least restrictive environment (LRE) was extended into the general classroom. In effect, the new regulations brought the work of general educators and special educators closer together in a more unified system of delivering instruction and services (Wedle, 2005). It also focused attention on interventions in regular education settings as well as the use of problem-solving models in special education settings. The discrepancy model, however, remained the national protocol for identifying learning disabilities in American classrooms and schools.

Of note, the reauthorizations of 1983, 1986, and 1990 all focused on ensuring access to education for disabled students. In contrast, the reauthorization of 1997 diverted attention from access to accountability as is illustrated in its regulations concerning interventions and problem-solving models.

2001 – No Child Left Behind Act (PL 107-110)

Part of this relentless pursuit of educational improvement stemmed from the incendiary federal report in 1983 – *A Nation at Risk* – which publicly indicted the American educational system for its failure to educate students at a level appropriate to the nation's ranking in the world marketplace. As the federal government continued to strive for increased competitiveness in international markets, legislators used their reauthorization of the

Elementary and Secondary Education Act of 1965 to produce the *No Child Left Behind Act*. This legislation mandated that 100% of all students in American classrooms be proficient in reading and math by 2014. Schools who did not meet the pre-set adequate yearly progress (AYP) goals faced funding sanctions. As schools labored to meet the federal benchmarks through intensive test preparation and the adoption of standardized curriculum, struggling students throughout the nation continued to fail to meet the minimum competency requirements.

2004 – IDEIA Amendments (PL 108-446)

In 2004, legislators reauthorized IDEA (designated as the *Individuals with Disabilities with Education Improvement Act*, or *IDEIA*) with PL 108-446. This legislation shifted the emphasis of special education policy in a number of key aspects – from process to results, from a paradigm of failure to a model of prevention, and from a consideration of students as special education recipients first to an appreciation of their primary role in general education (Hardman, 2006).

Box 2

Special Education Statistics

"The number of children and youth ages 3-21 receiving special education services was 6.5 million in 2008-09, corresponding to about 13 percent of all public school enrollment. Some 38 percent of these students receiving special education services had specific learning disabilities."

Aud, et al., 2011
p. 32

80% of students labeled LD are reading disabled

Lyon, 1995

95% of those students in elementary settings who are currently at risk for reading difficulties can in fact learn to read at their grade-appropriate level or higher

Reschly, 2003

Contained within these regulations was language disallowing one single assessment to determine identification of a disability along with a declaration that states were not required to use the discrepancy formula to determine learning disabilities but were, rather, permitted to utilize a protocol that focused on a student's response to interventions that were scientific and research-based (U.S. Department of Education, 2006).

With the new model, then, states could implement targeted research-based interventions as a means to monitor students' responsiveness and subsequently determine an evaluation for a specific learning disability. The National Association of State Directors of Special Education (NASDSE) defined this "response to intervention" as the enactment of "high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals and applying child response data to important educational decisions" (NASDSE, 2006, p. 3).

Of note, a fundamental intent of RtI was to decrease the number of students in special education by perhaps 70% (Lyon et al., 2001). Such a significant decrease in students receiving special education services would have considerable effect on the federal government as it was predicted that the national cost of special education services would soon total $80 billion annually (Burns & Gibbons, 2008) for the current 6.5 million children identified with disabilities (Collier, 2010).

Addressing these long-standing budgetary issues, *IDEIA 2004* contained three central elements: use of scientifically-based reading instruction, evaluation of how students respond to interventions, and the employment of data to inform decision making (Brown-Chidsey & Steege, 2005). Fuchs, Fuchs, and Vaughn (2008) characterized it as having two unified goals –

the identification of at-risk students who would benefit from preventive services and the provision of ongoing services to LD students who are chronically unresponsive and require a more individualized approach based on data-driven instructional planning.

Emergence of Response to Intervention

On August 14, 2006, legislators introduced final regulations to accompany the 2004 reauthorization of *IDEIA* (PL 108-446). Effective October 13, 2006, this historic new education policy promised to affect significant changes in practices for both general education and special education. Soon after the federal adoption, states began to examine the RtI model and prepare organizational designs for implementation. The first step was to identify its chief components.

Chapter Two

The RtI Model

RtI Components

There are a number of components that typify the RtI model. They include universal screenings, multiple tiers of intervention services, progress monitoring, and data-based decision making.

Universal Screenings

Typically implemented three times (at the beginning, middle, and end) of the academic school year, universal screenings are conducted with all students and prove significant in the RtI model as they serve as the gateway for students to gain access to more intensive interventions (Mellard & Johnson, 2008).

While there is no mandate within the legislation for screenings, they do provide the "principal means for identifying early those students at risk of failure and likely to require supplemental instruction; as such, it represents a critical juncture in the service delivery continuum" (Jenkins, Hudson, & Johnson, 2007, p. 582). Wixson and Valencia (2011) contend that the intent of universal screening is to "use the assessment information as the basis for

differentiating instruction so it is more responsive to students' needs and more likely to accelerate student learning" (p. 466).

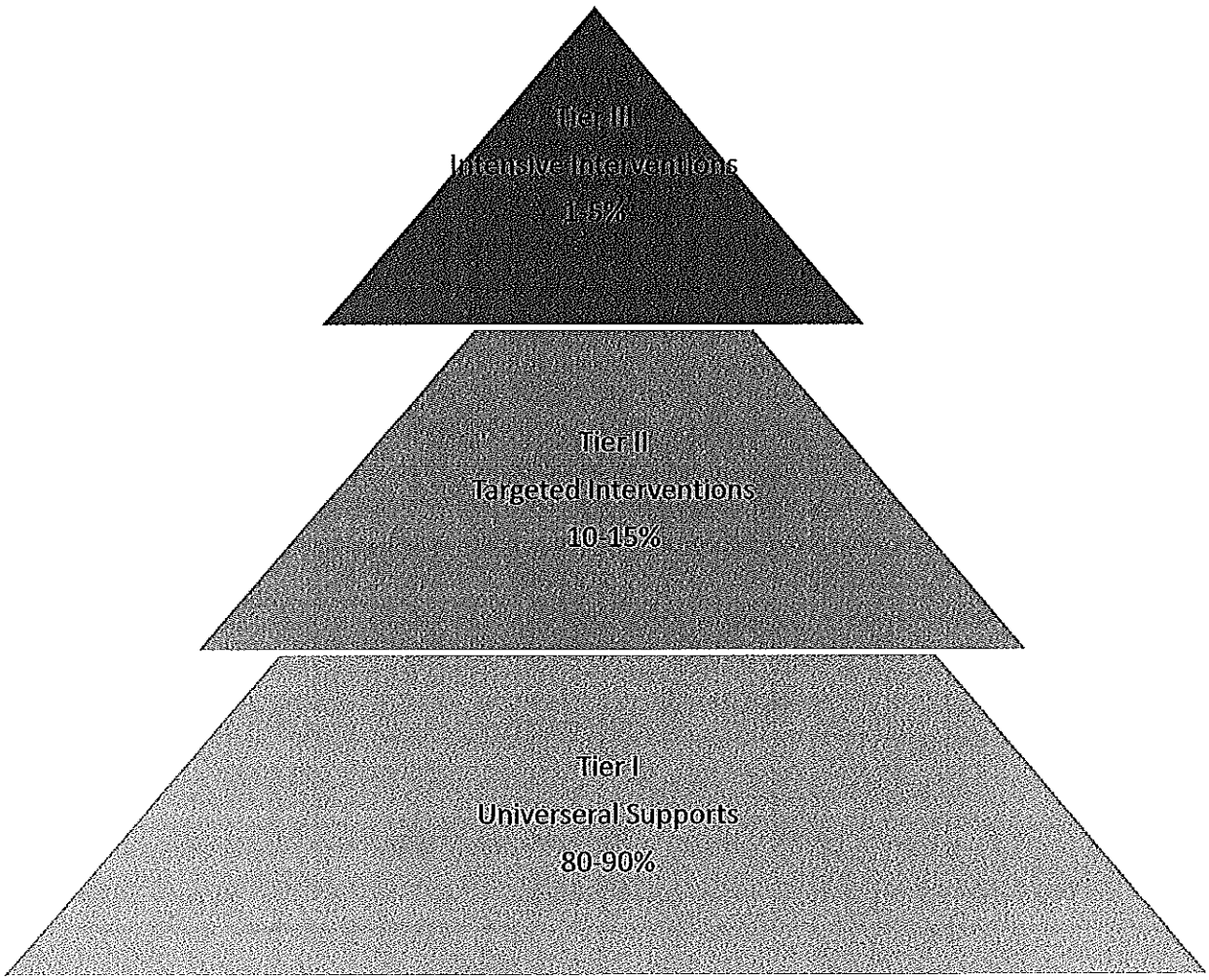
Multiple Tiers

RtI, unique from traditional approaches (Barnes & Harlacher, 2008), follows an approach utilized by the public health model that employs multiple tiers of interventions with increasing intensity. It begins with primary interventions for the general population, then secondary interventions for the subset of the population who require more intensive services, and finally, tertiary interventions for those who have failed to respond to all previous treatments (Harn, Kame'enui, & Simmons, 2007; Mellard & Johnson, 2008). In a comparable fashion, RtI commonly provides three tiers of academic supports as displayed in Figure 1.

Tier I encompasses the best practices implemented in the general classroom setting in which most students (80%-90%) will perform proficiently as evidenced by assessment outcomes, such as the universal screenings conducted throughout the year. Those students (10%-15%) who do not respond to the supports provided in Tier I have opportunities for targeted instruction in Tier II with a greater degree of frequency (1-2 times weekly) and intensity (small groups comprising 3-6 students). Instruction at this tier may be provided by the classroom teacher or interventionist trained to work at this level of support services. The small minority of students (1%-5%) who fail to respond in Tier I or Tier II move to Tier III with the most intensive interventions. During this time, services are provided at even greater frequency (3-5 times weekly) and with greater intensity (small groups of no more than 3 students). Fuchs and Fuchs (2006) suggest several means to increase intensity, such as by "(a) using more

teacher-centered, systematic, and explicit, (e.g., scripted) instruction; (b) conducting it more frequently; (c) adding to its duration; (d) creating smaller and more homogeneous student groupings; or (e) relying on instructors with greater expertise" (p. 94).

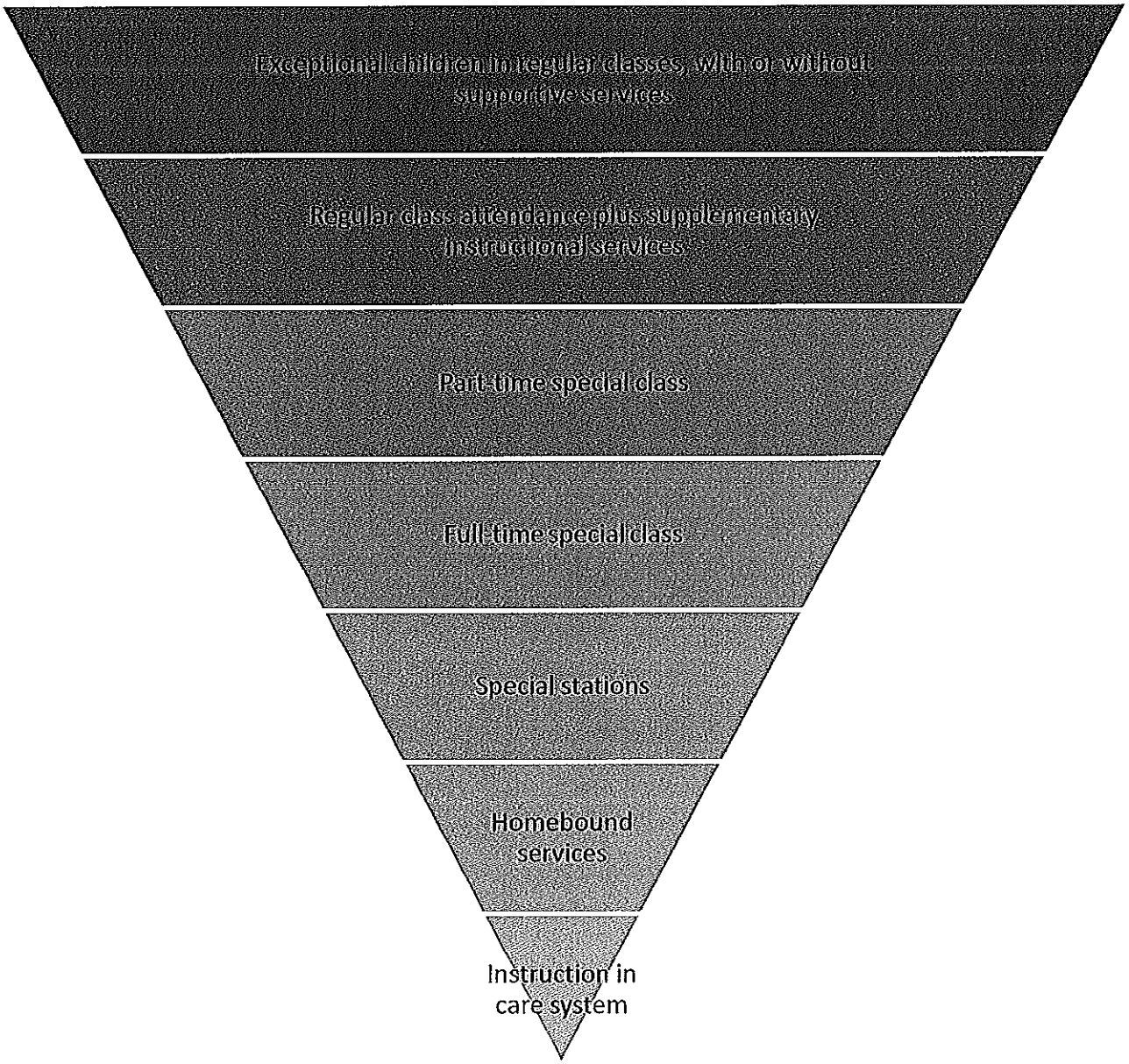
Figure 1. RtI Model of Universal Supports



Deno's Cascade of Services. This tiered configuration is reminiscent of the model devised by Deno (1970) which conceptualized special education services as a "cascade" model in which increasingly smaller groups of students receive instruction with intensifying attention paid to

individual needs. Figure 2 illustrates Deno's intent in delivering special education services during this time period.

Figure 2. Adapted from Deno's Cascade of Services



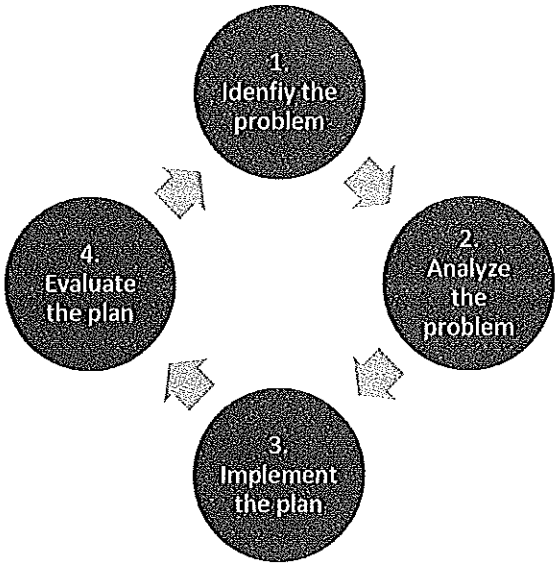
Deno's cascade of services shaped special education guidelines throughout the 1970s and 1980s, but greater and greater numbers of students qualifying for special education

services hampered its ultimate effect. Despite its limitations, the RtI model is similar to Deno's construct for specialized services.

The Standard Protocol Versus the Problem-Solving Approach. The RtI tiered framework commonly adheres to one of two models – the standard treatment protocol or the problem-solving approach (Wixson, Lipson, & Johnston, 2010). Historically, each garnered support from a distinct professional group. Early interventionists in the reading field advocated for the superiority of the standard treatment protocol while behavioral psychologists promoted the more clinical problem-solving model (Fuchs, Mock, Morgan, & Young, 2003). While elementally similar, they differ in the degree to which each provides individual interventions and the level to which they analyze the student achievement problem before implementing an intervention plan (Christ, Burns, & Ysseldyke, 2005). Fuchs, Mock, Morgan, and Young (2003) further assert by inherent principle, the standard treatment protocol will ensure quality control of the interventions while the problem-solving model will focus on individual differences and needs.

Typically used by practitioners in the field, the standard protocol provides a plan of standardized interventions for a given time with consideration given to teacher fidelity to the program. Although the ideology derived from the scientific method, the protocol itself was originally the work of Bergan in 1977 and later revised by Bergan and Kratochwill (1990). As illustrated in Figure 3, Bergen's work delineated the steps of behavioral consultation into four stages that now constitute the precepts of the standard protocol for intervention services.

Figure 3. Scientific Method Prototype Underpinning the Standard Protocol



The problem-solving approach, preferred by researchers and school psychologists, typifies a tailored instructional plan designed for individual students based on their needs (Fuchs & Fuchs, 2008). Similar in design to the standard protocol, the problem-solving approach diverges in its intent to provide increasingly intensive interventions that are scientifically based and data focused as nonresponsive students move up the tier continuum (Hale, Kaufman, Naglieri, & Kavale, 2006).

Haager and Mahdavi (2007) suggest that there are a number of supports that must be present in order to implement a tiered intervention framework; such as, professional development, shared focus, administrator support, logistical support, teacher support, and assessment protocols. Similarly, they argue that barriers exist that will negate the effectiveness of such a model. They point to competing educational initiatives, negative perceptions regarding teachers' roles and responsibilities in remediating reading, lack of time, inadequate training, and the absence of support structures.

Progress Monitoring

Within the RtI model, progress monitoring provides immediate feedback by assembling multiple measures of student academic achievement to "assess students' academic performance, to quantify a student rate of improvement or responsiveness to instruction, and to evaluate the effectiveness of instruction" (National Center on Response to Intervention, 2011, para. 1). Thus, progress monitoring should provide accurate and reliable methods to track response to interventions in order to modify intervention plans for individual students (Alber-Morgan, 2010).

Data-Based Decision Making

As one of the primary aspect of the RtI model is ongoing assessment, the use of data to inform decisions proves paramount in the intervention and identification process. On a continuing basis, educators utilizing the RtI model gather student information "(1) to adjust the specifics of teaching to meet individual students' needs and (2) to help students understand what they can do to keep growing as readers" (Owocki, 2010). Ultimately, the data will serve as a deciding factor in both preventive services and eligibility criteria, thereby necessitating that those in the field become expert in the area of data maintenance, data mining, and data-driven decision making.

Benefits and Drawbacks

With the reauthorization of *IDEA* in 2004 and its accompanying regulations in 2006, support gathered for RtI's potential to affect change in the eligibility criteria for learning disabilities. McEneaney, Lose, and Schwartz (2006) suggested the advantages of this new

protocol in determining eligibility were threefold: 1) students no longer needed to wait to fail before receiving special education services; 2) the identification process divorced itself from the controversial discrepancy model; and, 3) this new paradigm emphasized instructional principles aligned to diagnostic analyses.

RtI also provides stronger emphasis on preventive services, earlier access to interventions and supports, and a stronger correlation between assessment data and instructional planning and implementation (Fuchs, Fuchs, & Vaughn, 2008). Additionally, it has the potential to provide English language learners with intensive instruction appropriate to their needs (Brown-Chidsey, Bronaugh, & McGraw, 2009; Klingner, Soltero-González, & Lesaux, 2010).

Among all of the advantages, educators commonly suggest that the greatest benefit is the end of the "wait to fail" protocol that typified the IQ-discrepancy of the previous three decades, adding clarity to the identification of learning-disabled students. Policymakers, on the other hand, point to the potential decrease of referrals to special education services that RtI promises to provide.

Nonetheless, this new paradigm also raises concerns – specifically in relation to the IQ-discrepancy model. For example, it has the potential to label slow learners who are not responding rapidly enough to interventions as learning disabled as well as to fail to distinguish between students who are chronic underachievers and students who have learning disabilities. Furthermore, in the absence of a formal cognitive evaluation, the risk exists that this model may identify students as learning disabled based solely on the influence of stakeholders who

desire such a classification. Table 1 illustrates these issues within the context of the two models.

Table 1

Comparison of Traditional Discrepancy Model with Response to Intervention Model

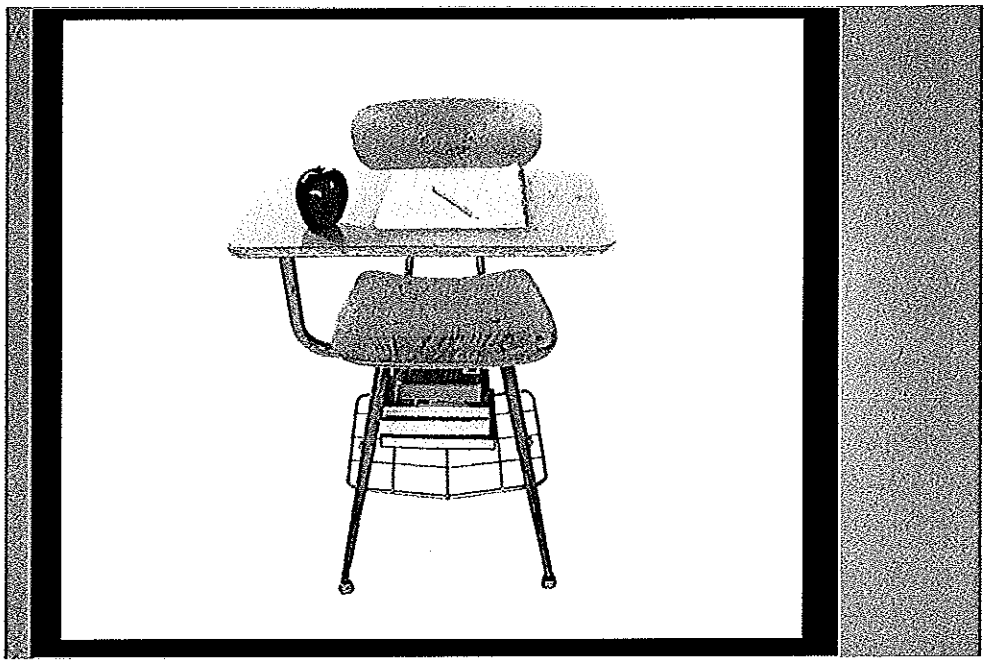
Traditional Discrepancy Model		**Response to Intervention Model**	
Pros	**Cons**	**Pros**	**Cons**
Objective	Not practical for young students	Appropriate for all age levels	Does not distinguish between learning disabilities and chronic underachievers
Easy to administer	Enforces a "wait and fail" protocol	Ends "wait and fail" protocol	Has potential to identify slow learners as LD
Uses numerical values to determine classification	Does not consider testing errors	Compels schools to be more proactive	Lacks formal cognitive evaluation
Allows examiner to evaluate student during testing	Time consuming	Employs seamless assessment	Can be influenced by stakeholders who desire a student to be identified as LD

Note. Adapted from "Response to Intervention (RtI) vs the Discrepancy Model" by LDinfo Web Site, 2011. Copyright 2010 by LDinfo Publishing.

Opponents of RtI argue that attention should focus on the shortcomings of RtI. Namely, this model requires classroom teachers to take greater responsibility for struggling students in ways that may extend beyond their level of expertise (Collier, 2010). A deeper concern is that the RtI model identifies chronically low-achieving students – not students who are learning disabled. As an extension of these issues, while RtI lowers the number of referrals (and the

corresponding staffing and resources necessitated by such referrals), transitioning students through the three tiers of intervention creates issues of delays or possible eliminations of necessary referrals. If these concerns materialize, students who should be eligible for special education will suffer from the deprivation of vital support services.

Ultimately, whether advocate or opponent of RtI, researchers in the field estimate that there will continue to be 2% to 6% of students who will fail to respond to any of the three intervention tiers – regardless of frequency or intensity of support. They predict 6% to 8% of students will qualify for special education services (Fuchs, Stecker, & Fuchs, 2008) – approximately a 50% reduction from 2004.



Chapter Three

The Creation of Connecticut's SRBI Model

Constructing SRBI

The RtI model arose from the advent of *IDEA* 2004 and its accompanying regulations in 2006. In reaction to the new federal legislation, the state of Connecticut moved to analyze this paradigm shift in special education policy within the context of the state's classrooms and schools, subsequently documenting the process in its 2008 publication, *Using Scientific Research-Based Interventions: Improving Education for All Students – Connecticut's Framework for RtI.*

Everyone must play a part in leading the learning. Leading the learning means knowing your job and doing it well; it means opening yourself to new tasks and responsibilities; letting go of old assumptions and being prepared to be trained in new skill areas; and holding yourself to the highest standards possible.

Mark K. McQuillan
Commissioner of Education
March 27, 2007

State Leadership Team

The first step in the implementation process began with the development of a state leadership team whose task was to craft a state policy that adhered to the federal law while considering the unique needs of Connecticut and its students. The team comprised delegates from the Connecticut State Department of Education (CSDE), the Regional Education Service

Centers (RESCs), the State Education Resource Center (SERC), and other stakeholder educational agencies.

Roundtable Discussions

With the leadership team came roundtable discussions on RtI. Bringing together a wide range of stakeholder groups (e.g., administrators, regular and special education teachers, higher education faculty, members from the governor's office, and parents), these dialogues centered on the key components of the RtI model – 1) universal screenings, 2) progress monitoring, 3) tiered interventions, and 4) implementation. From this discourse stemmed a number of significant concepts, namely, the need for a joint effort between regular education and special education, the importance of leadership, and the necessity of professional development.

Advisory Panel

An advisory panel assembled next and focused on two main responsibilities – reviewing the literature surrounding RtI and designing an implementation framework for Connecticut's schools. During this time, the panel converted the nationally recognized name of RtI into the more personalized SRBI (scientific research-based interventions) for Connecticut. As a term used in both *NCLB* and *IDEA*, the panel proposed that such a designation would emphasize their belief in the significance of general education in the policy as well as the weight of using interventions that were scientific as well as research based.

State Personnel Development Grants

To facilitate statewide implementation, the CSDE and SERC worked collaboratively to offer three-year grants to schools in four school districts. These school systems, Bristol, CREC, Greenwich, and Waterbury, served as model sites because of their usage of intervention services and differentiated instruction. This undertaking was to expand their work to additional schools in their systems as well as to create opportunities for collaboration with other school systems who wished to improve their educational services.

The SRBI Model

In constructing the state's SRBI model, the CSDE put forth ten tenets underlying their work. Listed in Box 3, these statements quote directly from the CSDE's 2008 publication, *Using Scientific Research-Based Interventions: Improving Education for All Students – Connecticut's Framework for RtI*. Adhering to the nationally recognized RtI model, Figure 4 illustrates Connecticut's SRBI model.

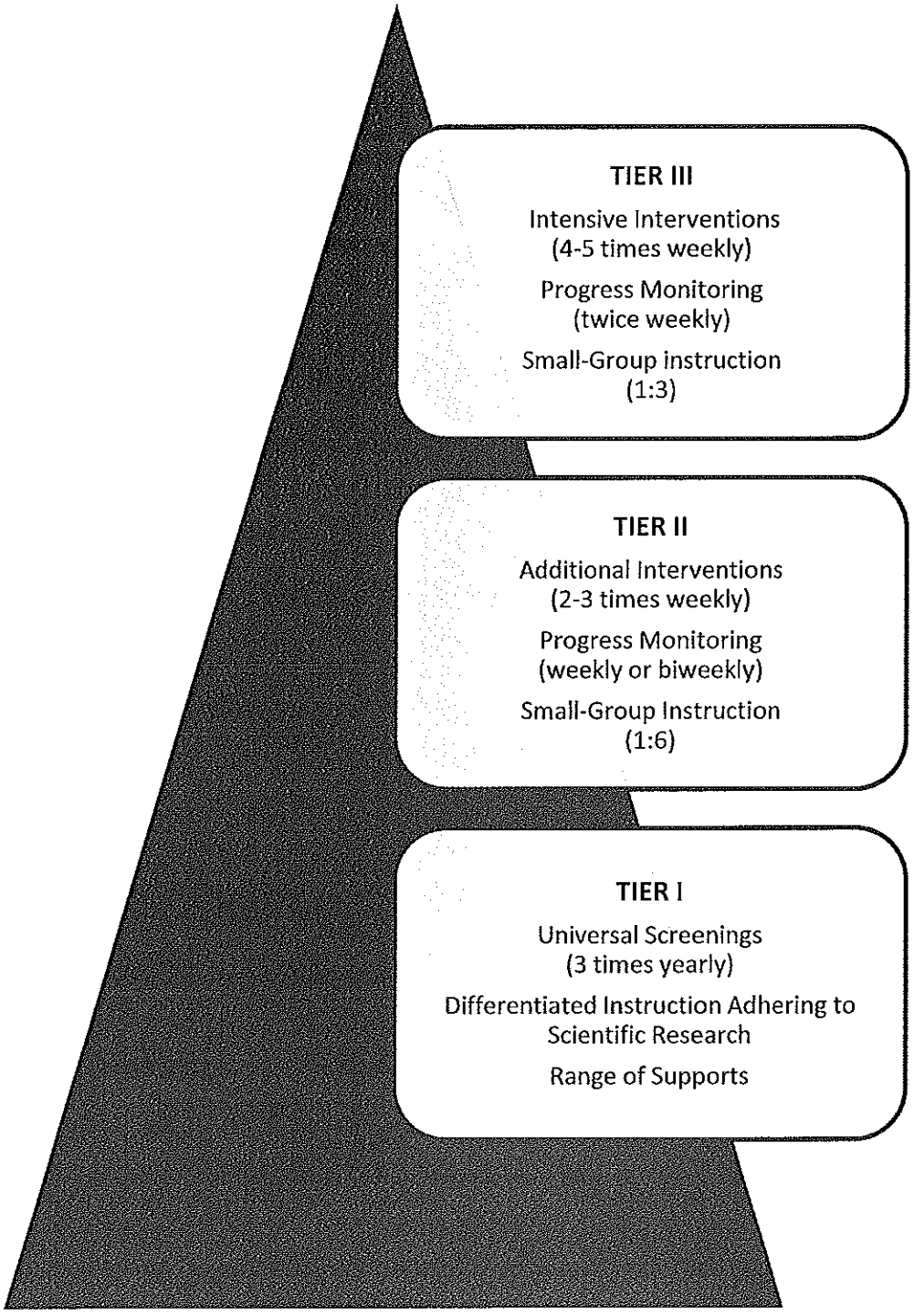
Box 3

Underlying Principles and Critical Features of SRBI

1. The assumption that scientific research should be used to inform educational practice as much as possible
2. A belief in collective responsibility, accountability, and the power of education
3. A willingness to be transparent with a relentless focus on continuous improvement
4. A focus on prevention and early intervention
5. Schoolwide or districtwide high-quality core curriculums, instruction, and comprehensive social/behavioral supports
6. Monitoring fidelity of implementation
7. Cultural responsive teaching
8. A comprehensive assessment plan with universal common assessments and progress monitoring
9. Data analysis, not just data collection
10. Data-driven decision making with clear decision rules

Using Scientific Research-Based Interventions: Improving Education for All Students – Connecticut's Framework for RtI, 2008

Figure 4. SRBI Model



SPECIAL EDUCATION – Consideration for eligibility may occur at any tier, but most commonly after Tier III

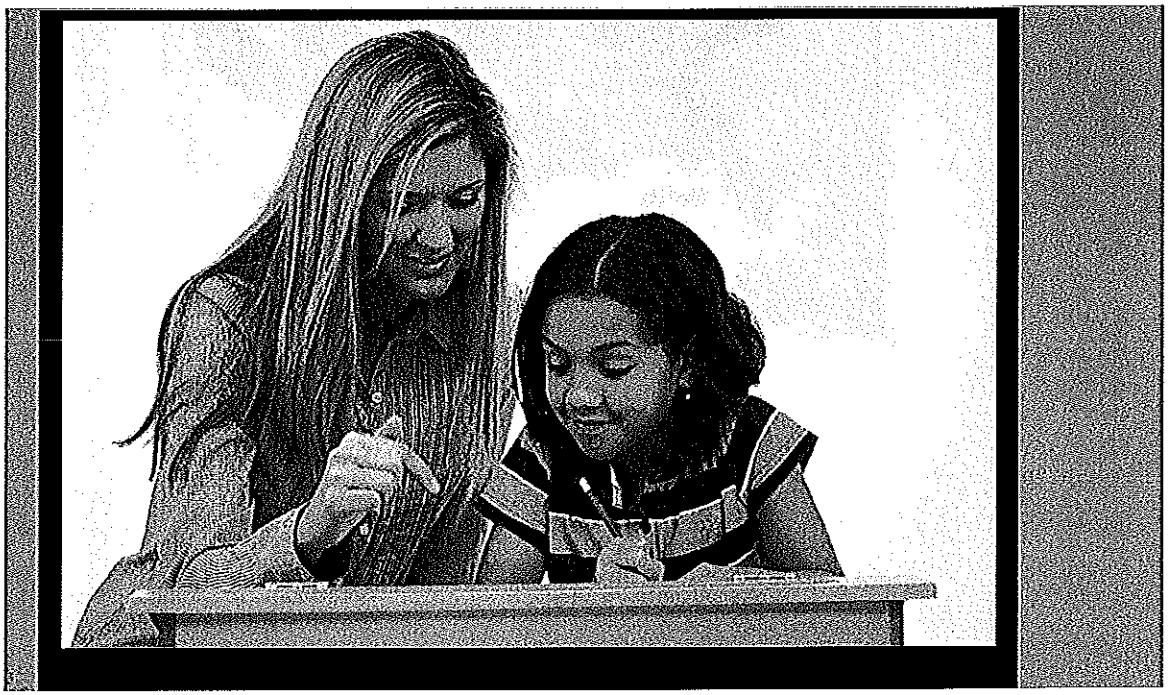
GENERAL EDUCATION – All tiers part of the general education system

Tier I occurs in the general classroom, focuses on general education curriculum, must be research-based and culturally responsive, and includes a range of supports. While instruction may occur through small, flexible groups, the instructor is the general educator with collaboration from specialists. Assessments in this tier include universal screenings and formative assessments and any additional assessment tools that may be beneficial to monitor individual student performance. Data teams collaborate with classroom teachers to utilize assessment data as a means to inform instructional planning and make decisions regarding the placement of students within the three tiers.

Tier II attends to those students who have not responded to the supports provided in Tier I and offers additional services in the general education classroom or other general education settings. In this tier, students receive short-term interventions (8 to 20 weeks) for small-groups of struggling students (1:6) that are supplemental to the core curriculum. Interventionists may be any general education teacher or a specialist trained to work in this tier. Assessments during this tier concentrate on frequent progress monitoring (weekly or biweekly) to determine students' responsiveness to interventions. Data analysis occurs in both data teams and intervention teams.

During Tier III, the focus is on students who have failed to respond to supports or interventions in Tiers I and II. They continue to receive services in general education settings; however, they also receive additional short-term interventions (8 to 20 weeks) provided with a smaller group of homogeneous students (1:3) designed to be supplemental to the core curriculum. Interventionists again come from the general education field or others trained in

this tier. Progress monitoring increases in frequency (twice weekly), and intervention teams continue to assess the data.



Chapter Four

Research Methodology

The purpose of this study was to investigate the status of SRBI in Connecticut public schools in respect to four specific research questions. See Box 4 for these questions.

Box 4

Research Questions

1. What are educators' perceptions of SRBI?
2. How familiar are they with SRBI principles and practices?
3. What are their beliefs regarding its implementation and sustainability in their school systems?
4. What professional development resources and training have they previously received, and what resources and training do they believe are integral to the success of SRBI in Connecticut?

As a means to cull as much informational resource material as possible regarding the perceptions and experiences of Connecticut educators with the newly-adopted SRBI model, this study employed a mixed-methods design that furthered "collecting, analyzing, and mixing both quantitative and qualitative data in a single study" (Creswell & Plano-Clark, 2007, p. 5). The instrument used for such a design was a questionnaire survey that incorporated numeric Likert scale items (to collect quantitative data) and open-ended items (to gather qualitative data).

The content of the instrument stemmed from a review of the literature related to RtI practices throughout the nation as well as from previous research studies that delved into statewide implementation models. The instrument itself comprised 39 items from five sub-scales which focused on participant demographic information, perceptions of SRBI, familiarity with SRBI principles and practices, implementation and sustainability standards in place in school systems, and professional development training. The study's principal investigators developed the items, and numerous educational experts in the fields of education, literacy studies, and research subsequently reviewed them to ensure content and construct validity, item bias, relevance, and potential applications to the literacy field. Box 5 provides a list of key terms and their operational definitions used in the survey instrument, while the complete survey instrument used in the study is located in Appendix B.

Box 5

Definition of Survey Instrument Terms

Differentiated Instruction – an approach to teaching that emphasizes ways to meet the differing needs of a group of students within the general education setting, for example, through the use of flexible small groups, varied instructional materials, or different ways of presenting the same content; differentiation of instruction is an integral part of Tier I

Progress Monitoring – using data to track students' progress toward a goal

SRBI – instructional practices and interventions in a school or district that have been researched and determined to be effective for improved student outcomes or proven to excel student learning as evidenced by data

Tier I – the general education core curriculums, instruction, and social/behavioral supports for all students, with differentiation of instruction as a norm

Tier II – short-term interventions for students who have not responded adequately to the general education core curriculums and differentiation of instruction; it is part of the general education system

Tier III – more intensive or individualized short-term interventions for students who fail to respond adequately to Tier I and/or Tier II interventions; it is also part of the general education system

Universal Common Assessments – a term for assessments that are given routinely to all students in a grade and that are the same for all students in a grade within a school or district; universal common assessments may be summative or formative and include, but are not limited to, benchmark assessments

* All terms directly quoted as documented in the CSDE's 2008 publication, *Using Scientific Research-Based Interventions: Improving Education for All Students – Connecticut's Framework for RtI.*

Data Sources

Participants for the study derived from the non-probability sampling of attendees at professional development events sponsored by the Connecticut Association for Reading Research (CARR), the Connecticut Reading Association (CRA), and CRA's local reading council affiliates during the academic year of 2010-2011. The participants who attended the events comprised a range of professionals in the educational field and volunteered to participate in the study. From this process, 200 public school educators (grades K-12) representing 64 public school systems from across the state joined the research sample group.

Data Collection

Data were collected over the course of the academic year at events held throughout Connecticut. Those collection sites included three events hosted by the Connecticut Association for Reading Research as well as the Connecticut Reading Association Conference held in November 2010 and the Connecticut Reading Association Leadership Conference held in June 2011. Data were also amassed through the SRBI Lecture Series (co-sponsored by the Connecticut Reading Association, Connecticut Association for Reading Research, and local reading councils) which held events throughout the academic year. Further data derived from numerous local reading council affiliate events held throughout the state.

Data Analysis

After compiling the field research, descriptive statistics summarized the demographic data culled from the first sub-scale of the survey instrument. Quantitative and qualitative statistics were employed to analyze the subsequent sub-scales.

The quantitative aspect of the study consisted of 35 items – 5 items related to the development of the sample profile and 30 employing a 5-point Likert scale to establish the degree of agreement or disagreement with fundamental aspects of the SRBI model. Descriptive statistics – including calculations for item frequencies and chi-square tests – were completed on each of the demographic variables and those items relating to participant statements to measure relationships within the data.

Qualitative data comprised four structured-response items from Sub-Scales II, III, IV, and V and encouraged participants to articulate their thoughts on the Likert-scale items. To analyze the findings, the Miles and Huberman Interactive Model of Data Analysis (1994) was applied. This model follows a process-oriented approach to qualitative research – data reduction, data display, and conclusion drawing and verification. In effect, the data reduction of the participants' constructed responses took place through coding comments and discerning themes that were representative of the sample group's responses. Then, the data were systematically displayed which organized the respondents' constructed responses graphically in matrices and charts so that conclusions could be drawn, verified, and validated to be accurate of the sample.

Results

In analyzing the results of the survey instrument, Sub-Scale I of the survey instrument gathered data about the participants' professional background. Tables 2 (Professional Role), 3 (Grades Primarily Served), 4 (School Profile), and 5 (Professional Development History) provide a description of this sample in regards to its composite profile. It should be noted that

the data represented in the tables reflect a portion of the responses as "missing" which refers to the number of participants who failed to complete that particular survey item.

Table 2

Professional Role

Current Position	Frequency	Percent
Classroom Teacher	71	35.5%
Reading Educator	94	47.0%
Instructional Support Personnel	14	7.0%
Building Administrator	8	4.0%
District Administrator	5	2.5%
Independent Consultant	5	2.5%
Missing	3	1.5%

Table 3

Grades Primarily Served

Grades Primarily Served	Frequency	Percent
Elementary School – K-5	117	58.5%
Middle School – 6-8	44	22.0%
Elementary/Middle School – K-8	9	4.5%
High School – 9-12	19	9.5%
K-12	8	4.0%
Missing	3	1.5%

Table 4

School Profile

School Identification	Frequency	Percent
Urban	48	24.0%
Suburban	117	58.5%
Rural	26	13.0%
Missing	9	4.5%

Table 5

Professional Development History

Number of Professional Development Trainings Pertaining to SRBI	Frequency	Percent
Never	16	8.0%
1-2	57	28.5%
3-5	73	36.5%
6-9	38	19.0%
10+	13	6.5%
Missing	3	1.5%

The findings from Sub-Scales II, III, IV, and V generated four major themes – the positive perceptions of SRBI held by the sample group, a lack of familiarity with assessment tools needed to drive the SRBI model, the systemic obstacles impeding effectiveness of the SRBI model, and content-specific training needed to ensure implementation and sustainability.

Positive Perceptions Regarding SRBI

A compelling theme that emerged from the survey was the predominantly positive attitudes of the participants in regards to the SRBI model. As displayed in Table 6, the sample demonstrated a strong consensus regarding their nearly unwavering support of the SRBI model.

Table 6

The SRBI Model Will Benefit Students

	Frequency	Percent
Strongly Disagree	2	1.0%
Disagree	10	5.0%
Neutral	25	12.5%
Agree	108	54.0%
Strongly Agree	49	24.5%
Missing	6	3.0%

When asked if they believed in the principles and practices of SRBI, 81.5% of respondents agreed with 70.5% believing that providing systematic interventions for struggling students is more effective in determining achievement potential than IQ testing. Table 7 highlights this positive trend in Connecticut's educators' support of the principles of RtI/SRBI.

Table 7

Belief in the Principles and Practices of RtI/SRBI

	Frequency	Percent
Strongly Disagree	3	1.5%
Disagree	6	3.0%
Neutral	25	12.5%
Agree	113	56.5%
Strongly Agree	50	25.0%
Missing	3	1.5%

The sample also reached consensus (95.5%) on the need for differentiated instructional practices in Tier I classrooms with one classroom teacher from a suburban district offering, "I believe that Tier 1 instruction is most important. If you have effectively implement[ed] this instruction, you will have less in Tier 2 and 3."

This resolute support of educators for the SRBI model faltered significantly when queried if the majority of the educators with whom they work are currently prepared to implement the SRBI model. As illustrated in Table 8, only 31.0% asserted that their colleagues were professionally ready. In contrast, 43.0% maintained that their colleagues were not prepared to implement the SRBI model. Of import, nearly one quarter of the sample remained neutral on their item – with no stated belief in either direction.

Table 8

Majority of Educators Currently Prepared to Implement the SRBI Model

	Frequency	Percent
Strongly Disagree	19	9.5%
Disagree	67	33.5%
Neutral	45	22.5%
Agree	49	24.5%
Strongly Agree	13	6.5%
Missing	7	3.5%

This percentage dropped significantly when analyzing administrators' responses – with only 9.1% purporting that their staff was ready. One reading educator from an urban district verbalized teachers' unease, stating, "Teachers don't know the principles of SRBI." Another urban reading educator offered, "It helps the teacher to meet each student's needs by working with that student on his or her level. However, this means that the teachers must have received appropriate PD about RtI/SRBI and work the system with fidelity."

Chi-square analysis revealed that of those respondents who agreed general education teachers should implement differentiated instructional practices to meet the needs of diverse learners, only 23.8% could easily navigate through the three tiers, 12.7% could access appropriate resources, and 12.8% could select appropriate data for progress monitoring of student performance during intervention services.

Lack of Familiarity with Assessment Tools Needed to Drive SRBI Model

A second theme that surfaced was the inconsistency with which the sample responded when queried regarding their familiarity with SRBI principles and practices. When questioned on specific components of the model, 50.0% indicated that they could easily navigate among the three tiers; 86.5% could make decisions regarding core instruction and interventions; 69.0% could access appropriate resources (urban, 70.8%; suburban, 72.4%; rural, 57.7%); 75.5% could ensure that intervention plans were supported by data; and, 64.5% could select appropriate data for progress monitoring of student performance during intervention services. In contrast to this comparatively stalwart belief in their understanding and application of the components of the SRBI model, coding of their constructed responses indicated that respondents expressed a lack of familiarity in two principal areas: identifying evidence-based programs and interventions as well as an even more pronounced concern regarding their ability to use assessment tools.

Of note, the construct of assessment tools encompassed actual assessments, progress monitoring techniques, and data analysis. The respondents, inclusive of all sub-groups of educators, referred at length to the ambiguity regarding the appropriate utilization of data in the SRBI model. This topic also served as the basis for a recurring theme in their call for professional development training in the areas of assessment tools and data.

Systemic Obstacles Impeding Effectiveness of SRBI Model

Of further issue were the organizational barriers that the participants perceived as hindering successful implementation of SRBI in their schools. With participants from 64 school systems, only 47.0% believed that district-level leadership provided active support for SRBI, and

an almost equivalent 48.0% perceived that implementation of the model was jointly directed by general education and special education efforts. Tables 9 and 10 reflect the dichotomy of the sample responses regarding district-level leadership and the shared responsibility of general and special education in the SRBI model.

Table 9

District-Level Leadership Provides Active Support for SRBI Implementation and Sustainability

	Frequency	Percent
Strongly Disagree	19	9.5%
Disagree	46	23.0%
Neutral	36	18.0%
Agree	69	34.5%
Strongly Agree	25	12.5%
Missing	5	2.5%

Table 10

SRBI Implementation Is Being Directed Through the Joint Efforts of General Education and Special Education

	Frequency	Percent
Strongly Disagree	13	6.5%
Disagree	43	21.5%
Neutral	42	21.0%
Agree	75	37.5%
Strongly Agree	21	10.5%
Missing	6	3.0%

Of the respondents, only 36.0% deemed a clearly defined SRBI model to be in place in their school system with one reading educator noting, "It's not clearly defined – therefore no one is sure of their role and process." Although relatively few in number within the study's sample group, those who identified themselves as servicing middle school and high school students expressed anxiety about implementing the model with older students as one classroom teacher simply stated, "It doesn't exist at the high school level."

In considering the individual components of the SRBI model, 48.5% asserted that a school-based multidisciplinary intervention team was in place that met on a regular basis, and 77.0% affirmed that their schools administered universal screenings three times a year. Complexity did exist in this response, however, as the percentage shifted dramatically based on which grades the respondents were servicing, i.e., 93.0% of elementary educators affirmed that

universal screenings were in place with that statistic dropping significantly to 72.7% of middle school educators and 27.8% of high school educators.

Pertaining to certified staff providing intervention services, 68.5% suggested that certified personnel offered Tier II interventions, and 78.0% asserted that certified personnel provided Tier III. The number of respondents, however, who concluded that these interventions were prescriptive to the individual needs of specific students dipped to 57.5%. This theme of unease with the role data played in the SRBI model and its impact on delivering interventions persisted in that nearly one-third of the respondents did not believe that appropriate progress monitoring within the three tiers was currently in place.

In addition to these direct inquiries regarding implementation and sustainability of the SRBI model, respondents also shared specific obstacles that they perceived as impeding effectiveness. Approximately 20% cited time as the primary barrier, followed by staffing, resources, scheduling, familiarizing educators with the model, ongoing training, the need for certified personnel, and the persistent issue of data – specifically progress monitoring.

Content-Specific Training Needed to Ensure Implementation and Sustainability

In the context of professional development training that the participants had previously received, 74.5% had attended an overview of RtI principles and Connecticut's SRBI model; 51.5% had received information regarding modifications of special education referral practices; 42.0% had obtained data pertaining to specific practices within each of the three tiers (none of the administrators professed to having accessed such training); and, 52.5% had received training in evidence-based interventions with 53.5% attending training in progress-monitoring procedures.

In essence, three out of four of the participants in the sample had attended training in an overview, but only one out of two had attended advanced training in the specific components of the model. Beyond the items on the survey that questioned the importance of future professional development in specific components of the SRBI model, respondents referred to several particular areas of need: interventions, the recurring theme of utilizing data and progress monitoring, accessing resources, and the importance of training classroom teachers in Tier I core instruction with differentiated strategies.

The relevance of providing content-specific training in the SRBI model can be illustrated in its relationship with the attitudes generated toward the model. Of those who never attended any training in SRBI, only 56.3% agreed with the principles and practices of SRBI. A trend formed of increasingly positive attitudes toward the model from additional attendance: 1-2 = 75.0%, 3-5 = 91.5%, 6-9 = 92.1%. Of interest, that number dropped to 76.9% at attendance of 10 or more trainings.

Discussion

This purpose of this study was to provide a preliminary investigation of SRBI implementation in public schools in Connecticut. As the SRBI model constitutes a recent shift in educational policy, little is known about its implementation phase, how the state's educators view it, and its potential for sustainability as a statewide model. By incorporating a mixed-methods approach, participants were able to express their experiences and perceptions of the model in succinct, quantitative terms while also sharing deeper insights through their constructed responses. The survey instrument employed by the study served as a

tool by which to gauge the model in a broad array of school systems in a relatively short amount of time.

The item analysis coupled with the constructed responses suggested that participants viewed SRBI as a positive paradigm shift in educational policy and special education practices; nonetheless, they also deemed the status of Connecticut schools unprepared to deliver the model with fidelity. Lack of a clear understanding in data analysis (from the selection of common assessments and probes to progress monitoring techniques to utilizing data to make effective intervention plans for struggling students) and a deficit of training topped their concerns – a theme that lingered throughout their responses. In addition, participants articulated a myriad of other issues that they felt impeded the effectiveness of the SRBI model, including time, staffing, resources, scheduling, and training. Specifically, they expressed a need for more comprehensive training in resources, data, and Tier I core instruction for classroom teachers.

The findings of this study support the necessity of additional training opportunities focusing on a specialized set of tools and competencies in order to ensure the success of SRBI in Connecticut's public schools (Allington, 2009; Howard, 2010; Johnson, 2010; Wright, 2007). Successful implementation will also necessitate deeper training in the use of assessments and data to inform educational planning (Owocki, 2010) as well as a systemic response to the barriers currently impeding effective implementation of the SRBI model.

Limitations of Current Research

Several factors limited the results of this study. First, the majority of participants in the sample attended professional development events that offered SRBI training sessions,

suggesting that the sample group may be more knowledgeable and more actively involved with the model than the overall population. Those who participated were also those willing to share their perceptions. Consequently, the extent to which their perceptions are representative of those who elected not to participate remains unknown. Neither was the participant response verified, so the self-reported data may be biased. Second, administrators and instructional support personnel encompass a small proportion of the sample group, resulting in a lessening of the equity of their responses. Third, participants derived primarily from suburban school systems, thus limiting the representative nature of the results, especially with rural school systems that only comprised 13% of the sample group.

Chapter Five

Recommendations for School-Based Applications

Educational Implications

A majority of the participants indicated that that they endorsed the philosophy of SRBI but registered apprehension that educators were fully cognizant of and prepared to apply the model's principles and practices with struggling students. These findings signify a favorable optimism among educators but also indicate a need for further efforts at the school, district, and state level to safeguard the SRBI model in Connecticut classrooms.

Based on the findings of the study, there appear to be three issues that bear significant weight in the effective enactment of SRBI in school districts in Connecticut. They include the necessity of strong leadership, the vital demand for professional development for pre-service teachers as well as professionals in the field, and the lack of implementation in secondary school settings.

Leadership

A primary requisite for successful implementation of SRBI into Connecticut's classrooms and schools remains the direct involvement of leaders. This involvement has its inception at the district level (Shores & Chester, 2009). Applebaum (2009) suggests that district leadership

carries a heavy obligation for RtI implementation as it is "the district that allocates the resources, sets the policies and procedures, funds the program, and names the contact person(s) to work with the individual schools" (p. 16). In more localized positions, Costello, Lipson, Marinak, and Zolman (2010) contend "at these levels, the importance of building administrators, especially principals or their proxies, cannot be overemphasized" (p. 236). Indeed, the essential nature of administrators in the implementation and sustainability of RtI is echoed throughout the educational field (Brown-Chidsey & Steege, 2005; Burns & Gibbons, 2008; Fuchs & Fuchs, 2008; Hall, 2008; Hilton, 2007; Howell, Patton, & Deiotte, 2008; Wright, 2007). Consequently, leaders – both at the district and school levels – must take an active role in the implementation and the sustainability processes within their schools if SRBI is to be successfully enacted for Connecticut students.

Professional Development

Professional development begins with pre-service teachers in educator preparatory programs in colleges and universities. Unfortunately, these institutions furnish only "sporadically coursework in differentiation both at the undergraduate and graduate levels" (Choice & Walker, 2010, p. 14) with a resultant reduction of educators who possess the skills necessary to provide interventions for struggling readers. In order to prepare pre-service teachers to understand the practices of the SRBI model, preparatory programs should include coursework on the delivery of core curriculums, differentiation strategies, intervention techniques and resources, and the use of data to inform instructional planning.

This professional development must also exist in the field with a structured, purposeful program to implement and sustain RtI – specifically in appropriation of resources, differentiated instruction, and data analysis. Hall (2008) maintains that a professional development plan should include a "combination of formats, including workshops, grade-level team meetings, quarterly meetings with administrators, and follow-up one-on-one coaching of the teachers as they learn how to change the intensity of instruction" (p. 98) as well as corresponding training for administrators and reading coaches, or RtI coordinators.

In developing a professional development plan, Brown-Chidsey and Steege (2005) stress three specific components – scheduling, learner outcomes, and benchmarks to mastery in relation to RtI knowledge and skills. They also suggest multiple sessions, including an overview of the RtI model for all school personnel with more refined subsequent trainings (e.g., instructional planning, data driven decisions). Training should also necessitate participants to demonstrate their implementation of RtI practices into their daily instruction.

Teachers, as the bedrock of RtI, require comprehensive training in the SRBI model, and this must be a key consideration in the adoption of SRBI in Connecticut schools. The essential role they play cannot be refuted and reverberates throughout the literature (Allington, 2009; Bergstrom, 2008; Danielson, Doolittle, & Bradley, 2007; Hoover & Love, 2011; Howard, 2009; Howard, 2010; Howell, Patton, & Deiotte, 2008; Owocki, 2010).

Secondary School Settings

While there is little evidence of RtI in secondary school settings (Burns & Gibbons, 2008), educators are held accountable for these students' progress and academic standing and

should review both core content instructional practices as well as differentiated instruction within core subject matter (Goetze, Laster, & Ehren, 2010). In addition to the focus on Tier I services, educators should focus on those students who may require additional intervention support services (Gelzheiser, Scanlon, & Hallgren-Flynn, 2010).

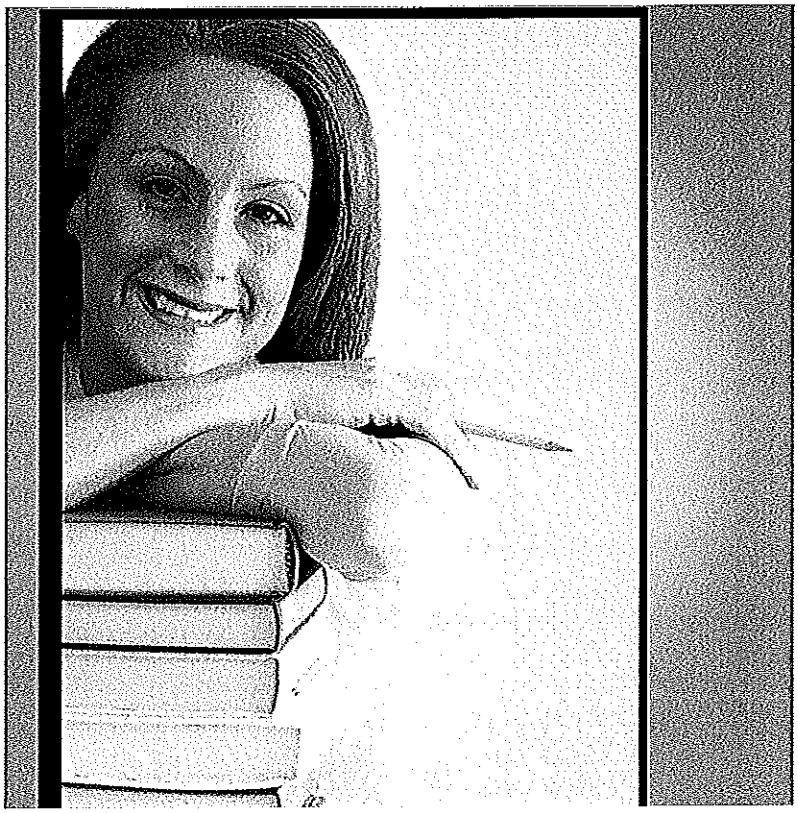
Despite these recommendations, this study's sample indicated that – as is common throughout the country – Connecticut's secondary schools are not implementing SRBI with fidelity. This lack of engagement raised concerns from the participants, and they suggested that it will require additional support, resources, and training to ensure the presence of SRBI in the upper grades.

Blueprint for SRBI Implementation

While there is undeniably strong support for the philosophy of SRBI, the concerns expressed by this study's participants offer a context for discourse about the systemic reforms needed to facilitate the model. First, school systems should provide active commitment and support as evidenced through the development of a strategic SRBI plan for all of its schools with clear delineations of roles and responsibilities (Howell, Patton, & Deiotte, 2008; Sack-Min, 2009; Shores & Chester, 2009). Second, school systems should develop a focused professional development plan that provides training for administrators and faculty members across the continuum of principles and practices so that all staff members are fully prepared to assume responsibility for the SRBI model within their specific role in ameliorating student academic weaknesses (Applebaum, 2009; Bergstrom, 2008; Foorman, Carlson, & Santi, 2007; Howard, 2009; Mellard & Johnson, 2008; Restori, Gresham, & Cook, 2008). Third, school systems and

individual schools should work collaboratively to create a resource kit for resources and specific interventions aligned to students' academic needs (Burns & Gibbons, 2008; Wright, 2007). Fourth, school-based multidisciplinary teams should be developed at each school to collect and monitor data (including common assessments and probes, progress monitoring programs, and data analysis techniques to drive interventions) to assess the level of commitment and impact of the SRBI model at site-specific locations (Applebaum, 2009; Burns & Gibbons, 2008; Mellard & Johnson, 2008).

Appendix C provides a listing of resource websites for school systems. They include overviews of the RtI model sponsored by various national stakeholder groups as well as information on specific components, including interventions and assessments. Further data is also included for how SRBI affects English language learners and students receiving special education services.



Chapter Six

Research Implications and Conclusions

Considerations for Future Research

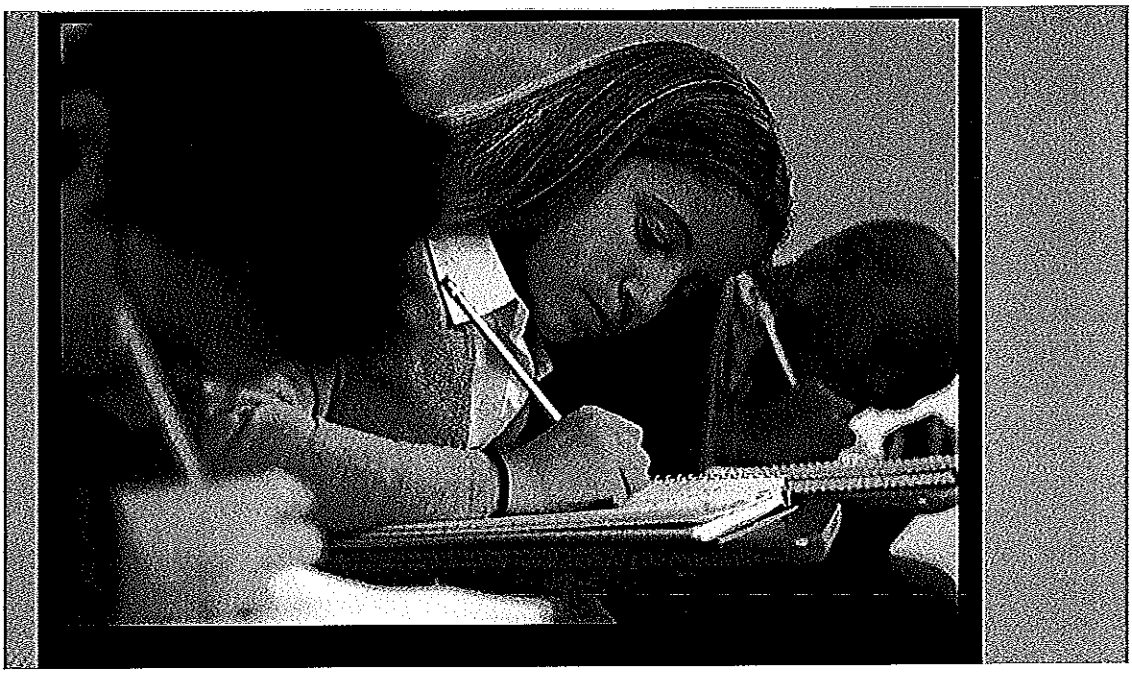
Additional research is required to furnish a more detailed understanding of SRBI in Connecticut. Future studies should be conducted with administrators as they hold a key role in the implementation and sustainability of the model (Hall, 2008; Shores & Chester, 2009). As this study was exploratory in nature and attempted to offer broad generalizations of current perceptions, research in the future should probe more comprehensively into the model's effectiveness in schools through correlation research to determine relationships, assess consistency, and form predictive statements (Ary, Jacobs, Razavieh, & Sorensen, 2006), through focus groups to examine the issues more deeply, and through document analysis to investigate special education rates as well as standardized achievement tests to ascertain the degree to which students are responding to interventions and if these interventions are affecting the percentage of students being identified for special education services.

Conclusion

Although this study sought to provide a preliminary report on the implementation of SRBI in Connecticut's public schools, it should also be viewed as an opening dialogue about the

organizational frameworks needed to support this shift in educational policy while paying equal attention to the systemic barriers that hinder implementation and sustainability. For example, results of the study make the need for strong leadership and additional comprehensive training programs patently clear. Furthermore, attention needs to be given to the common issues of how to regulate schools' time, scheduling, resources, and staffing to align to the SRBI model.

As schools in Connecticut continue to implement SRBI, focus must remain on the systemic reforms needed to ensure the academic well-being of Connecticut's students. The SRBI model offers the potential to affect lasting change in our schools, perhaps even to bridge the achievement gap that has plagued Connecticut for so many years. To do so, however, will require all of us to work together with a singular goal in mind – ensuring that all of our students succeed.



Appendix A
Special Education Legislation

1965 *Elementary and Secondary Education Act (ESEA), PL 89-10*

- Creates plan to address inequalities for underprivileged children
- Forms the basis for national special education legislation

1965 *Elementary and Secondary Education Act* Amendments, *PL 89-313*

- Authorizes grants to states for education of students with disabilitites

1966 *Elementary and Secondary Education Act* Amendment, *PL 89-750*

- Protects individuals from disability discrimination

1973 *Rehabilitation Act, Section 504*

- Protects individuals from disability discrimination

1975 *Education for All Handicapped Children Act (EAHCA), PL 94-142*

- Forms basis for federal funding for special education
- Legislates free and appropriate education (FAPE) for all children with disabilities
- Establishes a least restrictive environment (LRE)

1977 *EAHCA PL 94-142* Enacted

- Sets in place rules for school districts in providing special education services to students

1983 *EAHCA* Amendments, *PL 98-199*

- Establishes parent training and information centers at the state level

1986 *EAHCA* Amendments, *PL 99-457*

- Extends appropriate education to children with disabilities, ages 3-5
- Supports states in creating comprehensive system of early intervention services for children 0-2

1990 *American with Disabilities Act (ADA), PL 101-336*

- Eliminates discrimination in nearly all aspects of American life
- Adopts 504 plans for individual students for disabilties

1990 *EAHCA* Amendments, *PL 101-476*

- Renames the law the *Individuals with Disabilities Education Act* (*IDEA*)
- Exchanges the word "handicapped" for "disability"
- Reaffirms a free and appropriate education (FAPE) for all students

1997 *IDEA* Amendments, *PL 105-17*

- Extends LRE to ensure that disabled students have access to the general curriculum

2001 *No Child Left Behind Act, PL 107-110*

- Updates 1965 *Elementary and Secondary Education Act* (*ESEA*)
- Addresses accountability in schools
- Requires students with disabilities to be proficient in reading and math by 2014

2004 *IDEA* Reauthorized, *PL 108-446*

- Codifies *IDEA* as *Individuals with Disabilities Education Improvement Act (IDEIA)*
- Focuses more accountability at state and local levels
- Requires school districts to provide instruction and interventions to assist struggling students from entering special education programs
- Gives birth to Response to Intervetion

Appendix B
Survey Instrument

Connecticut Association for Reading Research Study

Scientific Research-Based Interventions (SRBI)

Implementation Survey

Introduction: To implement SRBI effectively in Connecticut classrooms, it is necessary that educators master the principles and practices of the SRBI model. They must utilize an array of skills including differentiated instructional practices, data analysis, intervention planning and implementation, and progress monitoring.

The SRBI Implementation Survey is an informal measure designed to provide the state's policymakers and educators a status report of the current implementation of SRBI in Connecticut.

Directions: The survey is divided into five sections.

I. Research Participant Demographic Profile
II. Perceptions of SRBI
III. Familiarity with SRBI Principles and Practices
IV. Implementation and Sustainability
V. Professional Development Resources

Complete the items in each section. At the end of Sections II, III, IV, and V there is one open-ended question for participants who would like to share their opinions more fully.

The Connecticut Association for Reading Research would like to thank you for participating in this study. Through your participation, we are able to provide a comprehensive view of SRBI in Connecticut's classrooms.

Connecticut Association for Reading Research Study

Part I: Research Participant Demographic Profile

Directions: Mark the selection that pertains to you.

1. What is your current position?
   - o Classroom Educator
   - o Reading Educator
   - o Building Administrator
   - o District Administrator
   - o Instructional Support Personnel (e.g., special education, speech/language, ESOL)

2. What grades do you primarily serve?
   - o Elementary School (K-5)
   - o Middle School (6-8)
   - o High School (9-12)
   - o K-12

3. How does the state identify your school?
   - o Urban
   - o Suburban
   - o Rural

4. How many times have you attended professional development in RtI/SRBI?
   - o Never
   - o 1-2
   - o 3-5
   - o 6-9
   - o 10+

5. What is the school district in which you currently work? _____

<u>Return of this survey indicates my consent to have my data used in research.</u>

Connecticut Association for Reading Research Study

Part II: Perceptions of SRBI	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
I believe in the principles and practices of RtI/SRBI.					
Many students who are currently identified as "learning disabled" do not have a disability – but have simply not received the appropriate support and interventions.					
Analyzing a student's response to interventions is more effective in determining achievement potential than IQ testing.					
General education teachers should implement differentiated instructional practices to meet the needs of diverse learners.					
The majority of students will achieve grade-level expectations through intervention services.					
The SRBI model will benefit students.					
The majority (70%) of the educators with whom I work are currently prepared to implement the SRBI model.					
What is the one thing that you feel most strongly about in regards to the SRBI model?					

Part III: Familiarity with SRBI Principles and Practices	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
I can easily navigate students through the three tiers, modifying instruction and interventions as needed.					
I can use data to make decisions regarding core instruction and interventions.					
I can access appropriate resources (e.g., academic programs, supplemental resources, professional literature, and Internet resources).					
I can ensure that intervention plans are supported by data.					
I can select appropriate data for progress monitoring of student performance during intervention services.					
The aspect of SRBI with which I am least familiar is					

Part IV: Implementation and Sustainability	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
District-level leadership provides active support for SRBI implementation and sustainability.					
SRBI implementation is being directed through the joint efforts of general education and special education.					
A clearly-defined SRBI model is in place.					
A school-based multidisciplinary intervention team is in place that meets on a regular basis regarding tiered interventions, progress monitoring, and student achievement.					
Universal screenings are administered for all students at least three times a year.					
Resources are currently organized into three tiers of intervention support.					
Tier II interventions are provided by certified staff.					
Tier III interventions are provided by certified staff.					
Interventions are prescriptive to the individual needs of specific students.					
Appropriate progress monitoring (Tier I – at least monthly, Tier II – at bi-monthly, Tier III – at least weekly) is in place.					
What are the greatest obstacles in the SRBI implementation process?					

Part V: Professional Development Resources	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Training Received					
An overview of RtI principles and Connecticut's SRBI model					
Modification of special education referral practices with the SRBI model					
Specific practices within each of the three tiers					
Evidence-based interventions					
Progress-monitoring procedures					
Future Training					
Initial training in SRBI					
Use of data to making instructional decisions					
Tiered interventions that address academic concerns					
What should future professional developing training in SRBI include?					

Appendix C
Additional Resources

RtI Overview

- http://www.casecec.org/rti.htm
- http://www.nasdse.org
- http://www.nasponline.org
- http://www.ncld.org/org/content/view/1002/389

Assessment

- http://www.balancedreading.com/assessment
- http://www.iris.peabody.vanderbilt.edu
- http://www.studentprogress.org

English Language Learners

- http://www.dww.ed.gov/Literacy-in-English-K-5/topic/index.cfm?T_ID=13
- http://www.nabe.org
- http://www.wested.org/policy/pubs/fostering

Interventions

- http://www2.ed.gov/teachers/landing.jhtml
- http://www.fcrr.org
- http://www.freereading.net
- http://www.ies.ed.gov/ncee/wwc
- http://www.interventioncentral.org
- http://www.kc.vanderbilt.edu/pals
- http://www.k8accesscenter.org
- http://www.nationalreadingpanel.org
- http://www.promisingpractices.net/programs.asp
- http://www.reading.org
- http://reading.uoregon.edu
- http://www.rtinetwork.org

Professional Development

- http://www.buildingrti.utexas.org/
- http://www.centeroninstruction.org
- http://www.rti4success.org

Special Education

- http://www.cec.sped.org
- http://www.ies.ed.gov/ncser
- http://www.ldonline.org
- http://www.osepideasthatwork.org
- http://www.nrcld.org

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Improve reading instruction in the State of Connecticut

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