



The room is buzzing with the sounds of children quietly reading aloud. Eight student desks, each flanked by two chairs, are positioned around the room. The children are lined up, holding their benchmarking booklets, waiting for their one-minute turn to read aloud to a member of the reading intervention team. I overhear a student whisper, "I'm waiting for Ms. G." Looking up, I see a smile plastered on a boy's thin face. I finish marking a booklet, signal for the student to come to my desk, and greet him. Clipboard and stopwatch in hand, I begin the assessment by reading the standard directions, "When I say begin, start reading at the top of this page. Read across the page. Try to read every word. If you come to a word you don't know, I will tell you. Be sure to do your very best reading. Do you have any questions?" (Shinn and Shinn 2002, 12). The student responds to my question with a side-to-side head movement "no." I start the stopwatch, and he begins reading aloud with a sense of confidence in his voice.

This is a typical scene, three times a year, for all students at one elementary school when they are universally screened using Curriculum-Based Measurements (CBM). This process allows our school-based reading intervention and data teams to determine how students are responding to core reading instruction and which students would benefit from additional instructional support. This type of data collection coupled with team problem solving is known as Response to Intervention (RTI), a new initiative to support the learning of all students, not just those with special needs. The purpose of this article is to describe RTI and to provide suggestions to educators for successfully implementing this new practice.

What Is RTI?

RTI is designed to provide all students with academic and behavioral interventions. As a student's educational needs increase, the frequency and method of the educational intervention changes to help the student gain success in the classroom (Fuchs and Fuchs 2006; Fuchs et al. 2007). Two important components of RTI include universal screening and progress monitoring. These data collection tools, coupled with team problem solving, are used regularly to determine an appropriate intervention for a student and whether that intervention is having a positive impact on the student's learning (Busch and Reschly 2007). The RTI process can be used to distinguish between an ineffective instructional approach and a student's learning disability (Fuchs, Fuchs, and Compton 2004), thereby removing blame from students for their educational failures and placing responsibility for learning on the learning environment. (See Table 1 for key terminology commonly associated with RTI).

Lydia Gerzel-Short is a Special Education teacher at an elementary school in De Kalb, Illinois, where she serves as Benchmarking Team Coordinator for the Response to Intervention process. She is also a doctoral student in Curriculum Instruction and Leadership at Northern Illinois University.

Elizabeth A. Wilkins is an Associate Professor in the Department of Teaching and Learning at Northern Illinois University. She is the Chair of the KDP Graduate Student National Committee and past Counselor of the Epsilon Alpha Chapter.

Table 1. Key Terminology Commonly Associated with RTI

Component	Definition
Three-Tier Model	Tier I—Universal: Serves as the first intervention all students receive. Designed around the core general education program to successfully meet the needs of 80 percent (or greater) of a given student body. Tier II—Targeted: Comprised of a more targeted intervention reaching roughly 15 percent of students who are considered at risk. Tier III—Intensive/Individual: More individualized instruction designed to target about 5 percent of students in a given student body. Individualized goals based
	on consistent progress monitoring.
Problem-Solving Model	Step 1: Identify effective general education programs.
	Step 2: Determine why there is a discrepancy.
	Step 3: Establish an individualized program based on current data.
	Step 4: Use progress monitoring to determine effectiveness of the intervention.
Universal Screening	Occurs three times a year with all students and serves to assess critical academic skills based on curriculum-based measurements (CBM), such as early literacy and reading fluency.
Progress Monitoring	Frequent formative data collection to determine the effectiveness of a chosen intervention, particularly important for Tier II and III interventions.
Intervention Team	A team of educational specialists including instructional assistants, Reading Improvement teacher, Special Education teacher, bilingual support staff. This team works together to provide quality interventions for all students through a targeted in-class approach.
Data Team	A team of grade-level classroom teachers and educational specialists who look at data collected from Universal Screening (benchmarking) and other sources to inform instruction and intervention services.
Core Instruction	The general core curriculum that is delivered to all students, including students with special needs and students receiving English Language support.

Three Tiers of **Intervention**

The RTI model contains three tiers: Universal Intervention (Tier I), Targeted Intervention (Tier II), and Intensive or Individual Intervention (Tier III). The majority of interventions occur within the general education setting, allowing classroom teachers, special educators, and other educational specialists to work collaboratively (McNamara 2007). Tier I is designed around the core (general)

curriculum to successfully meet the needs of 80 percent (or greater) of a given student body. Tier I serves as the first intervention all students receive (Fuchs et al. 2008). In reading, for example, all students would be required to receive a minimum of 90 minutes of daily instruction within the general education setting (Vaughn et al. 2007). Only students who fail to respond to the core curriculum of Tier I would receive additional services under Tier II.

Tier II is comprised of a more targeted intervention reaching roughly 15 percent of students who are considered at-risk and require more intensive services than received during the Universal Intervention. For example, students in Tier II would receive daily reading instruction for a minimum of 20 minutes in addition to Tier I instruction for a total of 110 minutes of support (Vaughn et al. 2007).

Students who require a more intensive approach because of unsatisfactory progress in Tier II receive additional intensive or individual interventions. Tier III can occur in the general or special education classroom but without a special education referral. Roughly 5 percent of students in a given student body will require Tier III intervention. As such, Tier III reading instruction would include an additional 45–60 minutes daily, extending beyond the daily requirements for Tier I and Tier II with emphasis on more individualized goals based on consistent progress monitoring (Busch and Reschly 2007; Vaughn et al. 2007).

Data Collection and Team Problem Solving

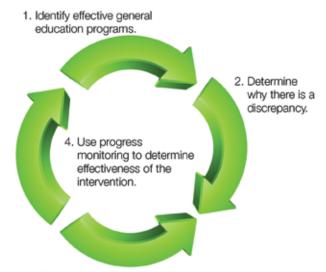
When using the three-tier model, the intervention team, data team, and staff are continuously checking to determine whether interventions and strategies are meeting students' needs. If students are not responding in a positive manner, then a problem-solving process is used. For example, when the intervention or data team meets at the request of a teacher to discuss a student who is struggling with reading, the student's anecdotal information, universal screening, and progress monitoring data are collected from the teacher. The team then evaluates the data before prescribing an Individualized Education Plan (IEP) with a follow-up date to evaluate the success of the interventions. Schools that use this process of continual monitoring and communication are holding all teaching staff accountable for student achievement.

Communication is key in the RTI process because teachers and staff use information to alter instruction based on individual student needs as determined by universal screening and progress monitoring data. Universal screening, based on CBM, occurs with all students three times a year and serves to assess critical academic skills such as early literacy and reading fluency (Busch and Reschly 2007). As illustrated in the opening scenario, screenings are quick to administer, easily scored, and generally inexpensive. In the area of early literacy and reading, the individual assessments take one to five minutes to administer depending on the grade level evaluation. Universal screening allows the team to determine who has educational problems, why the problems are occurring, what can be done to improve instruction for the individual

student, and how well the plan worked. School-level data teams typically meet every four to eight weeks to determine student educational needs.

Collaboration between general education, special education, and other educational specialists is an important element of the RTI process. As shown in Figure 1, collective team problem solving follows four important steps (Fuchs et al. 2003). First, identify and validate effective instructional programs within the general education setting (i.e., determine how effectively the curriculum is being delivered to the entire school population). Second, determine why there is a discrepancy in learning. Third, establish an individual student performance goal. Finally, decide how frequently the student's progress will be monitored as well as what tools will be used. The problem-solving process occurs at all three levels of the RTI model (Shinn 2005; Fuchs and Fuchs 2006; Busch and Reschly 2007; McNamara 2007).

Figure 1. Problem-Solving Model



Establish an individualized program based on current data.

Students considered most at risk (Tiers II and III) are progress monitored frequently to determine the effectiveness of the chosen intervention. Even though this monitoring is frequent, it is designed so that is it is not time intensive for the classroom teacher. The process allows educators to assess quickly and make appropriate academic decisions for students (Fuchs 2003; Griffiths et al. 2006). Because progress monitoring occurs on a regular basis, there is no waiting until the next major assessment to determine whether an intervention worked. If it is determined during progress monitoring that the current intervention is not effective, then the intervention can be altered or completely revised.

Understanding RTI and successfully implementing the process takes time. This initiative requires administrators, general classroom teachers, special educators, and other educational specialists to adjust to a new way of thinking about how to help all students learn.

Suggestions for **Effective Implementation**

Initial implementation should follow a definite cycle. Early in September, shortly after school starts, all students in the school should be universally screened. One elementary school uses a small gym to conduct the benchmarking. Desks are uniformly separated within the space. Each member of the 8–10 member team is given a clipboard, stopwatch, pencil, and a desk with two chairs. Prior to screening, all benchmarking booklets are labeled with the names of each classroom teacher, student, and school.

Assigning a team leader is imperative during this process. One initial responsibility of the team leader is to prepare the screening schedule for all grade levels. Because kindergarten and first grade assessments take the longest, those classes should be scheduled and screened first. The team leader is also responsible for assigning a runner, to keep a steady stream of students coming to the screening area.

Some schools might have to schedule benchmarking several days, depending on the number of team members and the number of students at the school. For example, in a K–5 school of about 300 students, benchmarking can take roughly five-and-a-half hours. After the benchmarking is complete, the team leader checks each booklet by classroom so that students who were absent during benchmarking are identified. Because the booklets are reused for all three universal screenings, the team leader maintains the booklets and other benchmarking materials in a safe place.

After tallying all data from the screening, school staff members can meet to discuss trends in classrooms and across grade levels as well as individual student needs. This is the point in the process where staff members begin to identify students' needs and holes in the core (general) curriculum. For example, one of the early literacy universal assessments in reading is Nonsense Word Fluency. This particular assessment can be predictive of future reading (decoding) because it relies on students using background knowledge of most common sounds of letters to read consonant-vowel-consonant words. If, after universal screening, it is determined that students need more instruction in decoding, the intervention team can isolate the skills and strategies needed to improve core instruction as well as identify students who will need additional educational support.

As the first year of the RTI initiative unfolds, concentration should be on collecting baseline data and learning how to interpret the data. Additionally, training for staff should be a major feature. Topics for professional development workshops during the first year might include conducting CBM benchmarking, establishing intervention and data teams, implementing progress monitoring, and participating in collaborative problem solving. School staff members also should consider the core curriculum to determine whether it is being delivered as it was intended by asking questions such as:

- Are the materials used in reading instruction being delivered as the authors intended?
- Is reading instruction being provided for at least 90 minutes daily?
- Is the current reading curriculum meeting the instructional needs of at least 80 percent of the student population?

Closing **Thoughts**

By implementing RTI, both schools and teachers benefit. Schools can determine whether the curriculum they are using is effective with the population of students they serve. Teachers get continual "snapshots" of student progress by using data to determine whether instructional needs are being met. Educators need to keep in mind, however, that this is not a quick fix. Rather, RTI is designed to generate consistent communication between all school staff members and to keep core instruction and learning in the most important hands—those of the students, all students.

References

- Busch, T. W., and A. L. Reschly. 2007. Progress monitoring in reading: Using Curriculum-Based Measurement in a Response-to-Intervention Model. Assessment for Effective Intervention 32(4): 223–30.
- Fuchs, L. S. 2003. Assessing intervention responsiveness: Conceptual and technical issues. Learning Disabilities: Research & Practice 18(3): 172–86.
- Fuchs, L. S., and D. Fuchs. 2006. A framework for building capacity for responsiveness to intervention. *School Psychology Review* 35(4): 621–26.
- ness to intervention. School Psychology Review 35(4): 621–26.

 Fuchs, D., L. S. Fuchs, and D. L. Compton. 2004. Identifying reading disabilities by responsiveness-to-instruction: Specifying measure and criteria. Learning Disability Quarterly 27(4): 216–27.
- Fuchs, D., D. Mock, P. L. Morgan, and C. L. Young. 2003. Responsiveness-to-intervention: Definitions, evidence, and implications for the learning disabilities construct. *Learning Disabilities: Research & Practice* 18(3): 157–71.
- Fuchs, D., D. L. Compton, L. S. Fuchs, J. Bryant, and G. N. Davis. 2008. Making "secondary intervention" work in a three-tiered responsiveness-to-intervention model: Findings from the first-grade longitudinal reading study of the national research center on learning disabilities. Reading and Writing 21(4): 413–36.
- Fuchs, D., L. S. Fuchs, D. L. Compton, B. Bouton, E. Caffrey, and L. Hill. 2007. Dynamic assessment as responsiveness to intervention: A scripted protocol to identify young at-risk readers. *Teaching Exceptional Children* 39(5): 58–63.
- Griffiths, A., A. M. VanDerHeyden, L. B. Parson, and M. K. Burns. 2006. Practical applications of response-to-intervention research. Assessment for Effective Intervention, 32(1): 50–57.
- McNamara, B. E. 2007. Learning disabilities: Bridging the gap between research and classroom practice. Upper Saddle River, NJ: Pearson/Merrill.

 Shinn, M. R. 2005. Identifying and validating academic problems in a problem-solving
- Shinn, M. R. 2005. Identifying and validating academic problems in a problem-solving model. In Assessment for intervention: A problem-solving approach, ed. R. Brown-Chidsey, 219–46. New York: Guilford Press.
- Shinn, M. M., and M. R. Shinn. 2002. AlMSweb training workbook: Administration and scoring of reading curriculum-based measurement (R-CBM) for use in general outcome measurement. Eden Prairie, MN: Edformation, Inc. Available at: www. income to the control of the property of the prop
- aimsweb.com/uploads/files/adminandscoringrcbm09292005.pdf.
 Vaughn, S., J. Wanzek, A. L. Woodruff, and S. Linan-Thompson. 2007. Prevention and early identification of students with reading disabilities: A research review of the three-tier model. In Evidence-based reading practices for response to intervention, ed. D. Haager, J. Klingner, and S. Vaughn, 11–27. Baltimore, MD: Paul H. Brookes Pub. Co.