

Johnston Public Schools



Response To Intervention Handbook

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Table of Contents

1.	The “A-B-C’s” of RtI.....	2
	• What is Response to Intervention?	
	• Is RtI required by law?	
	• Who is involved in the delivery of RtI?	
	• What is the Johnston RtI delivery model?	
	• When, where and how does RtI take place?	
	• How long does an intervention last?	
	• Where does special education fit into RTI?	
2.	The RtI Referral Process.....	7
	• Initiating a Referral	
	• Meeting with the RtI Team	
3.	The RtI Team is a Problem Solving Team	8
	• What is Problem Solving?	
	• Problem Solving Steps	
	• Team Roles	
4.	Guidelines for the RtI Team.....	9
	• Meeting Agenda	
	• Follow-up Meeting Agenda	
5.	The Interventions.....	11
	• Intervention Defined	
	• Criteria for each level of intervention	
	• Features of secondary level interventions	
	• What is an “intervention” and what is not	
	• Tiered Supports	
6.	The Data.....	15
	• Assessments	
	• Progress Monitoring	
7.	The Forms.....	17
	• RtI Referral Form	

Section 1 **The “A-B-C’s” of “RtI”**

What is Response to Intervention (RtI)?

According to *The National Center on Response to Intervention*, RtI integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to reduce behavior problems. With RtI, schools identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions and adjust the intensity and nature of those interventions depending on a student’s responsiveness, and identify students with learning disabilities or other disabilities.

Is RtI required by law?

The 2004 reauthorization of the Individuals with Disabilities Education Improvement Act (federal law) suggests that a school district “may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures.” The Rhode Island Department of Education has mandated that RtI be a component of a high school’s regular education program by 2012.

What is the Johnston RtI delivery model?

Johnston’s model for RtI utilizes two protocols that exist in most schools throughout the country: the standard protocol and the problem solving protocol. Both are based on the three tiered RtI model. Tier 1 remains the same in both protocols. Tiers 2 and 3 benefit from two different approaches with distinct advantages.

Johnston RtI Model	
<p style="text-align: center;">Standard Protocol</p> <ul style="list-style-type: none"> • Students are identified as needing targeted intervention based on data. • Research-based interventions are provided to students in a small group setting in a regularly scheduled block of time. (Example: Math Lab) • Intervention is based on the needs of the majority of students in this group. • Intervention is often prescriptive or programmatic (i.e. standard protocol intervention). This tends to increase the quality and fidelity of the instruction delivered. • Students who fail to make sufficient progress in Tier 2 intervention are referred for more intensive interventions (Tier 3). 	<p style="text-align: center;">Problem Solving Protocol</p> <ul style="list-style-type: none"> • A referral is made to the RtI team regarding an academic or behavioral concern based on data gathered by the referral source. It can be made on any student regardless of what tier they are in at the time of the referral. • The RtI team focuses on the individual needs of the students and develops an intervention based on those specific needs. This allows for greater flexibility in the type of intervention chosen for the student. • The team monitors the student's progress in response to the intervention. Students who fail to make sufficient progress may be referred for a more intensive intervention.

Who is involved in RtI?

The entire faculty, administration and support staff of a school is involved in RtI. The RtI model requires teachers to provide high-quality instruction and classroom level interventions based on student need, as well as frequent monitoring of student progress to adjust instruction when appropriate and determine the efficacy of the interventions. It is important to note that the success of Tier 2 and Tier 3 interventions are predicated on the quality and effectiveness of the instruction and interventions in Tier 1. Administrators must provide the support and resources to teachers and their students, and be integral members of the problem solving process. They must collaborate with their faculty on developing, implementing and evaluating all tiered

interventions. Last, but not least, the support staff are essential components in the implementation of interventions in all tiers of the RtI model.

When, where and how does RtI take place?

RtI takes place at different times and through different venues, depending on which tier of support is being addressed.

Tier 1: RtI “begins” in the general education classroom with evidence-based curricula taught by highly qualified teachers. As it relates to academics, RtI involves the ongoing process of providing effective, differentiated instruction to all students, and determining their mastery of material through authentic, curriculum-based, formative assessments and progress monitoring. When data shows that a student or a group of students is not showing adequate growth or may be regressing when provided high-quality instruction in a sound core-curriculum, the classroom teacher must determine a classroom based intervention for the student or group after a careful analysis of data. At the school-wide level, if 80% of students are not meeting benchmarks, the school as a whole must review its core curricular program. As it relates to behavior, RtI involves the ongoing process of creating and maintaining positive classroom climates, using effective classroom management strategies and social skills instruction, and determining students’ mastery of and demonstration of pro-social skills through classroom assessments, behavioral observations, and progress monitoring.

Tier 2: For students not meeting with success in the general education classroom, RtI moves toward a more formal data-based, functional assessment, problem solving process that identifies either more formal accommodations or more specific, targeted interventions. Appropriate accommodations or interventions are generated with the assistance of knowledgeable colleagues (i.e., teachers working as a grade- or department-level consultation team) or multidisciplinary professionals (i.e., working as an integrated building-level intervention team). Strategic interventions are identified through an Academic or Behavioral Intervention Plan. Either type of plan needs to identify the short-term and long-term goals of the intervention process, who will implement the intervention and how treatment or implementation integrity will be tracked and measured. In addition, the plan should specify the outcome data required to evaluate the progress of the student and the success of the intervention, and how and when the data will be collected. Since this level of targeted intervention usually requires delivery through small-group instruction, the setting could be within or outside the classroom setting, depending on the resources that are

available. Due to the inflexibility of the typical high school schedule, a block or period is often assigned to students for a Tier 2 intervention.

Tier 3: More intensive processes are used for students who do not respond to Tier 2 interventions that have been implemented with integrity and monitored over time through the collection of reliable and valid data or who demonstrate significant, immediate need for intensive intervention. In the latter case, Tier 2 processes and interventions may be expedited, reduced, or bypassed, as determined by a building-level, multidisciplinary problem solving team. Regardless, at Tier 3 the problem solving process becomes even more formalized as multi-faceted and comprehensive functional assessments are completed, resulting in more intensive classroom-based interventions, where student progress is monitored more frequently, and data continues to be used to determine the success of the interventions or the need for even more intensive services. Intensive interventions almost always take place in a very specific place, as part of a very specific plan for the student that typically allows for one-on-one support.

How long does an intervention last?

An intervention is ended when data shows that the student is responding positively. The length of time for an intervention depends on several factors including: the time requirement of the actual intervention, the time needed for progress monitoring and the constraints of the class or school schedule.

Where does special education fit into RtI?

While not required, interventions may be delivered as part of an IEP if the student's lack of response to the interventions implemented, along with other assessments consistent with IDEA, demonstrate that they have a disability that is impacting their educational progress. A student already receiving special education services may need intensive interventions.

Section 2

The RtI Referral Process

Initiating a Referral

1. Obtain an RtI referral form if you have an academic or behavioral concern about a student from either the guidance office or the school web site.
2. Provide as much detailed information about the student and your identified concern in the appropriate sections of the referral form.
3. Remit the completed referral form to the student's guidance counselor. The guidance counselor will provide additional information about the student in the appropriate sections of the referral form and ensure documentation accompanies referral.
4. The counselor will present the referral to the team. The referral is stamped and logged.
5. The team determines who needs to be invited to the first meeting and identifies additional information (i.e. observation) that may be needed.
6. The meeting is added to the agenda and scheduled with invitees who are notified about what information he or she is required to bring to the team meeting.
7. Administration will arrange for classroom coverage.

Meeting with the RtI team

1. Depending on the nature of your referral (i.e. academic or behavioral), you will be required to bring certain information to the RtI Team meeting.
 - Academic referrals:
 - Evidence of instructional strategies utilized (i.e. dated work samples)
 - Evidence of student progress (i.e. assessment data)
 - Behavioral referrals:
 - You may receive a data collection sheet from the RtI Team to complete on the student prior to the scheduled RtI team meeting.
2. At the RtI team meeting...
 - All data on the student will be reviewed.
 - Evidence of previous interventions will be reviewed, if appropriate
 - A primary goal will be identified.
 - An intervention plan will be developed.
 - A follow-up meeting will be scheduled.

Section 3

The RTI Team is a Problem Solving Team

What Is Problem Solving?

A problem-solving model is a systematic approach that reviews student strengths and weaknesses, identifies evidence-based instructional interventions, frequently collects data to monitor student progress, and evaluates the effectiveness of interventions implemented with the student.

Problem Solving Steps

Step 1: Define the problem in observable and measurable terms.

Step 2: Develop an assessment plan.

1. Identify methods for measuring the specific behavior or skill, a baseline.
2. If behavioral, use direct classroom observations or teacher frequency counts (e.g. number of times student leaves seat during instruction).

Step 3: Analyze assessment results and set goals.

1. Target student's baseline performance to an acceptable level of student performance based on a classroom or local norm
2. Based on the discrepancy between the target student's baseline performance and the expected or desired performance, goals can be set for the next phase.

Step 4: Develop and implement the intervention plan.

1. Identify interventions that can be implemented with the student.
2. Identify relevant personnel who are responsible for carrying out the interventions and monitoring the student's progress

Step 5: Analyze the intervention plan.

1. After a six to eight week period of intervention plan implementation, the RTI Team will reconvene and examine the student's rate of progress and performance relative to the goal that was set in step three.
 - If sufficient progress was made toward the goal or the goal was achieved as a result of the intervention plan, then a plan to draw down the intervention will be created.
 - If progress has been made towards reaching the goal but has not yet been fully realized with periodic progress monitoring, then the plan will continue.
 - If goals have been met or exceeded, then the team will revise the plan.

Step 6: Revise the intervention plan if necessary.

- Determine if the intervention was implemented as planned
- Determine if progress was monitored accurately
- Determine if the current plan is appropriate, if a different plan needs to be developed or modified, or add on to the one already in place.
- Determine if the student's needs are more than can be met in a regular education setting, and if necessary, refer to an alternative program or for special education evaluation

Team Roles

An effective team must have individuals assigned to the following roles:

- **The chairperson...**
 - schedules meetings
 - starts punctually and makes sure that members are prepared
 - stores information confidentially and ensures records are followed and documented
 - assigns follow up responsibility
 - sends notice for time, date and place for follow up meetings
- **The facilitator...**
 - states purpose of the meeting
 - introduces members
 - sets ground rules
 - elicits comments
 - promotes empathy, respect, and a positive tone
 - fosters participation from all team members
 - develops recommendations
 - ensures that the meeting protocol is followed
- **The taskmaster...**
 - keeps time
 - follows the agenda (no interruptions; discussion limited to student)
 - is open-minded and non-judgmental
 - ensures that the purpose of meeting is met and the meeting protocol is followed
- **The recorder...**
 - documents discussion
 - completes appropriate forms
 - organizes information/data and plots progress
- **The case manager...**
 - gathers and presents information
 - monitors interventions
 - communicates with all liaisons

Section 4

Guidelines for the RtI Team

Meeting Agenda

1. Introductions and presentation of problem (5 min)
2. Select target behaviors (10 min)
3. Inventory strengths (5 min)
4. Use baseline data and develop observable, measurable, realistic goals that can be monitored for progress (5 min)
5. Design what the intervention plan is, where and when it will take place, determine special materials or tools needed, who is responsible for implementation, and who is responsible for monitoring (25 min)
6. Determine who will contact the parent and invite to follow up meeting, if appropriate (5 min)
7. Review that all parties understand the plan, set follow-up meeting date and complete de-briefing form (5 min)

Follow up Meeting Agenda

1. Evaluate implementation integrity: Was it carried out as intended? Did liaison check with teacher? Were there difficulties that interfered with implementation and monitoring? (5 min)
2. Evaluate student progress: review baseline data, goals and determine outcome. (5 min)
3. Evaluate plan effectiveness: review student progress and consider if the plan was implemented for six weeks, implemented with integrity and monitored one time per week? (5 min)
4. Modify/ design plan: identify what the intervention is, where and when it will take place, and who is responsible for implementing and monitoring student progress. (15 min)
5. Parent contact: share the plan and invite to next meeting.
6. Review plan with all parties.

Section 5 The Interventions

Intervention Defined

Academically, an intervention may include curricular or instructional changes, computer-based instructional approaches, or evidence- or research-based intervention strategies resulting in the enhancement or mastery of specific skills and outcomes.

Behaviorally, an intervention may include student-focused interventions that introduce or enhance low levels of existing appropriate behaviors; decrease or eliminate inappropriate behaviors; increase attention, self-control, or emotional-control skills; and/or address other internalizing or externalizing behaviors using evidence- or research-based intervention strategies.

Interventions have two components: a modification of instruction or behavioral contingencies for the student targeted in the identified area of concern and a progress-monitoring component to evaluate the effectiveness of the intervention.

Interventions should be linked to the results of a data-based functional assessment that answers the question “WHY is the referred problem occurring?”

Below are a few definitions of other terms related to interventions:

- *Modifications*—changes in curricular content scope, depth, breadth, or complexities
- *Remediation*—teach specific, usually prerequisite skills to help master broader curricular, scope and sequence or benchmark objectives
- *Accommodations*—change conditions that support student learning –such as classroom setting or set-up, how and where instruction is presented, length of instruction, timeframe for assignments or how students are expected to respond to questions or complete assignments. Informal accommodations are implemented by classroom teachers to enhance students’ learning environments to help them learn and master academic material. Formal accommodations are often delivered through a 504 plan and help students compensate for learning processes or disabilities that cannot be remediated.

Criteria for each Level of Intervention

Interventions in each level will exist on a continuum, meaning there is variability in the duration and frequency for each level. Generally speaking, interventions could be described/implemented as the following:

Least Intensive – a supplemental intervention provided in addition to general instruction, typically provided in a small group setting. Frequency would vary between three to five times a week for approximately 5 to 15 minutes. This intervention may be administered by: the classroom teacher, parent, paraprofessional or peer.

Moderately Intensive – a supplemental intervention provided outside the general education classroom, which typically occurs in a small group or on an individual basis.

Additionally, one may increase the duration and/or frequency of the intervention previously in place. The interventions will likely occur approximately three to five times a week for approximately 15 to 30 minutes. Additionally, a moderately intensive intervention could be a purchased program.

Most Intensive – a supplemental intervention that may be a prescribed purchased program. It is typically administered every day for at least twenty to sixty minutes. This should be administered in a one-on-one setting with personnel who are trained to administer the intervention.

Features of Secondary Level Interventions

Secondary level interventions have the following characteristics:

- Efficient
 - All staff know about the intervention
 - Minimal time investment by faculty / staff
 - System for linking academic and behavioral performance

- Continuously available:
 - Administrative support and intervention components firmly in place within a school

- Skills are explicitly taught, used and reinforced

- System for increasing structure and predictability
- System for increasing positive adult feedback
- System for increasing home / school communication
- Ongoing data collection for decision making

What is an “intervention” and what is not an “intervention”?

The following table provides a sample listing of potential interventions and what they might look like when specifically applied in the classroom.

Potential Interventions	Specific Classroom Application
Cue work habits or organization skills	<ul style="list-style-type: none"> • Write directions on board or handouts, or say verbally (multiple modes) • Take time to ensure students are filing/storing work appropriately (3-ring binders, folders, etc.) • Say “I want to <i>see</i> you looking through the text, <i>hear</i> you speaking to the group about the text, and <i>sense</i> that you are contributing to the _____ (product).”
Modify modes of task presentation	<ul style="list-style-type: none"> • Use handouts • Give verbal instructions • Provide LCD projections • Engage kinesthetic learners through acting something out or doing a demonstrating • Use pictures or cartoons instead of written definitions
Modify guided and independent practice	<ul style="list-style-type: none"> • Break task into chunks of varying independence First, direct instruction (teacher think-aloud). Then, small group with review before moving on. Last, tackle part of task independently (then review).
Peer assistance	<ul style="list-style-type: none"> • Teacher-assigned groupings – place at least one “higher functioning” student in group who can guide and direct group thought/product. • With smaller numbers of struggling students, disperse those students among groups to see/hear/sense what other students are doing/thinking
Self-correcting	<ul style="list-style-type: none"> • Use PBGR rubrics to help students with revision [example – put rubrics in more student-friendly language in the form of questions “Do you have a thesis statement? Underline it. Do you use enough details? Number them.”]

Change instructional groupings	<ul style="list-style-type: none"> • Think – Pair – Share (by yourself, then with a partner, then two dyads group together)
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The following table provides a sample listing of actions that are not considered an intervention.

What Interventions are NOT	
<ul style="list-style-type: none"> • Preferential seating 	<ul style="list-style-type: none"> • Suspension
<ul style="list-style-type: none"> • Shortened assignments 	<ul style="list-style-type: none"> • Retention
<ul style="list-style-type: none"> • Classroom observations 	<ul style="list-style-type: none"> • More of the same general classroom assignments

Tiered Supports

The following represents an abridged listing of current practices and programs.

Tier 3: Intensive interventions (approximately 5% of students)

- Individualized counseling, PLPs, peer-tutoring, department nigh help, intensive after school programs

Tier 2: Targeted interventions (approximately 15% of students)

- Guidance support, social skills group, math and ELA ramp up

Tier 1: Universal supports (all students)

- High-quality core curriculum, differentiated instruction, frequent monitoring of student progress, common assessments, formative assessments, communication with parents (email, Aspen, parent portal, progress reports), after school help and late buses, school-wide expectations and rubrics, positive classroom climate, clear expectations, cognitive emphasis, motivational strategies, relevant practice, academic rigor, critical feedback to students, accommodations, modifications, proactive classroom grouping, instruction, management, well-designed and implemented accountability systems.

Section 6 The Data

Assessments

A valid assessment system is vital to a successful RtI program. Without frequent assessment of student progress, the effectiveness of instruction and intervention would be unknown. There are two goals for the use of assessments in RtI. The first is to screen students for possible deficiencies. The second is to monitor student progress to determine whether or not the chosen intervention is effective. A school must choose assessments that are valid, reliable and efficient in order to meet both goals.

Screening assessments are most often referred to as **Curriculum Based Measurements** or **CBMs**. These measurements are usually short and allow for an efficient assessment of instructional effectiveness on individual students to readily allow for an adjustment in instruction. Under the standard RtI protocol, screens should be given to all students at least once a year to monitor their progress and identify any student who might be having difficulty. The most widely used CBM focus on reading and mathematics, such as the MAZE for reading. In addition to serving as an effective screen for students, CBM also allow schools to establish norms for student progress. This is known as **benchmarking**. Students who fail to meet these benchmarks require intervention and must be monitored with greater frequency to measure the student's response to the intervention.

Progress Monitoring

Monitoring the progress of students on either a monthly (targeted intervention) or weekly (intensive intervention) basis provides invaluable information for educators regarding the efficacy of the intervention. This data becomes the basis for future instructional decisions. Collection and tracking of the data is important to document and measure progress. Many schools have turned to technology to help in this process. One of the most popular tools used for monitoring student progress in reading and math is *STAR*, a web-based software package that manages the data, makes calculations, and plots student progress on graphs.

Not every piece of data used to inform the RtI process must come from commercially packaged assessment products. Currently there are not many

products available outside of reading and mathematics. Schools must continue to rely on local assessments to screen and monitor students. Academic screening of all students in specific academic areas requires the use of a combination of student grades, work samples and authentic assessments in the classroom, prior teacher observations and evaluations, current teacher data and analysis, existing state assessments, and even student self-reports. Relative to behavioral screening of all students in social-emotional or behavioral areas, schools should use a combination of formal and informal observations and behavioral reports of teachers and other staff in and out of the classroom. Prior teacher, support staff (including counselors, social workers, and school psychologists), administrative, and parent observations and evaluations are also helpful.

Johnston Public School's Response to Intervention Referral Form

Identifying Information

Student Name _____ Grade _____

Referral Source _____ Date of Referral _____

Parent/Guardian _____ Phone # _____

Was the parent/guardian contacted regarding referral? Yes No

Statement of Concerns

Concerns primarily related to Academic Behavioral Both

If concern is related to an academic area, identify the specific area:

Reading [comprehension vocabulary fluency phonics]

Math [computation problem solving conceptual understanding]

Writing [content process mechanics fine motor control]

Other content area [specify _____]

Primary reason for referral

Student's Strengths (check off)

- Well organized
 - Works hard
 - Seeks extra help when needed
 - Participates in class discussion
 - Motivated
 - Focused
 - Other _____
-
-
-

Documentation

Attendance information

Absences ____ 1st quarter ____ 2nd quarter ____ 3rd quarter ____ 4th quarter
Tardies ____ 1st quarter ____ 2nd quarter ____ 3rd quarter ____ 4th quarter

Please attach the following classroom information

- Aspen progress report
- Current classroom strategies record (chart on 3rd page of this form)
- At least three work samples
- Other classroom level assessment data that supports concern

Student Name _____

Contributing Factors

What is the specific observable behavior that is of concern to you, and how often does it occur?

Place a check mark next to the items below that you have observed and are of concern to you at this time.

Attention & Activity Level

- Difficulty sustaining attention
- Easily distracted
- Overactive
- Underactive

Social/Behavioral

- Lacks motivation
- Sudden changes in mood
- Requires constant approval
- Interrupts/distracts class
- Shy or withdrawn
- Difficulty coping with mistakes
- Difficulty interpreting social cues
- Difficulty making/keeping friends
- Reluctant to try new tasks
- Does not do homework
- Difficulty communicating frustrations
- Difficulty working cooperatively
- Does not accept responsibility for own behavior
- Difficulty waiting for turns
- Does not show concern for others
- Does not follow rules in group

Organization

- Difficulty beginning a task
- Loses or forgets materials
- Difficulty with organization
- Difficulty managing transitions
- Difficulty with change in routines
- Often off-task
- Difficulty completing tasks

Memory

- Difficulty remembering what is heard
- Difficulty remembering what is seen
- Difficulty retaining information over time

Listening Comprehension

-
- Difficulty understanding spoken language
- Difficulty following verbal directions
- Difficulty asking appropriate question

Oral Expression

- Difficulty expressing thoughts
- Limited speaking vocabulary
- Articulation problems

Visual Motor Coordination

- Difficulty with small motor tasks
- Difficulty copying from visual model

Student Name _____

Current Classroom Strategies Record

Strategies	Duration/Frequency/Results
Instructional strategies <ul style="list-style-type: none"> • Provide corrective feedback (oral/written) • Use of advance/graphic organizers • Provide self-monitoring techniques • Other 	
Modification of tasks <ul style="list-style-type: none"> • Provide choice related to assignments • Chunking • Other 	
Individual attention <ul style="list-style-type: none"> • Conferencing • Other 	
Behavior management techniques <ul style="list-style-type: none"> • Use of a structured warning system • Use of a positive point system or token economy • Provided social reinforcement • Other 	
Consultation with specialists <ul style="list-style-type: none"> • Counselor • Mentor • Other 	
Tutoring <ul style="list-style-type: none"> • Peer • Teacher • Other 	
Change in environment <ul style="list-style-type: none"> • Remove distracting materials • Seat near teacher • Quiet area seating • Use of visual prompts • Modification of oral prompts • Other 	
Contact parent/guardian <ul style="list-style-type: none"> • Conference • Phone/email/letter • Other 	
Other	

Student Name _____

*This section to be completed by the **guidance counselor**.*

Assessment Data

NECAP Grade 8 Reading _____ Writing _____ Math _____ Science _
NECAP Grade 11 Reading _____ Writing _____ Math _____ Science _

Other assessments

STAR: Reading _____ Math _____

School History

Has the student been retained? ___ Yes ___ No [If yes, in what grade(s): ___
Has the student been previously referred to RtI? ___ Yes ___ No
Has the student been referred for special education assessment? ___ Yes ___ No
Has the student had frequent changes in schools? ___ Yes ___ No
Has the student been home schooled? ___ Yes ___ No

Current or Previous Support Services

- Special education
- 504
- ESL
- Mentoring
- Speech
- Tutoring
- Summer school (provide classes taken)
- Remedial reading
- Remedial math (Math Lab)
- Other _____

Please attach the following:

- Report cards or cumulative file
- Attendance profile
- Previous referrals to Special Education/Exit file
- Personal Literacy Plan
- Behavior/discipline referral record
- Health screening information
- Current special education file/IEP
- Previous intervention records
- Other assessment data