12-2017

Efficacy of North Haven's Response to Intervention in Reducing Over-Identification of Specific Learning Disabilities

Karyn B. Gallagher
Sacred Heart University

Efficacy of North Haven's Response to Intervention in Reducing Over-Identification of Specific Learning Disabilities

Karyn B. Gallagher

Sacred Heart University

Advisor: Dr. Charles Britton

Abstract

In 2006, a reauthorization of the Individuals With Disabilities Education Improvement Act led to changes in how the state of Connecticut determined special education eligibility for a student with a specific learning disability. The Response to Intervention (RTI) approach replaced of the discrepancy model in making this determination. This retrospective case study looked at the perceptions of North Haven Staff on the efficacy of the RTI process in reducing the over-identification of students with specific learning disabilities. A mixed-methods survey was administered to 337 professionals in North Haven, CT. Of the 86 responses received, 73 were determined to be useful responses. The research questions sought the perceptions of staff from different demographic categories (position, years in the field, experience in RTI, and school employed) on the efficacy of the RTI process and the effectiveness in deterring the number of students identified as eligible for services as a child with a specific learning disability. The results indicate that most staff perceived the process as improving as students moved through the three tiers. Although the perceptions of North Haven professionals were somewhat favorable, the data indicated that there is room for improvement in the RTI process.

Chapter 1: Introduction

Background of the Problem

In the field of special education, a team of professionals is responsible for determining a student's eligibility for special education according to specific criteria established by the government. The criteria used to determine whether or not a student has a specific learning disability (SLD) has changed over the years. Prior to 2004, the primary source for identifying students with a learning disability was the presence of a significant discrepancy between a student's Intelligence Quotient (IQ) and their performance on standardized achievement assessments. This process evolved and considered the regression to the mean when determining what constituted a significant discrepancy resulting in the use of a regression to the mean table (Connecticut State Department of Education, 2010). There was an allowance for clinical judgement to be used when the discrepancy model did not result in the specified range, yet other data reflected a concern that a SLD may be present. A concern with the discrepancy model stemmed from the inability to identify students in the early grades with a learning disability due to the time it takes "students to accumulate a sufficiently large discrepancy to be eligible for services" (Connecticut State Department of Education, 2010 p. 1). The discrepancy model was also found to have fault in regards to testing culturally and linguistically diverse groups. In 2008, the Connecticut State Department of Education released *Connecticut's Framework for RTI: Using Scientific Research-Based Interventions: Improving Education for all students*. Response to Intervention (RTI) was developed to address concerns that students were being misdiagnosed as learning disabled when in fact, they had not received proper instruction in their area of weakness. Following the release of this document, districts began using the RTI model as the primary source in determining the presence of a learning disability.

This case study was conducted to examine the efficacy of the Response to Intervention process specific to the North Haven School District in relation to the manner in which students are identified as eligible for special education services. North Haven utilizes the state guidelines in determining qualification for special education services, especially students with specific learning disabilities (SLD). The guidelines for determining SLD were published by the Connecticut State Department of Education in a document titled *2010 Guidelines for Identifying Children with Learning Disabilities*. There are many professionals involved in the RTI process and the perceptions of these staff members is unclear. This study will examine the research, implement a mixed methods design survey to assess staff perceptions, interview staff members who utilized both the discrepancy model and the RTI model in identifying students with specific learning disabilities, and report out the findings.

North Haven adheres to the state guidelines for RTI when identifying students as eligible for special education services. In April 2017, a notice was sent to Directors of Special Education from an Education Consultant at the Connecticut State Department of Education (CSDE). The notice informed the directors the 2016-2017 Significant Disproportionality Summary Report was posted on Special Education Data Application and Collection (SEDAC). The Director of Special Services in North Haven, Connecticut ran a report for North Haven and determined the data of concern for this district was in the following category: White learning disabilities. This was based on the SEDAC data captured as of October 1, 2016. As a result of this citation, the state will be monitoring the identification rates in this disability category and race within North Haven. If it continues to be an area of concern, North Haven will be required to do a self-assessment. If the problem is not rectified and continues, corrective actions will be taken.

North Haven will be monitored for over-identifying white students with Specific Learning Disabilities. According to the District Profile and Performance Report (P & P) for the 2015-2016 school year, the majority of North Haven's total student population was white (80.4%). Out of the 358 students in district who were identified as having a primary disability and eligible for special education services, 129 of them were identified as having a learning disability (Connecticut State Department of Education, 2017). The 2015-2016 P & P does not provide the breakdown of disabilities by race/ethnicity. North Haven follows the CSDE Guidelines for qualifying students with specific learning disabilities as set forth in the Connecticut's Framework for RTI August 2008. This study was conducted in part to take a closer look at the RTI process and how students are determined to be eligible for special education, especially as a child with SLD.

Statement of the Problem

This citation by the CSDE inspired the research of literature on how students are deemed eligible for special education services as a child with a specific learning disability and the specifications of the RTI process. As a result, this case study was developed to assess the efficacy of Response to Intervention in North Haven Public Schools in reducing over-identification of Special Education Students with Specific Learning Disabilities. This information will explore how North Haven is implementing the RTI process and help explore if there has been over-identification of white students with SLD. Literature was reviewed to examine if there was evidence of a reduction in the number of students identified with SLD as a result of the implementation of the RTI model. The problem being examined is if the RTI process specific to North Haven, CT is being effective in reducing the number of students referred to and qualified for special education services.

Purpose/Significance of the Study

In an endeavor to better understand the impact the Response to Intervention (RTI) model has had on reducing the over-identification of special education students with a specific learning disability, literature on this topic was reviewed. Bineham, Shelby, Pazey, and Yates referenced the work by the National Joint Committee on Learning Disabilities (2005) which stated:

> An RTI approach has been suggested as a way to reduce referrals to special education by providing well-designed instruction and intensified interventions in general education, thereby distinguishing between students who perform poorly in school due to factors such as inadequate prior instruction from students with LD who need more intensive and specialized instruction. (Bineham, 2014, p. 231)

The literature review examined if the RTI process has been successful in reducing the number of referrals to special education and more specifically to reducing the number of students identified as having a specific learning disability.

Through the literature research conducted, limited studies were found on the efficacy of the RTI process in Connecticut school districts. It was felt that this study was relevant to take a closer look at the impact of the RTI implementation according to Connecticut state guidelines. As a special education teacher in North Haven who has also been an active core member of the Scientific Research Based Intervention (SRBI) team, I intend to use the information gathered from this study to provide recommendations to the district on ways to improve their SRBI practices.

The terms SRBI and RTI can be used interchangeably in the state of Connecticut. The federal guidelines refers to the process as Response to Intervention. Connecticut follows the RTI guidelines; however, they have named the process the Scientific Research Based Intervention (SRBI) process.

Research Design

This study is a retrospective look into the efficacy of RTI in reducing over-identification of special education students, especially those with specific learning disabilities, in North Haven Public Schools. An explanatory sequential mixed methods design consisting of two phases is being used to evaluate the perceptions of staff in North Haven as they pertain to the RTI process. The first phase will involve collecting quantitative and qualitative data through use of a survey. Phase two will involve interviews with key participants in the SRBI Core teams and staff that have been in the field since prior to the implementation of the RTI Guidelines to present day.

The survey was developed using the survey shared by Wertz as a guideline. The survey questions were adjusted to meet the needs of this particular study. Following the analysis of the survey responses, additional questions will be developed for the interview phase.

Research Question(s)

The research conducted on the existing literature, North Haven practices, and researcher experience led to a series of questions to be addressed in this research study. The purpose of these questions was to seek answers that may help improve the RTI system in place in North Haven, CT.

- What are the perceptions of North Haven educators and/or administrators involved in the RTI/SRBI process who have been in the education field from prior to 2006 to 2017?
- What are the perceptions of North Haven educators and/or administrators involved in the RTI process who are currently active core members of the RTI/SRBI team?
- What are the perceptions of North Haven educators, related service staff, and/or administrators regarding the current RTI/SRBI practices in North Haven?

- Has the Response to Intervention proven to be effective in deterring the number of students identified as eligible for services as a child with a specific learning disability?
- Has the number of students identified with a specific learning disabled decreased since the implementation of RTI?

The implementation of a mixed methods design will allow for data on the perception of educators, related services staff, and administrators to be collected and analyzed in numerical form and through comments. The five-point Likert scale will be used to collect quantitative data on previously designed questions. The open-ended qualitative questions will allow staff to share more detailed information regarding the RTI process that may not have been covered in the quantitative questions. After reviewing the quantitative and qualitative data collected through the Google Forms survey, additional questions will be developed for interview sessions with staff who were involved in the RTI process prior to the implementation of the Connecticut RTI Guidelines and today.

Assumptions and Limitations

This is a case study specific to the district of North Haven, CT. The findings will be unique to North Haven; therefore, the findings may not be transferable to other districts. The methodology and survey used may be beneficial if additional Case Studies of other school districts are to be conducted. The information gathered in this Case Study on the efficacy of the RTI process in reducing the over-identification of special education students may be valuable to other districts that are being faced with similar challenges.

Although there are faults with the discrepancy model, this does not mean standardized assessments do not have a role in the evaluation process. Standardized IQ and achievement tests

may be a good resource to gain information on specific areas of strengths and weaknesses and are part of a comprehensive evaluation. The Historical Background section of the 2010 Guidelines for Identifying Children with Learning Disabilities cites Swanson's review of several meta-analyses and states, "IQ, especially verbal IQ, provides information useful both in identification of learning disabilities and in understanding treatment outcomes. (Connecticut State Department of Education, 2010, p. 2). A contradicting impression from Fletcher et al. said, "IQ tests do not generally provide educationally useful information beyond that obtainable from other measures typically given in a comprehensive evaluation, such as measures of academic functioning and language." (Connecticut State Department of Education, 2010, p. 2).

This study was originally designed to be an action research study pertaining to Montowese Elementary School in North Haven, Connecticut. During the research process, the researcher was transferred between schools within North Haven School District. Since there was a change in the employment location, it was decided that this research would be better served if it was opened up to examine the district as a whole resulting in a shift from action research to case study.

Due to the citation made by the CSDE that North Haven over-identified white students as having learning disabilities, the original intention of this study was to examine the perceptions of staff as they related to identifying students with specific learning disabilities. Some of the data sources examined to explore the change in the number of students who qualified with a SLD were the Strategic School Profile prior to the 2013-2014 school year and the District Profile and Performance (P & P) report from 2013-2014 on. The data included in these reports over the years has changed resulting in difficulty accessing data specific on the number of students who qualified for special education services with SLD. This was a limitation to this study and

impacted the ability to clearly identify students who qualified under the specific eligibility criteria of SLD. As a result, information will be discussed related to students who qualified for special education services in general. The survey will still address perceptions as they relate to students with a specific learning disability.

Definition of Terms

In an effort to clarify some terminology utilized in this Case Study, a definition of key terms has been included. In some cases, there is more than one definition for certain terms. The one listed in this section is the one intended when the term is used in this report.

Child find – "school districts are required to identify children in need of special education services 'child find' responsibilities extend to all children who reside within the LEA, including children who are educated at home, homeless children, children who are wards of the state, and children attending private school." (Mooney 2014, p. 483)

Free Appropriate Public Education – relates to special education and related services that "A) have been provided at public expense, under public supervision and direction, and without charge, B) meet the standards of the State educational agency, C) include an appropriate preschool, elementary, or secondary school education in the State involved, and D) are provided in conformity with the individualized education program required under [this law]" (Mooney, 2014, p. 469).

Least Restrictive Environment – children with disabilities should be educated to the maximum extent appropriate with their non-disabled peers (Mooney 2014, p. 477)

Professional Judgement – professional judgement results from an interaction of experience, formal training, and incidental teaching (Schultz, 2015, p. 119).

Response to Intervention (RTI) - "the practice of providing scientific, research-based instruction and intervention matched to students' needs, with important educational decisions based on students' levels of performance and learning rates over time" (Connecticut State Department of Education, 2008, p. 3).

Scientific Research Based Intervention (SRBI) – emphasizes successful instruction for all students through high-quality core general education practices, as well as targeted interventions for students experiencing learning, social-emotional or behavioral difficulties. (Connecticut State Department of Education, 2008, p. 13).

Special Education means specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions. (Mooney 2014, p. 473)

Specific Learning Disability - a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia (National Joint Committee on Learning Disabilities, 1990, p. 18; Johnston, 2011, p. 513).

Expected Findings

It is challenging to determine whether a student has a specific learning disability or other disability interfering with their learning. There can be stereotypes associated with providing a student with a "label", resulting in staff being cautious about identifying students without proper

documentation. Prior to the release of *Connecticut's Framework for RTI: Using Scientific Research-Based Interventions: Improving Education for all students*, the state of CT used a discrepancy model when identifying whether or not a student had a specific learning disability. This model was advanced to use a regression to the mean table instead of a set deviation between intellectual ability and achievement performance. The discrepancy model was determined to have flaws in the process of identifying specific learning disabilities. In the IDEA revision of 2006, the guidelines were enhanced encouraging states to use the RTI model instead to determine SLD. There are pros and cons to both methods. One concern regarding the RTI model in the district of North Haven is the special education teachers and psychologists who are often the ones recommending identification as a child with a SLD are colleagues of the staff providing the RTI interventions. As equal level colleagues, it can be difficult for the special education teacher to tell a coach that their data is not thorough enough to determine a SLD. In return, it is also difficult for the specialists to push for the special education teachers to qualify a child who is considered at-risk and they believe has a SLD.

It is anticipated that the perceptions of the benefits and barriers to RTI will be influenced by the role the individual staff person holds. Staff who are on the core SRBI team are expected to have a better understanding of the role of RTI and look more favorably on its effectiveness. It is expected that the staff who have less involvement in the process may feel that the various Tiers and interventions may prolong the time it takes to qualify a student whom they feel is at-risk for a learning disability.

Chapter 2: Literature Review

Introduction

As a result of legislation and lawsuits filed since 1975, the field of education has evolved in the area of students with disabilities accessing educational and extracurricular opportunities. Prior to 1975 students with disabilities were often educated in alternative settings. In present time, students with disabilities in Connecticut are expected to participate with their typical peers at least eighty percent of the time. This literature review will examine the history of the laws and/or legal cases that have influenced the participation rates of students with disabilities in classes and activities with their typical peers.

One of the major changes in education was the introduction of the Response to Intervention process (RTI). RTI was developed to address concerns that students were being misdiagnosed as learning disabled when in fact, they had not received proper instruction in their area of weakness. In 2008, the state of CT adopted the federal guidelines regarding RTI and developed their own framework to guide educators in implementing RTI. This literature review will examine the changes in the law related to RTI and also the manner in which guidelines have changed how students are identified as learning disabled. To do so, the literature review will need to identify the definition of specific learning disability, examine prior eligibility determination criteria, and look at the current RTI model, especially as it pertains to Connecticut.

The literature was used to help examine whether or not the RTI process has proven to be effective in reducing the number of students identified as eligible for special education services as a student with a specific learning disability. It was also used to examine demographic information specific to North Haven, Connecticut via District Profile and Performance reports and Strategic School Profile reports.

The literature research focused on peer reviewed studies conducted primarily in the United States between 2012 and 2017. Articles were read and analyzed for their usefulness in supporting this thesis. Further literature investigation was conducted into articles that had been cited by various authors, which resulted in accessing articles that were more than five years old. As the research began to unfold, it was deemed necessary to review some older sources to ascertain the history of the law since 1975. In addition to the journal articles reviewed, research was conducted on various documents provided by the Connecticut State Department of Education (CSDE) to ascertain Connecticut's role in the RTI process.

To conduct this research, databases were accessed through the Sacred Heart University Library. In addition, *Education Research Information Center (ERIC),* the State Education Resource Center Virtual Library, the Connecticut State Department of Education website, and the EdSight website were used to conduct research. Through research conducted, a repetition of key terms was observed among the various articles and documents reviewed. These terms included response to intervention, eligibility, special education, severe discrepancy model, specific learning disabilities, and learning disabilities. These terms are consistent with the terminology used in conducting research for this case study. The articles retrieved were published in a variety of professional journals including, but not limited to, Exceptional Children, Journal of School Leadership, Learning Disabilities Research & Practice, and School Psychology Quarterly. Research was not isolated to professional journals. Books, website information, and other electronic documents were included as well. This exploration of multiple sources provided valuable information on research that has already been conducted in relation to the RTI process and the determination of eligibility for as a student with a specific learning disability.

Theoretical Orientation

The theoretical orientation of this thesis stems from the perspective of social justice in education. Social justice looks at the equity and fairness for all students in education. Social justice covers the treatment of all people regardless of race, religion, ethnicity, sexual orientation, gender, disability, etc. For the purpose of this report, the focus of social justice will be on the protected class of students with disabilities.

There has been a strong movement in education over the past fifty years to educate all students in the same academic environment and to provide the same opportunities. In the 1960s, students with disabilities were frequently institutionalized or educated in alternative settings. In the 2010s more students are educated in their home school. This is the school they would attend if they were not disabled. If not attending their home school, the team developing the students educational plan must consider the least restrictive environment (LRE) that would meet the student's needs. The LRE is a core concept in programming for students with disabilities. Teams are required to educate children with disabilities "to the maximum extent appropriate with their non-disabled peers" (Mooney, 2014, p. 512). There is a continuum of service delivery that ranges from students receiving instruction in the general education classroom with accommodations, to being educated in an alternative setting. In the state of Connecticut, districts have changed their delivery of instruction for students with special needs based on the settlement agreement P.J. v. State Board of Education. This case was signed in 2002, eleven years after this case was filed by

> Five mentally retarded children and their parents, alleging violation of IDEA, which calls for children with disabilities to be educated in the least restrictive environment (20 USC § 1412(a)(5)(A). The plaintiffs brought the case against the Connecticut State Board of

> Education (SBE), the education commissioner, and certain local school districts. The case was certified as a class action as to the claims against state defendants in 1993, with the class defined as "all mentally retarded school-age children in Connecticut who have been identified as needing special education and who, on or after February 20, 1991, are not educated in regular classrooms" (Gelb, 2003, p. 1).

The settlement agreement resulted in the guidance that eighty percent of students would spend at least eighty percent of the day with non-disabled peers. Although this was guidance, many states took this as law. The P.J. case resulted in Connecticut districts changing their inclusion practices and considering the LRE for each student when developing their Individual Education Plan (IEP).

Teams of professionals, along with the parents or guardians of students, constitute the Planning and Placement Team (PPT). This is the team that develops the IEP for a student with a disability who requires specialized instruction. It is important to consider social justice when teams are recommending the LRE for a given student who has been identified with a disability. Part of the education process for students with disabilities is the evaluation and identification process. It is important districts adhere to the guidelines set forward by the government to determine when a student is eligible for services. Once deemed eligible, it is important to use social justice to find ways to best include students with disabilities in the educational and extracurricular opportunities available to all other students.

Review of Research Literature

History of Special Education Law

For many decades, various forms of legislation have been in place to protect the rights of individuals with disabilities. Prior to the introduction of the Education for All Handicapped

Children Act (Public Law 94-142) in 1975, students with disabilities were often not included with their peers in educational settings. According to *History: Twenty-Five Years of Progress in Educating Children with Disabilities Through IDEA,* accessed through the U.S. Department of Education website,

> Too many individuals lived in state institutions for persons with mental retardation or mental illness. In 1967, for example, state institutions were homes for almost 200,000 persons with significant disabilities. Many of these restrictive settings provided only minimal food, clothing, and shelter. Too often, persons with disabilities … were merely accommodated rather than assessed, educated, and rehabilitated. (Office of Special Education Programs, 2007, p. 1-2).

Students with disabilities were not provided educational benefit or opportunities to participate with their typical peers. Over the past fifty years, great strides have been made to include all students in the educational setting regardless of their abilities or disabilities.

Prior to 1975, there were numerous forms of early federal legislation that supported improving the programs and services available. This began with a series of acts put into law between 1958 and 1961 which addressed providing training on educating students with what was then referred to as mental retardation, supporting the production and distribution of accessible films, and training instructional personnel who worked with children who were deaf or hard of hearing. In 1965, the Elementary and Secondary Education Act (PL 89-10) and the State Schools Act (PL 89-313) were signed into law and offered states financial assistance through direct grants to help educate children with disabilities. The Handicapped Children's Early Education Assistance Act of 1968 (PL 90-538) and the Economic Opportunities Amendments of 1972 (PL 92-424) authorized support for early childhood programs considered exemplary and

increased the enrollment of young children with disabilities in Head Start programs. These early Federal legislations set the groundwork on which future laws were developed (Office of Special Education Programs, 2007).

In addition to the legislation written, court decisions also had an impact on the advancement of educational opportunities for children with disabilities.

> For example, the Pennsylvania Association for Retarded Citizens v. Commonwealth (1971) and Mills v. Board of Education of the District of Columbia (1972) established the responsibility of states and localities to educate children with disabilities. Thus, the right of every child with a disability to be educated is grounded in the equal protection clause of the 14th Amendment to the United States Constitution (Office of Special Education Programs, 2007, p. 2).

The outcome of the court cases led states to revisit their procedures in providing instruction and opportunities to students with disabilities.

A key advancement for students with disabilities came on the heels of the signing of Public Law 94-142 in 1975. Public Law 94-142 guaranteed a free appropriate public education (FAPE) to all children identified with a disability in every state across the country. This law became known as the Education for All Handicapped Children Act. There were four main purposes to Public Law 94-142 identified in *Thirty-Five Years of Progress in Educating Children with Disabilities Through IDEA.* The authors cited the Education for All Handicapped Children Act, 1975 as their source for these four purposes of the law:

- to assure that all children with disabilities have available to them…a free appropriate public education which emphasizes special education and related services designed to meet their unique needs

- to assure that the rights of children with disabilities and their parents…are protected
- to assist States and localities to provide for the education of all children with disabilities
- to assess and assure the effectiveness of efforts to educate all children with disabilities (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2010, p. 11).

Public Law 94-142 also authorized financial incentives to allow states and localities to comply with this law.

The Education of All Handicapped Children Act improved access for all children with a range of disabilities. This law became a guiding principle for further advances in the education of children with disabilities. Amendments to the Education for All Handicapped Children Act were made. There was the PL 98-199 of 1983, PL 101-476 of 1990, and PL 105-17 of 1997. These amendments improved the law in a variety of ways. One outcome of PL 98-199 was a name change to the Individuals with Disabilities Education Act (IDEA). The other amendments impacted older students with disabilities and set mandates regarding transition plans for vocational success through new and improved transition programs. It provided mandates that each student's IEP must include information regarding transition plans or procedures for identifying appropriate employment and other post-school adult living objectives and who is responsible for each transition activity. According to the 1997 amendments to IDEA, transition planning should begin at age 14 (Office of Special Education Programs, 2007).

In 2004, there was a reauthorization of The Individuals with Disabilities Education Act of 1997 (IDEA 1997) to The Individuals with Disabilities Education Improvement Act (IDEIA 2004). This will be referred to as IDEA 2004. This reauthorization became effective in

2005. This law (PL 108-446) increased state and local accountability for educating children with disabilities. It also adjusted the methods used for identifying students with specific learning disabilities (Wright, 2004). IDEA 2004 also holds all school districts accountable for the "Child Find" mandate. Child Find requires all school districts to identify, locate and evaluate all children with disabilities, regardless of the severity of their disability and whether or not they would receive special educational services at that school (Wright, 2004).

The 2004 amendments to IDEA also allow states and localities to employ a response to intervention (RTI) framework and consider a student's response to scientific, research-based interventions when identifying students with specific learning disabilities (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2010; Fuchs, 2012; Werts, 2014; Hauerwas, 2013). Based on the grounded theory procedures used by Bineham, Shelby, Pazey, and Yates to identify essential elements of an RTI definition, the following is the definition of RTI produced by these authors:

> RTI is a multitiered framework utilized by schools for the purpose of early identification of learning difficulties or diagnosis of a specific L.D. This framework consists of universal screening, high-quality instruction with increasingly intense research-based interventions, continuous monitoring of student performance and occurs prior to a determination of need for special education support and services (Bineham, 2014, p. 238).

According to Williams, there were two reasons why IDEA 2004 moved away from the discrepancy model and towards the RTI model. The first reason was because under this model, students presented with an extensive history of struggling academically for long periods of time

prior to being identified. It became referred to as the "wait to fail" model. A second reason was "to reduce the number of special education students across the nation" (Williams, 2014, p. 273).

In 2006, the intention of IDEA 2004 was clarified by the federal government. A provision was added to IDEA 2006 which allowed schools to apply up to 15% of their federal special education funding on early childhood interventions. The goal was to use this funding for early childhood intervention in the hopes that these students would not need special education services later in their academic careers (Williams, 2014). IDEA 2006 also strongly encouraged districts to use alternative information and data to the discrepancy model when determining the existence of a specific learning disability.

Since 1975, great strides have been made in the field of education related to including students with varying abilities and disabilities in the same classes and activities. The federal government has established laws to adhere to and court cases have provided guidelines to follow. Under IDEA 2004 and the RTI model, students are being provided with early interventions to address academic concerns prior to being referred to or determined eligible for special education services. Students are also being educated in their home school by their local education agency the majority of the time. In addition, more is being done for the early identification and intervention of infants and toddlers. Although there has been great progress over the past 40 plus years in education, educators need to continue to strive to improve social justice for students with disabilities and offer more opportunities and educational practices consistent with those all students are engaged.

Identification of Specific Learning Disabilities

One form of disability that impacts students in the educational setting is a specific learning disability. The National Joint Commission on Disabilities put out a report stating the definition of a specific learning disability that was developed by the National Advisory Committee on Handicapped Children (NACHC) and included in PL 94-142.

> A "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia (National Joint Committee on Learning Disabilities, 1990, p. 1; Johnston, 2011, p. 513). The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, or emotional disturbance, or of environmental, cultural, or economic disadvantage (National Joint Committee on Learning Disabilities, 1990, p. 1).

The identification of specific learning disabilities has been a recognized disability since 1975.

> Specific Learning Disability (SLD) has been a recognized type of disability for which students can be eligible for special education services since the passage of the Education for All Handicapped Children Act (Pub. L. No 94-142, 89 Stat. 733, codified at 20 U.S.C. §1400.) the first special education law in 1975 (Hauerwas, 2013, p. 101).

The definition of SLD has remained constant; however, the interpretation of the definition and of the law related to Individuals with Disabilities Education Improvement Act (IDEA 2006) varies. IDEA 2006 included a section outlining additional procedures for identifying specific

learning disabilities in children. This revision offered more details regarding how school districts can make a determination that a child has a specific learning disability (Hauerwas, 2013). Prior to the 2004 reauthorization of the Individuals with Disabilities Education Act (IDEA 2004), a discrepancy model was utilized to determine whether or not a student possessed a specific learning disability. The discrepancy model identified a learning disability when a discrepancy was evident between the student's cognitive abilities and their achievement performance based on standardized assessments. This was considered an exclusionary practice. "If other factors failed to explain a lack of success, the cause was probably an SLD" (Johnston, 2011, p. 513). Other factors may include being "poor or a minority, or had some other apparently explanatory impediment such as blindness or deafness" (Johnston, 2011, p. 513). The reauthorization of IDEA allowed for alternative methods to be utilized in determining a SLD. This approach was referred to as Response to Intervention, which became known by its initials, RTI (Bineham, 2014).

According to Connecticut's Framework for RTI published in August 2008, two federal laws had a large impact on the development of current procedures followed in the United States and Connecticut in particular. The first of these laws was the No Child Left Behind Act of 2001 (NCLB). This was a reauthorization of the Elementary and Secondary Education Act (ESEA) which included "numerous provisions aimed at ensuring the academic growth and achievement of all students regardless of their race, ethnicity, fluency in English, disability, or socioeconomic status" (Connecticut State Department of Education, 2008, p. 3). The second law referenced in this document is the 2004 federal reauthorization and revision of the Individuals with Disabilities Education Improvement Act (IDEA 2004). In 2006, regulations were added to IDEA 2004 to allow professionals to use data from the Response to Intervention (RTI) process as a source of

information when considering whether or not a student had a specific learning disability (Connecticut State Department of Education, 2008).

Through research conducted, one thing was evident. There was no set framework for RTI to be implemented across states. Each state has interpreted the definition of RTI differently. According to Hauerwas, Brown, and Scott, "Despite the availability of many resources about RTI implementation, there does not appear to be one clear national definition of what specific RTI data a local multidisciplinary team must have in hand in order to make a determination of SLD" (Hauerwas, 2013, p. 102). The Connecticut State Department of Education has endorsed the basic principles of RTI. These principles include "evidence-based instruction, early intervention, ongoing monitoring of student progress and data driven decision making" (Connecticut State Department of Education, 2008, p. 3). In Connecticut, a Scientific Research Based Intervention (SRBI) Advisory Panel was established to review research and practice on RTI and develop a framework for districts to follow. The panel elected to call the Connecticut process SRBI to "emphasize the centrality of general education and the importance of using interventions that are scientific and research-based" (Connecticut State Department of Education, 2008, p. 4) They based their decision on the language contained "in both NCLB (Section 9101(37) of ESEA) and IDEA Regulations [Section 300_307 (a)(2)]" (Connecticut State Department of Education, 2008, p. 4). This thesis evaluates if the Response to Intervention/Scientific Research Based Intervention process is productive in decreasing the number of students identified with specific learning disabilities.

State of Connecticut's Role in RTI

Districts are responsible for assessing a students' achievement performance levels regardless of which process is used. Connecticut has adopted the Response to Intervention Model in determining whether or not a student qualifies for services as a student with a specific learning disability. As discussed earlier, Connecticut wanted to emphasize the use of scientific-research based methods and chose to call the Connecticut framework for RTI the Scientific, Research-Based Intervention (SRBI) process. In August of 2008, the Connecticut State Department of Education Bureau of School and District Improvement published guidelines and forms to be used in qualifying students under the SRBI model. This document refers to RTI as "the practice of providing scientific, research-based instruction and intervention matched to students' needs, with important educational decisions based on students' levels of performance and learning rates over time" (Connecticut State Department of Education, 2008, p. 3).

In 1999, Connecticut released State Guidelines for Identifying Children with Learning Disabilities. These guidelines suggested that there had been a history of misidentification of students with SLD when the actual problem had been a lack of appropriate instruction. In order to ensure that students were not identified as SLD when there had been a lack of appropriate instruction, the CSDE developed specific Reading, and Math worksheets that needed to be completed prior to the referral to special education. These worksheets documented evidence of instruction received in the classroom and intervention groups along with progress monitoring data (Connecticut State Department of Education, 1999). Concerns have been raised that some students may be identified as learning disabled when in fact, they are "curriculum casualties whose difficulties stem mainly from ineffective general education practices rather than true disabilities in learning" (Connecticut State Department of Education, 2010, p. 3). The 2010

Guidelines for Identifying Children with Learning Disabilities, provides teams with forms that need to be completed as part of the referral and evaluation processes. It contains a Reading Worksheet, Mathematics Worksheet, and a Written Expression Worksheet. Each sheet contains similar language regarding completion of these forms:

> This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects [reading, mathematics, written expression]. This information should generally be gathered prior to a referral to special education as part of early intervention (i.e., alternative procedures required to be implemented in regular education under CT Special Education Regulations § 10-76d-7.)" (Connecticut State Department of Education, 2010, p. 88, 90, 92).

These documents include sections to record all Tier I, II, and III interventions provided. It also allows for the progress monitoring data to be included. The expectation is that this information will be completed prior to referral so that the teacher support/intervention team can review it for fidelity of instruction and continuity between instruction and identified area of concern.

Should a child not make significant progress and the team recommends a referral to special education, a planning meeting needs to be held. In Connecticut, this is called the Planning and Placement Team (PPT) and includes at minimum, the parents/guardians of the student, administrator, classroom teacher, special education teacher, and a related services representative. The team must consider if a comprehensive evaluation is warranted based on the SRBI information provided. The evaluation will include a thorough review of curriculum and/or district based measures, progress monitoring data, and input from various team members. Although the ability-achievement discrepancy is no longer required in determining a specific

learning disability, the team may still consider and recommend that standardized cognitive and achievement assessments be conducted as part of this initial evaluation. "PPTs still may choose to administer IQ tests in situations where information from such tests would be helpful" (Connecticut State Department of Education, 2010, p. 45). Upon conclusion of the initial evaluation, the PPT team will reconvene to review the results of the evaluation and determine eligibility. As part of the process of determining a specific learning disability, the team will need to complete the *Multidisciplinary Evaluation Report for Students Suspected of Having a Specific Learning Disability*. The criteria section of this form looks at whether or not there is evidence of a deficiency in one of the eight identified areas: mathematics calculation, mathematics problem solving, oral expression, written expression, listening comprehension, reading comprehension, fluency, and basic reading skills (Connecticut State Department of Education, 2010). This form also asks for confirmation that,

> The student has been provided with explicit and systematic instruction in the essential components of scientific, research-based reading instruction or math from a qualified teacher, including regular assessments of achievement to document the student's response to scientific, research-based intervention as a part of the evaluation procedures (Connecticut State Department of Education, 2010, p. 83).

This form also asks the team completing it to check Yes or NO to a series of 7 elements in response to "Learning difficulty is primarily due to:" This is primarily looking to rule out factors that could potentially be the cause for learning difficulties. The first prompt states, "Lack of instruction in math, reading or writing (Based on Math, Reading, or Writing Worksheets)" (Connecticut State Department of Education, 2010, p. 83).

At the time the 1999 guidelines were released, the severe discrepancy model remained the determining factor in identifying SLD. "In order to identify a student as having a learning disability, the student's achievement must be substantially lower than his or her score on an intelligence quotient (IQ) test". (Connecticut State Department of Education, 2008, p. 6). The August 2008 Connecticut's Framework for RTI guidelines referenced a revision of *Connecticut State Guidelines for Identifying Children with Learning Disabilities* which would eliminate the requirement of using the discrepancy model as of July 1, 2009 (Connecticut State Department of Education, 2008).

According to the 2008 CSDE SRBI guidelines, SRBI is described as, "successful instruction for all students through high-quality core general education practices, as well as targeted interventions for students experiencing learning, social-emotional or behavioral difficulties" (Connecticut State Department of Education, 2008, p. 13). This document lists ten underlying principles:

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. School wide or districtwide high-quality core curriculums, instruction and comprehensive social/behavioral supports.
6. Monitoring fidelity of implementation.

7. Culturally 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 (Connecticut State Department of Education, 2008, p. 15-20).

The Connecticut RTI Framework developed SRBI with a tiered intervention process. Tier I was referred to as scientific research-based core curriculums, instruction, and school/behavioral supports. The guidelines state that "core curriculums and instruction must be scientifically research-based and comprehensive, addressing competencies that research has shown to be important to students' achievement" (Connecticut State Department of Education, 2008, p. 24). Specific student benchmarks are established and used to gauge student performance. Tier I instruction should also include culturally responsive teaching. This includes an "understanding by teachers that culture is an important influence on learning" (Connecticut State Department of Education, 2008, p. 25). Tier I consists of instruction, interventions within the classroom, and assessments.

Students who are not meeting the benchmark, despite being instructed according to the curriculum and provided differentiation of instruction where appropriate, are often recommended to enter a Tier II phase in their education. Tier II involves scientific research-based supplemental interventions and has a time limit on implementation. An intervention will run between 8 and 20 weeks. The student will remain a part of the general education classroom, but will receive instruction and supports from specialists such as the Literacy Specialist or Math Coach. Tier II instruction does not take the place

of standard classroom instruction. Students receive support in Tier I and Tier II concurrently. A Tier II interventionist can be "classroom teachers, specialized teachers or other interventionists specifically trained for Tier II supplemental instruction" (Connecticut State Department of Education, 2008, p. 34). It is important that the Tier II intervention teachers provide the instruction with fidelity. Progress monitoring is an important component of Tier II interventions. Interventionists are expected to select progress monitoring assessments that can be frequently administered and targets the student's area of weakness. Teams of staff are responsible for data analysis and decision making in Connecticut. The guidelines refer to them as teacher support/intervention teams and include core team members such as the principal, general education teachers, reading and math specialists, school psychologist, and a special education teacher. Other members rotate based on the need of a specific student being discussed. Teams determine the area of weakness to be addressed and develop a written plan to address these concerns.

Tier III, supplemental, research-based interventions that are more intensive and individualized is the next step in the SRBI process for students who are not making the expected gains with Tier II interventions in place. This may include different or more intensive interventions. "Greater intensity of intervention can be achieved with a smaller teacher-student ratio, a longer duration of instruction, and more frequent progress monitoring" (Connecticut State Department of Education, 2008, p. 41). Tier III interventions are intended to be short term interventions, in addition to classroom instruction, and part of the general education system. The goal is to use research-based interventions as much as possible. Some students will require Tier I, II, and III

interventions in order to close the gap between them and their grade level peers. Progress monitoring in a Tier III intervention should happen more frequently than those in the Tier II level. The same teacher support/intervention team that reviews data and determines plans in Tier II continues to review student progress at the Tier III level and make determinations about programming. All students receiving Tier III interventions will have a written plan addressing the area of weakness and the plan to address the concerns. The team will review progress monitoring data and determine if changes need to be made to the program or if the student should be referred to special education (Connecticut State Department of Education, 2008).

When the teacher support/intervention team is considering a referral to special education or the Planning and Placement Team has met to review a referral to special education, the team must consider "the overall efficacy of Tier I**;** efficacy of Tier II and Tier III interventions; and fidelity of implementation of core practices and interventions" (Connecticut State Department of Education, 2008, p. 45). If problems are noted, then the team is responsible for communicating to the classroom teachers, administrators, and/or interventionists to ensure that these problems are addressed.

Synthesis of Research Findings

As previously mentioned, Specific Learning Disabilities have been a diagnosed disability since 1975. Over the past 42 years, extensive research has been conducted on the process of identifying a student with a specific learning disability. In a study completed by Hauerwas, Brown, and Scott, "the number of students classified with SLD grew steadily from 1975 until 2000 when they began to decline: they have dropped 14% since 2000" (Hauerwas, 2013, p.

101). In their background information, they acknowledged the work of the National Research Center on Learning Disabilities (NRCLD) which provided a summary on current trends and initiative associated with supporting students with SLD. Hauerwas, et al quoted the works of Cortiella, 2011 in their review.

> In addressing the decline in the numbers of students with SLD, the report identified three probable key factors: (a) improved understanding and application of effective beginning reading instruction, (b) more consistent efforts to provide students "pre-referral" support so that fewer students need special education, and (c) "changes in the definitions of disability categories in special education law and regulations" (Hauerwas, 2014, p. 101-102).

It was noted in their analysis that concurrently to the decrease in diagnoses of SLD, there was an increase in other disability categories such as Autism and Other Health Impaired.

Response to Intervention partially came about in response to concerns about the misidentification of students as having learning disabilities. Prior to 2004, students were identified with a specific learning disability based on a discrepancy between their intelligence quotient and their achievement performance on standardized assessments. IDEA 2004 opened up the diagnostic criteria by allowing districts to use RTI data when making determination for eligibility when identifying SLD.

When SLD was first recognized as a disability according to EAHCA 1975, it came with funding linked to it. "In the 1990s, preceding the initiation of the law, there was a 34% increase in the number of schoolchildren classified as SLD" (Johnston, 2011, p.514). Johnston also stated, "Increases in accountability testing also fueled this increase in the number of students labeled as SLD" (Johnston, 2011, p.514). He defended this statement by explaining, "Because

SLD was assumed to be permanent, schools could not be held responsible for the normal development of these students, so they were not included in large-scale accountability testing" (Johnston, 2011, p.514). The ability to excuse students from accountability testing and the availability of special education funding accompanying the identification of SLD, provided an incentive for districts to classify students as SLD.

Lowry cited Kavale et al in her work, "Critics of RtI state that it cannot identify the basic psychological processes addressed in the SLD definition" (Lowry, 2013, p. 98). The shortened definition of SLD according to the National Joint Committee on Learning Disabilities is a "disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations" (National Joint Committee on Learning Disabilities, 1990, p. 18). Students with learning disabilities are "assumed to be unable to process incoming information appropriately, resulting in achievement deficits" (Maki, 2015, p. 457). The use of RTI data, does not involve exploration into the different processing deficits (i.e.: Long-term Memory, Auditory Processing, Fluid Intelligence, etc.) which may be interfering with a student's ability to access the curriculum.

According to Armendariz and Jung, "Research is inconsistent as to which model correctly identifies a student as having a SLD, as there are many theoretical interpretations of what constitutes a student with a learning disability" (Armendariz, 2016, p. 4). The research conducted by Armendariz and Jung suggests that since the addition of the RTI model in identifying specific learning disabilities, fewer students are being identified SLD. They did qualify this by stating that they did not feel this research was conclusive. Their study was conducted in California and at the time of their research, California had not "Made the switch to

the exclusive use of the RTI model for special education eligibility" (Armendariz, 2016, p. 4). Bineham, et al support this finding in their research. They reference Samuels, 2010 in the following statement, "some researchers assert that this tiered approach has reduced referrals to special education" (Bineham, 2014, p. 231). Bineham et al later cited other researchers stating that "recent research has noted decreases in the number of students identified as having LDs, as a result of RTI" (Bineham, 2014, p. 235).

Ability-Achievement Discrepancy Model

The Ability-Achievement Discrepancy Model was also referred to in the research as a Severe Discrepancy Model or IQ-achievement model. Armendariz and Jung noted, using the "Severe Discrepancy model to identify a student with a SLD is practical, as it allows for a specific assessment with specific set of criteria to be used in order to establish that a student is learning disabled" (Armendariz, 2016, p. 2). They go on to discuss how the severe discrepancy model allows educators and psychologists to determine if a student's performance is commensurate with their cognitive ability and if a child is working to his/her potential (Armendariz, 2016). For students with lower IQ scores, the finding of low achievement performance may have been considered acceptable for them, therefore these students were not provided support for their academic weaknesses (Johnston, 2011). The ability-achievement criterion was adjusted to compensate for some of these concerns. Prior to 1999, a severe discrepancy was identified when a 1.5 standard deviation (22 points) existed between a student's IQ and their performance on standardized achievement tests. The 1999 state guidelines stressed understanding the regression to the mean and established regression tables to use in determining discrepancies. Depending on the student's IQ level, and how far it was from the mean (100), the

number of points between IQ and achievement that qualified a student has having a learning disability varied. (For example, a student with an IQ of 81 may have a severe discrepancy if there was a 13-point difference between IQ and achievement. A student with an IQ of 70 may only need to display greater than an 8-point difference in order to have a severe discrepancy. A student with an IQ of 135 would need greater than a 37-point discrepancy to have a severe discrepancy (Connecticut State Department of Education, 1999).

Through his research, Johnston identified that the IQ-achievement discrepancy model was coming into question in the years leading up to the revision of IDEA. There were concerns about whether or not IQ tests were good indicators of ability, especially in cases involving students with cultural or linguistic differences, minorities, or those of low socioeconomic status. In many cases, it took a couple of years of the students not finding success in order to be evaluated with IQ and achievement tests. Johnston's research also showed that this standardized testing did not provide any instructionally useful information nor did it predict how well students could respond to interventions (Johnston, 2011). The discrepancy model has been referred to as the "wait-to-fail" model. "Students often must perform poorly for years before a significant discrepancy is evident between IQ and achievement" (Maki, 2015, p. 458). Maki, et al went on to identify other criticisms of the ability-achievement discrepancy model. These criticisms included, "poor reliability of difference scores, varying adherence to psychometric criteria in identification, similar achievement deficits of students exhibiting and not exhibiting a discrepancy, and lack of treatment validity" (Maki, 201, p. 458). Concerns about the ability-achievement discrepancy model led to exploration into other eligibility criteria being used in determination of SLD.

Response to Intervention Model

IDEA 2004 did not mandate the use of RTI in identifying SLDs. Instead, it provided guidance that states, "Must permit the use of a process based on the child's response to scientific, research-based intervention as part of addressing the problem of SLD" (Johnston, 2011, p. 516). The law wanted to ensure that students were not being identified as SLD when in fact they had not received proper instruction. Districts must ensure "that underachievement…is not due to lack of appropriate instruction in reading or math" (Johnston, 2011, p. 516). Bineham et al compared using RTI to determine SLD to a medical model, "RTI was to determine a child's response to a treatment, and the treatment was to be intensified or altered if the child showed no initial response to the intervention" (Bineham, 2014, p. 232)

A concern with the RTI model is that there are no legislated guidelines for the implementation of RTI included in the act. According to data from 2014, this lack of standardized practices has resulted in only 43 of 50 states having an RTI framework (Bineham, 2014). Connecticut is one of the states that adheres to an RTI framework when determining eligibility as a student with a specific learning disability. Hauerwas, Brown, and Scott conducted a study titled, *Specific Learning Disability and Response to Intervention: State-Level Guidance*. "Our review suggests that no one state has a perfect system for using RTI data for SLD eligibility, but emerging best practices were evident in many states" (Hauerwas, 2013, p. 117.) Connecticut was cited for its efforts at developing documents to connect the multitiered framework and special education. "Connecticut's documents demonstrate a concerted effort on the part of the state department of education to coordinate its multitier framework guidance with its special education guidance. This alignment is important for systematic implementation of RTI practices" (Hauerwas, 2013, p. 117).

The implementation of RTI placed more responsibility on the general education teachers. (Anderson-Irish, 2013) "The expectation of RTI is that all students will receive quality education, research-based interventions and timely identifications of disabilities" (Anderson-Irish, 2013, p. 68). Anderson-Irish also discussed the assessment process and how it related to RTI. "The RTI model encourages the use of multiple assessment strategies, including authentic assessment, play-based assessment, functional assessment, and curriculum-based measurement" (Anderson-Irish, 2013, p. 68). Although using RTI opens up the assessment process to including more than standardized assessments, "the effectiveness of RTI cannot be truly determined, but seem favorable" (Anderson-Irish, 2013, p. 69). In her work, Anderson-Irish cited Fuchs as stating,

> Conversely, another researcher indicates that he has not found any significant evidence that suggest RTI is an effective means of assessment and encumber teachers within the building with providing additional and unnecessary documentation and interventions to students who need specialized support (Anderson-Irish, 2013, p. 69).

Based on the research regarding RTI as the means to determine learning disabilities, it appears that further research is needed to determine the effectiveness of this process.

One thing that was consistent in the research is the interpretation of the law and the implementation of the federal guidelines on RTI vary from state to state. Hauerwas, et al shared there does not appear to be one clear national definition of what constitutes specific RTI data to be used in determining eligibility as SLD (Hauerwas, 2014). Bineham, Shelby, Pazey, and Yates researched perspectives of Special and General Education professionals and the RTI process. Their research also indicated that there had not been consensus on the implementation of RTI resulting in the lack of a universal process or standardized implementation. They summarized

RTI as a process that "is generally understood to include multiple tiers that provide a sequence of programs and services for students showing academic difficulties" (Bineham, 2014, p. 231).

Critiques

The research conducted for this study resulted in identifying gaps in the research previously completed on the RTI process. The majority of studies related to identifying specific learning disabilities focused on the area of reading. There were fewer studies completed on qualifying students with learning disabilities in the areas of mathematics and writing. The research also lacked in the area of determining eligibility with a learning disability of students at the secondary level. The majority of studies focused on Kindergarten through sixth grade students.

The lack of clear direction from the federal government on a consistent RTI practice to be used across states was noted as a concern. Without legislated guidelines and consensus across the states, various concerns related to the implementation of RTI arise. Bineham et al noted concerns in the areas of

> poor treatment validity, lack of research-based interventions, confusion in the process of diagnosis of a disability, vagueness of a RTI definition, lack of defined measures and criteria used in the implementation process, assessment considerations, lack of extensive professional development, and an overall need for more research on the development and implementation of RTI frameworks in large-scale situations (Bineham, 2014, p. 232).

The IDEA 2004 reauthorization added an allowance for up to fifteen percent of the special education budget to be used on RTI. There were pros and cons to this allowance. On one hand, more emphasis was placed on the regular education teachers to ensure that a child's

weakness was not based on an instructional flaw. On the other hand, this lead to a reduction in the special education budget (Johnston, 2011).

Overall there is a lack of research conducted on the RTI process as implemented in the state of Connecticut. Prior research was conducted in various states such as New Jersey, North Carolina, and California. Since there is no federal requirement on how to implement RTI, the differences from state to state will vary. This makes it challenging to generalize the results from state to state.

Research conducted by Fuchs, Fuchs, and Compton led to their definition of Smart RTI which they define as "making efficient use of school resources while maximizing students' opportunities for success" (Fuchs, 2012, p. 263). Smart RTI is identified by three key features: multistage screening to identify risk, multistage assessment to determine appropriate levels of instruction, and a role for special education that supports prevention (Fuchs, 2012). In their research, the role of special education in the RTI process was questioned. "Some wish it would become a most intensive instructional level in RTI frameworks. Others say it should exist outside of RTI" (Fuchs, 2012, p. 269).

Summary

The purpose of this literature review was to research the Response to Intervention process and explore its role in decreasing the number of students being identified with a specific learning disability. This literature review presented inconsistencies regarding whether or not the number of students being identified as learning disabled was reduced.

When reviewing the literature, key elements were prevalent, such as the lack of a clear definition of RTI from the federal government. There is also a lack of information regarding

what constitutes scientific research-based interventions and what type of data is appropriate to use in determining the presence of a specific learning disability.

The literature revealed Connecticut's RTI framework and the explanation behind why they chose to call their process SRBI. The guidelines provide clear directions on documentation that is needed. However, it does not state what would be considered scientific research-based interventions, nor does it state the types of progress monitoring that would be acceptable.

Uncovered in the literature review was a solid understanding of the federal regulations and other legal guidelines that led to the implementation of the RTI process. A history of the changes in the law over the years was made known through the literature review. These changes to the law helped to improve student access to education and extracurricular activities. It allowed for social justice for students with disabilities to be considered through the implementation of education within the least restrictive environment.

Chapter 3: Methodology

Purposes of the Study & Research Questions

Response to Intervention has been included in the law since 2004. In the 2006 restructuring of IDEA, more emphasis was placed on using the RTI model to determine eligibility for special education. The CT State Department of Education (CSDE) has collected and archived data on students with disabilities since 2001. As part of the research for this study, CSDE data was accessed through the website, *Edsight: Insight into Education*. The collection of data from 2001 through for the 2012-2013 school year was presented in a document called the "Strategic School Profile". Beginning with the 2013-2014 school year the document was refined and renamed the "District Profile and Performance Report".

This study is a retrospective look into the efficacy of RTI in reducing over-identification of special education students, especially those identified with specific learning disabilities, in the North Haven Public Schools. Data from the 2001-2002 through 2005-2006 school year was compared to the data from 2011-2012 through 2015-2016 school year. These comparison years were selected as they were the five years prior to IDEA 2006 revisions being introduced and the most recent five school years from which the data had been uploaded to the EdSight website. The focus of the comparison is to see if there is evidence of a reduction in the number of students identified as having a specific learning disability. (Refer to Table 1) Unfortunately, the data does not specifically reflect the number of students identified with learning disabilities. Instead, the data was examined to assess the total number of students identified as eligible for special education services.

When looking at the comparison data from the five years prior to implementation to the most recent five years, minimal change was noted. The average percent of students with

disabilities out of the entire enrollment population was 9.2% prior to implementation of RTI and 10.2% in the most recent years.

Table 1

Percentage of Students Identified with disabilities Prior to and Post RTI/SRBI Implementation

Prior to implementation of RTI/SRBI			
School Year	Total Enrollment	Students with Disabilities	Percent of Total
2001-2002	3755	308	8.2
2002-2003	3809	322	8.5
2003-2004	3779	301	8.0
2004-2005	3807	387	10.2
2005-2006	3925	442	11.3
Post implementation of RTI/SRBI			
School Year	Total Enrollment	Students with Disabilities	Percent of Total
2011-2012	3542	310	8.8
2012-2013	3497	315	9.0
2013-2014	3402	363	10.7
2014-2015	3312	374	11.3
2015-2016	3188	353	11.1

The evidence of a reduction in the number of students identified as eligible for special education services is not present in the data analyzed. This suggests that the implementation of RTI may not have had the impact on reducing special education eligibility as anticipated. There are six schools in North Haven, CT: four elementary schools, one middle school, and one high school. Table 2 represents the percentage of students with disabilities out of the total enrollment for each school. This data was again organized based on the data from the five years prior to the release of IDEA 2006 and five more recent years. The purpose of including this data was to examine if there was a difference in the number of students identified for special education when the discrepancy model was implemented versus current practices under the RTI model.

Table 2

Percentage of Students with Disabilities at Each of the North Haven Public Schools

Prior to Implementation of RTI						
School Year	Clintonville	Green Acres	Montowese	Ridge Road	Middle School	High School
2001-2002	8%	14%	6%	9%	9%	6%
2002-2003	9%	15%	7%	7%	8%	7%
2003-2004	10%	15%	8%	8%	10%	7%
2004-2005	11%	15%	11%	9%	10%	8%
2005-2006	11%	17%	13%	12%	11%	9%
5 Year Avg.	10%	15%	9%	9%	10%	7%
Post Implementation of RTI						
School Year	Clintonville	Green Acres	Montowese	Ridge Road	Middle School	High School
2011-2012	7%	11%	7%	10%	9%	9%
2012-2013	7%	12%	9%	8%	9%	9%
2013-2014	11%	13%	9%	10%	10%	9%
2014-2015	8%	17%	11%	10%	10%	9%
2015-2016	8%	16%	11%	10%	10%	8%
5 Year Avg.	8%	14%	9%	10%	10%	9%

The focus of this study was to analyze the current RTI/SRBI practices in North Haven, CT and analyze the data to determine the efficacy of the this process in reducing the number of students who are found eligible for special education services. This study also examined the perceptions of various educators, administrators, and other staff on the RTI/SRBI process.

Prior to 2006, North Haven used the discrepancy model, with the regression to the mean, in order to determine if a student qualified for special education services as a child with a specific learning disability. In 2006, the restructuring of IDEA placed a greater emphasis on the use of RTI in determining eligibility as a student with a SLD. After the release of these guidelines, Connecticut began using the RTI guidelines in place of the discrepancy model.

The data listed in Table 2 represents the percentage of students with disabilities at each of the North Haven Schools for a given year. The percentages for all years was averaged and rounded to the nearest whole number to determine a general percentage of students identified

with disabilities out of the academic population. When looking at the averages for the five school years from 2001-2002 to 2005-2006, three of the elementary schools and the Middle School averaged between 9% and 10% of their students having identified disabilities. Green Acres Elementary School, which houses the district wide Early Childhood Program, was at a higher percentage of 15%. The High School came in slightly lower than the other schools at 7%.

The data from the most recent five year window (school years 2011-2012 to 2015-2016) reflected no or minimal change. Montowese and the Middle School averaged the same percentage of students with disabilities as they had prior to 2006. A one percent increase in the percentage of students with disabilities was seen at Ridge Road School and an increase of 2% was evident at the High School. A decrease of 1% was seen in the data collected on Green Acres and a 2% decrease was noted at Clintonville School. The analysis of this data suggests that the implementation of RTI, as specified in the 2006 Guidelines, did not make a significant impact in reducing the percentage of students identified with disabilities across North Haven Public Schools.

Methodology Research

Research revealed several studies which included different forms of surveys used to collect data on perceptions of individuals on topics related to RTI. Some studies mailed and electronically mailed their surveys. Others used email and a link to a specific website asking subjects to complete the survey online. Additional studies were conducted that reviewed and analyzed other studies completed.

Werts, Carpenter, and Fewell studied the barriers and benefits to the RTI process and the perceptions of Special Education Teachers in North Carolina. They developed a three-section

questionnaire using the website Survey Monkey (http://www.surveymonkey.com). The first section examined the subject's involvement in RTI. The second section incorporated multiple choice questions with room for open-ended responses. These items focused on the "referral process, key personnel, and ratings of perceptions of success and participants perceived barriers and benefits to RTI" (Werts, 2014). The final section included demographic questions related to position, years as an educator, highest degree earned as well as questions about the size of the student body in their district, and extent of training in RTI (Werts, 2014). Their survey was sent to the validated addresses they collected via email, with follow up emails being sent to non-responders.

The research also revealed studies that involved creating a spreadsheet to record the data accessed from a review of previous studies. Maki, Floyd, and Roberson conducted a comprehensive review of other studies on the eligibility policy and procedures for identifying a learning disability. They identified five broad categories which the variables identified fell: definitional aspects of LD, general eligibility criteria, achievement areas, exclusionary criteria, and identification methods. As they reviewed the studies, they marked the variables not present, present, not specified, or not applicable (Maki, 2015).

Bineham, Shelby, Pazey, and Yates conducted a nationwide study on RTI and the perspectives of general and special education professionals. In order to conduct their survey, they had to first come to a consensus on the definition of RTI. They conducted a review and completed a content analysis of the definitions. They utilized the "Grounded Theory procedures" to identify essential elements of the definition of RTI. The following is their consensus:

> RTI is a multitiered framework utilized by schools for the purpose of early identification of learning difficulties or diagnosis of a specific LD. This framework consists of universal screening, high-quality instruction with increasingly intense research-based interventions, continuous monitoring of student performance and occurs prior to a determination of need for special education support and services (Bineham, 2014, p. 238).

They utilized a forty-item survey developed to explore the perceptions of RTI and implementation. The survey included three categories: the roles of teachers and other personnel in implementing RTI, the duration of RTI interventions, and the decisions made relative to the implementation in the classroom. Some survey items involved responses to a four-point scale and open-ended responses (Bineham, 2014).

Research Design

After examining the various methodologies conducted by other researchers, a mixed methods design was utilized to assist with collecting the data needed in order to address a real-life concern in the North Haven Public School District. According to Creswell, "A mixed methods research design is a procedure for collecting, analyzing, and 'mixing' both quantitative and qualitative methods in a single study or a series of studies to understand a research problem" (2015, p. 535). In order to understand the impact RTI has had on the determination of special education eligibility, both quantitative data and qualitative data were collected.

An explanatory sequential mixed methods design consisting of two phases was designed. The first phase involved collecting quantitative and qualitative data through use of a survey. The collection of qualitative data was sought to help elaborate on the results obtained through the

quantitative survey questions in the form of open ended questions included in the survey. An additional interview phase with key participants in the SRBI Core teams was originally planned as part of this process. This mixed method data collection was altered slightly as the study progressed and the interview phase was later eliminated from this case study.

Originally this study was planned as an action research study looking at the RTI model in one of the four elementary schools in North Haven, CT. Creswell described an Action Research Study as, a systematic procedure "done by teachers (or other individuals in an educational setting) to gather information about, and subsequently improve, the ways their particular educational setting operates, their teaching, and their student learning." (2015, p. 577). After further investigation, it was determined that this study would be more beneficial if the RTI process was examined across the district, since the focus changed from one school to the entire district, the study changed from being an action research study to a case study. The goal of this study was to understand the current RTI practices in North Haven and the impact they had on special education identification in order to improve practices. The qualitative portion of this mixed methods case study looked into the culture of the North Haven District in relation to identifying students as eligible for special education services. By describing, analyzing, and interpreting the culture of North Haven's RTI process, the author implemented an ethnographic design. Case studies are frequently used in conjunction with ethnography. According to Creswell, a case study is an "in-depth exploration of a bounded system based on extensive data collection" (2015, p. 465). He continued on to describe bounded as "separated out for research in terms of time, place, or some physical boundaries" (Creswell, 2015, p. 465). An instrumental case study has been utilized to highlight a particular issue within a specific culture.

The first phase of this case study included collecting quantitative and qualitative data via a survey developed for the purpose of this study. This survey was developed using an existing survey as a template. Werts, Carpenter, and Fewell conducted a survey on the perceptions of special education teachers in 2014. Ms. Werts shared her survey with the researcher via email and granted permission to use their survey as a foundation for the survey being developed for this study. Werts et al developed their survey through a systematic process of reviews. They developed a draft based on research of literature along with responses and questions from an earlier survey. Once the draft was complete, it was sent to 10 university faculty members in the field of special education. These professionals "verified content validity, suggested additional items, recommended deletion of items, and made revisions in the wording of items" (Werts, et al., 2014, p. 4). This professional input was used to revise the draft survey prior to submitting it to a panel of five individuals (principal, special education teacher, and three university faculty members from the original panel). Additional comments and suggestions were used to develop the final draft of the survey used in their 2014 study, *Barriers and Benefits to Response to Intervention: Perceptions of Special Education Teachers.*

This survey was developed based off questions asked by Werts et al in their study. Once the draft was written, it was shared with staff who are familiar with the SRBI process in order to obtain face-validity. This staff included general education, special education, related services, and administrators who work in other districts in Connecticut or have retired. Based on their input, questions were added or eliminated to maintain a valid survey. This survey was distributed to a specific population in North Haven, CT to assess their knowledge on the SRBI process. Initially, the plan was to collect data from staff who had a specific connection to SRBI and/or special education. After consulting with colleagues who reviewed the survey, they

suggested the survey be opened up and sent out to all staff members to gain better insight into how well the SRBI process is understood across all positions. This resulted in the revision of the recipient list to include more staff members than originally planned. All members of this population were given a chance to share their knowledge and opinion on SRBI.

Sample or Participant Selection

North Haven was selected as the focal point of this study based on my employment as a Special Education Teacher in North Haven, CT. I was employed at Montowese Elementary School in North Haven, CT from August 1999 to August 2017. Montowese is one of four elementary schools in North Haven. In August 2017, I transferred to a new position as a special education teacher at North Haven Middle School. It was my intention to conduct a study that would help North Haven School District improve in a state identified area of weakness.

North Haven offers programs to meet the needs of students ages three to twenty-one. In addition to four K-5 elementary schools, North Haven houses an Early Childhood Preschool Program for students with special needs, a middle school, a high school, and the North Haven Transition Partnership (NHTP). NHTP offers community based transition services designed to educate North Haven young adults with disabilities between the ages of 18 and 21. These NHTP participants are students who have completed their senior year of high school. North Haven also has smaller programs which are located at neighborhood schools at the primary and secondary levels. These programs focus on keeping students with disabilities in their home district.

North Haven is a suburban district located in New Haven County, Connecticut and classified in the District Reference Group (DRG) "D". DRG is a "classification system in which districts that have public school students with similar socioeconomic status (SES) and need are

grouped together" (Prowda, 2006, p. 1). The most recent revision of the State Department of Education's classification of school districts occurred in 2006.

According to the CSDE 2015-2016 District Profile and Performance Report, North Haven employs 494.4 full-time equivalent staff members. This list of staff includes staff members who work part-time in the district. They are included as a fraction of the full-time. Out of these district employees, those potentially involved in the SRBI process do not include the staff identified as "Other staff providing non-instructional services/support". The paraprofessional instructional assistants are vital to a school being able to function, however they are not the staff primarily responsible for implementing SRBI strategies. This study has chosen to eliminate these staff members from the eligible list of staff to receive surveys.

Table 3

North Haven, CT 2015-2016 Full Time Equivalent Educational Staff

Educational Employees of North Haven Public Schools	Full Time Equivalent
General Education: Teachers and Instructors	225.0
General Education: Paraprofessional Instructional Assistants	15.0
Special Education: Teachers and Instructors	31.6
Special Education: Paraprofessional Instructional Assistants	53.0
Administrators, Coordinators, Department Chairs: Central Office	4.0
Administrators, Coordinators, Department Chairs: School Level	18.8
Library/Media: Specialists (Certified)	7.0
Library/Media: Support Staff	1.0
Instructional Specialists Who Support Teachers	9.8
Counselors, Social Workers, and School Psychologists	19.2
School Nurses	5.0
Other Staff Providing Non-Instructional Services/Support	105.0

(CSDE, 2017)

This study was revised from the original design which was to include the specific population identified as having a role in SRBI or special education. It was going to consist of all special education teachers, some of whom are members of the SRBI team at their school. The SRBI team consists of several core members: Literacy specialists, math coach, psychologist, social worker, administrator, general education representative, and special education representative at the elementary level. Additional staff are involved on a case by case basis. At the Middle School and High School levels, it consists of similar professionals, but adds an intervention teacher and guidance staff as well.

After consulting with my colleagues, this sample was opened up to include all certified staff across the district. This expanded the population to include unified arts/special area teachers, all general education teachers and all related service staff. According to the *North Haven, CT 2015-2016 Full Time Equivalent Educational Staff,* I anticipated a population of at least 315 certified/licensed North Haven employees would receive this survey.

Procedures

In order to collect data from the proper North Haven employees, the specific staff members needed to be identified. The process of identifying staff members was initiated during the summer of 2017. I emailed the principals at each of the six schools in North Haven and requested the names of the staff positions who constitute the SRBI Core team at each of their buildings. This helped set the foundation on potential staff to be included. When this study was revised to include all certified staff members, an alternative process on how to identify the staff recipient list was developed. The plan evolved to include cross-referencing two data sources to determine the list of staff to receive this survey. I conducted a comparison of email addresses

based on a school list and cross-referenced this to the list of staff identified on each school's website. Through demographic questions asked in the survey, I was able to tease out other information such as which staff have been teaching in district since prior to 2006.

Instruments

A survey was developed using an existing survey as the foundation. Dr. Werts granted permission to use her survey as a starting point and shared a copy of the survey for use in this study. Wertz, Carpenter, and Fewell studied the barriers and benefits to the RTI process based on the perceptions of special education teachers. Their survey was modified to examine the perceptions of various staff members regarding the effectiveness of RTI in reducing over-identification in special education. The survey was designed to contain both quantitative and qualitative responses. Due to the time constraint in conducting this study a full pilot of the instrument was not conducted. Instead a face validity assessment was completed. Educational experts, such as certified teachers (active and retired), school psychologists, and administrators from other districts were solicited to review the survey and give their impression on the quality of the questions. Google forms was chosen as the website through which data and input was collected from the North Haven staff members. This survey was established as an anonymous survey so that staff could openly share any concerns they may have via their response to the survey. Google forms has an option to make the survey anonymous by not collecting email addresses and not requiring staff to sign in. By not collecting email addresses, any identifiable information was kept out of the survey results. A link to the survey was submitted to the selected population via the North Haven email address for these staff members.

Upon completion of the survey by this population, the researcher analyzed the quantitative data and examined and organized the qualitative responses. The quantitative data was organized using Excel spreadsheet software. The qualitative data was organized and sorted in Microsoft Word. The original plan was to develop questions to use in an interview process with key members of the SRBI team, such as administrators, SRBI leaders, and special education teachers who have been in the education field since prior to 2006 based on the responses to the open ended questions. The purpose of these interviews was going to be to gather more information about the pros and cons of the SRBI process in general as well as to examine the shift to using response to scientific based information in determining special education eligibility. As will be discussed later, it was determined that the additional interview information was not required in order to analyze the staff perceptions on the RTI process in North Haven.

Data Analyses

Data was collected through the online survey system selected. Once the surveys had been submitted, the data was transferred to an Excel spreadsheet software program. The data was reviewed and cleaned. Any corrupt or incomplete data was removed. At this point, the data was ready to be analyzed and descriptive and frequency statistics were used to examine the data.

The quantitative data was examined to compare the frequency of responses from staff in different positions (i.e.: special education teachers, literacy specialists, principals, general education teachers, unified arts teachers, etc.). The qualitative data was examined for patterns of themes and coded inductively with no preconceived notions. Microsoft Word software was used in the process of sorting open ended responses. To verify the validity of the qualitative responses, a focus group was selected. This group was presented with the themes that developed

out of the data analyzed. This focus group was asked if the themes sound familiar in order to "member check" the findings. (Lincoln & Guba, 1985).

In order to triangulate the data, the results of the quantitative and qualitative data were analyzed to determine if the results were presenting the same information.

> The logic of triangulation is based on the premise that no single method ever adequately solves the problem of rival explanations. Because each method reveals different aspects of empirical reality, multiple methods of data collection and analysis provide more grist for the research mill (Patton, 1999, p. 1192).

Comparing data collected through qualitative methods with data collected through quantitative methods involved methods triangulation. This is essentially a form of comparative analysis. "It is common that quantitative methods and qualitative methods are used in a complementary fashion to answer different questions that do not easily come together to provide a single, well-integrated picture of the situation" (Patton, 1999, p. 1193-1194).

> Triangulation is a process carried out with respect to data – a datum or item of information derived from one source (or by one method or by one investigator) should be checked against other sources (or by other methods or investigators) (Lincoln et al., 1985, p. 315).

Triangulation involves taking a holistic examination of the responses from the qualitative and quantitative data sources. The focus is to search for overlapping evidence that can be used to answer the research questions.

Expected Findings

It was anticipated that there would be a variety of impressions on the RTI process and its effectiveness in reducing special education identification. One impression was that staff opinions would vary based on the role the professional possesses in the school. Classroom teachers and school psychologists were expected to have differing views on the effectiveness of RTI based on their own experience.

Different schools in the district facilitate their RTI/SRBI programs in slightly different manners. It was expected that the secondary staff would have different views on the RTI process than the elementary school staff. It is more frequent for students in the primary grades to be referred for an evaluation, resulting in the likelihood that most elementary staff would have more familiarity with the RTI process. Another variation between these two levels is staffing. At the secondary level, they have hired Intervention Teachers, to address individual needs, along with running and monitoring the SRBI process. At the elementary level, Classroom Teachers, Psychologists, Literacy Specialists, etc. are responsible for ensuring the process is being followed in addition to their other responsibilities.

Overall, the state of Connecticut has a reasonable system in place to provide students with the scientific-research based interventions needed to adhere to the federal guidelines. The problem is that there is no clear definition on what constitutes scientific-research based methods or materials. This results in subjective choices being made about what is used during interventions. An additional problem pertaining to North Haven, and likely other districts in Connecticut, is the lack of resources: financial, personnel, material (text books, programs, software, etc.). In buildings where staff feel that they do not have the resources to implement the interventions with fidelity, they are more likely to look negatively on the RTI process.

Regarding the question of whether or not the RTI model has been helpful in reducing the number of special education students with specific learning disabilities, it was anticipated that the majority of the staff would agree that it is effective. It was believed that teachers would be able to reflect on students whom they initially thought might have a learning disability who found success after various interventions were provided. Special education teachers will have mixed views. Many special education teachers like the hard data they receive from standardized tests and feel it should be part of the evaluation process along with students participating in SRBI. Depending on their own orientation regarding standardized tests, opinions may vary between the special education teachers as well.

Chapter 4: Findings

Presentation of Findings

The purpose of this mixed methods case study was to gather, analyze and discuss perceptions of certified staff and administrators regarding the efficacy of North Haven's Scientific Research Based Intervention/Response to Intervention (SRBI/RTI) process in reducing the over-identification of students with specific learning disabilities. In April 2017, the CT State Department of Education Bureau of Special Education Comprehensive District Self-Assessment for Disproportionality data indicated disproportionate representation in North Haven Schools. After running a report for North Haven, the district administrators found that the "Data of Concern" related to the identification of White Learning Disabilities based on data captured on October 1, 2016. Our Director of Student Services encouraged staff to be cognizant of our identification practices, particularly for students referred and evaluated for learning disabilities.

This research study was conducted in part to examine whether or not North Haven is following the SRBI Guidelines in regards to identifying students for special education, especially when considering a student as eligible based on a diagnosis of a specific learning disability. North Haven utilizes the Connecticut State Department of Education Guidelines in determining qualification for special education services. Part of this process involved the implementation of the Response to Intervention process. In Connecticut, this process is more commonly known as the Scientific Research Based Intervention process. This study examined whether or not North Haven has been successful at implementing these interventions with fidelity, while using research based methods, and progress monitored on a regular basis.

This chapter is divided into five sections: introduction, sample, methodology, data, summary. Each section has a focal point leading to the culmination of a transition to Chapter 5 where the data collected will be analyzed and discussed.

Chapter 4 contains an explanation of the type of study being conducted and how this chapter fits into the whole thesis. A review of the research questions and an overview on how the data collected addresses/answers the specific research questions is included in this chapter. The specific participant sample has been discussed in regards to who made up the sample and how they were selected. The proposed sample from Chapter 3 was discussed along with the process leading to the final sample. The final sample was settled upon after various research was conducted. The different demographic information collected was explained along with how the data was sorted.

The quantitative and qualitative methods selected were reviewed in Chapter 4. This included discussion regarding the analytic and thematic methods that were applied to the raw data. Any departures made from the protocol set out in Chapter 3 was identified and explained regarding why the changes were warranted. In addition to discussing departures from the protocol, any problems that arose during the data collection process were explained.

Chapter 4 includes the presentation of the data collected and the results of the analysis conducted. This section includes tables to present the data followed by descriptions of the specific data found most relevant. Any themes that emerged from the quantitative data collected were covered in the data review portion of this chapter. Chapter 4 concluded with a summary section that addressed the answers to the research questions. A review of the key points addressed in chapter 4 will be made to prepare the reader for Chapter 5 where the results will be discussed and interpreted.

The presentation of findings is a critical part to the completion of this thesis. Chapter 1 addressed the problem presented which focused on the efficacy of the RTI process within North Haven Public Schools. It also looked into the research design, research questions, definitions of terms, and expected findings. Chapter 2 focused on information collected from the literature review conducted as part of this thesis. It included a review on the historical legal cases and decisions that lead to the development of the RTI process. The literature review also included a synthesis of the research previously conducted as well as critiques of various studies. Chapter 3 analyzed the methodological plan for the research study being conducted. It covered the format of the data to be collected, the target population to be selected, and the procedures to be followed. Chapter 3 laid the ground work for how the study was to be conducted and data was to be collected. This brings us to Chapter 4. Chapter 4 fits into this thesis process by providing an opportunity to explain any changes that were made to the design proposed in Chapter 3 or problems that arose. The data collected in the survey administered will be presented in this chapter and relevant information will be pointed out. Chapter 4 lays the foundation for Chapter 5 to analyze and hypothesize the reasons for the results collected.

The research questions asked were intended to gather information to help improve the RTI system in place in North Haven, CT. Five research questions were asked as part of this thesis project: 1) What are the perceptions of North Haven educators and/or administrators involved in the RTI/SRBI process who have been in the education field from prior to 2006 to 2017?; 2) What are the perceptions of North Haven educators and/or administrators involved in the RTI process who are currently active core members of the RTI/SRBI team?; 3) What are the perceptions of North Haven educators, related service staff, and/or administrators regarding the current RTI/SRBI practices in North Haven?; 4) Has the Response to Intervention proven to be

effective in deterring the number of students identified as eligible for services as a child with a specific learning disability?; 5) Has the number of students identified with a specific learning disabled decreased since the implementation of RTI?

The data collected allowed for the analysis of the perception of core members of the SRBI team, various staff members including general education teachers, administrators, and related service staff. The perception of staff on whether RTI/SRBI has been effective in reducing the identification of students as eligible for services as a child with a specific learning disability was shared. It also allowed for the analysis of whether or not this process deterred students from being recommended to the next level in the RTI process, which could include moving from Tier III to a referral to Special Education. The survey data collected does not answer the fifth research question regarding whether or not the number of students identified with learning disabilities decreased since the implementation of RTI. Although survey data does not reflect this, the research conducted was able to bring us closer to an understanding, which will be explained in Chapter 5.

Description of the Sample

Upon conclusion of the research conducted on the specific staff who hold teacher certification or comparable licensure (i.e.: school psychologist) and administrators in North Haven, Connecticut, a pool of staff was identified to receive this survey. In order to get a thorough understanding of North Haven's perspective on the RTI/SRBI process, I felt it was important to include people from across disciplines and throughout the district. The pool of staff selected included special education teachers, general education teachers, related services staff, interventionists/literacy specialists/ math coaches, unified arts/special area teachers, coordinators, building principals, assistant principals, and central office administrators in the

district of North Haven, CT. This choice to include all certified staff in place of the Core SRBI Team members was a change from the original plan based on consultation with professionals who reviewed my survey. It was determined that including all parties in the survey would allow for a better understanding of staff perspective. In an attempt to gain an accurate list of certified staff, I elected to reach out to the North Haven Education Association's building representative at each school. Unfortunately this did not prove successful. The Building Representatives who responded, did not have access to the information being sought. It was determined that a different approach was needed to identify the specific staff who were to receive this survey. In order to identify the group of professionals that should receive the survey, I cross referenced two data points. Each school in North Haven has an email distribution list titled "school name.everyone". I used this list from each school as the base list of staff to consider including in my survey recipient list. This list was then cross referenced to the list of certified staff and administrators identified on the individual school's webpage. The school's webpage lists the staff in alphabetical order and posts their position along with their name. I removed any teacher who was not a certified staff member or who did not appear on the school's webpage. I added in the Central Office Administrators based off research conducted on their webpage to ensure I was including administrators with academic responsibilities, and no other administrators. For example, I did not include administrators such as the Director of Finance, Operations and Human Resources or the Supervisor of Building and Grounds in my recipient pool. In the end, I had a list of 337 certified staff working across the district who received this survey.

The survey was created on Google Forms and sent as a link in an email to 337 certified teachers and academic administrators across the district. In order to receive honest responses, staff were not required to sign in nor were emails collected. A follow up email with another link

to the survey was sent out extending my gratitude to everyone who helped me collect data for my thesis by completing the survey. I also asked anyone who had not yet had the opportunity to complete this survey to please find approximately 10 minutes of their time to fill out the survey.

Following the original request for staff to complete the survey, I received 57 responses. After the follow up request, an additional 29 responses were received totaling 86 responses. After analyzing the responses, it was determined that this data needed to be cleaned and 13 responses were removed completely. The open ended comments made were unprofessional and included personal attacks on individuals. Therefore, I determined that their responses to the other types of questions were not able to be trusted as accurate responses and the entire response was eliminated from the data to be analyzed. In the end, 73 responses were analyzed to conduct this research. This is just shy of a twenty-two percent response rate. Staff from all six schools responded to this survey and the results included responses from staff in all positions and years of experience.

Demographic information was collected to help analyze if perceptions varied among different populations. The five key demographic points considered were: school employed, position, years of experience, primary versus secondary, and involvement in SRBI. Most questions were scored using a four point scale: 1= Not at all; 2= Some of the time; 3= Most of the time; 4 = All of the time. Looking at the data collected, staff were questioned on their perception of Tiered interventions. The same questions were asked in relationship to Tier I, Tier II, and Tier III. Only one question varied and that was the final question regarding the effectiveness in reducing the number of students referred to the next level: Tier I to Tier II; Tier II to Tier III; Tier III to special education. In addition to the four point scale listed above, the

staff also had the option of entering the response "unsure". Any item marked "unsure" was removed from the data set and not included in the calculations.

The survey consisted of a variety of questions. The first four questions collected demographic information on each responder. The second section consisted of questions on staff perceptions of SRBI/RTI across all three Tiers. This section also included three open-ended prompts: 1) Please list two strengths to the SRBI/RTI process in your school. 2) Please list two barriers to the SRBI/RTI process in your school. 3) Please share any suggestions you may have on ways to improve the SRBI/RTI process in North Haven. The final section of the survey looked into training and general information related to the SRBI/RTI process.

Research Methodology and Data Analysis

A mixed methods design was utilized to collect the data needed in order to address a real-life concern in the North Haven Public School District. This design allowed for collecting, analyzing and mixing both quantitative and qualitative methods within this study. A link to an electronic survey designed using Google Forms was sent out in an email to selected staff in North Haven via North Haven email addresses. This survey collected both quantitative and qualitative data. The quantitative data was collected by converting responses to a four-point scale to a numeric scale. The four-point scale was developed as follows: 1 = Not at all; 2 = Some of the time; 3 = Most of the time; 4 = All of the time. One question utilized a five-point Likert scale converted to a numeric scale: 1 = Ineffective; 2 = Somewhat effective; 3 =Effective; 4 = Mostly effective; 5 = Very Effective. Excel spreadsheets were used to organize and sort the data collected. Data was sorted by demographic information and reorganized into tables using Microsoft Word. The qualitative data that was collected was sorted by key action words. Each

comment was read and certain words were eliminated allowing for the important part of the message to remain. In some cases, the words were reordered to allow the key word to be the starting word of the phrase. Once the comments were reduced to the most important elements, the comments were sorted alphabetically to find any commonalities between the comments. This was done for two out of the three open ended responses. These prompts asked staff to list two strengths and two barriers to SRBI. The third open ended response was used to look at suggestions to be included in Chapter 5 on ways North Haven could enhance their RTI/SRBI system.

My original plan was to use an explanatory sequential mixed methods design which consisted of two phases. The first phase was to involve collecting quantitative and qualitative data through the use of a survey. This was to be followed up with interviews with key participants in the SRBI Core teams. I altered my plan and opted not to conduct the interviews as part of the qualitative data collection process. This decision was made based on two reasons. The primary reason was that the open-ended responses supplied enough qualitative data to support the findings of the quantitative data. In addition, some of the open-ended comments made were extremely negative and derogatory in nature. Since the surveys were designed to be anonymous, I was not able to tell who made these negative comments. Their perception appears to be biased and not an accurate reflection of the general staff perception. I decided not to risk asking the person with such bias to be part of the interview process. Instead, I elected to eliminate the interview portion of this study.

Presentation of Data and Results of the Analysis

In order to answer the research questions, the data was analyzed by sorting the Excel spreadsheet by various demographic information. This information included the following demographics: School employed, years in the field, involvement in SRBI process, position held. The data was sorted into tables by each demographic listing the average results from the survey and the range between the highest and lowest results to gather how similar or different the views were based on a given criteria.

One way the data was sorted was to examine the perceptions on the efficacy of the tiered interventions in North Haven Schools based on the position the staff held. (Please refer to Table 4.) Staff was asked to select from the following positions: Elementary or Secondary Teacher (General Educator); Unified Arts/Special Area Teacher; Special Education Teacher; Related Services (i.e.: School Psychologist, Social Worker, Sp/L Pathologist, School Counselor, OT, PT, etc.); Specialists (Math Coach, Literacy Specialist, English Language Teacher, Interventionist, etc.); Administrator or Coordinator; Other. Out of all responses received, no one marked other.

Table 4

Average Response Sorted by Staff Position
4 point scale: 1= Not at all; 2= Some of the time; 3= Most of the time; 4 = All of the time.
Positions: A= Administrator/Coordinator; B= Unified Arts/Special Area; C= General Educator; D= Related Services; E= Special Educator; F= Interventionist/Specialist

Do you believe Tier I interventions are…?							
Question	A	B	C	D	E	F	Range
Conducted with Fidelity	2.57	2.80	2.89	2.33	2.43	2.38	.56
Useful in addressing individual needs	2.86	3.00	2.78	2.71	2.86	3.25	.54
Using Research-Based Interventions	2.67	2.60	2.62	2.57	2.57	2.63	.10
Progress Monitored Regularly	3.00	3.40	2.89	2.57	2.57	2.63	.83
Effective in reducing referrals	2.50	2.40	2.53	2.43	2.43	2.25	.28
Average for Tier I	2.72	2.84	2.74	2.52	2.57	2.63	
Do you believe Tier II interventions are…?.							
Question	A	B	C	D	E	F	Range
Conducted with Fidelity	2.57	2.60	2.91	2.86	2.71	2.44	.47
Useful in addressing individual needs	2.57	2.40	2.89	3.00	2.86	3.33	.93
Using Research-Based Interventions	2.57	2.60	2.79	2.86	3.00	2.89	.40
Progress Monitored Regularly	2.57	2.60	3.09	3.00	3.00	3.22	.62
Effective in reducing referrals	2.50	2.40	2.79	2.86	2.86	3.11	.71
Average for Tier II	2.56	2.52	2.89	2.92	2.89	3.00	
Do you believe Tier III interventions are…?							
Question	A	B	C	D	E	F	Range
Conducted with Fidelity	2.83	2.60	3.09	2.86	2.71	3.11	.51
Useful in addressing individual needs	2.67	2.40	3.00	3.00	3.14	3.33	.93
Using Research-Based Interventions	2.80	2.60	3.06	3.00	3.00	3.22	.62
Progress Monitored Regularly	2.67	2.60	3.18	3.14	3.00	3.55	.95
Effective in reducing referrals	2.40	2.40	2.77	2.86	2.71	3.11	.71
Average for Tier III	2.67	2.52	3.02	2.97	2.91	3.26	

One of the research question asks, "What are the perceptions of North Haven educators, related service staff, and/or administrators regarding the current RTI/SRBI practices in North Haven?" Using the data sorted by position, I am able to answer this question. All 337 people who received an email with a link to the survey received a copy of the same survey questions and

prompts. Staff position was determined by the box each staff person checked on the demographics section of the survey. One key question asked of all staff members examined their perception on the effectiveness of the tiered interventions. They were asked, "Do you believe that Tier (I, II, III) interventions are… Which was followed up by a series of five question endings: Conducted with fidelity? Useful in addressing individual student needs? Using research-based interventions? Progress monitored on a regular basis? Effective in reducing the number of students referred to Tier II, Tier III, Special Education?

When looking at the perception of the tiered interventions by position, changes were noted between the different tier levels. In Tier I, the range between scores varied from .10 to .83. There was no consistent pattern between which position viewed one stage of the process as being more effective than another position. On the Tier I level, the staff who scored the intervention implementation the lowest were the Related Services Staff, Special Education Teachers, and Interventionists/Specialists. The staff members who believed the Tier I interventions were adhered to more often were the Administrator/ Coordinator, Unified Arts/Special Area Teachers, and General Educators. In Tier II, the pattern shifted. The majority of the lower scores were from Administrators/Coordinators and Unified Arts/Special Area Teachers. On three out of the five questions, the highest score was given by Interventionists/Specialists. The other two high scores were form the special Educator and General Educator. Tier III followed suit in this developing pattern. On all five questions, the highest mark was given by the Interventionists/Specialists. Under the questions relating to Tier III, Unified Arts/Special Area teachers marked the questions the lowest. For the question on reducing referrals to special education, the Administrators/Coordinators score was the same as the Unified Arts/Special Area teachers.

To answer the research question regarding staff perceptions on the current RTI/SRBI practices in North Haven, it appears that the perceptions vary depending on whether the student is in Tier I, Tier II, or Tier III. General Educators scored the Tier I intervention on all five prompts between the some of the time and most of the time ranges. The scores were all above 2.53 with the highest score being 2.89. On the Tier II level, the General Educators scores ranged closer to the most of the time range (the averages all fell between 2.79 and 3.09). General educators looked most favorably on Tier III level. With exception of the question on whether or not Tier III interventions were effective in reducing referrals, all answers were above 3.0 reflecting that they believe it occurs most of the time. The question regarding referrals averaged 2.77. The Administrators/Coordinators scored all three tiers in a similar manner. I took the average scores for each of the five questions and determined an average score for each Tier. At Tier I, the Administrators/Coordinators scored the interventions at 2.72, on Tier II, the score was 2.56 and on Tier III, the score was 2.67. The Administrator/Coordinator scores were similar to those of the Unified Arts/Special Area Teachers who scored Tier I a little higher than the other tiers at 2.84. They marked the interventions for Tier II and III at 2.52. These scores are in contrast to other positions, such as the Special Educators and Interventionists/Specialists. Special Education Teachers and the Interventionists/Specialists viewed the interventions as improving through each Tier. The Special Educators had an average score of 2.57 for Tier I, 2.89 for Tier II, and 2.91 for Tier III. The Interventionists/Specialist average score was 2.63 on Tier I, 3.00 on Tier II, and 3.26 on Tier III indicating that these specific staff members believe that the Tier III interventions are being effective the majority of the time.

Another research question asked, "What are the perceptions of North Haven educators and/or administrators involved in the RTI process who are currently active core members of the

RTI/SRBI team?" To determine an answer to this question, the data was sorted by staff response to the question "What is/has been your involvement with the SRBI/RTI Team?" They were given five options to choose from: I am or have been a member of the Core SRBI/RTI Team; I attend SRBI/RTI meetings on a case-by-case basis; I implement interventions recommended by the SRBI/RTI Team; I have not been involved with the SRBI/RTI Team; other. Staff could select all that apply. To sort the data, I grouped all staff that checked "I am or have been a member" into one group, even if they checked other areas as well. Please refer to Table 5 for data on perceptions of staff based on their involvement in the SRBI process. This table looks at the responses to the same question: "Do you believe that Tier (I, II, III) interventions are… Conducted with fidelity? Useful in addressing individual student needs? Using research-based interventions? Progress monitored on a regular basis? Effective in reducing the number of students referred to Tier II, Tier III, Special Education?

Table 5

Average Score Based on SRBI Involvement
4 point scale: 1= Not at all; 2= Some of the time; 3= Most of the time; 4 = All of the time.

Do you believe Tier I interventions are…?					
Question	Am/Have been	Attend	Implement	Have not	Range
Conducted with Fidelity	2.64	2.71	3.00	2.86	.36
Useful in addressing individual needs	2.96	2.76	2.71	3.13	.42
Using Research-Based Interventions	2.73	2.53	2.79	2.71	.26
Progress Monitored Regularly	2.81	2.76	3.00	3.13	.37
Effective in reducing referrals	2.62	2.10	2.85	2.71	.75
Average for Tier I	2.75	2.57	2.87	2.91	
Do you believe Tier II interventions are…?					
Question	Am/Have been	Attend	Implement	Have not	Range
Conducted with Fidelity	2.81	2.65	3.07	2.86	.42
Useful in addressing individual needs	3.11	2.86	2.86	2.71	.40
Using Research-Based Interventions	3.11	2.63	2.92	3.00	.48
Progress Monitored Regularly	3.14	2.90	3.15	3.14	.25
Effective in reducing referrals	2.93	2.63	2.93	3.00	.37
Average for Tier II	3.02	2.73	2.99	2.94	
Do you believe Tier III interventions are…?					
Question	Am/Have been	Attend	Implement	Have not	Range
Conducted with Fidelity	3.12	2.65	3.23	2.86	.58
Useful in addressing individual needs	3.19	2.75	3.08	3.29	.54
Using Research-Based Interventions	3.07	2.89	3.17	3.29	.40
Progress Monitored Regularly	3.30	2.90	3.38	3.29	.48
Effective in reducing referrals	2.92	2.61	3.00	3.00	.39
Average for Tier III	3.12	2.76	3.17	3.15	

Data Table 5 shows the average results to survey questions based on staff involvement in the SRBI process. The research question related to this data seeks information on the perception of the Core SRBI team members. Twenty-eight staff identified themselves as being on or having been on the SRBI team in the past. When looking at the four point scale with 1 representing not at all and 4 representing all the time, Core SRBI Team members looked more favorably on each Tier as students advanced through the process. Core SRBI members rated Tier I at 2.75, Tier II

at 3.02, and Tier III at 3.12 when looking at the average of their answers to each of the five questions. At the Tier I and Tier II level, the Core SRBI team viewed the question on whether the interventions were conducted with fidelity and if they were effective in reducing referrals to the next level the lowest out of the five questions. On Tier III, the question on reducing referrals remained the lowest score of all the five questions. The second lowest was on the use of research-based interventions. The results of the Core SRBI team members suggests they believe that the Tier II and III interventions are effective most of the time. At the Tier I level their impression is that the interventions happen some of the time, but are leaning towards most of the time.

This thesis also examines the perception of staff based on the years they have been in the field of education. Using the same question, data was analyzed to see how teachers viewed the RTI process based on their years of experience. In the demographics section of the survey, staff were asked to choose an option on their years of service from a pulldown menu: 0-5, 5-10, 10-15, 15-20, and 20+ years. (Please refer to Table 6.) The majority of staff who responded fell in the 15-20+ ranges. These are teachers who were in the field of education prior to the emphasis being placed on the RTI process in determining SLD after the 2006 reauthorization of IDEA.

Table 6

Average Results Based on Years of Experience

4 point scale: 1= Not at all; 2= Some of the time; 3= Most of the time; 4 = All of the time.

Do you believe Tier I interventions are…?						
Question	0-5	5-10	10-15	15-20	20+	Range
Conducted with Fidelity	3.60	2.63	2.67	2.65	2.69	.97
Useful in addressing individual needs	3.20	3.00	2.79	2.83	2.81	.41
Using Research-Based Interventions	2.80	2.63	2.56	2.76	2.58	.24
Progress Monitored Regularly	2.60	2.75	2.87	3.00	2.81	.40
Effective in reducing referrals	2.80	2.50	2.25	2.48	2.56	.55
Average for Tier II	3.00	2.70	2.63	2.75	2.60	
Do you believe Tier II interventions are…?						
Question	0-5	5-10	10-15	15-20	20+	Range
Conducted with Fidelity	3.40	2.50	2.78	2.61	2.77	.90
Useful in addressing individual needs	3.40	2.88	3.00	2.71	2.81	.69
Using Research-Based Interventions	3.00	2.63	2.89	2.74	2.76	.37
Progress Monitored Regularly	3.20	2.75	3.20	2.96	2.92	.45
Effective in reducing referrals	3.20	2.63	2.63	2.75	2.76	.57
Average for Tier II	3.24	2.68	2.90	2.75	2.80	
Do you believe Tier III interventions are…?						
Question	0-5	5-10	10-15	15-20	20+	Range
Conducted with Fidelity	3.40	3.13	3.00	3.05	2.88	.52
Useful in addressing individual needs	3.60	3.13	2.89	3.05	2.92	.71
Using Research-Based Interventions	3.60	3.13	3.13	3.10	2.87	.73
Progress Monitored Regularly	3.60	3.13	3.22	3.27	2.00	1.60
Effective in reducing referrals	3.30	3.13	2.43	2.82	2.73	.87
Average for Tier III	3.50	3.13	2.93	3.06	2.68	

When examining the data based on age group across all three tiers, young teachers with zero to five years experienced averaged the highest score across all three tiers with the exception of one question. On the progress monitoring question for Tier I, new teachers' average result was lower than any other age group. When looking for data from staff who have been in the field of education since prior to the 2006 reauthorization of the SRBI Guidelines, responses were analyzed from twenty-four staff in the fifteen to twenty year range and twenty-six staff in the

twenty plus year range. The responses from these fifty staff resulted in scores indicating their view that interventions were being conducted according to the prompts between some of the time and most of the time. The fifteen to twenty year old group averaged 2.75 for Tier I and Tier II and had a stronger sense of implementation with a 3.06 on Tier III. Staff who have been in the field twenty plus years averaged 2.60 on Tier I, 2.80 on Tier II, and 2.68 on Tier III. The largest difference in perception between these two groups of seasoned staff was found in responses related to Tier III. The question asking if staff believed Tier III interventions were progress monitored regularly, fifteen to twenty year veteran teachers had an average score of 3.27 suggesting this happens between most and all of the time. Teachers in the field for twenty or more years only felt that this was done some of the time as indicated by their 2.0 score.

The final demographic used to analyze the results of this survey was to compare the responses by school. After looking at the results by school, it was determined that this data may be slightly skewed due to the limited number of responses per school, especially at the elementary level. The responses from the elementary schools ranged from 4 staff to 9 staff per building. There were 17 responses received from the middle school and 24 from the high school. Three additional staff from Central Office or multiple buildings also responded. They were eliminated from this particular comparison. I decided a better comparison would be to look at the elementary schools together as one cluster and the secondary school responses as another cluster. Please refer to Table 7 to view the similarities between the scores given by elementary versus secondary level staff.

Table 7

Elementary Versus Secondary Staff Responses
4 point scale: 1= Not at all; 2= Some of the time; 3= Most of the time; 4 = All of the time.

Do you believe Tier I interventions are…?			
Question	Elementary level	Secondary level	Range
Conducted with Fidelity	2.71	2.81	.10
Useful in addressing Individual needs	2.83	2.92	.09
Using research-Based Interventions	2.68	2.69	.01
Progress Monitored Regularly	2.86	2.90	.04
Effective in reducing referrals	2.34	2.69	.35
Average for Tier I	2.68	2.80	
Do you believe Tier II interventions are…?			
Question	Elementary level	Secondary level	Range
Conducted with Fidelity	2.76	2.92	.16
Useful in addressing Individual needs	2.93	3.00	.07
Using research-Based Interventions	2.79	2.97	.18
Progress Monitored Regularly	3.00	3.18	.18
Effective in reducing referrals	2.76	2.97	.21
Average for Tier II	2.85	3.01	
Do you believe Tier III interventions are…?			
Question	Elementary level	Secondary level	Range
Conducted with Fidelity	3.00	3.09	.09
Useful in addressing Individual needs	2.96	3.17	.21
Using research-Based Interventions	3.03	3.15	.12
Progress Monitored Regularly	3.14	3.30	.16
Effective in reducing referrals	2.71	3.00	.29
Average for Tier III	2.97	3.14	

Overall, the secondary school staff gave each response slightly more favorable marks than the Elementary Staff. The final column of Table 7 lists the range between these two marks. In each of the three areas, the final question asked if the process was "Effective in reducing the number of students referred to" the next level in the process. In all three areas the largest range between scores was on this question. The largest variance was .35 on Tier I question regarding

whether Tier I interventions were effective in reducing referrals. The range on all other questions fell between .01 and .29.

The data comparing elementary to secondary levels was based on the responses from twenty-nine elementary and forty-one secondary staff members. The elementary staff saw some progress in the effects of the RTI process as a student moved through the Tiers. All three tiers were marked between some of the time and most of the time with scores moving closer to most of the time each tier. Tier I averaged 2.68, Tier II was 2.85, and Tier III was 2.97. The same progression was seen at the secondary level, except that the scores were higher at each level. For Tier I, secondary teachers scored it an average of 2.8. Tier II's score was just above the 3.0 (most of the time) score of three with a score of 3.01. Tier III scored 3.14 which is between most of the time and all of the time. The same two questions were looked upon most favorably in all three tiers by secondary staff members. These questions sought input on if the interventions were useful in addressing individual needs and progress monitored regularly. Overall, both elementary and secondary staff in North Haven viewed the process as getting better as students advanced through the levels.

There were two additional questions asked in the survey to gain data on the perception of North Haven staff on the RTI process. One question asked the staff, "What is your impression of the interventions/services offered under SRBI/RTI and Special Education?" This was followed up with four specific questions: 1) Do students with IEPs receive the services they need?; 2) Do students in SRBI/RTI receive the services they need?; 3) Do students in SRBI/RTI receive more interventions than students with IEPs?; 4) If a student is making progress in SRBI, yet still below grade level, do they remain in SRBI/RTI?. Staff were asked to respond based on a four point scale with one being the lowest and four the highest. The answer choices were never,

sometimes, most of the time, and always. The responses to this question were examined using the same demographic information as the previous series of questions: years in the field, position, elementary versus secondary, role in the SRBI process.

Staff teaching in the elementary and secondary levels had similar impressions in regards to students with Individual Education Plans (IEPs) receiving the services they need. The range between the two levels was .03. Both scores were just above the most of the time range. Elementary had a score of 3.08 and Secondary staff scored it 3.05. The range between their scores on the question about whether students in SRBI/RTI receive the services they need was even smaller at .01. This suggests that there is not much discrepancy between the perceptions of the staff at the different levels regarding students receiving special education or response to intervention services that they need most of the time.

When looking at the impressions of staff based on their position, Administrators/Coordinators, Unified Arts/Special Area Teachers, Related Services Staff, and General Education Teachers scored this question on special education services very similarly. The former three positions gave it a 3.0 and the latter scored it 3.08. Special Educators found the students in special education receiving services at a slightly higher level of 3.29. Interventionists/Specialists scored it a little lower with a 2.71 which falls between sometimes and most of the time ranges. When reviewing the data from staff based on positions, there was slightly more variation in their perception on whether students in the SRBI process received the services they need. Special Educators viewed them the lowest at 2.67, followed by Administrators/Coordinators at 2.71, Related services staff at 2.86, Interventionists/Specialists at 2.89, and General Educators at 2.91. Only the Unified Arts/Special Area Teachers scored it above the most of the time range with a score of 3.2.

When comparing the results of staff by the number of years in the field, a similar result was noted. North Haven Staff viewed students with IEPs as receiving the services needed at a slightly higher level than the students in the SRBI process receiving what they needed. This data was analyzed by looking at staff in the field from zero to fifteen years and those fifteen or more years as separate groups. The more seasoned district employees scored both areas lower than the less experienced staff members. In regards to students with IEPs receiving the services they need, seasoned staff scored this question 3.04 while the staff with less than 15 years' experience scored it 3.17. In regards to students in the SRBI process, the same seasoned staff members scored this questions at 2.85 between sometimes and most of the time. Staff in the field from zero to fifteen years gave this a score just above the most of the time level at 3.06.

Staff who are or have been involved in the Core SRBI teams at each of their schools also viewed the students in special education as receiving the services they need at a slightly higher rate than they scored students in SRBI process. The Core Team members scored the Special Education students as receiving services at 2.93 which is below the most of the time range. The score for students in SRBI also fell in this same range between sometimes and most of the time with a score of 2.88.

Another series of questions asked staff to respond using a five point Likert scale: 1 = ineffective, 2 = somewhat effective, 3 = effective, 4 = mostly effective, 5 = very effective. The specific questions asked: Has SRBI/RTI been effective in…reducing the identification of students suspected of having a learning disability?; providing assistance for students who need extra instruction but do not need special education?; reducing the number of students being referred to Special Education?; supporting students with academic weaknesses in Reading?; supporting students with academic weaknesses in Writing?; supporting students with academic

weaknesses in Math?; supporting students with weaknesses in emotional regulation? One purpose of these questions was to explore staff perception on the effectiveness of RTI in addressing various academic or emotional weaknesses. Another was to look at staff perception on whether or not staff felt the RTI process was effective in reducing the number of students referred to special education and identifying those suspected of having a learning disability.

The data on this question was also sorted by the same demographic categories to compare if the perceptions varied between different populations of professionals in North Haven. When looking at the results of staff by position on the question asking if RTI was effective in reducing the identification of students with learning disabilities the scores ranged from a low of 2.29 from Special Education Teachers to a high score of 3.5 by Unified Arts/Special Area Teachers. In addition to the Unified Arts/Special Area teachers, the other staff who found RTI effective in reducing identification of students with learning disabilities were the Related Services staff and Interventionists/Specialists. In regards to being referred to special education, staff in the role of Special Education Teachers scored this the lowest at 2.43 and Unified Arts/Special Area Teachers and Interventionists/Specialists scored it the highest at 3.5.

When looking at this same questions from the perspective of Core SRBI team members, those members found RTI to be relatively effective, with a score of 2.93. A similar score of 3.04 was given for reducing the referral to special education. Teachers who only implemented the interventions viewed the effectiveness at reducing identification of learning disabilities to be between effective and mostly effective as evidenced by their score of 3.14. Regarding students being referred to special education, these staff members who implemented the interventions found the process to be between effective and mostly effective based on their score of 3.43. Staff who attended meetings, but were minimally involved in the process scored the question

about reducing identification of learning disabilities 2.57 and in reducing special education referrals 2.71. Teachers who have not been involved in the SRBI process viewed RTI to be slightly better than somewhat effective (2.29) at reducing identification of Specific Learning Disabilities. They view the effectiveness at reducing special education referrals in general to be between somewhat effective and effective (2.71).

Elementary staff scored the question related to learning disabilities 2.71 and the Secondary staff scored it 2.9. Both results fall between the ranges of somewhat effective and effective. There was a bigger difference in the results between these two levels on the effectiveness in reducing the number of students referred to special education. The Secondary staff scored this at 3.58 and the Elementary staff scored it at 3.18.

The range between somewhat effective and effective seemed to be the area where most demographics scored this question about reducing the identification of students with learning disabilities. North Haven staff who have been in the field zero to five years scored the effectiveness in reducing identification of learning disabilities at 2.8. Five to ten year staff marked it as effective at 3.0. Staff working in the field for ten to fifteen years gave this question a score of 2.8 and North Haven staff with twenty or more years' experience scored it 2.88. The lowest score given was a 2.57 from the staff who have been in the field fifteen to twenty years. When looking at the effectiveness of the SRBI process in reducing the number of students referred to special education, the scores varied. Staff with zero to five, ten to fifteen, and fifteen to twenty years' experience viewed the effectiveness between somewhat effective and effective. North Haven Staff with twenty or more years' experience found it to be effective at 3.04 and staff with five to ten years' experience found it the most effective with a score of 3.25.

The findings from across the demographics on the question, "Has SRBI/RTI been effective in reducing the identification of students suspected of having a learning disability?" fall primarily between the somewhat effective and effective ranges. Only three groups of staff placed their response to this question between effective and mostly effective. These were staff who hold the positions of Unified Arts/Special Area Teachers, Related Services Staff, and Interventionists/Specialists.

North Haven staff were asked to look at the effectiveness of the SRBI process in supporting students with various weaknesses. The areas addressed in the questions were reading, writing, mathematics, and emotional regulation. The same demographic groups were sorted to assess the perceptions of staff on addressing weaknesses in different areas. Across the four demographic pools (years in the field, position, SRBI involvement, and elementary versus secondary levels), Writing and Emotional Regulation were scored lower than Reading or Math. The average for each demographic placed the effectiveness at supporting students with Writing and Emotional Regulation weakness between somewhat effective and effective. The areas of Reading and Mathematics were scored between the effective and mostly effective ranges.

Summary

This study was conducted to examine the perception on the efficacy of RTI/SRBI in North Haven Public Schools. In order to collect data on staff perceptions, a Google Forms Survey was sent out to a selected list of certified/licensed staff and administrators across all schools and Central Office in the North Haven School District. A total of three hundred thirty-seven staff members received this survey. Eighty-six responses to the survey were received. After cleaning the data it was determined that 73 responses would be used for data analysis.

Five research questions were developed to be addressed in this study: 1) What are the perceptions of North Haven educators and/or administrators involved in the RTI/SRBI process who have been in the education field from prior to 2006 to 2017?; 2) What are the perceptions of North Haven educators and/or administrators involved in the RTI process who are currently active core members of the RTI/SRBI team?; 3) What are the perceptions of North Haven educators, related service staff, and/or administrators regarding the current RTI/SRBI practices in North Haven?; 4) Has the Response to Intervention proven to be effective in deterring the number of students identified as eligible for services as a child with a specific learning disability?; 5) Has the number of students identified with a specific learning disabled decreased since the implementation of RTI?

The first three research questions ask for the perceptions of North Haven educators and/or administrators who meet a variety of criteria. Educators who have been in the field fifteen or more years, educators who are part of the Core SRBI teams, and perceptions of staff based on the positions held. Staff perception was determined based on responses to a series of questions asked about all three tiered intervention levels. These responses were converted to a four point scale 1 = not at all, 2 = some of the time, 3 =most of the time, and 4 = all the time. Since this was a four point scale, the values of the response are all fairly close. The smaller the range was between the highest and lowest scores, the more indicative it was of similar responses by different groups of staff. On all but one question asked of the North Haven Professionals fitting different demographics (positions, years' experience, school level employed, and SRBI involvement), the responses had a range of less than 1. Each range fell between the some of the time (2) and most of the time (3) ranges or between the most of the time (3) and all of the time (4) ranges. The one situation with a larger range may or may not be an accurate reflection of

staff perceptions. It is possible that the larger range of 1.6 on the Tier III question, "Do you believe Tier III interventions are progress monitored regularly?" was due to an outlier score of 2.0 from the staff with twenty or more years' experience. If this group was excluded, the range between the other four groups based on years of experience was only .47. These results suggest that no matter what the position, how long the staff has been in the field of education, the experience with the SRBI process or the grade levels they teach, staff generally find the various Tiers to be conducted at least some of the time leaning towards most of the time. The lowest score for an average Tier was 2.52 by related services staff on the Tier I level and Unified Arts/Special Area teachers on the Tier II and Tier III levels. All other average scores for each Tier level was higher than 2.52. The highest score achieved across all demographics was a 3.5 from zero to five year teachers on Tier III impressions.

The fourth research question asked if the RTI process was proven to be effective in deterring the number of students identified as eligible for services as a child with a specific learning disability. This question was not directly answered. The research question in the survey asked for perceptions on if the interventions were effective in reducing the number of students being referred to the next level of intervention. It isolated the RTI/SRBI process and the three Tiers. It also asked if the RTI/SRBI had been effective in reducing the identification of students suspected of having a learning disability. Response to this question is not evidence that RTI was proven to be effective in deterring the number of students identified as eligible for services as a child with a specific learning disability, but it does provide us with the staff perspective on this question. Overall all the professionals from North Haven responded to this question between 2.73 to 2.9 indicating that they perceive RTI to be effective shy of most of the time in regards to deterring students being identified with learning disabilities.

The results of the survey administered did not directly answer research question number five, however this information on whether the number of students identified with a specific learning disability decreased since the implementation of RTI can be accessed in the original research conducted. If you refer back to Table 1 in Chapter 3, you will find data from the five years prior to the implementation of the IDEA revision of 2006 and the most current five years based on the data retrieved from the *EdSight* website. It was in these 2006 guidelines where the government encouraged states to use the RTI model to determine SLD. This data does not isolate specific learning disabilities by itself, but looks at the percentage of students with disabilities out of the total enrollment of North Haven at a given year. The data from prior to 2006 ranged from 8.0-11.3%. The data from the most recent five years ranged from 8.8-11.3%. This suggests that there has been minimal change in the total number of students identified as having disabilities as a result of the implementation of the Response to Intervention Process.

North Haven is a district in District Reference Group D. It has four elementary schools, one middle school, and one high school. The staff in North Haven have a range of experience from fitting into the zero to five year category all the way up to having twenty plus years' experience. These staff members have had a variety of experience within each school's Scientific Research Based Intervention Process. The input from all of these staff members will be further analyzed in Chapter Five to develop a conclusion on why certain results were obtained. Chapter Five will also explore some options on ways to improve the SRBI process within North Haven, CT.

Chapter 5: Discussion

This thesis was designed to be a retrospective look at the practices in North Haven as they relate to the Response to Intervention process based on staff perceptions. This was a case study and explored perceptions of various staff from across the North Haven Public School District using an explanatory sequential mixed methods design. Staff perceptions were ascertained through the use of a Google Forms survey sent out to selected staff. After cross referencing the email addresses for each school to the list of staff on each school's website, a list of potential survey recipients was determined. This list consisted of three-hundred thirty-seven staff members. An email was sent to this group of three-hundred thirty-seven professionals via their North Haven email address. This email included a request stating, "I would be extremely grateful if you would take the time to complete this survey. It should take no longer than ten minutes. Your input will provide me with the data needed to write my thesis titled, *Efficacy of North Haven's Response to Intervention in Reducing Over-Identification of Specific Learning Disabilities*." Between this email and a follow up request, approximately twenty-five percent of the recipients responded. After cleaning the data, a total of seventy-three useful responses was collected.

In the state of Connecticut, RTI practices were deemed as the state approved practice in determining special education identification for students suspected of having specific learning disabilities after the release of the 2006 reauthorization of IDEA. In 2016, North Haven was cited as having an area of concern in the over-identification of white learning disabled students. This study explored staff perception on the RTI process to help determine if the proper protocols and procedures are being implemented prior to determining special education eligibility.

Summary and Discussion of Results

One of the research questions asked about the perception of North Haven educators, related service staff, and/or administrators regarding the current RTI/SRBI practices in North Haven. Staff perception on the tiered RTI process varied depending on what tiers they were referencing. When looking at staff responses based on the positions they held, no consistent pattern emerged at the Tier I level about which staff viewed interventions to be conducted with fidelity, to meet the needs of the student, used research based methods, were progress monitored or effective in reducing a referral to Tier II. At the Tier II level, a pattern started to develop. Three of the five highest scores came from the Interventionists/Specialists. When looking at the Tier III level, all five questions were scored the highest by the Interventionists/Specialists. This particular group of professionals is often the group who is implementing the interventions, so it is not surprising that they view it as being more successful than staff in other roles. There is a notion that position bias may be contributing to these scores based on their own involvement in the SRBI process. This data was supported on the separate question which asked if RTI was effective in reducing the number of students being referred to special education. Interventionists/Specialists scored this higher than any other position. These staff members also viewed RTI as successful in reducing the number of students identified as having a learning disability. Supporting qualitative data on the view Interventionists/Specialists hold can be seen in a comment from a staff member from this position, "It is a team effort and everyone who is involved in the referral process has the student's best interest in minds. We work together to help the student be academically successful". It appears the Interventionists/Specialists have a positive view in their role and their effectiveness at deterring students advancing to the next stage in the RTI process.

A similar pattern emerged from North Haven educators and/or administrators involved in the RTI process who are or were active core members of the RTI/SRBI team. The twenty-eight staff identified as fitting into this demographic group viewed the process as getting stronger as it progressed through each tier based on the average for each tier level. The individual items that they found most successful varied at each tier. At the Tier I level, they found Tier I interventions to be useful in addressing individual needs to be the strongest and the effectiveness at reducing referrals the weakest out of the five topics addressed. When they moved on to Tier II and Tier III, their view of the strengths and weaknesses in the process was consistent across both levels. Core SRBI members viewed students as being progress monitored on a regular basis as the strongest element while interventions being conducted with fidelity was the weakest. A comment from a Core Team member supporting the reason why the fidelity may be viewed as the weakest area of the Tier II and III RTI/SRBI process states, "The consistency with coaches/interventionists isn't always there. Coaches are often called out from servicing students due to many other adult meetings that they need to attend." This same population of core members scored the ability to reduce the identification of students suspected of having a learning disability just shy of effective. They viewed the process just above the effective mark for reducing the number of students being referred to special education.

Another demographic group focused on was North Haven Professionals based on the number of years they have been in the field. The newer the staff members were, the more positively they viewed the process, especially in Tier I and Tier III levels. At these two levels, staff with zero to ten years' experience averaged the highest scores overall for the given tier. At the Tier II level, teachers with zero-five years in the field still scored the tier the highest. Those staff members with five to ten years' experience scored the Tier II interventions the lowest out of

all the age groups analyzed. These newer professionals shared that SRBI is, "A great way to record and track student progress." "We are collaborative and responsive to needs as they arrive." "We have a team that works hard and has the best interests of the students in mind." Outside of the zero-five year staff viewing the RTI process as occurring most of the time or better over all three tiers, no other consistent pattern was noted. In most cases, staff of various age groups viewed Tier I and Tier II interventions as occurring between some of the time and most of the time. At the Tier III level, there was more evidence that staff viewed the interventions as working between most of the time and all of time.

One of the research questions examined the perceptions of North Haven educators and/or administrators involved in the RTI/SRBI process who have been in the education field from prior to 2006 until present (2017). To address this research topic, the groups of staff who have been teaching for fifteen to twenty years and twenty or more years were grouped together as one entity. This group of fifty seasoned teachers viewed the RTI process as being shy of effective in reducing the number of students referred to special education by scoring it between somewhat effective and effective. They also viewed RTI's ability to reduce the number of students identified as having a learning disability in this same range. One of the twenty plus year veterans stated, "The process seems to prevent children in need of an IEP from getting there in a timely manner."

Although not related to a specific research question, it was determined that it would be beneficial to compare the results of staff from the elementary level to those staff at the secondary level. At the elementary level, staff found the Tier I, II, and III interventions to be occurring between some of the time and most of the time with scores moving closer to most of the time as they progressed through the tiers. North Haven Professionals at the secondary level also viewed

the process as getting stronger as they advanced through the tiers. At the Tier I level their score fell between some of the time and most of the time. Their view on Tier II and Tier III was between the most of the time and all of the time ranges. This data shows that both levels saw the process improving as the students advanced through the tiers, with the secondary level staff viewing the process as more successful than the elementary level students. This same pattern continued on the questions regarding whether RTI was successful at reducing the referrals to special education and if it was effective in reducing the number of students identified as having a specific learning disability. Staff at the secondary level answered both of these questions above the most of the time level, while elementary teachers viewed them as occurring less than most of the time. It is not clear why staff at the secondary level view the process better than those at the elementary level. One possibility is that at the elementary level there seem to be so many students who need support and not enough staff or time to address the concerns. The curriculum demands have increased for each grade level and not all students present as developmentally ready. One professional shared, "The curriculum is at times too demanding." Another comment made, "There is a bigger problem (developmentally appropriate curriculum) which is causing students to fail in earlier grades." A suggestion supporting the notion curriculum could be part of the problem was, "Curriculum demands and demands placed on teachers need to be rethought." Some staff at the elementary level shared the following comments when asked about barriers to the process. "Most interventions require time from personnel, when no one in the building has extra time." "There are more students who need support than staffing allows." "Lack of manpower to service students." "Lack of people to do interventions regularly." "Tiers 2 & 3 are not always done with fidelity." These comments present the feeling staff view the process as not being as successful as it could due to the lack of staffing to support the program.

At the secondary level, many of the comments made under strengths to RTI were the opposite and praised the staff they have. Some of the secondary level comments made included references to "interventionist support". Staff mentioned, "The interventionists are easy to work with. The interventionists go out of their way to assist staff and students." "Intervention teachers communicate very well with core teachers; intervention teachers work hard to cater to all students' individual needs". The secondary staff also mentioned that they have a variety of professionals to assist with providing instruction to struggling learners. "We have reading specialists and interventionists. There is a math lab scheduled for students who are struggling in math." They also commented on their being, "Homework and classwork help". The way the RTI process is addressed at the different levels varies. At the elementary level the staff assigned to providing interventions to elementary students in the SRBI process has changed over the years. During the 2016-2017 school year, each elementary school had two literacy specialists and a math coach who would provide interventions directly to students and some coaching to staff. This year their jobs have been restructured. One of the literacy specialists is now a literacy interventionist and the other is a literacy coach. The coach works with teachers in their classroom (modeling, co-teaching, observing etc.) while the interventionist provides reading intervention to students. The math coach's responsibilities include a combination of focus on working with staff and time directly servicing students. This change impacts the availability of staff to provide the tiered interventions. Often times, Tier II interventions are conducted in the class by the classroom teacher. Sometimes special education teachers will also implement Tier II or III instruction to students in the RTI process at the elementary level. At the Middle School level they have more staff designated to helping the struggling learners. It is important to note that there is only one middle school in the district and students from all four elementary schools

filter into this one building. There are two reading teachers, general education math teachers who teach a math lab class, and three intervention teachers who provide individual or small group interventions. These three interventionists support students across any academic areas of need, however they each have an area of focus, Math, Language Arts, and character building (i.e.: self-esteem, motivation, making better decisions in and out of the classroom, etc.). When looking at the high school level, again there is only one high school in the district. The High School has four staff identified as interventionists specific for RTI. They have a specific area of focus: literacy, math, and executive functioning (two staff in this area). The executive functioning interventionists work on task initiation, time management, stress tolerance, emotional control, organization, goal-setting, etc. In addition to the interventionists, the high school has a reading teacher who focuses on reading assignments given by the regular classroom teacher and also assists in the writing for those classes. Other supports the high school offers are after school tutoring in Math and English two days a week each. The High School has also developed a Tier III program for students who are not identified as needing special education services, but struggle to have success in the full schedule curriculum.

In order to answer the research question, "Has the Response to Intervention proven to be effective in deterring the number of students identified as eligible for services as a child with a specific learning disability?" Further research would need to be conducted. This current research asked for staff perception on whether or not they viewed the process as effective in reducing the identification of students suspected of having a learning disability; however, it did not collect specific evidence to defend if this was accomplished. When looking at the demographics of interest, staff in the field since prior to 2006, staff who are core members of the RTI team, elementary versus secondary level staff, and staff of various positions, most staff

viewed the RTI process between somewhat effective and effective. There were three groups of staff based on position who scored this question between effective and mostly effective. This included Unified Arts/Special Area Teachers, Related Services Staff, and Interventionists/Specialists. A related research question asked if the number of students identified with a specific learning disability decreased since the implementation of RTI. Research conducted for this thesis provided evidence related to this question, but did not directly answer it. According to the Strategic School Profiles and the Profile and Performance Reports on North Haven from the five years prior to and post implementation of the 2006 Restructuring of IDEA, the data reflects that the implementation of these guidelines had no effect on reducing the percentage of students identified with disabilities. These reports did not provide data specific to the percentage of students with learning disabilities. It referenced students with disabilities in general.

Discussion of Conclusions in Relation to the Literature and/or the Field

The literature review included research on the laws and legislation related to the evolution within the field of education to include students with disabilities in educational and extracurricular opportunities. Students with disabilities are considered a protected class and deserve to have social justice applied to their education in which there is equity and fairness for all students. In 1975 the Education for All Handicapped Children's Act (PL 94-142) was instrumental in establishing that all students were entitled to a free appropriate public education. This included students with disabilities. In 1983, PL 98-199 included a name change to the Individual with Disabilities Education Act. There was a reauthorization of IDEA in 2004 which held all districts to be held accountable for the Child Find mandate. Districts were required to

identify, evaluate, and locate all children with disabilities. IDEA 2004 also established the RTI process which allowed states to include data from a student's response to scientific, research-based interventions when identifying students with learning disabilities. In 2006, the intention of RTI was clarified to strongly encourage districts to use this process in place of the discrepancy model when determining the presence of a learning disability.

The data collected from the EdSight website does not indicate that the institution of the RTI model had the intended effect. There were two main reasons identified for implementing RTI. One was to avoid the "wait-to-fail" model where students struggled for long periods of time prior to being identified. The other was to reduce the number of special education students. The information retrieved from the Strategic School Profiles and the Profile and Performance Reports for North Haven, CT from the five years prior to 2006 and the five most recent school years does not reflect that there has been a reduction in the number of students identified with disabilities.

Hauerwas et al noted in their work that there was a correlation between the decrease in students identified as having a learning disability with an increase of students identified with other disabilities such as Autism or Other Health Impaired. This may explain why there was not a change in the percentage of students identified with disabilities in North Haven (Table 2) from the five years prior to 2006 and the five more recent years. Students presenting with needs may still have been evaluated and deemed eligible for special education services, but their identification may have been under different disability categories. It is possible the number of students with specific learning disabilities was lower, yet the overall percentage of students with disabilities remained somewhat constant.

The Response to Intervention process does not come without challenges. One concern stems around the lack of legislated guidelines for the federal implementation of RTI. According to Bineham, only forty-three of fifty states have adopted the RTI framework when determining eligibility as a student with a specific learning disability. Another flaw to the RTI process is the absence of a clear definition for the Response to Intervention process. This has allowed each state to interpret RTI in their own manner. In the research of Anderson-Irish, it was mentioned that no significant evidence existed to support RTI as an effective means to assess students. Instead, the process required teachers to provide unnecessary documentation. This was supported by the open ended suggestion made on the survey administered, "Make paperwork more focused and clear."

Wertz, Carpenter, and Fewell conducted research on the benefits and barriers to RTI. Their findings indicated a combination of perceived benefits as well as barriers. Several benefits were identified by Wertz et al and supported in the comments about strengths to the RTI process in this North Haven case study. Wertz et al referenced that it was perceived that students could receive intervention earlier under RTI resulting in it being less likely that a student would fall through the cracks. One North Haven staff member mentioned the benefit of, "… supporting them early before they fail and providing positive, encouraging support to build high self-esteem." Another benefit to RTI was that students received intense instruction designed to promote success. "Team identifies skills for targeted instruction, team members are from all subject areas." Benefits to staff identified in Wertz et al mentioned a perception that the data collection process was improving. Teachers were using the data to help drive instruction and teachers were held more accountable. A comment made by professionals in North Haven

support these benefits identified in Wertz et al. One professional stated that RTI was, "A great way to record and track student progress over grade level. Able to share data for later use."

Some of the barriers to RTI stemmed around the implementation of the multi-tiered approach. Another barrier was the need for government leadership to specify clear regulations. Additional barriers centered on the lack of time available to provide the interventions. Some North Haven Staff expressed concerns with "Scheduling conflicts" and stated "Scheduling - UA teachers schedules do not match with core teacher schedules which does not allow for participation in weekly team meetings." An additional barrier relates to the workload. In North Haven they felt, "Numbers could get too high" or there were "Too many students". An additional concern shared in North Haven related to the lack of fidelity of instruction. Staff mentioned, "Interventionists being assigned additional tasks requiring the cancellation of groups (affects fidelity)"

The results of this case study support the findings by Werts, Carpenter, and Fewell on the barriers and benefits to RTI based on the perception of Special Education Teachers. In North Haven, many of the same benefits and barriers were identified, however it was the perception of staff from varying positions, and not isolated to only special education teachers.

Limitations

Limitations to a study are to be expected and as with most studies, there are limitations beyond the researcher's control. A survey was sent out to three hundred thirty seven staff members. Out of this pool of recipients, only 86 responses were received. After cleaning the data, seventy-three responses remained that were usable quality responses. It is unclear if these seventy-three staff members are a clear representation of the district.

Another limitation to this thesis relates to the subject of the study. This study is a retroactive case study on one public school district in North Haven, CT. When the research was conducted, there was minimal evidence of RTI studies conducted in the state of CT. Focusing on one district isolates the subject matter making it challenging to generalize this information to other districts. The government has not developed a clear definition for RTI, resulting in RTI plans varying from state to state. The findings of this study from North Haven, CT may not be able to be generalized to other cities, especially across state lines.

Recommendations for Further Study

One research question asked, "Has the Response to Intervention proven to be effective in deterring the number of students identified as eligible for services as a child with a specific learning disability?" Further research would need to be conducted to answer this question accurately. This study can share the perception of the staff on whether or not RTI has been effective in deterring the number of students, but it does not provide specific evidence to support the claim. This recommended research may include a more detailed analysis of data collected in North Haven regarding referrals to special education and the percentage of students found eligible for services in general and with the diagnosis of specific learning disability.

Conclusion

The purpose of this study was to examine the perception of North Haven staff on the efficacy of the response to intervention program in reducing the over-identification of students with specific learning disabilities. This study was the first step in understanding the perception

of staff in North Haven and to provide professionals with a forum through which they could express their input on strengths and barriers to the process.

Overall, the input from the seventy-three staff responses indicated that there is room for improvement. When looking at the Tier I, II, and III levels, the majority of the scores fell in the some of the time to most of the time ranges. This indicates staff view the process as being somewhat effective, but leaves room for improvement. In the open ended responses, staff shared suggestions on ways to improve this process. After reviewing the input from the North Haven professionals, different themes were identified: communication, scheduling, resources, staffing, transition, and professional development.

In the area of communication, a suggestion was made that, "There should be quarterly updates on how students are progressing." Another staff member encouraged staff to, "Provide clear information to faculty and parents about the purposes and procedures within SRBI." By understanding the purpose and the vision of RTI/SRBI we may find more buy-in from various stakeholders on the process. In general, other staff members commented that there is always room for improvement in the area of communication.

Resources can mean a variety of things. It can be a reference to materials, ideas, programs, and people. Staff suggested, "There should be more Tier 2 & 3 options for math and writing." Another North Haven Professional requested the district "Provide additional scientifically based intervention materials". They also encouraged more input from the special education teachers to help develop better interventions. Regarding human resources, several comments were made about staffing. "It would be helpful to have a full-time interventionist other than the reading and math coaches." "The buildings need to keep ONE interventionist, and ONE coach for BOTH math and reading. This may help with the consistency of implementing

support." Another suggestion was, "Hire more paras to help in the lower grades especially Kindergarten." The North Haven staff shared their concerns that the current staffing is not meeting the needs of the students

Concerns regarding scheduling was a repetitive theme that evolved in the suggestion section of the survey responses. This concern identified issues related to staff who travel, "It's hard for someone that travels to be at each SRBI meeting." It also addressed the need to find the time to communicate with other staff and/or observe them. One staff suggested, "Allow teachers to be released to spend time in a typical intervention session/class." Another staff member would like the "opportunity for content teachers to observe SRBI teachers to understand effects of classes." Some staff wanted to be provided, "Additional time for planning and execution to take place." A request was made for "help figuring out when in my day to perform tier 2 interventions. If interventions are supposed to happen in addition to the general curriculum, which is already differentiated for small groups, when should they happen?"

An additional theme that emerged deals with vertical alignment and transition from grade to grade or school to school. One staff suggested exploring the fifth to sixth grade transition. "Look at scheduling for middle school and making sure students are in the right class, team, reading, etc." Another staff suggested looking "at data at the end of the year and talk with teachers to decide who needs tier II and III interventions the following year. That way, groups are established from day one and students receive immediate support." Staff shared, "We all need to be more on the same page. A vertical alignment meeting involving interventionists from all levels would be affective. Staff are looking for students to begin receiving services earlier in the school year. It was suggested that teams identify kids in the spring so they can "start in September".

The final theme evident in the suggestions related to professional development. Staff expressed their pleasure about implementing the new iReady intervention, but felt "Training regarding fidelity and progress monitoring would be helpful." There were suggestions made on receiving instruction on learning how to be "effective using 'good teaching strategies' for all students (tier I)" and to "teach teachers how to implement tier II strategies in class". Another suggestion was made for "More time (such as during PD days) for interventionists and general education teachers to meet and work together." "Opportunity for subject area interventionist to meet with content team to work on what they can improve." One professional suggested "summer academies" to learn more about SRBI. Included in the survey was one question asking staff about the manner they have been trained in the RTI/SRBI process: conference, out of district, in district, self-taught, college courses. Staff were asked to check off all if they happened one time, annually, multiple times, never, other. The responses to the question "How have you been trained in the SRBI Process?" indicates staff have not received training in the process as much as one would expect. The data on staff who stated that they have received training on RTI/SRBI one time or never were combined to reflect the limited professional development based on staff perception. North Haven Staff reported that they attended conferences on SRBI once or never 66%. Similarly, staff did not attend out of district workshops on SRBI. Seventy-seven percent stated they did not attend this type of training. When asked about in district workshops attended, 56% stated they attended one time or never. Staff were asked if they were self- taught and 27% stated never or only one time to this prompt. The biggest weakness in training related to college courses. When looking at the staff responses to the question on receiving training in SRBI in college courses, 89% said they only received it one

time or never. These findings suggest that there may be a need for further instruction and professional development on the SRBI process.

One problem this study was trying to address was the over-identification of white students in North Haven Public Schools. This was an area of concern flagged by the Connecticut State Department of Education, Bureau of Special Education in their Comprehensive District Self-Assessment for Disproportionality Report. Unfortunately, this study alone does not provide enough evidence to support if the district is following proper protocols in regards to identifying students with specific learning disabilities. Further research will need to be conducted to ascertain if North Haven does or does not over-identify white students as having a learning disability. Staff perceptions were assessed with a five-point Likert scale ranging from ineffective to very effective. The results indicated that all staff felt that the process was between somewhat effective and effective in reducing the identification of students suspected of having a learning disability. This suggests that there is room for improvement in the RTI process to be more efficient in how we determine eligibility for services.

One way North Haven can improve its practices would be to provide professional development on the RTI process. This was an area of weakness based on the data collected in the mixed methods survey. Many staff reported receiving professional development on RTI only one time or never. Some of the specific areas staff would like to learn about are different types of scientific-research based methods and how to schedule the day to allow for the tiered instruction to occur. It is possible with the addition of some professional development, North Haven may move in the right direction towards reducing the number of students identified with specific learning disabilities.

References

Anderson-Irish, N. (2013). The over identification of minority males in middle school special education programs: Examining the RTI model. *Journal of the American Academy of Special Education Professionals*, 63-72.

Armendariz, G., & Jung, A. (2016). Response to intervention vs. severe discrepancy model: Identification of students with specific learning disabilities. *Journal of Special Education Apprenticeship*, *5*(1)

Bineham, S., Shelby, L., Pazey, B., Yates, J. (2014, March). Response to intervention: Perspectives of general and special education professionals. *Journal of School Leadership*, 24, 230-252.

Connecticut Data Collaborative (2016). *North Haven, Connecticut CERC Town Profile 2017.* Retrieved from http://profiles.ctdata.org/profiles/. Retrieved December 2, 2017

Connecticut State Department of Education. (1999). *DRAFT Guidelines for identifying students with learning disabilities.* Retrieved from SERC: Equity, Excellence, Education: http://www.ctserc.org/rfi/LearningDisabGuidelines.pdf

Connecticut State Department of Education. (2008, August). *Using Scientific Research-Based Interventions: Improving Education for all Students.* Retrieved from Connecticut State Department of Education: http://www.sde.ct.gov/sde/lib/sde/pdf/cali/srbi_full_document.pdf

Connecticut State Department of Education. (2010, September). *2010 Guidelines for Identifying Children with Learning Disabilities.* Retrieved from Connecticut State Department of Education: http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/2010_Learning_Disability_Guidelines_Acc.pdf

Connecticut State Department of Education. (2001-2001, 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2011-2012, 2012-2013). *Strategic School Profile: North Haven School District*. Retrieved from http://edsight.ct.gov/SASPortal/main.do

Connecticut State Department of Education. (2013-2014, 2014-2015, 2015-2016). *District Profile and Performance Report: North Haven School District*. Retrieved from http://edsight.ct.gov/SASPortal/main.do

Creswell, J. W. (2015). *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research* (Fourth ed.). Noida, India: Pearson Education, Inc.

Denzin, NK. (1978). Sociological Methods. New York: McGraw-Hill.

Fuchs, D., Fuchs, L, Compton, D. (2012). Smart RTI: A next-generation approach to multilevel prevention. *Council for Exceptional Children*, 78(3), 263-279.

Gelb, J. (2003, October 31). OLR Research Report: P.J. v. State Department of Education. Retrieved from http://worldcat.org.sacredheart.idm.oclc.org/arcviewer/1/CZL/2003/12/03/0000004666/viewer/file1.html

Hauerwas, L. B., Brown, R. & Scott, A. (2013). Specific learning disability and response to intervention: State-level guidance. *Exceptional Children, 80*(1), 101-120.

Hoover, J.J. (2010). Special education eligibility decision making in response to intervention models. *Theory Into Practice*, 49, 289-296.

Johnston, P. H. (2011). Response to intervention in literacy: Problems and possibilities. *The Elementary School Journal, 111*(4), 511-534.

Lincoln, YS. & Guba, EG. (1985). Naturalistic Inquiry. Newbury Park, CA: Sage Publications.

Lowry, P. E. (2013). Application of the RtI model in learning disability diagnosis: Perceptions of current practices by New Jersey special education administrators. *Journal of the American Academy of Special Education Professionals*, 98-103.

Maki, K. E., Floyd, R.G., Roberson, T. (2015). State learning disability eligibility criteria: A comprehensive review. *School Psychology Quarterly, 30*(4), 457-469.

Mooney, T. B. (2014). *A practical guide to Connecticut school law* (Eighth ed.). CT Association of Boards of Education, Inc.

National Joint Committee on Learning Disabilities. (1990). *Learning Disabilities: Issues on definition.* Retrieved from LD OnLine: http://www.ldonline.org/?module=uploads&func=download&fileId=514

O'Connor, R, Bocian, K, Beach, K. & Sanchez, V. (2013). Special education in a 4-year response to intervention (RtI) environment: Characteristics of students with learning disability and grade of identification. *Learning Disabilities Research and Practice*, 28(3), 98-112.

Office of Special Education Programs. (2007, July 19). *History twenty-five years of progress in educating children with disabilities through IDEA*. Retrieved from U.S. Department of Education: Laws & Guidance Special Education and Rehabilitative Services: https://www2.ed.gov/policy/speced/leg/idea/history.html

Patton, MQ. (1999). Enhancing the quality and credibility of qualitative analysis. *HSR: Health Services Research*, 34(5), 1189-1208.

Prowda, P. (2006). *Research Bulletin: District Reference Groups, 2006.* Connecticut State Department of Education, Division of Teaching, Learning and Assessment. Hartford: Connecticut State Department of Education.

Shine, M. (2007). Identifying students at risk, monitoring performance, and determining eligibility within response to interventions: research on educational need and benefit from academic intervention. *School Psychology Review* 36(4), 601-617.

U.S. Department of Education, Office of Special Education and Rehabilitative Services. (2010). *Thirty-five Years of progress in educating children with disabilities through IDEA.* Retrieved from https://www2.ed.gov/about/offices/list/osers/idea35/history/idea-35-history.pdf.

Werts, M.G., Carpenter, E.S., and Fewell, C. (2014). Barriers and benefits to response to intervention: Perceptions of special education teachers. *Rural Special Education Quarterly,* 33(2), 3-11.

Williams, S. M. (2014). Brokering instructional improvement through response to intervention. *Journal of School Public Relations, 35,* 271-297.

Wright, E. P. (2004). *The Individuals with disabilities education improvement act of 2004: overview, explanation, and comparison IDEA 2004 v. IDEA 1997.* Retrieved from Wrightslaw: http://www.wrightslaw.com/idea/idea.2004.all.pdf