Chapter One:

RTI for Behavior and Academic Supports: Building District- and School-level Capacity

After reading this chapter, you will be able to:

✓ Give a rationale for integrating behavioral and academic support systems in schools
✓ Define RTI for behavioral support
✓ Describe six major components needed to install an effective and efficient multi-tiered behavioral support system at the district and school level
✓ Provide strategies for ensuring adoption, implementation and maintenance of behavioral RTI systems.

Behavior Support or Academics?

Many educators remark that intense federal and state requirements for demonstrating gains in academic achievement make it difficult to find time to focus on problem behaviors. Yet many students who misbehave also present serious learning challenges (Walker, Stieber, Ramsey, & O’Neill, 1993). In a misplaced attempt to be “fair” to typical students who are trying to learn, educators may be inclined to “punish” or exclude children who are acting out (Skiba, 2002).

Research strongly suggests that if schools raise their level of achievement, behavior decreases; and if schools work to decrease behavior problems, academics improve (Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999). So why not do both? Especially when we know that punishing the at-risk student populations and using “discipline” to systematically exclude them from schooling does not work. Schools that use office referrals, out-of-school suspension, and expulsion—without a comprehensive system that teaches positive and expected behaviors and rewards the same—are shown to actually have higher rates of problem behavior and academic

failure (Mayer, Butterworth, Nafpaktitis, & Suzer-Azaroff, 1983). Specifically, chronic suspension and expulsion have detrimental effects on teacher-student relations, as well as on student morale; these kinds of responses leave the student with reduced motivation to maintain self-control in school, do not teach alternative ways to behave, and have been shown in the research to have limited effect on long-term behavioral adjustment. In fact, a history of chronic referrals, suspensions, and expulsions from school is a known risk factor for academic failure, dropout, and delinquency. There must be a better way.

Powerful longitudinal research shows that being engaged in schooling, bonding with teachers and other students, and experiencing academic success all serve as protective factors for students against a number of destructive outcomes, including school failure, delinquent acts, school dropout, and alcohol, tobacco and other drug use, to name a few (Gottfredson et al., 2000). Preventing such outcomes can begin with implementation of a multi-tiered model of positive behavior supports. When adopted and implemented, such supports serve the dual purpose of promoting protective factors for the majority of students and reclaiming others.

**The need for integrated behavioral and academic support systems.** More and more children and youth are bringing well-developed patterns of behavioral and academic adjustment problems to school. At-risk students often come to school with emotional and behavioral difficulties that interfere with their attempts to focus and learn (Reid, Patterson, & Snyder, 2002). Others may have interpersonal issues with other students or educators that make concentrating on learning difficult. Bullying, mean-spirited teasing, sexual harassment, and victimization are relatively commonplace occurrences on school campuses, and these behaviors clearly compete with our schools’ mission of closing the achievement gap!

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Evidence-based best practice for supporting these students begins with identifying problems early, whether the problems are academic, emotional, behavioral, or interpersonal. After identification, interventions become essential to addressing the problem directly and thus reducing obstacles to successful school adjustment. If appropriate educational and behavioral supports were more widely provided, the long-term benefits would greatly exceed the costs (Alternbaugh, Engel, & Martin, 1995).

**Basing Interventions on the Intensity of the Problem.** The U.S. Public Health Service has developed a classification system of approaches to preventing problem behavior. This system has coordinated and integrated a range of interventions to address the needs of the three student types that are present in different proportions in every school: primary, secondary, and tertiary (J. R. Sprague & Walker, 2005). Primary prevention refers to the use of approaches that prevent problems from emerging; secondary prevention addresses the problems that already exist, but that are not yet of a chronic nature or severe magnitude; and tertiary prevention uses the most powerful intervention approaches available to address the problems of severely at-risk students. Hill Walker and his colleagues at the University of Oregon (Walker et al., 1996) outlined an integrated prevention model for schools that is based upon this classification system and addresses the problem of school-based emotional and behavior problems.

Universal interventions, applied at the primary prevention level to all students in the same manner and degree, are used to keep problems from emerging. Some good examples of such interventions include (a) developing a school wide discipline plan, (b) teaching conflict resolution and violence prevention skills to everyone, (c) establishing high and consistent academic expectations for all students, and (d) using the most effective, research-based methods.
for teaching beginning reading in the primary grades and supporting all students reading performance throughout their school careers.

Individualized interventions, applied to one student at a time or to small groups of at-risk individuals (e.g., alternative classrooms or “schools within schools”) are used to achieve secondary and tertiary prevention goals. Chronically at-risk students “select” themselves out by not responding well to primary prevention and need more intensive intervention services and supports if they are going to be able to change their problem behavior and achieve success within and beyond school. Often these interventions are made out to be too labor intensive, complex, intrusive, and costly. In fact, many of the intensive, evidence-based interventions require low amounts of time from staff, cost little to no money to implement (e.g., self-monitoring, behavioral contracting, systematic school-home note system, check in/check out, and so forth), and they are necessary for delivering effective behavior supports.

As students move from primary prevention to secondary to tertiary supports, the intensity of assessment for intervention planning purposes increases. By the time the student has reached the level of tertiary prevention a functional behavioral assessment process (FBA) is a necessary step in order to identify the conditions (e.g., antecedents and consequences) that sustain and motivate the problem behavior and use that information to develop and implement individualized behavior support plans (O’Neill et al., 1997). A comprehensive assessment of family, school, and individual risk (e.g. family stressors, academic failure) and protective factors (e.g., gets along well with peers, controls impulses) is also invaluable in guiding the delivery of a broader system of interventions (Walker & McConnell, 1995).

This integrated model provides an ideal means for schools to develop, implement, and monitor a comprehensive management system that addresses the needs of all students in the

school. In addition, the model has the potential to positively impact the operations, administration, and overall climate of the school. By emphasizing the use of universal interventions, this system makes the most efficient use of school resources and provides a supportive context for the application of necessary secondary and tertiary interventions for the more challenging students. Finally, it provides a built-in screening and assessment process; that is, by carefully monitoring students’ responses to the primary interventions, it becomes possible to detect those who are at greater risk and in need of more intensive services, increasing the match between student need and intensity of support. (J. Sprague, Sugai, & Walker, 1998). This is known as Response to Intervention or RTI.

What is RTI?

In its simplest expression, RTI involves documenting a change in behavior or learning as a result of intervention (Gresham, 2004). For example, the learner, while being provided with a particular level of instruction and support in an academic area, is periodically assessed and receives continued evidence-based instruction and support that is adapted, intensified or withdrawn, depending on the assessment results. Similarly, a student who displays challenging behavior is also assessed, and, based on the results, receives evidence-based practices to reduce challenging behaviors and improve attitudes toward academic and social life.

The RTI approach to behavior support uses the identical three-tiered logic that has been adopted for literacy, and this ultimately simplifies the work of schools in both realms—academic and behavioral. If students are having a problem with learning, they are, more likely than not (and sooner or later), going to present problems in behavior, and vice versa. So the effort to screen and support early on both fronts becomes mutually serving for students, families, and educators. The mirrored three-tiered structures allow schools to continually monitor individual
progress for behavioral and academic supports in an integrated and efficient fashion. It is close to self-defeating not to make a serious commitment to both. Clearly, integrating the approaches—from assessment to intervention to progress monitoring—makes the most sense. Figure 1 (adapted from the National Center on Positive Behavior Interventions and Supports, www.pbis.org) illustrates the relationship between behavior and academics in the three-tiered approach.

---Insert Figure 1 here--

**What is RTI for Behavior?**

RTI for behavior is the systematic process of providing a series of intensifying, evidence-based behavioral interventions and supports matched to student need. Student need is determined by inadequate response to an evidence-based, behavioral intervention implemented with fidelity (i.e., implemented as the program developers intended, right amount of lessons, etc.). RTI for behavior relies on the repeated collection of objective data (progress monitoring) to make decisions about whether the student is responding adequately or inadequately to the support(s) currently being provided.

The effectiveness of your RTI model for behavior support will depend on the quality of the interventions and supports that constitute the multiple tiers of support. Thankfully, many evidence-based interventions for behavior are available; they include methods based on applied behavior analysis (e.g., reinforcement), social learning (teaching expected behaviors through modeling and role playing), and cognitive behavioral methods to teach “thinking skills” such as problem solving, impulse control, or anger management. The RTI focus on regular objective assessment helps us to decide whether to maintain, modify, intensify, or withdraw an intervention. Figure 2 illustrates a sample “menu” of evidence-based interventions at each of the tiers.

three-tiers. Each of the interventions listed in figure 2 are shown to be effective in reducing problem behavior. You will be asked to build your own local RTI menu later in the chapter, and we provide recommendations for selecting an appropriate mix of interventions based on legal and practical considerations.

--Insert Figure 2 Here--

Frank Gresham published a seminal paper in the *Journal of School Psychology* outlining four major themes related to RTI and behavioral supports (Gresham, 2004). These themes provide the foundation concepts for this book and are described briefly below.

1. **Academic and behavioral interventions should be based on the intensity of the presenting problem.** The “three-tiered” approach to designing and selecting academic and behavioral supports involves providing supports at the universal level (all students), selected level (some students), and targeted/intensive level (a few students). At each subsequent tier, with fewer students and more intense problems, increasing levels of support are needed.

2. **RTI provides the basis for changing, modifying, or intensifying interventions.** Academic assessments are more commonly recognized and used in schools (e.g., reading fluency or comprehension, standardized test scores) to make data-based decisions regarding instruction. Similarly, systematically collected behavioral data (direct observations, office referral patterns, teacher ratings, points earned, etc.) provides a powerful basis for making decisions on behavior supports.

3. **Evidence-based practices are used in three ways:**
   a. For selecting interventions;
   b. For evaluating the effectiveness of the intervention; and,

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c. Assessing the degree of fidelity with which it is applied (essentially, is it being used as it was designed to be used; is it being done right?).

This sets the stage for the necessary shift in schools from “paper implementation (e.g., revising policies, providing staff development)” to “process implementation (e.g., achieving effective and high fidelity implementation of evidence-based supports that produce results)” involving high quality supports and clear evidence that students are learning or their behavior is changing (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).

4. Social validation is the final, critical component to implementing RTI and positive behavioral supports. It requires that we ask every group of people affected by changes and improvements in systems and in student outcomes whether the approaches used, and the results, fit with their culture and values. It also requires, on the part of school staff, a consistent and sincere effort to keep students and families informed, involved, and invested in the outcomes relative to RTI practices.

Special Education Practices. Since the recent reauthorization of IDEA (which became the Individuals with Disabilities Education Improvement Act: IDEIA, 2004), response to intervention (RTI) has become a major stimulus for discussion and action. The language in IDEIA focuses on RTI in relation to alternatives for identification and support of students with possible learning disabilities, and schools are increasingly adopting RTI logic to organize and deliver both academic and behavioral support for all students (Walker et al., 1996). This practice makes good sense. It certainly represents a more efficient use of resources. But there is another dimension that is perhaps even more important, one that stems from the common observation that many students struggle academically and exhibit problem behaviors. Simply, some students will misbehave because they “won’t do it,” and others will because they try and “can’t do it.”
But regardless of the emphasis, the fact remains that behavior and academic success are intimately connected and need to be intelligently addressed—together.

**Why is RTI being advocated as a better model to address the social and behavioral needs of students than the traditional model of service delivery?** Despite facing dwindling resources, educators are being held increasingly accountable for their efforts to ensure the academic, social, and emotional well-being of their students. Moreover, legislation over the past few years has called for the use of proactive strategies to identify and serve students with academic and behavior problems. This changing accountability has been met by some resistance as schools continue to operate with outdated models of service delivery. These schools have not developed the systems capacity to meet these mandates. There is hope, however, in the procedures that constitute RTI.

RTI provides a straightforward model of service delivery that includes procedures that allow schools to appropriately comply with legal mandates and at the same time ensure the academic, social, and emotional well-being of their students. A RTI model for behavior provides a fix for many of the problems inherent in the traditional model of service delivery. Perhaps the most significant limitation of the traditional model of service delivery is that it is reactive in addressing challenging behavior rather than proactive. This results in a “wait-to-fail” approach, whereby students (and their teachers) must struggle for a long period of time before they are assessed and provided assistance. This means that educators generally do not spring into action until the student’s problems are pronounced and have been present for an extended period of time.

Under the traditional model, students are assumed to be performing well academically and behaviorally unless identified otherwise. The end result of this reactive approach is that

many students fall through the cracks or develop deep-seated academic and behavioral problems that are resistant to remedial interventions and supports. Also, the traditional model of service delivery does not support the success of all students. It is exclusive in the sense that only those students who pass through the first gate — referral for problems — are even considered for psychological evaluation or extra behavior support. This is especially problematic in light of the research that indicates “teachers are imperfect tests” for identifying students for support (Gerber & Semmel, 1984; Gresham, MacMillan, & Bocian, 1997).

Research also suggests that schools vastly under serve the school-age population with emotional and behavioral problems (Walker, Nishioka, Zeller, Severson, & Feil, 2000). Specifically, more than 20 percent of the school-age population demonstrates deficits that would qualify them for a psychiatric diagnosis, but only 1 percent of the student population receives services under the category of emotional disturbance (ED) (Hoagwood, 1997). To make matters worse, for the 1 percent of students who eventually receive special education services under the Emotionally or Behaviorally Disturbed categories, services are often delayed until they reach middle or high school (Walker & Sylwester, 1991).

**Adopting, Implementing and Maintaining RTI for Behavior: What needs to be in place?**

Schools that have high levels of collegiality, job control, and teacher participation in decision-making perform well in numerous respects. These conditions may lead to better adoption, implementation, and maintenance of RTI for behavior, provided the school embraces the goal of adopting RTI practices.

Bryk and Driscoll (1988) identified five features of the school “community” that appear to be associated with the general effectiveness of schools: (a) a system of shared values about the purpose of the school, (b) clear expectations for students and staff, (c) high expectations for
student learning, (d) a common agenda of activities designed to foster meaningful social
interactions among school members, and (e) social relations marked by caring. After controlling
for a variety of differences in school characteristics such as academic achievement and ethnic
diversity, a composite “community index” was developed that included teacher satisfaction, staff
morale, teacher and student absenteeism, student classroom disorder, student drop outs, and gain
in academic achievement. Other studies have also shown greater gains in academic achievement
in schools where faculty, students, and parents have participated in determining the goals and
practices of the school. Such cooperative school environments are associated with higher levels
of teachers’ sense of efficacy and satisfaction as well.

Additionally, organizational effectiveness depends on (a) high-quality leadership and
support provided by a principal or other administrator, (b) an internal “champion” for a program,
(c) access to formal training and technical assistance, and (d) adequate financial resources for
adoption, implementation, and maintenance of the program. Successful organization,
implementation and maintenance of prevention programs, in particular, have been shown to be
related to principals’ ability to (a) initiate and sustain innovation (b) provide leadership in
maintaining good relations with teachers, parents, school boards, site councils, and students
(Gottfredson et al., 2000); and (c) provide support and encouragement to teachers delivering the
program. Collectively, research studies support the importance of strong and consistent principal
leadership as a critical component of getting an RTI model for behavior off the ground and
sustaining it once it is up and running.

The availability of a strong program coordinator, or influential program champion, even
without the support of a principal or agency director, also appears to be instrumental in
determining whether an organization adopts, implements, and maintains an evidence-based

Behavioral and Academic Supports. West Palm Beach, FL: LRP Publications.
prevention program. To increase the likelihood of success, there should be a program champion in every school where you are attempting to implement an RTI model for behavior.

Practices are more likely to be successfully implemented when teaching staff and administrators believe that the practices are effective, address a real problem, are worth the effort needed to implement, and will present no adverse side effects in the teaching environment. Mihalic and Irwin (Mihalic & Irwin, 2003) found that program features were the most important factors influencing the delivery and maintenance of eight different evidence-based programs; specifically, complex and/or poorly structured programs were subject to poor implementation practices.

Rogers’ work on the diffusion of innovations (Rogers, 1995) suggests that the decision to adopt a program is influenced by program characteristics such as the relative advantage of the proposed program to existing programs; its compatibility with existing values, previous experience, and current needs; the extent to which the program may be tested prior to adoption; and the extent to which the results of the program are publicly observable. Consistent with social marketing and DOI theory, information about the practice to be adopted must be persuasive and must link the advocated practices to valued outcomes that inform and motivate school staff (e.g. Rogers, 1995; Wallack, 1990).

RTI for behavior can move us closer to a vision of effective support for all students by helping us implement six essential concepts. These include (1) universal screening for behavioral adjustment, (2) continuous progress monitoring, (3) monitoring of intervention fidelity or quality, (4) data-based decision-making, (5) selecting evidence-based practices, and (6) providing multiple tiers of support. Each is defined below for the purposes of this chapter, the remainder of which will illustrate how each plays out in an RTI model for behavior.
Universal screening — The systematic process of detecting a subset of students from the entire student population who are struggling academically and/or behaviorally, and at-risk for experiencing a range of negative short- and long-term outcomes.

Progress monitoring — The practice that is used to assess students’ academic or behavioral performance and evaluate the effectiveness of instruction.

Intervention fidelity — The notion that interventions or supports being implemented in an RTI model for behavior should be implemented as intended to enable appropriate and legally defensible decision-making.

Data-based decision-making — A critical element of the problem-solving process that entails reviewing student response and intervention fidelity data in order to make decisions whether to maintain, modify, lessen, or intensify supports.

Evidence-based or scientifically validated interventions — The idea that the interventions or supports implemented under an RTI model of behavior are supported by scientific research to improve student social and behavior functioning. Interventions or supports lacking scientific validation should not be considered for use.

Multiple tiers of behavior support — The service delivery logic of providing a continuum of behavioral supports. This graduated sequence of intensifying interventions is used to match services and supports to student need.

Assessing District and Building Capacity to Implement RTI for Behavior

An increasing number of systems’ readiness checklists are becoming available as states, districts and schools prepare to implement RTI practices for general and special education decision-making in the area of academics (see Oregon Department of Education, 2005 for a good

example). The Oregon document is modeled on the district example of Effective Behavior and Instructional Support featured in Chapter 6 of this guide (also see Sadler & Sugai, in press).

While the various RTI readiness checklists vary by degree, most identify essential systems’ support features as including (a) District leadership and commitment, (b) School leadership and collaborative, problem-solving teamwork, (c) Universal screening and progress monitoring, (d) Research-based and standards-driven curriculum, instruction and interventions, (e) Coordination and coaching support, (f) Professional development and capacity-building, (g) Policies and procedures, and (h) Visibility and political support.

Whether you are planning to focus your district’s efforts on implementing RTI practices for academics, behavior, or a combination of both, you will find that the systems’ support requirements are quite comparable. They will require your attention and will provide a framework for working with your fellow educators to create a common vision and action plan for your district. Figure 3 provides a comprehensive list of readiness items for you to use while assessing your capacity to adopt, implement and maintain integrated Response to Intervention systems for behavior support. We recognize that each school district and community will have different needs, and resources and that planning and implementation strategies will need to be tailored to those needs. You are encouraged to use this item list to create a checklist using a scale such as “in place, in progress, or not started” and you may also choose to use the items to create a narrative list of goals and objectives related to each item or set of items.

--Insert Figure 3 Here--

References


Figure 1: Three-tiered Model of Behavioral and Academic Support Systems

Academic Support Systems
- Targeted and Indicated Interventions
  - Individual Students
  - Functional Assessment-based
  - Evidence-based practices
- Selected Interventions
  - Some students (at-risk)
  - Group and individual supports
  - Default strategies
  - Frequent Assessments
  - Evidence-based practices
- Universal Interventions
  - All students, all subjects
  - Prevention
  - Frequent Assessments
  - Evidence-based practices

Behavioral Support Systems
- Targeted and Indicated Interventions
  - Few Students
  - Individualized supports
  - Evidence-based practices
- Selected Interventions
  - Some students (at-risk)
  - Group and individual supports
  - Default strategies
  - Frequent Assessments
  - Evidence-based practices
- Universal Interventions
  - All settings, all students
  - Prevention
  - Frequent Assessments
  - Evidence-based practices

Figure 3: Response to Intervention Capacity Assessment Questions

District level leadership and commitment

- There is district level support at the school board, superintendent and administrative levels that includes an agreement to adopt, implement and maintain an RTI approach.
- A district level team is established with individuals who have expertise in developing, implementing, and sustaining a full range of behavior as well as academic interventions and supports.
- The team has a clear vision of how RTI, PBS and related practices fit within the larger context of their school improvement efforts.
- The district leadership team has defined a regular meeting schedule & meeting process (agenda, minutes, etc).
- Capacity-building is facilitated through a rich variety of learning opportunities within and across schools (e.g., focused institutes, team meetings, study groups, site visits, etc.).
- The district and schools have defined policies, strategies, structures, roles and responsibilities in relation to RTI. They have a structure for monitoring fidelity of model implementation.
- There are individuals in the district and on the leadership team who are knowledgeable about effective professional development, systems’ level planning, research-based curriculum and instructional practices, progress monitoring and data-based decision making.
- A district-level Coordinator(s) is identified who has adequate FTE to manage day-to-day operations.
- There is commitment to a long term change process (3-5 years) evidenced by a multi-year prevention-focused action plan with goals, objectives and action steps.
- The district is committed to providing adequate funding for curriculum and instruction, collaborative teamwork, professional development, technical assistance, and supplemental, instructional support.
- Resources are allocated for screening, progress monitoring, and interventions (personnel, time and materials)
- Social marketing and communication strategies have been identified & implemented to ensure that stakeholders are kept aware of activities & accomplishments (e.g., website, newsletter, conferences, TV).
- Trainers have been identified to build & sustain School-wide RTI practices.
- District leadership has developed an evaluation process for assessing (a) extent to which teams are using School-wide RTI (b) impact of School-wide RTI on student outcomes, & (c) extent to which the leadership team’s action plan is implemented.

School leadership and collaborative, problem-solving teamwork

- Administrators and staff (general and special education) are willing to adopt RTI practices.
- An administrative leader (principal or associate principal) is an active member of the behavior support teams required for implementation at all tiers.
- Resources are committed at the school level to supporting collaborative, teacher collaboration for implementation of behavior supports.
• Evidence-based behavioral interventions at the primary, secondary and tertiary levels have been identified and are in use
• A coach is available to meet at least monthly with each emerging school team (emerging teams are teams that have not met the implementation criteria), and at least quarterly with established teams.
• General education, special education, and compensatory education programs collaborate to support students and teachers
• School-based information systems (e.g., data collection tools and evaluation processes) are in place.

**Evidence-based core programs and integrated data systems**
• With leadership and support from the district, the schools have adopted an integrated data system for universal screening and progress monitoring.
• Schools analyze and report data to regularly assess the effectiveness of core literacy, numeracy and behavior support programs, and to select students for additional, supplemental instruction or intervention.
• Data gathering and use is geared to all students, including those with English as a second language
• The district/schools have adopted evidence-based core programs for:
  • ___Reading
  • ___Writing
  • ___Math
  • ___Behavior
• The district/schools have developed systems and procedures for monitoring the fidelity of core and supplemental academic and behavioral interventions.
• The district and schools have developed systems for collecting and managing universal screening and progress monitoring data. The district provides on-going training and coaching to ensure accuracy, reliability and validity of data.

**Universal screening and progress monitoring**
• The schools have a student level data collection and management system that is tied to behavioral interventions (example: www.swis.org or other system to track office discipline referrals )* 
• The schools have defined systems for progress monitoring
• Proactive, universal screening for externalizing and internalizing behavioral adjustment problems is conducted 2-3 times per year
• Universal screening data are shared from “sending” to “receiving” schools when students move from elementary to middle, and middle to high school

**Collaborative planning for supplemental interventions**
• The schools have a team in place (e.g., Data Team, Behavior and Instructional Support Team) that includes representatives from all special and general education programs. This team leads the RTI implementation process.
• The schools have established procedures and provided necessary resources for grade level teachers to meet regularly with the school leadership (aka Behavior and
Instructional Support Team or data) team to plan, implement and monitor students in supplemental intervention groups.

- The schools have access to a variety of evidence-based interventions and on-going training to implement them. There are individuals who have expertise in action-research-design and effective use and progress monitoring of evidence-based and promising practices.
- The district and schools have developed standard protocols for reading and behavior, in particular, in order to improve effectiveness and efficiency of professional development.
- The schools are provided with additional training and support in teamwork techniques specific to efficient implementation of PBS and RTI, including effective collaboration, brainstorming, data-based decision making and problem-solving.
- The schools are provided with personnel to assist in the on-going management and implementation of instruction support (e.g., literacy specialists, counselors, learning specialists, ELL specialists, and educational/instructional assistants).
- School teams have developed and use generic (e.g., 80%/20% rule) and specific “Decision Rules” to guide changes in (intensify) instruction/ interventions.
- Teams have individuals who are knowledgeable about progress monitoring, including trend analysis, and instructional change techniques.

Individualizing and intensifying interventions

- The district and schools have developed procedures for individualizing, intensifying interventions for students who have not responded to supplemental group intervention.
- Individualizing and intensifying procedures include the following components:
  - Procedures for gathering historical information (file reviews, developmental history)
  - Procedures for examining LD “exclusionary” criteria
  - Forms for tracking student progress, especially those resulting in a referral for special education (as in 4B).
- The “Standard Protocol”, especially for reading, includes clear guidelines for interventions at the “intensive” level, schedules for progress monitoring, and specific decision rules for determining whether or not to refer a student for special education evaluation, e.g., “dual discrepancy”.
- School teams have access to, and on-going training for implementing, a range of interventions for ruling in/out alternative explanations for a student’s lack of progress, including, for LD, problems with attendance, cognitive ability, attention-control/health, sensory skills, language-related, and/or instruction-related causes.
- The district and schools have developed a standard protocol for functional behavioral assessment and linked behavior instruction plans.
- Teachers and team members receive regular training and support for implementation.
- The district has formalized points for parent involvement and consent within their RTI procedural guidelines.

Referral and evaluation for special education

- The district’s Special Education manual includes specific guidance (Decision Rules) for evaluating a student’s Response to Intervention (e.g., dual discrepancy and/or percentile cut-points).

• The district’s Special Education manual includes all procedures, guidelines, and forms used in the RTI/Evaluation process, including eligibility reporting formats.
• The district’s Special Education manual provides guidance to school teams for evaluations under other special circumstances, such as dealing with private school and other outside referrals, and re-evaluations.
• The district’s policies and procedures for Special Education evaluation and identification are specify use of intensifying interventions and use of student response as a component of evaluation and identification of students with ED/EBD.
• The district’s model for LD and ED/EBD evaluations is flexible to meet the needs of teams and students working at different grade levels. For example, at middle and high school a problem-solving team approach that starts by reviewing existing data and analyses of “strengths and weaknesses” may be appropriate.