The City School District of New Rochelle Response to Intervention (Rtl) Glossary

The City School District of New Rochelle (CSDNR) Response to Intervention Procedures Subcommittee has developed this glossary reference guide to be used in conjunction with the CSDNR Response to Intervention Flow Chart. The intention of this reference guide is to assist educators as they use the procedures flow chart to make decisions about Rtl tiers and interventions. The Response to Intervention (Rtl) policy as outlined by the New York State Department of Education must be in place by July 2012.

The following definitions referenced in this glossary are taken directly from <u>Response</u> to <u>Intervention</u>: <u>Guidance for New York State School District</u>, <u>October 2010</u>. The complete document can be found at <u>www.nysrti.org</u> or <u>www.nysed.gov</u>.

A. Rtl Definition:

The New York State Education Department (NYSED) has established a regulatory policy framework for Rtl in relation to school-wide screening, minimum components of Rtl programs, parent notification and use of Rtl in the identification of students with learning disabilities. The Regents policy establishes Rtl as a school-wide system of organizing instruction and support resources to deliver high quality instruction to meet the diverse needs of learners (p.1)

Rtl begins with high quality research-based instruction in the general education setting provided by the general education teacher. Instruction is matched to student need through the provision of differentiated instruction in the core curriculum and supplemental intervention delivered in a multi-tiered format with increasing levels of intensity and targeted focus of instruction. As a consequence of school-wide screenings of all students and progress monitoring, students who have not mastered critical skills or who are not making satisfactory progress can be identified for supplemental intervention. If the student continues not to make sufficient progress after receiving the most intensive level of instructional intervention, it may be determined that a referral for a comprehensive evaluation to determine eligibility for special education is needed.(p.1)

B. Universal Screenings:

Screening is an assessment procedure characterized by brief, efficient, repeated testing of age-appropriate academic skills (e.g., identifying letters of the alphabet or reading a list of high frequency words) or behaviors. Screenings are conducted for the purposes of initially identifying students who are "at-risk" for academic failure and who may require closer monitoring and/or further assessment(p. 8)

The team should implement a standard procedure for using screening data to determine if a student responds to scientific, researched-based instruction includes either establishing:

- 1. the cut points at which risk is determined (e.g., establishing risk identification of students who score below a norm-referenced cut-point (such as less than the 25th percentile on a standard reading test) or
- 2. a pattern of performance (e.g., identifying students who score below a performance benchmark associated with poor long-term outcomes (such as less than 15 on the curriculum-based measurement (CBM) word identification fluency at the beginning of first grade). (p.8-9)

C. Multi-Tier Service Delivery Model:

When students are identified through screening, progress monitoring or other on-going assessment procedures as not making sufficient or satisfactory progress, the school's multi-tier service delivery model provides a range of supplemental instructional interventions with increasing levels of intensity to address these needs. The various tiers (Tier 1, Tier 2, and Tier 3) include distinguishing features such as:

- size of instructional group,
- mastery requirements for content,
- frequency and focus screening,
- duration of the intervention,
- frequency and focus of the progress monitoring,
- frequency of the intervention provided, and
- the instructor's qualifications. (p. 12)

1. Tier 1 – Universal and Differentiated

Tier 1 is commonly identified as the core instructional program provided to all students by the general education teacher in the general education classroom. Research-based instruction and positive behavior intervention and supports are part of the core program. A school/district's core program (Tier 1) should minimally include:

- core curriculum aligned to the NYS learning standards;
- appropriate instruction and research-based instructional interventions that meets the needs of at least 80 percent of all learners;
- universal screening administered to all students in the general education classroom three times per year;
- weekly progress monitoring of students initially identified as at-risk for five or six weeks;
- differentiated instruction based on the abilities and needs of all students in the core program; and
- a daily uninterrupted 90 minute block of instruction in reading. (p. 12)

Tier 1 appropriate instruction for LEP/ELL students must include bilingual and ESL instruction, at levels pursuant to Part 154 of the Regulations of the Commissioner of Education. (p. 13)

2. Tier 2 – Strategic and Supplemental

Tier 2 intervention is typically small group (3-5) supplemental instruction. This supplemental instructional intervention **is provided in addition** to, and not in place of, the core instruction provided in Tier 1. For example, a student who is receiving Tier 2 intervention would be provided core instruction plus 20-30 minutes of supplemental interventions three to five days per week. Tier 2 interventions focus on the areas of student need or weakness that are identified in the screening, assessment or progress monitoring reports from Tier 1. Therefore, students are often grouped according to instructional need. Approximately 5 to 10 percent of students in a class receive Tier 2 intervention. (p. 13)

The location of Tier 2 intervention is determined by the school. It may take place in the general education classroom or an alternate location outside of the general education classroom. The determination of which intervention will be provided to an individual student is made by a problem-solving process or a standard treatment protocol. (p. 13)

3. Tier 3 - Intensive

Tier 3 intervention is designed for those students who demonstrate insufficient progress in Tier 2. Tier 3 is typically reserved for approximately one to five percent of students in a class who will receive more intensive instruction in addition to their core instruction. Tier 3 differs from Tier 2 instruction in terms of such factors as time, duration, group size, frequency of progress monitoring and focus. This tier provides greater individualized instruction in a small group setting (generally one to two students at a time) anywhere from 30 to 60 minutes at a minimum of four days per week. The progress of students at Tier 3 is monitored more frequently, at least once a week, to determine the student's response to intervention. Instruction is provided by school personnel who are highly skilled or trained in the areas of academic need indicated by student performance data. The setting for Tier 3 intervention is determined by the school personnel. It is important to note that Tier 3 is considered supplemental instruction to Tier 1 and is not intended to replace Tier 1 instruction. Similar to Tier 2, school personnel must conduct regular fidelity checks to determine if the intervention was implemented the way it was intended. (p. 14)

See attached Tier 2/3 Form and Intervention Log

D. Decision-Making Models: Standard Protocol and Problem Solving

Initial screening and progress monitoring data inform decisions about the level and type of interventions needed to help individual students make progress. Schools typically implement small group interventions using either a standard-protocol or a problem-solving model or a combination of the two – hybrid. (p. 25)

1. Standard Protocol Model

A standard protocol model involves the provision of a research-validated intervention for a specific amount of time, duration and frequency (minutes per day, days per week, and number of weeks) with small groups of students having similar needs. A primary feature of the standard protocol model involves standardized instruction or intervention with minimal analysis of skill deficits. The intervention has a set of well-defined steps or procedures, which when implemented appropriately or as intended, increase the probability of producing positive outcomes for students. Intervention groups are formed by identifying the general nature of the deficit and matching it to a prescribed treatment or protocol. (For example, the Rti decision-making team would analyze screening data and identify which students required additional instruction in decoding. These students would receive an intervention using a standardized set of procedures or intervention program that focuses exclusively on decoding.) (p. 25)

2. Problem-Solving

In contrast, the problem solving model involves an in depth analysis of skill deficits and instructional and environmental variables that compromise a student's reading performance (Shapiro, 2009). Information obtained from the examination of instructional variables are used to identify subskill deficits and inform targeted interventions. Common to Rti-PS models is a 4-step process that involves the following steps:

- 1. Conceptualize the problem (Is there a problem? What is it?)
- 2. Examine variables that may be influencing the problem (Why is it happening?)
- 3. Deliver targeted or individualized interventions (What shall we do about it?)
- 4. Evaluate the effectiveness of the intervention (Did the intervention work?) (p. 26)

Sufficient time is needed to determine if the intervention is going to work. However, except with standard protocol procedures, the frequency, duration and intensity of interventions should be based upon student performance data, not specified period of time. Effective data-based decision making includes:

- regular review of data based on intensity of student needs (students with more intense needs or greater gaps in achievement may need to be monitored more frequently);
- sufficient number of data points collected over a specific period of time (a minimum number of six to eight data points is needed to determine responsiveness of the student);
- analysis of learning trajectory or trends compared against trajectory or trends that will result in grade appropriate achievement;
- graphic representation of data to allow for visual analysis of trends; and
- a discussion involving treatment fidelity; that is, how closely the specific steps or procedures within an intervention was delivered the way it was intended (treatment fidelity). (p. 27)

E. **Fidelity**

Fidelity of the process at the school level means consistency with which various components are implemented across classrooms and grade levels. Fidelity of implementation means:

- 1. intervention/instruction is delivered in the way in which it was designed to be delivered:
- 2. screening and progress monitoring procedures are administered in a standardized manner, and an explicit decision-making model is followed;
- 3. instruction and interventions are implemented consistent with research or evidence-based practice;
- 4. staff receive appropriate professional development; and
- 5. administrators provide supervision and serve as instructional leaders. (p. 42)

F. **Progress Monitoring**

Progress monitoring is the practice of assessing student performance using assessments on a repeated basis to determine how well a student is responding to instruction. Data obtained from progress monitoring helps staff to determine the extent to which students are benefiting from classroom instruction and informs decisions about appropriate levels of intervention. (p. 19)

Data from progress monitoring should be used to inform student movement through tiers. For example, progress monitoring data obtained during the course of Tier 2 intervention should be analyzed for level of performance and growth status. If student data reflect performance at or above benchmark, the student may return to Tier 1. If the student is performing below benchmark, but making sufficient growth progress, the decision to continue Tier 2 intervention can be made. If the student is performing below benchmark and demonstrates poor growth (i.e. under-responding), a change in the Tier 2 intervention or movement to a Tier 3 intervention may be considered. (p. 20)

E. Parent Notification

In accordance with section 100.2(ii) of the Regulations of the Commissioner of Education, when a student requires an intervention beyond that provided to all students and begins receiving Tier 2 intervention, parents must be notified in writing the:

- amount and nature of data that will be collected and the general education services that will be provided;
- strategies to increase the student's rate of learning; and
- parent's right to request an evaluation for special education programs and/or services. (p. 14-15)

Additional Terms:

G. Case Manager

The case manager acts as the RtI Team facilitator. Each school will determine who will function as the case manager. The role can be assigned to one person or it can be assigned on a rotating basis based on the needs of each building. The responsibilities of the case manager can be: student observation, assistance with Tier 1 interventions, help with compiling all of the data needed for a Problem Solving Team meeting as per the Tier 2/3 Checklist,

H. Strategic Progress Monitoring

Rtl requires a benchmark and progress monitoring system based on direct, frequent and continuous student assessment. The results are reported to students, parents, teachers, and administrators on a regular basis to determine whether the student is responding to the instruction/intervention.

I. Functional Behavioral Assessment

A Functional Behavioral Assessment (FBA) is the" process of determining why a student engages in behaviors that impede learning how the student's behavior relates to the environment". (www.p12.nysed.gov)

J. Behavioral Intervention Plan

A behavioral intervention plan "is based on the results of a functional behavioral assessment (FBA) and, at a minimum, includes a description of the problem behavior4, global and specific hypotheses as to why the problem behavior occurs and intervention strategies that include positive behavioral supports and services to address the behavior". (www.p12.nysed.gov)

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