



Leadership, Team Building, and Professional Development for Response to Intervention (RtI)

Field Guide to RtI Prepared by
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Where to Begin

Response to Intervention (RtI) is an educational service delivery model that must begin with leadership at the building and district levels. First steps may involve the formation of stakeholder teams to build commitment and understanding of the steps to take in implementing the locally designed change process required to bring this reform to the schools.

The following diagram depicts the essential system-wide components in determining a school’s readiness to implement Response to Intervention. The success of the implementation is dependent on the extent to which the school, as a system is of quality in these features.

The change process may take three to five years with the potential to reach struggling learners and prevent academic failure.



Five Stages of Change

1. **Accepting the Reality**
2. **Owning the Problem**
3. **Owning the Solution**
4. **Implementing**
5. **Monitoring/Evaluating**

Using a process of inquiry, educators may begin to uncover the guiding beliefs to their current practices and define the next steps in creating a delivery system model that emphasizes prevention of learning failure. The following questions may assist in starting the essential dialogue to revising existing practices.

- What are the educational outcomes that we value for our students?
- When a student is “not” making progress in school, do we attribute the lack of success to the child or do we attribute the lack of success to the child’s learning experiences?
- What are we going to do when students are not learning what we want them to learn?
- What DATA do we use to know our students are learning?

The work of RtI will focus attention on the implementation of an aligned curriculum with articulated learning sequences, diagnostic-prescriptive assessments, and valid instructional practices. Schools will be forced to re-align resources to free up staff to spend time in classrooms supporting teachers to implement interventions, to conduct assessments, and to monitor and plan interventions.

A simple place to begin would be to look at the district’s reading program for grades K – 3. The RtI requirements of IDEA 2004 were grounded in research on effective teaching of basic reading and reading fluency skills. However, the IDEA 2004 robustly identified 8 areas of achievement across all grade levels. Schools must develop capacity to assess and intervene with students using specific, focused methodology of intervention. Our task becomes one of identifying the areas in which RtI may be delivered using the basic skills methodologies of primer grade reading research and to support schools to develop and utilize criterion-referenced assessments and apply problem-solving planning teams for addressing complex skills across grade levels.

- Establish a Team
- Establish Processes and Procedures for Teams to Meet
- Plan Data Collection and Collation
- Plan for Needed Assessments
- Identify Interventions
- Support the Teacher

Decision-Making and Problem-Solving

The process of RtI creates the following opportunities:

- To acknowledge and respond to the diversity that exists among learners
- To recognize that many minds may appear on the surface to be deviant or dysfunctional or disabled while, in reality, they are highly specialized
- To mobilize a concerted effort to strengthen the talents and affinities of all students and to perceive this goal as one of education's highest priorities
- To bridge the alarming gap between clinical practice and education
- To move away from a medical model to educational model
- To utilize assessment data as not just about a test score but as central to data-based decision making
- To form new partnerships between parents, clinicians, schools, and students themselves based on a joint effort to understand and nurture mind growth
- To acknowledge that decision-making is not a pre-referral process. It is a problem-solving process designed to resolve a student's academic or behavioral difficulties with evidenced-based interventions
- To enhance the collaboration between regular and special education

The teams working to design the local plan for RtI as well as the teams making decisions for individual students must maintain high standards of professional ethics. The purpose of RtI is to intervene early and not to wait for students to fail before providing intensive interventions. The integrity or quality with which interventions are implemented will define the outcomes for the child. Teams must also strive to remain data-focused to avoid making assumptions about student learning that would detract from instructional quality considerations.



“Teams must also strive to remain data-focused to avoid making assumptions about student learning”

Decision-Making and Problem-Solving—continued

Historically, educational placement decisions were descriptive, observational, and primarily hinged on standardized test scores. There were no requirements to intervene before making attributions of deficits within children. Decision-making is moving from a medical model to an educationally-focused model where intervention and planning are foremost.

The teaming process required to implement RtI begins with leadership but involves the focused collaboration of all stakeholders surrounding student achievement at all levels of the educational system. New procedures for intervening with student learning will require effective processes for decision-making. Effective decision-making is the result of collaboration. Collaborative groups use data as the basis for their decision-making.

Collaborative groups come together with the intention of problem solving. Each group member is fully focused on the task at hand. Group members are respectful of the opinions of other, as well as the effective utilization of the expertise of each group member. As a contributing collaborative group member, each individual should make their thinking visible to the others and place all assumptions on the table to be investigated.

Garmston (1999) cites seven norms of collaboration. These norms provide the foundation for productive group work. The norms are as follows:

1. **Pausing**
2. **Paraphrasing**
3. **Probing for specificity**
4. **Putting ideas on the table**
5. **Paying attention to self and others**
6. **Presuming positive intentions**
7. **Pursuing a balance between advocacy and inquiry**

Initially, these norms are skills that must be facilitated. With time and effective use, they will become the expected and 'normal' behavior when collaborating for problem-solving.

Ethics are an important consideration in the decision-making process. Respect, responsibility, and accountability are essential elements in mobilizing a concerted effort for making appropriate educational decisions. Group members work within their areas of expertise. The possible consequences of actions taken are examined within the framework of the questions to be answered. Data collection is also targeted to the specific question and gathered in the most efficient way possible. The data must be sufficient to allow a decision to be made.

“Decision-making is moving from a medical model to an educationally-focused model where intervention and planning are foremost.”

Problem-solving must address the following constructs:

Best interest of student

Quality of instruction

Organizational structure

Decisions must be made in the best interest of the child, not for the convenience or comfort of adults nor the organizational structure of the current educational delivery system.

It should be clear from the onset that the group is responsible for the decisions it makes. Tasks are assigned to the appropriate group members for the purpose of data collection. Group members are responsible for analyzing the data. The data provides the critical information needed for decision-making.

The group has the responsibility of

- 1) identifying and formulating questions that define the problem in specific, observable and measurable terms;
- 2) identifying the data and information that must be collected in order to answer the questions formulated;
- 3) organizing and effectively utilizing the data and information collected;
- 4) using the data to make informed decisions.



Options in Decision-Making: Pros, Cons, and Uses of Decision Agreements

Options	Pros	Cons	Uses
Spontaneous Agreement	<ul style="list-style-type: none"> Fast, easy Unites 	<ul style="list-style-type: none"> Too fast Lack of discussion 	<ul style="list-style-type: none"> When full discussion is not critical Trivial issue
One Person Decides	<ul style="list-style-type: none"> Can be fast Clear accountability 	<ul style="list-style-type: none"> Lack of input Low buy-in No synergy 	<ul style="list-style-type: none"> When one person is the expert Individual willing to take sole responsibility
Compromise	<ul style="list-style-type: none"> Discussion creates a solution 	<ul style="list-style-type: none"> Adversarial win/lose Divides the group 	<ul style="list-style-type: none"> When positions are polarized; consensus improbable
Multi Voting	<ul style="list-style-type: none"> Systematic Objective Participative Feels like a win 	<ul style="list-style-type: none"> Limits dialogue Influenced choices Real priorities may not surface 	<ul style="list-style-type: none"> To sort and prioritize a long list of options
Majority Voting	<ul style="list-style-type: none"> Fast High quality with dialogue Clear outcome 	<ul style="list-style-type: none"> May be too fast Winners and losers No dialogue Influenced choices 	<ul style="list-style-type: none"> Trivial matters When there are clear options If decision of group is o.k.
Consensus Building	<ul style="list-style-type: none"> Collaborative Systematic Participative Discussion-oriented Encourages commitment 	<ul style="list-style-type: none"> Takes time Requires data and member skills 	<ul style="list-style-type: none"> Important issues When total buy-in matters

Source: Facilitation at a Glance! A Pocket Guide of Tools and Techniques for Effective Meeting Facilitation, Ingrid Bens, M.Ed.; AQP

Leadership in Redefining Professional Roles

Traditionally, educators have worked in isolation. Team decisions usually required a reporting out from expert roles. Decisions to place students into special education were often formed to support the opinion of the person presenting a referral concern. RTI will give cause for educators to work in new roles and functions. Education interventions will call for educators to work in support of one another, to collaborate in managing data and intervention decisions, and to rely on one another to maintain the integrity of the work with the common purpose of teaching students the skills they need. It will take organizational leadership to support educators in their new roles through professional development, definition of tasks, time to work together in new ways, emphasis on collaboration, and attention to team-building processes.

Team Development Questions:

1. How much detail do we need to move this item?
2. Who is making this decision?
3. What is the process for making this decision?
4. What parts of this issue live in our sandbox?
5. Who will do what by when?
6. I'm trying to understand: Is this a matter of principle or a matter of preference?
7. What conditions might cause us not to follow through on these agreements?
8. How will we know when we are successful?
9. Is there something we're not talking about that is keeping us stuck?
10. What questions would be useful to ask ourselves?
11. What are our assumptions about teaching and learning?

Suggested Ground Rules for Successful RTI Teams

From Edformation, Inc, Creators of AIMSWeb

- Start and end the meeting on time
- Everyone participates – no one person dominates
- Don't interrupt when others are expressing thoughts
- Build on the ideas of others
- Remain open-minded and non-judgmental
- Be willing to compromise, when appropriate
- Be positive and avoid criticism
- Suggest solutions to identified problems
- **KEEP THE STUDENT'S BEST INTEREST IN MIND**

“Education interventions will call for educators to work in support of one another, to collaborate in managing data and intervention decisions, and to rely on one another to maintain the integrity of the work”

Who Will Do the Work of RtI?

Response to Intervention is in the arena of the entire education system. General education and special education will need to work together with newly defined roles, responsibilities, tasks, and caseloads. The RtI team will consist, minimally, of a classroom teacher, parent, and a support staff member, such as a remedial reading teacher. District leadership decisions will need to define the tasks and roles of staff who will best contribute to the design and implementation of valid interventions and reliable data collection procedures. Itinerant staff, such as Speech and Language Therapists, School Psychologists, and Teacher Consultants may offer skills in data collection, educational interventions, and problem-solving that will support the implementation of RtI. Typically more staff is involved as the interventions become more extensive.

“Response to Intervention is in the arena of the entire education system.”

Professional Development

For teachers to engage in RtI they will need extensive training. Estimates are that teachers will need from 20 hours (Vaughn, et al, 2003) to 40 hours (Torgeson, 2003) of baseline preparation to implement interventions with integrity. For educators to master new teaching practices, research has determined they require:

- Theory (answers “why?” and focuses on educator knowledge).
- Demonstration (opportunity to see new practice applied).
- Practice (25 trials using the skill are the minimum the research suggests to ensure the skill is not lost).
- Feedback (provided promptly by peers or “experts” who are trusted).

According to recommendations from the National Association of State Directors of Special Education (NASDSE), teachers will need long term support, resources, and leadership to adopt RtI practices. When educators perceive that a new skill is related to student achievement, they are more likely to embrace the skill. Support for sustaining implementation through on-site coaching and opportunities to practice new skills is essential. Teachers will need user-friendly technology to support their work with the graphing, trend/growth lines, and gap analyses that are essential to RtI. To avoid haphazard implementation of RtI, school administrators must recognize the importance of staff training and provide the resources for staff.

References

- Bens, I. (1999) *Facilitation at a Glance! A Pocket Guide of Tools and Techniques for Effective Meeting Facilitation*. Association of Quality and Participation. www.participative-dynamics.com. Sarasota, FL.
- Berlinger, D.C. (1987) Knowledge is power: A talk to teachers about a revolution in the teaching profession. In D.C. Berliner & B.V. Rosenshine (Eds.) *Talks to Teachers* (pp. 3 – 33). New York: Random House.
- Edformation. Aimsweb. <http://www.aimsweb.com/>
- Federal Register / Vol. 71, No. 156 / Monday, August 14, 2006 / Rules and Regulations
- Garmston, R. & Wellman, B.M. (1999) *The Adaptive School: A Sourcebook for Developing Collaborative Groups*. Christopher-Gordon Publishers, Inc. Norwood, MA.
- Heartland Education Agency 11 (2002) *Improving Children's Educational Results Through Data-Based Decision-Making*. Johnston, IA.
- Iowa Department of Education (2005) Special Education Eligibility Standards. Des Moines, IA.
- Federal Register / Vol. 71, No. 156 / Monday, August 14, 2006 / Rules and Regulations.
- NASDSE Explains Response to Intervention: Part II – Professional Development (2006). The Center for Educational Networking (CEN), Issue #8, Volume #3. www.cenmi.org
- Showers, B. (1984). *Peer Coaching: A strategy for facilitating transfer of training*. Eugene, OR: Center for Educational Policy and Management.
- Showers, B., Joyce, B., & Bennett, B. (1987). Synthesis of research on staff development: A framework for future study and state-of-the-art analysis. *Educational Leadership*, 45(3), 77-87.
- Torgeson, J.K. (2003) *New expectations for outcomes from effective reading interventions with younger and older children: lessons from research*. Presentation at the annual meeting of the International Dyslexia Association, San Diego, CA.
- U.S. Department of Education Institute of Education Sciences National Center for Education Evaluation and Regional Assistance (2003) *Identifying and Implementing Educational Practices Supported By Rigorous Evidence: A User Friendly Guide* <http://www.ed.gov/rschstat/research/pubs/rigorous/vid/index.html>
- Vaughn, S. Linan-Thompson, S. & Hickman, P. (2003) Response to instruction as a means of identifying students with reading/learning disabilities. *Exceptional Children*, 69, 391-409.

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