

**Tiered  
Service  
Delivery**

**High Quality  
Core  
Instructional  
Program**

**Data Based  
Decision-Making  
for Student Progress**

**Research  
Based  
Interventions**

**Comprehensive  
services  
to address the  
needs of  
all students**

# **Rockcastle County Schools Intervention System**

REVISED JULY 2015

# Rockcastle County Schools

## Intervention System

### Revised July, 2015

#### Introduction

While schools have historically searched for ways to improve student learning, many have continued to have difficulty in meeting the learning needs of a small percentage of struggling students. Federal legislation has addressed this issue with the reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA 2004) and the passage of the No Child Left Behind Act (NCLB 2001). These acts stress the use of professionally sound academic and behavior interventions and instruction based on defensible research to improve student performance. Congress believes that as a result of these practices, fewer children will require special education services; however, when student progress data proves unresponsiveness to interventions, provisions of IDEA 2004 allow school districts to use these scientific, research-based interventions and data as an alternative method (to the discrepancy model) for identifying students with specific learning disabilities (SLD). The process generally accepted to address these requirements is Response to Intervention (RTI).

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

#### Supporting Research

The National Research Center on Learning Disabilities (NRCLD, 2006) defines RTI as:

“... an assessment and intervention process for systematically monitoring student progress and making decisions about the need for instructional modifications or increasingly intensified services using progress monitoring data.”

RTI is an integrated approach to service delivery that encompasses general, remedial, and special education through a multi-tiered service delivery model. Essentially, “RTI is the practice of: (a) providing high-quality instruction/interventions matched to all students' needs (b) using learning rate over time and level of performance to (c) make important educational decisions” to guide instruction. These decisions include the length and intensity of interventions and specific learning disability determinations. RTI includes the use of student progress data to make important decisions about the overall educational program, the interventions, and individual student needs(National Association of State Directors of Special Education, 2008).

John E. McCook’s model for RTI has three instructional levels. Tier I includes screening and quality instruction for all students, with intervention for “slow starters” or struggling students, provided within the classroom. Tier II includes extra supplementary, small group instruction for

students not meeting benchmarks. In Tier III, students receive “specific intensive intervention”, which occurs more frequently and for an extended duration (McCook, 2006).

Daryl Mellard (2003) describes core principles of a quality RTI program:

1. *High quality classroom instruction. Students receive high quality instruction in their general education setting. Before students are identified for specific assistance, there must be assurance that the typical classroom instruction is of high quality. This quality can be assessed by comparing students' learning rates and achievement in different classrooms at the same grade level.*
2. *Research-based instruction. General education's classroom practices and the curriculum vary in their efficacy. Thus, ensuring that the practices and curriculum have demonstrated validity is important. If instruction is not research-based, one cannot be confident that students' limited gains are independent of the classroom experiences.*
3. *Classroom performance. General education instructors and staff assume an active role in students' assessment in the general education curriculum. This feature emphasizes the important role of the classroom staff in designing and completing student assessments rather than relying on externally developed tests (e.g., state or nationally developed tests).*
4. *Universal screening. School staff conducts universal screening of academics and behavior. This feature focuses on specific criteria for judging the learning and achievement of all students, not only in academics but also in related behaviors (e.g., class attendance, tardiness, truancy, suspensions, and disciplinary actions). Those criteria are applied in determining which students need closer monitoring or an intervention.*
5. *Continuous progress monitoring. In RTI models, one expects students' classroom progress to be monitored continuously. In this way, staff can readily identify those learners who are not meeting the benchmarks or other expected standards. Various curriculum-based assessment models are useful in this role.*
6. *Research-based interventions. When students' screening results or progress monitoring results indicate a deficit, an appropriate instructional intervention is implemented, perhaps an individually designed instructional package or a standardized intervention protocol. The standardized intervention protocols are the interventions that researchers have validated through a series of studies. School staff is expected to implement specific, research-based interventions to address the student's difficulties. These interventions might include a "double-dose" of the classroom instruction or a different instructional method. These interventions are not adaptations of the current curriculum or accommodations, because one would expect those procedures to have been implemented already. These research based interventions are 8 to 12 weeks in length and are designed to increase the intensity of the learner's instructional experience.*

7. *Progress monitoring during interventions. School staff members use progress monitoring data to determine interventions' effectiveness and to make any modifications, as needed. Carefully defined data are collected, perhaps daily, to provide a cumulative record of the learner's response to the intervention.*
8. *Fidelity measures. While the interventions themselves are designed, implemented, and assessed for their learner effectiveness, fidelity measures that focus on those individuals providing the instruction also are completed. The fidelity measure, usually an observational checklist of critical teaching behaviors, is completed by a staff member other than the teacher being observed and indicates whether or not the intervention was implemented as intended and with consistency.*

## **The Kentucky System of Interventions**

The Kentucky System of Interventions (KSI) was established by the Kentucky Department of Education (2008) at the state level to guide schools and districts in developing an instructional system of intervention, with highly effective teaching and learning for all at the core; accelerated learning for advanced students; and an intervention program for struggling learners. In addition, the KSI addresses closing achievement gaps, readiness to learn, and student transitions. It is, ultimately, a structure for providing systematic comprehensive services to address academic and behavioral needs for all students, preschool through grade

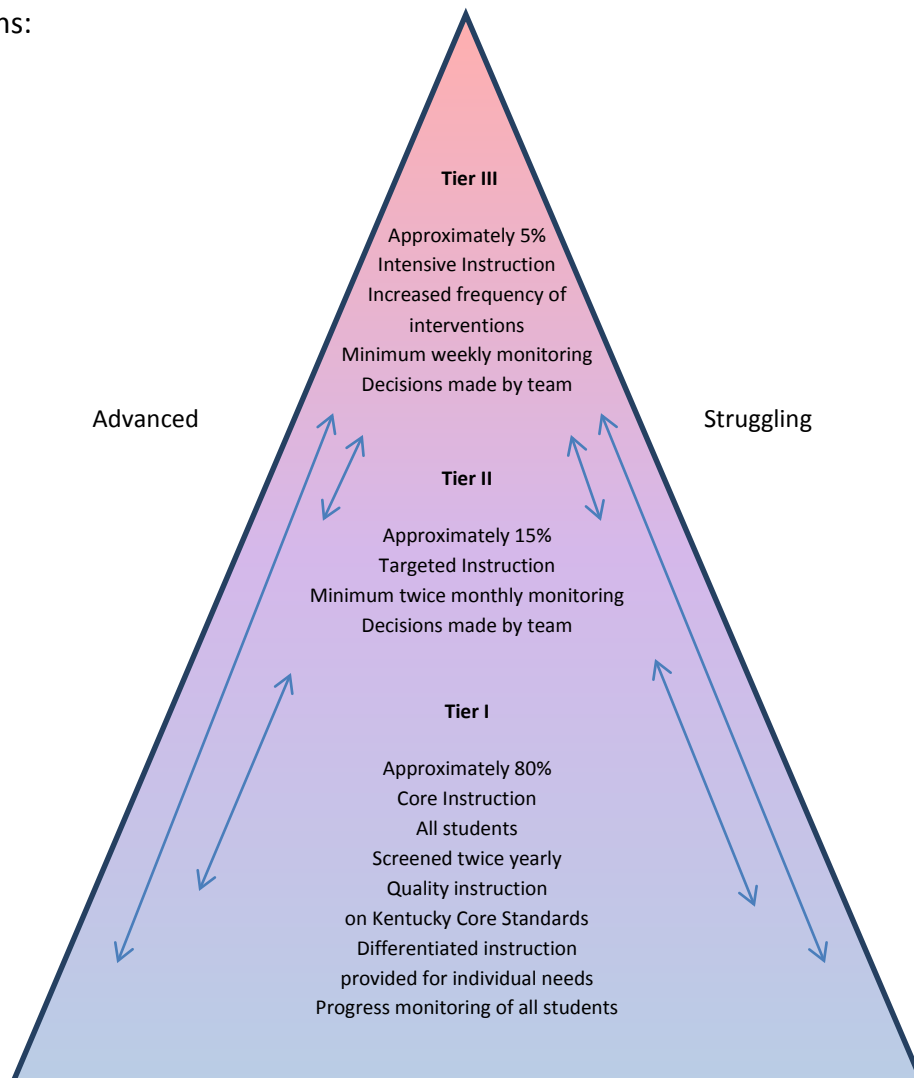
12. Key components in this plan are:

- A curriculum that is aligned to national, state, and local standards and accessible to all students
- Professional development for highly effective instruction that is evidence based, aligned to curriculum, and accessible to all students
- Universal screening and diagnostic assessment/analysis to identify individual student needs
- Tiered services within a fluid structure to maximize student achievement and reduce behavior problems, complete with a written plan detailing accountability
- Fidelity of intervention implementation
- Progress monitoring and data based decision making to enable successful collaboration in meeting the needs of students
- Comparison of pre-intervention data to post-intervention data for efficacy
- Family and community involvement with a focus on improving student learning
- A school-wide program effectiveness plan to ensure quality instruction and optimum student improvement (Kentucky Department of Education, Version 2.1, 2012)

The Rockcastle County Intervention System (RCIS), which encompasses the key state components above, was developed based on the Federal Response to Intervention requirements, the KSI framework, and research and concepts from John McCook (2006), Daryl Mellard (2003), and other resources noted. The RCIS plan below details the intervention system to be used by Rockcastle County schools and staff by explaining its principles and components and providing guidelines and procedures to follow for implementation.

## The Rockcastle County Intervention System

The RCIS approach incorporates a three-tiered system of service delivery for the instruction of academics and behavior. It is designed to guide staff in identifying the specific strengths and needs of individual students and addressing them through a rigorous intervention program, in addition to the high quality instructional program provided for all students. Each tier in the system represents an increasingly intensive level of services. The system has the flexibility for students to move back and forth as needed from tier to tier. All available resources are used in this intervention system to support and address students' needs regardless of their eligibility for other programs. The RCIS is not a placement model of defining where students are placed within the tiers, but a service delivery model that guides the services to the students in an organized structured format. The goal of this RCIS process is to elicit growth for continuous student progress—from closing achievement gaps for struggling students to providing access to challenging curriculum for advanced learners—and ultimately, prepare all students to be college and career ready. The RCIS model below is adapted from that of the Kentucky System of Interventions:



### **Tier I: Universal Screening, Instruction, and Interventions**

“The focus of Tier I is on improving the core classroom instruction of academics and behavior that all students receive. Tier I instruction is designed to address the needs of the majority of a school’s students. By using flexible grouping, ongoing assessment, and targeting specific skills, classroom teachers are able to meet instructional goals” (McCook, 2006).

In Rockcastle County Schools, the Tier I core instructional program for all students, with adaptations/interventions made for individual differences, effectively serves approximately 80% of the student body. In Tier I, all students receive high quality, research-based instruction of required standards in the regular classroom. The general education teacher plans lessons, using developmentally appropriate activities, to help students reach proficiency on the standards. Teachers use flexible groupings and multiple strategies to differentiate for the various learner needs, whether it is enrichment for advanced students or adaptations for those not progressing satisfactorily.

In Tier I, teachers screen all students a minimum of two times per year and monitor their progress on the standards throughout the school year using a variety of measures. Examples of universal screeners used in Rockcastle County Schools include DIAL III (Preschool), AIMSWeb (elementary), and GRADE (middle and high); progress monitoring tools include teacher-made tests and checklists, unit tests, etc. Screening scores and progress monitoring data document student instructional levels and growth over time and help determine the need for change in individual student instruction or overall instruction/curriculum.

A significant percentage of students meeting the proficiency level (80% or greater) on screenings and progress monitoring tools is an indicator that instruction in the core program is effective. When there is evidence to the contrary (the number at the proficiency level is below 80%), work will be done to determine whether it is a curriculum issue or a lack of fidelity of instruction and correct the problem. This work is done through the Program Effectiveness Team, an appointed committee who studies and analyzes school-wide data to make program determinations and changes for improvement.

To identify individual student needs, screening scores are used in combination with other available data (e.g., progress monitoring data, diagnostic testing, behavior checklists, attendance records) to help determine strengths and weaknesses, growth or lack of progress in performance, and whether there is a need for Tier II interventions. The school district has set a cut point for screening scores to help teachers identify at-risk students who need interventions, in addition to the instruction and differentiation provided in Tier I. A student who scores below the 10<sup>th</sup> percentile on the screener will be identified as “at-risk” if classroom performance and other available data are consistent with screening scores. At this point, the teacher will refer the student for Tier II interventions. The teacher will complete the appropriate referral form and write a summary and analysis of Tier I instruction, individualized strategies, and progress data (test scores, checklists, observations, etc.).

An intervention team set up by the classroom teacher reviews the referral and all relevant information and makes decisions regarding the provision of Tier II interventions. The team at this level consists of the classroom teacher, parent, interventionist, and any other staff member who can provide valuable feedback. Parents are not required to attend but are invited, informed, and asked for input. The decision to advance the student to Tier II is based upon the written summary, an analysis of screening and diagnostic evidence, Tier I progress monitoring data, referral information, any other relevant factors, and determination of lack of responsiveness at Tier I. Lack of responsiveness is defined as a rate of improvement not sufficient for the student to become proficient on state standards without more intense interventions.

### **Tier II-Strategic Interventions**

“The supplemental instruction in Tier II is designed to meet the needs of students [who score below benchmark criteria in one or more critical areas of instruction] by providing individual instruction, small group instruction, and/or technology-assisted instruction to support and reinforce skills taught by the classroom teacher. In Tier II, the interventionist may be the classroom teacher, a specialized teacher or an external interventionist specifically trained for Tier II supplemental instruction” (McCook, 2006).

Approximately 15% of the student body may require interventions at the Tier II level. Once the team makes the decision for a student to progress to Tier II, they use the RCIS process to plan interventions that will help the learner reach proficiency on standards. The team completes the Problem Solving Plan, pinpointing the specific skill(s) to be addressed, the interventionist, and the research-based strategy or program to be used. The team must also decide the amount of time, frequency, and duration for the implementation of the intervention and how the progress (i.e., method and frequency) will be monitored.

The interventionist then implements, with fidelity, the chosen evidence-based strategy or program for targeted instruction. Fidelity refers to implementing as designed, intended, and planned by means of sufficient time allocation, adequate intensity, qualified and trained staff, and sufficient materials and resources to ensure reliability of scores. In Tier II, the strategic interventions are provided *in addition to the core instructional program and differentiation in Tier I*. At this level, academic and/or behavior interventions are generally provided in small groups and may occur in the regular classroom or in another location.

At least twice monthly, or more regularly if decided by the team, progress must be monitored on the specific skill identified and targeted through instruction in Tier II. Progress data must be documented for the duration of the plan for use in determining progress and making decisions. If progress monitoring data reflects student performance below the goal line over four consecutive periods of data collection, changes need to be made to the plan. For example, if a student has not been successful with the plan designed for Tier II, it may be that choosing another strategy/program, increasing the amount of time or frequency, or extending the cycle would be effective. These decisions are made by the intervention team using the documentation of progress data and any other pertinent information.

Students reaching success at Tier II may be reintegrated into Tier I. If a student is not meeting proficiency after it is determined that Tier II targeted interventions have been implemented with fidelity, the student will require intensive interventions and will be referred for Tier III. The classroom teacher will complete the Tier III section of the referral and a written summary and analysis of Tier II data and information.

### **Tier III – Intensive Interventions**

Approximately 5% of the student body may require interventions at the Tier III level. The team at this level includes the classroom teacher, parent, interventionist, special education teacher, the principal or designee, and any other staff member that the team agrees may be helpful in decision-making. This team reviews all relevant data and information and uses the RCIS process and problem solving plan to organize more intensive interventions that will help the learner reach proficiency on standards.

Intensive interventions at Tier III are in addition to instruction in the core program provided at Tier I. They are designed to accelerate a student's rate of learning by increasing the frequency and duration of individualized interventions, providing alternative programs or methods more appropriate for the student's learning characteristics, or both. Intensive academic and/or behavior interventions are usually delivered to individuals or small groups of three or fewer students.

Student progress continues to be monitored in Tier III. As interventions are implemented, progress is checked more frequently (at least weekly) than in Tier II, through assessments, checklists, or other methods, as designed by the team. Reviews of data and evaluations of the plan are also conducted more frequently by the Tier III intervention team.

As students are successful at Tier III, the frequency and intensity of interventions may be decreased as decided by the team. The decision may be that the student can now be successful with Tier II interventions or succeed in Tier I with or without differentiation. Students, who are not successful after Tier III intensive interventions, will be considered by the intervention team for referral for additional evaluation to determine whether the student is eligible for special education services. If referral is the decision made by the team, all documentation as identified in the Tier III Team Meeting Procedures must be submitted with the referral to the principal or designee.

### **Data-based Decision Making**

A combination of standard protocol and problem solving is used in data-based decision making in the RCIS process. Lists of interventions to be used in Tiers I, II, and III have been established for teachers/teams to choose from when a student's data is not showing growth. Teachers in Tier I and teams in Tiers II and III use the problem solving process to analyze individual student data and other information to make an effective plan for continued student growth. The problem solving process is also used by established teams at each school to analyze overall



program effectiveness. This data-based decision making process was chosen to maximize time and efficiency in increasing student performance.

### **Individual Student Needs**

In each of the tiers, data from screening, progress monitoring, and assessments are used to identify individual student strengths and needs. The classroom teacher uses this data, standard protocol lists of interventions, and the problem solving process to help in making decisions regarding differentiation in Tier I and referrals for Tier II. The intervention team uses the problem solving process, student progress data, and the standard protocol lists to decide fidelity of implementation, whether a student should continue in one tier or move to another, and the details of the plan for intervention for Tiers II and III. Progress monitoring data is kept and studied throughout the intervention process to aid the intervention team in decisions regarding the success of the plan and changes that need to be made. If the student receives interventions in each of the tiers and data shows that the child still has not reached proficiency, the intervention team uses the problem solving process and documentation to track the student's progress through the grades and tiers and decides whether the student needs to be referred for an individualized assessment to determine eligibility for special education.

### **Program Effectiveness**

A program effectiveness team is in place at each school to review all screening, assessment, and progress monitoring data to make decisions regarding the effectiveness of the overall program. They consider such components as curriculum, fidelity of instruction at each level, and the effectiveness of specific interventions and programs. The teams use the data and the problem solving process to make decisions about curricular changes, professional development for staff, and continued/discontinued use or purchase of intervention programs/strategies. These teams include the principal, interventionists, a special education teacher, designated classroom teachers, and others as chosen by the principal. The teams meet a minimum of once yearly.

### **Problem Solving Process Used by Intervention and Program Effectiveness Teams**

- **Define the problem.** Whether a problem solving team or a program effectiveness team, when a concern is raised, the first step is to review the concern and attempt to identify the problem. Teams analyze screening and assessment data to define the problem in specific measurable terms and write a goal for improvement. A problem solving team meeting to discuss a student's need studies his or her data to identify the specific academic or behavior needs. A program effectiveness team studies grade level and overall school data to determine whether the overall school program was effective for at least 80% of the students or if there are specific needs for improvement in the school program.
- **Analyze the cause.** Once the problem is defined, the team develops a hypothesis as to why the problem is occurring and continuing. This involves analyzing all the variables (e.g., for individual students and their problem solving teams, variables may include missing skills, motivational factors, lack of/gaps in exposure to the general curriculum, fidelity of instruction, etc. For program effectiveness teams studying the overall school

program, examples of variables are grade level screening data for fall, winter, and spring reading, math, writing, and behavior; progress data of all students receiving a particular intervention, fidelity of program implementation, curriculum alignment, end of year assessment data, etc.). The teams focus on explanations of the problem that can be addressed by the school.

- **Develop a plan.** Once the problem has been analyzed, the problem-solving team identifies academic and/or behavioral interventions that will best meet the student's needs. The team then develops a plan that includes: an implementation timeframe (e.g., 5 weeks, 8 weeks, 10 weeks, considering recommended guidelines for implementation and student learning rates); the frequency of the interventions (how often the intervention will be provided); time needed (for how many minutes/times per week); the provider of the intervention (e.g., general education teacher, counselor); by what means and how frequently the progress will be monitored; and a timeframe and method to evaluate the effectiveness of the intervention. The student's plan outlines the goal for progress. For example, the team may plot an "aim-line" (graphic representation) depicting the desired rate of progress a student needs to reach the goal from the current baseline.

The program effectiveness team, after identifying a programmatic problem, develops a plan to make their overall program more effective. If they conclude that curriculum is the issue, they may decide that it is necessary to realign all or specific grade levels to state standards. If fidelity of instruction is the issue, professional development may be required. If a large majority of students being provided intervention with a particular program or strategy haven't made progress, the team may decide to discontinue its use.

- **Implement the plan.** Academic and/or behavioral interventions must be implemented with fidelity. To ensure fidelity, qualified (trained) staff deliver the interventions according to the prescribed process and timeframe. Teachers providing the interventions document their delivery of the interventions using multiple sources (e.g., observation notes, lesson plans, grade books, student work reflecting instructional elements, progress monitoring data, or graphs of student progress). Plans for improved program effectiveness are implemented as intended. Documentation shows that the elements of the plan were executed.
- **Evaluate the plan.** In order to determine if the academic and/or behavioral intervention is working for a student, the interventionist collects data through progress monitoring. The frequency of progress monitoring depends on the tier, but in all cases the process is similar. For example, a problem solving team compares a student's current performance and progress to his/her projected "aim-line." If adequate progress is not made toward the aim-line over no more than four monitoring periods, the intervention team revisits the plan to make appropriate modifications or revisions.

The program effectiveness team evaluates their plan by reviewing the data relating to the problem. It should be done at least yearly, but more frequent review may be necessary on particular items so that adjustments can be made. If the plan is not working, it would be tragic to wait until the end of the year to make a change.

## Parent Participation

Involving parents at all phases of the RTI process is a key aspect of a successful academic and/or behavioral intervention program. Rockcastle County schools provide parents with written information about the RCIS system each year when students enroll. Staff members are trained and are prepared to answer questions that parents may have. Through phone calls, notes, or invitations to conferences, teachers discuss individual student needs, interventions, and progress with parents. While parents are not required to attend, they are always invited Tier II and III meetings to discuss strategic or intensive interventions to be implemented. Parents can provide extra support at home and critical information about students, thus increasing the likelihood that the interventions will be effective. For this reason, the classroom teachers make a concerted effort to involve parents as early as possible and stay in communication with them as progress is monitored and further decisions are made. The more parents are involved, the greater the opportunity for successful student outcomes.

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