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# PULASKI COUNTY INTERVENTION SYSTEM (PCIS)



*Pulaski County Schools will provide a safe, supportive environment to meet the individual needs of all students and ensure they are college and career ready.*

August 17, 2017

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## Introduction

On December 3, 2004, Congress reauthorized the Individuals with Disabilities Education Improvement Act (IDEA 2004). The language that Congress uses in IDEA 2004 and No Child Left Behind (NCLB 2001) stresses the use of professionally sound interventions and instruction based on defensible research, as well as the delivery of effective academic and behavior programs to improve student performance. Congress believes that as a result, fewer children will require special education services. Provisions of IDEA 2004 allow school districts to use scientific, research-based interventions as an alternative method for identifying students with specific learning disabilities (SLD). This process is historically referred to as Response to Intervention (RTI) and more recently Multi-Tiered Systems of Support (MTSS). Additionally, Kentucky enacted H.B. 69 on April 11, 2012 to require all districts to implement district-wide use of a response-to-intervention (RTI) system for students in grades K-3. Districts were to implement RTI systems over the course of a few years, with reading and writing to be implemented by August 2013, math by August 2014, and behavior by August 2015.

So what is RTI? The National Center on Response to Intervention defines RTI as...

*"Response to Intervention [RTI] integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to 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, 2010).

Pulaski County Schools has adopted the term Pulaski County Intervention System (PCIS) to describe our structure for implementing the elements of RTI. This manual has been designed to propose a framework for schools to implement the various elements of RTI/PCIS. PCIS integrates local processes with elements of the Kentucky System of Interventions (KSI) and federal Response to Intervention requirements. This document describes the PCIS process in Pulaski County Schools by: (a) explaining the principles and components, (b) providing guidelines related to decision making, and (c) answering common questions.

Research shows that multi-tiered models are effective educational practices within schools to bring high quality instruction to **all** students. The PCIS concepts presented in this document make use of a multi-tiered approach that incorporates the aspects of a personalized education. The national model for School-wide Positive Behavior Interventions and Supports (PBIS) and the National Panel of Reading (Literacy First) initiatives both contain multi-tiered systems of interventions. This process can also lead to the development and use of the multi-tiered system with other educational content areas as well.

## Overview

The National Research Center on Learning Disabilities (Johnson et al., 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. It utilizes a problem-solving framework to identify and address academic and behavioral difficulties for all students using scientific, research-based instruction. Essentially, RTI is the practice of: (a) providing high quality instruction/intervention matched to all students' needs and (b) using learning rate over time and level of performance to (c) make important educational decisions to guide instruction (NASDSE & CASE, 2006). RTI practices are proactive, incorporating both prevention and intervention and is effective at all levels from early childhood through high school. RTI is intended to reduce the incidence of “instructional casualties” by ensuring that students are provided high quality instruction with fidelity.

Kentucky System of Interventions (KSI), as defined by the Kentucky Department of Education, is the practice of

- providing high-quality academic and/or behavioral instruction and interventions matched to the student need,
- monitoring progress frequently to make decisions about changes in instruction or goals and
- applying child response data to important educational decisions.

According to Mellard and Johnson, RTI is a system comprised of seven core principles that represent recommended RTI practices (Mellard & Johnson, 2008).

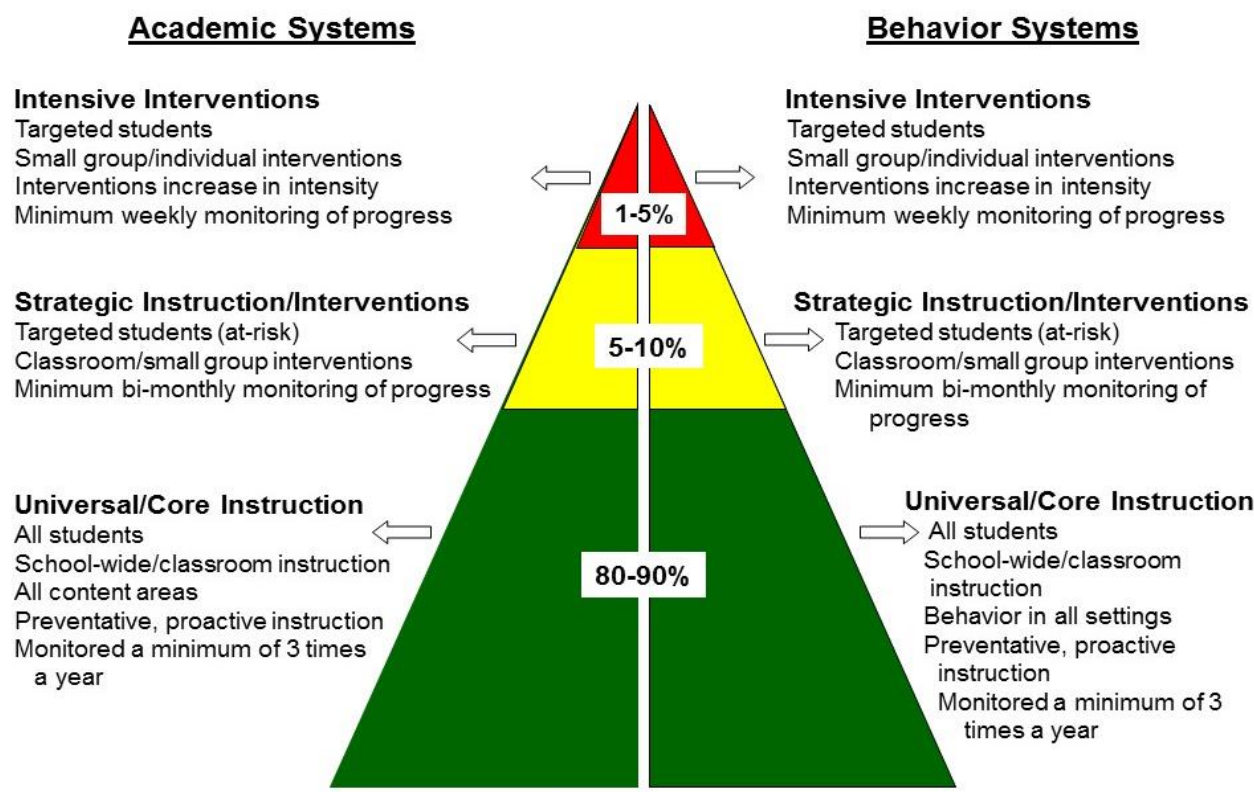
- 1. Use all available resources to teach all students.** RTI practices are built on the belief that all students can learn. One of the biggest changes associated with RTI is that it requires educators to shift their thinking: from the student...to the intervention. This means that the initial evaluation no longer focuses on “what is wrong with the student.” Instead, there is a shift to an examination of the curricular, instructional, and environmental variables that change inadequate learning progress. Once the correct set of variables has been identified, schools must then provide the means and systems for addressing these variables so that effective teaching and learning can occur. In doing so, schools must provide resources in a manner that is directly proportional to students' needs. This may require schools to redirect current resource allocation systems (time, staff, materials and finances).
- 2. Monitor classroom performance.** General education teachers play a vital role in designing and providing high quality instruction. Furthermore, they are in the best position to assess students' performance and progress against grade level standards in the general education curriculum. This principle emphasizes the importance of general education teachers in monitoring student progress rather than waiting to determine how students are learning in relation to their same-aged peers based on results of state-wide or district-wide assessments.
- 3. Conduct universal screening/benchmarking.** School staff conducts universal screening in core academic and behavior areas. Screening data on all students can provide an indication of an individual student's performance and progress compared to the peer group's

performance and progress. These data form the basis for an initial examination of individual and group patterns on specific academic, social, and behavior skills. Universal screening is the least intensive level of assessment completed within the RTI system and helps educators and parents identify students early who might be “at-risk.” Since screening data may not be as reliable as other assessments, it is important to use multiple sources of evidence in reaching inferences regarding students “at risk.”

**4. Use a multi-tier model of service delivery.** The RTI approach incorporates a multi-tiered model of service delivery in which each tier represents an increasingly intense level of services associated with increasing levels of learner needs. The system described in this manual reflects a three-tiered design. However, individual schools may choose to adopt additional tiers of service as needed.

In the RTI system, all students receive instruction in the core curriculum supported by strategic and intensive interventions when needed. Therefore, all students, including those with disabilities, are found in Tiers I, II, and III. Important features, such as universal screening, progress monitoring, fidelity of implementation and problem solving occur within each tier. A matrix illustrating these features within a tiered service delivery model is included in **Appendix A**. The basic tiered model reflects what we know about students in school: their instructional needs will vary. Thus, the nature of the academic or behavior intervention changes at each tier, becoming more intensive, frequent and/or targeted as the student moves through tiers of support.

Figure 1: PCIS Three-Tier Model of Interventions



*It should be noted that although this model outlines an anticipated percentage of students with whom the school will “intervene,” schools may choose to intervene with larger percentages of their student population based on factors such as actual proficiency levels and/or available resources.*

Figure 1 (Sugai, 2001) illustrates layers of instruction that can be provided to students according to their individual needs. Tier I represents the largest group of students, approximately 80-90%, who are performing adequately within the core curriculum. Tier II comprises a smaller group of students, typically 5-10% of the population. These students will need strategic interventions to raise their achievement to proficiency or above based on inadequate response to instruction/interventions at Tier I. Tier III contains the fewest number of students, usually 1-5%. These students will need intensive interventions if their learning is to be appropriately supported (Batsche et al., 2006).

5. **Use scientific, research-based interventions/instruction.** The critical element of the RTI system is the delivery of scientific, research-based interventions with fidelity in general, remedial and special education. This means that the curriculum and instructional approaches must have a high probability of success for the majority of students. By using peer-reviewed, research-based practices, schools efficiently use time and resources and protect students from ineffective instructional and evaluative practices. Since peer reviewed interventions vary in effectiveness, ensuring that the practices and curriculum have demonstrated effective outcomes is an important consideration in the selection of interventions.
6. **Make data-based decisions.** In Pulaski County Schools, decisions within the RTI system are made by teams using a blended model of standard treatment protocol and/or problem-solving techniques. The purpose of these teams is to find the best instructional approach for students demonstrating academic or behavior problems. Standard treatment protocol and problem-solving approaches provide a structure for using data to monitor student learning so that good decisions can be made at each tier with a high probability of success. Problem solving and standard treatment protocol techniques ensure that decisions about a student's needs are driven by the student's response to high quality academic and/or behavior interventions.
7. **Monitor progress frequently.** In order to determine if the academic and/or behavior intervention is working for a student, the problem-solving team must establish and implement progress monitoring. Progress monitoring is the use of assessments that can be collected frequently and are sensitive to small changes in student progress. Data collected through progress monitoring will inform the PCIS team whether changes in the instruction or goals are needed. Informed decisions about students' needs require frequent data collection to provide reliable measures of progress. There are a variety of measurement tools that can be useful for monitoring student progress.

### Features of a Tiered Service Delivery Model

The PCIS approach incorporates a multi-tiered system of service delivery in which each tier represents an increasingly intense and targeted level of supports. The level of support that a given student receives should change fluidly as their level of need dictates. A multi-tiered concept aligns all available resources to support and address students' needs regardless of their eligibility for other programs. PCIS is not a placement model of defining where students are placed within the tiers, but a service delivery model that guides the services and supports to students in an organized structured format.

In Tier I, all students receive high quality, scientifically-based, developmentally appropriate academic and behavior instruction within the general education classroom or the core instructional program. All students are screened periodically during the school year to identify those who need instructional and/or behavioral support through interventions. General education staff conducts academic and behavior screenings. If screening results indicate students are not meeting standards, those students will continue to receive instruction through their core program and intervention(s) will be added to their core instructional program. In some cases, schools may choose to provide differentiated classroom instruction along with targeted progress monitoring prior to implementing Tier II intervention(s).

**In addition to the core instruction in Tier I,** Tier II provides interventions for students not making adequate progress in the core curriculum. Students receiving Tier II supports receive increasingly intensive academic and/or behavior instruction matched to their needs, based on results of continuous progress monitoring. Instruction in Tier II typically involves small groups of students focused on the targeted area(s) of deficit.

The student's response to the intervention will determine if the student continues to receive Tier II support, increases to Tier III support or returns to Tier I instruction. If the student shows inadequate improvement with Tier II supports, Tier III supports may be required. This level of intervention is more intensive and targeted toward the student's academic or behavioral skill deficits. The student's progress is usually monitored more frequently than with Tier II supports. Core academic and behavior instruction continues for students receiving Tier III interventions. See **Appendix B** for a graphic illustrating student movement and team decision making through multiple tiers of intervention.

### **Tier I-Universal Instruction/Interventions**

*"The focus [of Tier I] is on improving the core classroom instruction in 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 the PCIS framework, all students in Tier I receive high quality scientific, research-based instruction from general education teachers in the **core curriculum**. The core curriculum provides the foundation for instruction upon which all strategic and intensive interventions are formulated. While Tier I instruction occurs in the general education setting, it is not necessarily grade level instruction. Instruction at Tier I includes all developmental domains such as behavior and social development along with instruction in academic content areas. Tier I instruction must be both differentiated and culturally responsive to serve approximately 80-90% of the student body and is effective for the vast majority of students (Mellard & Johnson, 2008). At this phase, general education teachers match students' prerequisite skills with course content to create an appropriate instructional match and use instructional strategies with fidelity that are evidence-based.

An important first step in identifying at-risk students is the use of **universal screening and/or benchmarking** of students in core academic areas (reading, math, and writing) and behavior. At Tier I, universal screening for all students is conducted at least three times during a school year: fall, winter and spring. Scores earned at different times during the year are used to determine whether a student's performance and progress is increasing, decreasing, or staying the same. Curriculum Based Measures (CBM) are primarily used as a method for progress monitoring and are characterized as brief, easy to administer and score, and produce measures that are good predictors of a student's academic ability. CBMs are used for both screening/benchmarking and progress monitoring. Other measures of student performance such as classroom observations, state-wide and district-wide assessments, and other standardized testing may be considered when measuring the effectiveness of the instruction and interventions provided.

Significant numbers of students meeting proficiency levels (e.g., 80% or greater) based on the results of universal screening tools is an indicator that the instruction in the core curriculum is effective. When there is evidence that instruction in the core curriculum is not effective, schools must examine whether ineffective instruction is occurring school-wide or class specific.

While a variety of universal academic screening tools are available, examples of tools used in Pulaski County Schools include:

- MAP
- AIMSweb

For screening of behavior, schools will use various sources of information such as, discipline data, attendance records, behavioral ratings, interviews, staff referrals, and observations to identify students in need of intervention.

Teachers and staff administering and scoring screening tools will receive on-going professional development to ensure fidelity of administration and reliability of scores. Schools will identify a standard procedure with specified criteria or benchmarks for identifying students "at-risk" (see **Appendix A**). However, a cut score or a pattern of performance alone does not warrant movement to Tier II absent effective, research-based Tier I practices. The decision to advance to Tier II is based upon an analysis of the universal screening and other existing data to determine a lack of responsiveness at Tier I.

In addition to universal screeners, other existing data should be gathered and analyzed at all tiers. Examples at Tier I may include: assessment reports; classroom data (classroom assessments, analysis of student work, observations, discipline referrals, attendance, etc.); CBMs (including learning checks, common assessments, Flashbacks, etc.); and other measurements (EOC, Lexia reports, SuccessMaker reports, DreamBox reports, Reading Plus reports, Stanford 10, ACT, COMPASS, KyOTE, KPREP, Cert reports, ALEKS reports).

### **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).*

At Tier II, **strategic interventions** are provided to students who are not achieving the desired standards through the core curriculum alone. Tier II typically consists of 5-10% of the student body. Strategic interventions supplement the instruction in the core curriculum provided in Tier I and should be strategic for the identified student need and may be stated in an intervention plan. Selecting the appropriate strategic interventions is an important decision. Gathering information in addition to the screening data may be necessary to determine the appropriate intervention to use. The intervention selections can then be reviewed through the use of progress monitoring data at appropriate intervals after interventions are implemented.

Tier II interventions are to be in place for immediate implementation. Academic and/or behavior interventions are generally provided in small groups and may occur in the general classroom or in other settings. It is recommended that academic interventions at Tier II consist of three to five sessions per week at 30-45 minutes per session depending upon the type of intervention. This supplementary intervention/instruction must be provided by trained staff and supervised by individuals with expertise in the intervention. Students may benefit from more than one Tier II intervention cycle.

The purpose of progress monitoring at Tier II is to determine whether the intervention is successful in helping the student learn academic/behavior skills at an adequate rate. At this level the school implementation team determines the process for monitoring students' progress, which students would benefit from additional instruction (intervention) and when students move through intervention levels. This includes the type of assessment, method of data collection and the tracking of student performance to monitor an individual student's academic or behavior progress over time. The data collected will assist the school implementation team and/or student intervention team as they determine the effectiveness of the academic or behavior intervention.

Progress monitoring involves reviewing existing data regarding the student's performance and progress using CBM tools, along with classroom observations, behavioral checklists, district-wide assessments, and/or other standardized tests. This data will be used by the school implementation team and/or student intervention team to measure the effectiveness of the interventions.

Progress monitoring at Tier II occurs at a minimum of bi-monthly, or more frequently as determined by the team. Data gathered through Tier II progress monitoring informs teams of changes needed to student interventions. For example, if progress monitoring data reflects student performance below the goal line over four consecutive periods of data collection, the amount and frequency of the intervention should be increased, or new strategic interventions should be added. The number of data points needed to make this type of decision will vary depending upon the intervals of time between data points, the type of intervention used, and the type of data being collected.

If a student is not progressing at an adequate rate after it is determined that Tier II strategic interventions have been implemented with fidelity, the student may require more intensive Tier III interventions.

### **Tier III - Intensive Interventions**

Students who continue to have difficulty in acquiring necessary academic or behavioral skills despite Tier II interventions...

*"require instruction that is more explicit, more intensive, and specifically designed to meet their individual needs. Tier III is designed for students with low-content area skills and/or a sustained lack of adequate progress when provided with primary and secondary interventions. Intervention at this level is more intensive and includes more explicit instruction that is designed to meet the individual needs of a struggling student. Instruction is tailored to specific individual student learning targets or goals, and the duration of daily instruction is longer" (McCook, 2006).*

**Intensive interventions** at Tier III are designed to accelerate a student's rate of learning by increasing the frequency, duration or target/focus of individualized interventions based on progress monitoring that analyzes the lack of responsiveness to the interventions provided at Tier II. Students at Tier III are those students who are performing significantly below standards and who have not adequately responded to high quality interventions provided at Tier II.

Tier III generally serves fewer than 5% of the student body. Intensive academic and/or behavioral interventions are usually delivered to individuals or small groups.

Progress monitoring to track academic and behavior assessment results and student performance at the intensive instruction level mirrors the method utilized at Tier II. However, the assessments are typically given more frequently, and the school intervention team reviews and evaluates the data more often. Progress monitoring at Tier III is completed at least weekly. An example of an intervention plan at Tier III may include two 30-minute sessions daily, in addition to the instruction the student is receiving in the core curriculum.

As students are successful at Tier III, the frequency and intensity of interventions may be decreased. Students who are not successful after multiple tiers of intensive interventions may be considered by the student intervention team for additional evaluation.

### **RTI Teams and Data-based Decision Making**

Within an RTI framework there are two main processes for data-based decision making: 1) standard treatment protocol and 2) individualized problem solving. These data-based decision making models are used to identify students in need of support and appropriate academic and/or behavioral interventions for these students. Pulaski County Schools have adopted a blend of these two models. In Pulaski County Schools standard treatment protocol is typically used for selection of Tier II interventions, while individualized problem solving is used in the

event that no standard protocol exists or when insufficient progress is made with those interventions.

Each school will have an **implementation team** that is composed of school-based individuals to make educational decisions to help all students succeed in school. The implementation team may consist of, but is not limited to the following school staff: principals, curriculum specialists, counselors, teachers, curriculum supervisors, school psychologists, FRYSC staff, and gifted education specialists. Additional staff will be included on the implementation team when their area of expertise is of assistance to the team. This team is responsible for oversight and administration of the school-wide core curriculum and intervention system and will monitor progress through analysis of summative assessments (e.g., K-PREP, Stanford 10, ACT, EOC) and formative assessments (e.g., universal screening tools, learning checks, AIMSweb).

### **Standard Treatment Protocol Model**

This model utilizes a specific set of evidence-based instructional/intervention practices (standard treatments) given to students identified as needing additional support. These preselected interventions are designed to be used in a systematic manner and are usually delivered in small groups.

#### Characteristics of Standard Treatment Protocol Model

- Interventions are evidence-based and expected to work with most students.
- Interventions are typically standardized in delivery (limited individualization).
- Interventions follow a specific protocol for delivery, which includes frequency, duration and assessment of the student's response to the intervention.

Within this model, RTI implementation teams meet regularly to address issues such as:

- Preselecting evidence-based interventions for use.
- Determine criteria for initiation of preselected interventions with students as well as criteria for discontinuing these interventions. See **Appendix A** for a sample RTI Decision-Making Rubric.
- Analyzing data to determine the effectiveness of chosen interventions with identified students.
- Ensuring that school staff are aware of and understand the system of interventions.
- Providing/arranging training for school staff in the delivery of interventions.

### **Problem Solving Process Model**

In the event that progress monitoring data indicates that Tier II interventions are not effective, each school will employ the use of **student intervention teams** composed of school personnel and parents/caregivers. These student intervention or problem-solving teams will clarify the needs of the individual student, gather information to assist in decision making, and analyze available data for modification and planning of academic and/or behavioral interventions. The student intervention/problem-solving team may consist of, but is not limited to the following individuals: parent(s)/caregiver(s), principals, curriculum specialists, counselors, student's teacher(s), school psychologists, FRYSC staff, and gifted education specialists. Additional

members may be included on the student intervention/problems-solving team when their area of expertise is of assistance to the team. PCIS forms have been developed to assist these teams with documenting intervention efforts and are located in **Appendix C**.

To gather data and facilitate the problem-solving process at Tiers II or III, the information collected during assessment must inform instructional decision-making. Data is gathered by sampling information from instruction, curriculum, and the environment before focusing on the learner. Consideration of data includes a review of records and products, interviews of teachers, students and parents, observations and assessment of specific concerns.

In making decisions, teams should use the following approach:

- **Define the problem** - When a concern is raised, the first step is to review the concern and attempt to identify the problem. The student intervention/problem-solving team should first review existing student data to determine specific problems. For example, a student should not be identified as simply having an academic or a behavior problem. The team should try to narrow the problem (based upon available data) to identify the deficit skill area(s) (e.g., phonemic awareness, problem solving skills, math calculations, vocabulary, reading comprehension, sentence structure, specific social-emotional skills, attendance, or specific adaptive behavior skills).
- **Analyze the cause** - Once the problem is defined, the student intervention/problem-solving team needs to develop a hypothesis as to why the problem is occurring and continuing. This involves analyzing those variables that can be altered through instruction in order to find a solution. This includes questions of fidelity, missing skills, motivational factors, functions of behavior, or lack of exposure to the general curriculum. The team should focus on explanations of the problem that can be addressed through intervention.
- **Develop a plan** - Once the problem has been analyzed, the student intervention/problem-solving team identifies academic and/or behavioral interventions that will meet the student's needs. The team does this by developing a plan that includes: an implementation timeframe (e.g., 4 weeks, 6 weeks, or 8 weeks); the frequency of the interventions (how often the intervention will be provided and for how many minutes per week); who will provide the intervention (e.g., general education teacher, counselor); and a timeframe to evaluate the effectiveness of the intervention. The student's plan will outline the goal for progress. The team shall plot an "aim-line" (graphic representation) depicting the desired rate of progress the student needs in order to reach the goal from the baseline.
- **Implement the plan**- Academic and/or behavioral interventions must be implemented with fidelity. To ensure fidelity, qualified staff must deliver the interventions according to the prescribed process and timeframe. Student intervention/problem-solving teams should document their delivery of the interventions using multiple sources (e.g., observation notes, lesson plans, grade books, student work reflecting instructional elements, graphs of student progress).

- **Evaluate the plan-** In order to determine if the academic and/or behavioral intervention is working for a student, the student intervention/problem-solving team must collect data through progress monitoring. The frequency of progress monitoring depends on the type and tier of intervention, but in all cases the process is similar. For example, a student’s current performance and progress is compared to their projected “aim-line.” If performance falls significantly below the aim-line over four consecutive monitoring periods, the problem-solving team should revisit the intervention plan to make appropriate modifications or revisions.

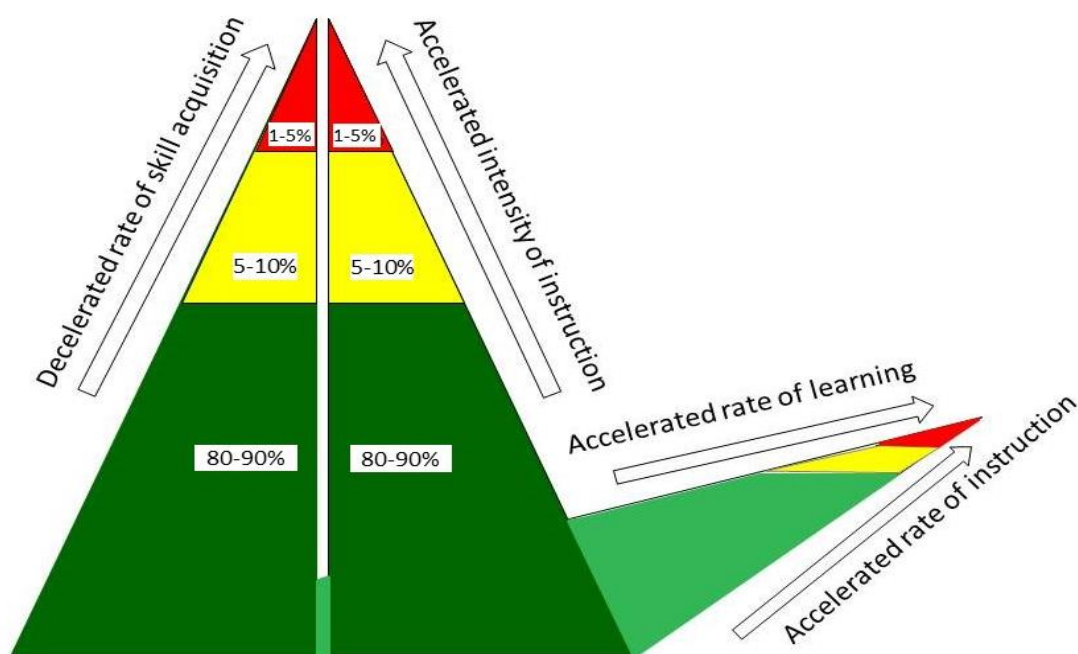
Again, as students are successful at Tier III, the frequency and intensity of interventions may be decreased. Students who are not successful after multiple tiers of intensive interventions may be considered by the student intervention/problem solving team for additional evaluation. See **Appendix D**.

### **Considerations for Accelerated Learners**

Just as lower performing students may have an increased need for differentiated instruction and intervention, higher performing students may have similar needs. According to 704 KAR 3:285, each school shall differentiate, replace, supplement, or modify curricula, using multiple service delivery options to ensure continuous progress based on the interest, needs, and abilities of the student. Multiple service delivery options for accelerated learners will benefit from classroom level (Tier I) modifications, as well as, additional interventions. Similar systems will be needed to identify these accelerated learners, provide instructional modifications and interventions, and to monitor their progress. Those who have completed, mastered or exceeded the performance of their chronological peers in rate and level of learning shall receive instructional strategies, resources and materials to attain accelerated learning outcomes.

These accelerated learning systems shall include interventions that are data-based to address individual learning needs. Interventions may focus on efforts to help students progress toward target standards or may focus on more complex content/skills delivered at a more rapid pace. Accelerated learning focuses on individual student goals to help address learning needs or to enable students to pursue skill development more rapidly and/or at higher levels for successful college and career readiness. See **Appendix E** for additional information on accelerated learning interventions, strategies and methods of identification and progress monitoring. Figure 2 illustrates the increased level of differentiation and intervention for both low performing and high performing students.

## Increasing Need for Intervention with Lower and Higher Levels of Performance



**Figure 2.** Visual representation of need for intervention with low and high performing students.

### Parent Participation

Families play a key role in any school/district intervention system. Family and community engagement must focus on improving student success. Continual and purposeful two-way communication between school and home must flow seamlessly. Families should regularly receive information concerning their children's academic achievement and behavioral standards, along with any interventions delivered. Productive and collaborative relationships between parents and school staff must be established to maximize efforts in meeting individual student needs.

Involving parents at all phases is a key aspect of a successful academic and/or behavioral intervention program. As members of the student intervention/problem-solving team, parents can provide critical information about students, thus increasing the likelihood that interventions will be effective. For this reason, the classroom teacher or other school staff will make a concerted effort to involve parents as early as possible. This can be done through traditional methods such as parent-teacher conferences, regularly scheduled meetings, or by other communications.

Schools should provide parents with written information about the PCIS system and be prepared to answer questions. The more parents are involved, the greater the opportunity for successful student outcomes. Parents will be invited to serve on student intervention/problem-solving

teams or to provide information by an alternate means. The school will notify the parent of supplementary interventions implemented with the student.

Because PCIS is a multi-tiered system of service delivery for all students, written consent is not required before administering universal screenings, CBMs, and targeted assessments when these tools are used to determine students' needs.

## **Fidelity of Implementation and Professional Development**

**Fidelity of implementation** refers to the degree to which PCIS components are implemented as designed, intended, and planned. Fidelity is achieved through sufficient time allocation, adequate intervention intensity, qualified and trained staff, and sufficient materials and resources. Fidelity is vital in universal screening, instructional delivery, and progress monitoring. Fidelity of implementation is monitored both at the district and school levels. Fidelity of implementation is primarily monitored through direct observations (use of walkthrough tools and fidelity checklists) and self-report tools used by intervention teams. A robust system of intervention includes a process to measure and monitor fidelity of implementation along with desired academic and behavioral outcomes. As schools go through various stages of implementation, the use of an action planning process is vital for implementation teams to keep track of progress with implementation of the various components of RTI. See **Appendix F** for a detailed description of the assessment to action planning process and tools used within the PCIS.

Ongoing **professional development** is also a vital component of our system of intervention. The evidence base for interventions is continually being expanded, as is the availability of new or updated interventions. It is critical that staff implementing interventions are knowledgeable about effective practices as well as teams monitoring the implementation of these practices.

## **Additional Information**

In accordance with our District Mission Statement, Pulaski County Schools will provide a safe, supportive environment to meet the individual needs of all students and ensure they are college and career ready. The guidance in this PCIS document is designed to assist schools in establishing a framework to accomplish this mission. Additional information that may be helpful in this process can be found in the appendices of this document.

### **References:**

- Batsche, G., Elliott, J., Graden, J. L., Grimes, J., Kovaleski, J. F., Prasse, D., Schrag, J., & Tilly, W.D. (2006). *Response to intervention: Policy considerations and implementation*. Alexandria, VA: National Association of State Directors of Special Education, Inc.
- Johnson, E., Mellard, D.F., Fuchs, D., & McKnight, M.A. (2006). *Responsiveness to intervention (RTI): How to do it*. Lawrence, KS: National Research Center on Learning Disabilities.

McCook, John E. Ed.D. (2006). *The Rtl guide: developing and implementing a model in your schools*; LRP Publications, Horsham, Pennsylvania.

Mellard, Daryl F and Johnson, Evelyn. (2008). *RTI a practitioner's guide to implementing response to intervention*; Corwin Press, Thousand Oaks, CA.

National Association of State Directors of Special Education (NASDSE) & Council of Administrators of Special Education (CASE). (2006, May). *Response to Intervention: NASDSE and CASE White Paper on Rtl*. Retrieved on December 11, 2012, from [www.nasdse.org](http://www.nasdse.org)

National Center on Response to Intervention (October 2010). *Developing an RTI Guidance Document*. Washington, DC: U.S. Department of Education, Office of Special Education Programs, National Center on Response to Intervention.

Sugai, G. (2001). *School climate and discipline: School-wide positive behavior support*. Keynote presentation to and paper for the National Summit on Shared Implementation of IDEA. Washington, DC.



## Resources

A Guide to the Kentucky System of Interventions (KSI) (June 2012)

<http://education.ky.gov/educational/int/ksi/Pages/default.aspx>

### **Web sites**

- [Kentucky Center for Instructional Discipline](#)
- [National Center on Response to Intervention](#)
- [National Research Center on Learning Disabilities](#)
- [Positive Behavioral Interventions and Supports](#)
- [The RTI Action Network](#)