Response to Intervention Effective Practices:

A Meta-Synthesis

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Submitted in partial fulfillment of the requirements of the Master of Education in Special

Education degree at the University of Alaska Southeast

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Abstract

The purpose of this meta-synthesis is to assess the effectiveness of the Response to Intervention (RtI) framework. This paper reviewed research articles and other literature that explored effective practices within the RtI program, in an effort to properly implement interventions, and expedite the identification of a learning disability. After reviewing the research it was concluded that the RtI process, if implemented correctly could benefit students who are at risk academically and behaviorally. The research indicates that there are many components to RtI, including fidelity of instruction, proven curriculum, effective leadership, and regular progress monitoring, training and professional development. All of these factors are key to the efficiency of the RtI program. Some other components identified for the consideration of an effective RtI program was teacher collaboration, teacher self-efficacy and teacher perceptions; the inclusion of the family were also noted as important.

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1. Introduction

1.1 The problem

The recent changes in legislation has educators wondering what qualifies a student for special education, is it the discrepancy model, or Response to Intervention? There is an educational community that believes that the Response to Intervention (RtI) process, with its associated testing and qualifying procedures, contains enough data to sufficiently identify if a student is in need of, and should qualify for, special education. RtI is a process that has been sanctioned by the Individuals with Disabilities Education Improvement Act (IDEA, 2004). In December of 2004, there was a reauthorization of the Individuals with Disabilities Education Improvement Act (IDEIA), which changed access for students with disabilities into general education, to a performance expectation model (NCD, 2004). This legislation was able to link the No Child Left Behind Act (NCLB) and students with disabilities. The IDEIA accountability process changed how schools must address students that are not responding to classroom instruction. In the legislation, Response to Intervention (RtI) became a replacement for the old discrepancy model that had been used previously, this was where students' IQ scores were compared to norm-referenced achievement scores in order to evaluate students for a disability. The new IDEIA policy identified RtI as a model for monitoring and instructing students who struggled with the core instruction in reading and math (IDEA, 2004).

One reason for the shift from the old discrepancy model for special education identification to the RtI system was due to disproportionality. It has been evident for many years that there has been a greater representation of African American, Latino, and Native American students in special education, as well as students who come from low-income families (Dunn,

1968). Also, the number of students identified with learning disabilities grew much more quickly

and reached much higher levels than was predictable. Due to these circumstances it would

indicate that special education testing had not been as effective as possible using the old model

for special education identification. Furthermore, there seemed to be a wait to fail type of

dynamic, where students must show significant educational deficits before they can receive

additional educational services.

The coming together of early intervention programs, and RtI interventions has potentially

already delivered some change to the system. According to the IDEA Data Accountability

Center, the number of students aged 6-21 that receive IDEA Part B services has dropped 3.9%

since 2004. The number of LD students since 2004 has declined by 12.4% (2014).

IDEA [20 U.S.C .1414§614(b) (6)] allows for the use of new eligibility procedures and

processes to determine special education needs for students. Contextual information found

through a review of literature has identified several obstacles in the implementation of the RtI

process. One educational community believes that while the data gathered through the RtI

process is necessary, it does not identify which processing deficits cause the disability (IDEA,

2006).

IDEA has allowed RtI data as part of the eligibility process for special education.

Previously, all states were using processing and achievement discrepancy formulas as a means to

diagnose rather than treat students. An even more profound issue is that the Individuals with

Disabilities Education Act (IDEA), and the Federal Register in [34C.F.R.300.111], describe the

process needed to find and qualify students for special education. It details the Child Find

process, this is where the schools have the obligation to seek out and find students who have a

disability. Once identified by Child Find, students must be tested within 60 days to see if there is

a disability; a conflict then develops between these two groups because of the Child Find

mandate of IDEA (2004). If Child Find is used as it was envisioned, we identify students who

might have a disability as early as we can, and then assess them to see if they qualify for special

education. With the RtI process the students are tested in an effort to identify those who are

below grade level, and begin interventions in the general education setting to help students make

up for their grade level deficit. This process can take a few weeks or even up to a year or more

through the tiered process of RtI, depending on the student, the district and the interventions

being used. The length time period is one of the major issues with RtI, there should be a

consistency in the length of interventions. If the student who has been targeted for intervention

does have a disability, we may have delayed special education testing because of the length of

time they spend in the RtI process. However, students still may benefit from more effective

classroom instruction while they are going through the RtI process.

Other factors may be impeding the effective RtI process, such as educator belief in the

process, teacher buy-in, and teacher efficacy of the process through the lack of professional

development and training. The lack of fidelity of educational intervention programs and progress

monitoring for at-risk students may also obstruct effective RtI. The purpose of this meta-analysis

is to find effective ways of Response to Interventions (RtI) implementation; in an effort to

improve student performance for students with disabilities and those without.

1.2. Author's beliefs and experiences

I have worked in the area of special education for nearly twenty years. Over the course of

this time I have watched Response to Intervention (RtI) come to fruition in two school districts

with regards to identifying students for special education. I am particularly intrigued and at times have become quite concerned for the academic and social implications of students. Specifically, are students falling farther behind during the RtI process before interventions appropriate to the student can be implemented? Also, what is this process doing to student's self-esteem if the RtI process is broken, or is not working to help students.

The Response to Intervention or RtI is a structured framework that was implemented to use researched instruction and interventions, progress monitoring in order to make key decision as to whether a student actually needs specialized education or if intervention will work in order to keep students in the general education setting. It also makes educators accountable to teach all students using programs that are research based and have shown that they can work. The RtI process is divided into three tiers of support, with each intervention the intensity increases in an effort to help the student learn. The first tier is Tier 1, which focuses on the core curriculum targeting all students. The students who do not make adequate progress within the Tier I intervention are then moved to a Tier II type intervention, which may involve more concentrated work or even small group instruction. If these students are still struggling then they move to Tier III intervention services, which is the most intense level of intervention or instruction before then being referred for special education testing.

My particular interest in this topic is because I have seen firsthand how Response to Intervention has affected three particular students both behaviorally and academically. I was concerned just how long and ineffectively it worked for two of three students. The amount of time the process through the tiers took stunned me, as it took nearly one school year for these two students to find effective interventions through the special education program. Over the

course of the school year I watched as one student struggled academically, even with the

inventions that were introduce throughout Tier I and through Tier II. During these struggles she

began to exhibit behavior problems, and have outbursts in the classroom that were not present

prior to the beginning of the school year. It was my personal belief that she was becoming more

and more frustrated, and it seemed to be clear that she clearly had a learning disability, and the

districts interventions were not working. After the entire RtI process she was placed in special

education where she was finding success with her learning. This process was much the same for

the second student that I had mentioned, including time and outcomes of the process, however

with this student there were significant behavior issues, where he was repeatedly suspended from

school as a first grader due to his behavior. Much of his tiered process included not only

academics but behavior plans and documentation as well.

This topic is important because I have to wonder if a student who has been targeted for

RtI intervention does truly have a disability. Have we considerably delayed their movement into

special education testing by the length of time they spend in the RtI process despite the fact that

the student still would receive interventions during the process. It is my belief that time

guidelines need to be adhered to with the RtI process, as well as strict attention to the movement

of students through the tiered system via regular progress monitoring. Another factor that needs

to be followed if the strict attention to the fidelity of instruction for best results. I have seen

students improve and succeed with RtI but unfortunately not in every case. That is why I want to

investigate effective processes of the program method.

It is my hope that through this research process to gain new knowledge about the

Response to Intervention process, and to discover appropriate, as well as more expeditious ways

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to help students both with disabilities, and those without disabilities through the Response to

Intervention framework, so they can get the correct placement and interventions in the school

setting. I also hope to discover best practices and the effective methods for using RtI, and

develop procedures to ensure general educators understand and know how to correctly

implement the RtI process in an effort to benefit all students.

The purpose in conducting this review of the literature is to contribute to the knowledge

base of general educators and special educators about how RtI should be initiated; how

interventions should be implemented; who participates in the RtI process; how school personnel

understand the process, and are trained so the process functions well; who monitors progress;

and what are the eligibility processes for special education services.

Through my own personal experiences to understand how to improve the Response to

Intervention, and an effort to help not only general education students improve academically, but

also to expedite special education students through the process so they may find appropriate

learning environments, it is this desire that has led me to generate the following research

questions:

1. What specifically qualifies a student for special education; test scores, or an underlying psychological processing deficit?

2. What does the literature say about the time limits for RtI?

3. What are some of the best practices that are being implemented?

4. What are the perceptions and perhaps the knowledge that general education teachers demonstrate?

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1.3. Purpose of this meta-synthesis

One purpose of synthesis was to locate and review the literature, such as journal studies that focused on Response to Intervention or RtI process. The second purpose was to find out through research articles, journals and documentation the specifics of what qualifies a student for Special Education, is it through the RtI process, test scores, or an underlying psychological processing deficit and how long should the process take. The third purpose is to learn the most efficient and effective schools using the RtI process and what are they doing to help students. And my final meta-synthesis is to look at educator beliefs and efficacy to investigate whether it plays a part in effective Response to Intervention outcomes. I will pursue through research literature the most efficient and effective schools using the RtI process and what are they doing to help student, as well as finding out how general education teacher become aware of the correct procedures and implementation of both the RtI process and interventions available to students.

2. Methods

2.1. Selection criteria

The 30 journal articles included in this meta-synthesis met the following selection criteria:

1. The articles explored issues related to Response to Intervention (RtI).

2. The articles explored issues related RtI best practices

3. The articles explored issues related to teacher efficacy and beliefs.

4. The articles were published in peer-reviewed journals.

5. The articles were published between 1968 and 2012.

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2.2. Search procedures

In spring of 2014, I conducted systematic searches of four databases that index articles related to the Response to Intervention (RtI), procedures, success and best practice studies. These five databases included: (a) Education Resources Information Center (ERIC, Ebscohost); (b) PsycINFO (Ebscohost); (c) Professional Development Collection (Ebscohost); (d) Education Journals (ProQuest). I used the following search term combinations to conduct Boolean searches of each database:

1. ("Response to Intervention").

2. ("Response to Intervention") AND ("success").

3. ("Response to Intervention ") AND ("effectiveness").

4. ("Response to Intervention" OR "intervention") AND ("Best practice" OR " Effective practice" OR "Success").

5. ("Special education") AND ("Response to Intervention").

6. ("Teachers efficacy" OR "Teacher belief") AND ("Response to Intervention").

The various database searches yielded a total of 30 articles that met my selection criteria: (Abbott & Wills, 2012; Allinder, 1995; Bean & Lillenstein, 2012; Berkley, Bender, Peaster & Saunders, 2009; Burns, Jacob & Wagner, 2008; Byrd, 2011; Dunn, 1968: Fuchs & Fuchs, 2006; Gersten & Dimino, 2006; Greenfield, Rinaldi, Proctor, & Cardarelli 2010; Hilton, 2007; Hoover & Love, 2011; Hughes & Dexter, 2011; Johnson, Mellard, Fuchs & McKnight, 2006; Kashima, Schleich, & Spradlin, 2009; Keller-Margulis, 2012; Kovaleski, 2007; Kratochwill, Volpiansky, Clements & Ball, 2007; Martinez & Young, 2011; Mellard, Stern & Woods, 2011; Mesmer & Mesmer, 2008; Miao & Heining-Boynton, 2010; Moran & P⬛⬛⬛✕⬛⬛⬛✦✦ⓘ, 2011; Nunn

& Jantz, 2009; Nunn, Jantz & Butikofer, 2009; Pyle, 2011; Reutebuch, 2008; Spear-Swerling & Cheesman, 2012; Stecker, Fuchs & Fuchs, 2008; Swanson, Solis, Ciullo, McKenna, 2012).

2.3. Coding procedures

I developed a coding form to categorize the information presented in each of the 30 articles. This coding form was based on: (a) publication type; (b) research design; (c) participants; (d) data sources; and (e) findings of the studies.

2.3.1. Publication type

The journal articles were evaluated and classified based on publication type (e.g., research study, theoretical work, opinion piece/position paper, review of literature, annotated bibliography, guides or descriptive article). *Research studies* can be qualitative, quantitative, or a combination of both, and use a scientific method to gather and evaluate data. *Theoretical works* analyze already existing research in order to describe, develop, distill, or design theoretical construct. *Opinion pieces* reflect the author's position or opinion on a subject. *Reviews of literature* look at published literature on a particular topic, and may analyze that literature through summary, classification, and comparison. *Annotated bibliography* includes a list of articles on any subject with a brief synopsis of each piece of finished work. *Guides* are explanations on how to implement certain strategies, programs, policies or interventions. *Descriptive articles* explain a particular practice or phenomenon in-depth (Table 1).

2.3.2. Research design

I classified each empirical study by research design (i.e., quantitative research, qualitative research, mixed methods research). *Quantitative* researchers collect and analyze numerical data.

Qualitative researchers use language (as opposed to numbers) to describe experiences and phenomena, and to tell people's stories. *Mixed methods* research combines quantitative (i.e., numerical) and qualitative (i.e., non-numerical) research methods within a single study (Table 2).

2.3.4. Participants, data sources, and findings

      I identified the participants in each of the studies (e.g., K-12 intervention programs, staff evaluations of the RtI process). I also identified the data sources that were analyzed for each study (e.g., interviews, observations, focus groups, surveys, standardized tests). Finally, I summarized the findings of each study (Table 2).

2.4. Data analysis

      I used a modified version of the Stevick-Colaizzi-Keen method previously employed by Duke and Ward (2009) to analyze the 30 articles included in this meta-synthesis. I first identified significant statements within each article. For the purpose of this meta-synthesis, I defined significant statements as statements that addressed issues related to: (a) Response to Intervention; (b) effective Response to Intervention programs; (c) best practice of Response to Intervention; (d) administration involvement of Response to Intervention; (e) parental involvement in the RtI process; (f) teacher beliefs of RTI process; (g) Response to Intervention professional training; (h) suggestions for effective programs; and (i) teacher efficacy. I then developed a list of non-repetitive, non-overlapping (verbatim) significant statements with (paraphrased) formulated meanings. These (paraphrased) formulated meanings represented my interpretation of each significant statement. Finally, I grouped the formulated meanings from all 30 articles into theme clusters. These emergent themes represented the content of the entire body of literature (Table 3).

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3. Results

3.1 Publication type

Of the 30 articles that met my selection criteria, the publication type of each article is outlined in Table 1. 12 of the 30 articles (40%) included in this meta-synthesis were research studies (Abbott & Wills, 2012; Allinder, 1995; Berkley, Bender, Peaster & Saunders, 2009; Martinez & Young, 2011; Greenfield, Rinaldi, Proctor, & Cardarelli, 2010; Mellard, Stern & Woods, 2011; Miao & Heining-Boynton, 2010; Nunn & Jantz, 2009; Nunn, Jantz & Butikofer, 2009; Pyle, 2011; Spear-Swerling & Cheesman, 2012; Swanson, Solis, Ciullo, McKenna, 2012). 4 of the 30 articles (13%) were guides (Hilton, 2007; Mesmer & Mesmer, 2008; Reutebuch, 2008). 4 of the 30 articles (13%) were descriptive works (Burns, Jacob & Wagner, 2008; Fuchs & Fuchs, 2006; Gersten & Dimino, 2006; Kovaleski, 2007). 8 of the 30 articles (27%) were theoretical works (Bean & Lillenstein, 2012; Dunn, 1968; Hoover & Love, 2011; Hughes & Dexter, 2011; Johnson, Mellard, Fuchs & McKnight, 2006; Keller-Margulis, 2012; Kratochwill, Volpiansky, Clements & Ball, 2007; Stecker, Fuchs & Fuchs, 2008). 2 of the 30 articles (6%) were opinion pieces or position papers (Byrd, 2011; Kashima, Schleich, & Spradlin, 2009).

Table 1

Author(s) & Year of Publication	Publication Type
Abbott & Wills, 2012	Research Study
Allinder, 1995	Research Study
Bean & Lillenstein, 2012	Theoretical Work

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Berkley, Bender, Peaster & Saunders, 2009	Research Study
Burns, Jacob & Wagner, 2008	Descriptive Work
Byrd, 2011	Opinion Piece/Position Paper
Dunn, 1968	Theoretical Work
Fuchs & Fuchs, 2006	Descriptive Work
Gersten & Dimino, 2006	Descriptive Work
Greenfield, Rinaldi, Proctor, & Cardarelli 2010	Research Study
Hilton, 2007	Guide
Hoover & Love, 2011	Theoretical Work
Hughes & Dexter, 2011	Theoretical Work
Johnson, Mellard, Fuchs & McKnight, 2006	Theoretical Work
Kashima, Schleich, & Spradlin, 2009	Opinion Piece/Position Paper
Keller-Margulis, 2012	Theoretical Work
Kovaleski, 2007	Theoretical Work
Kratochwill, Volpiansky, Clements & Ball, 2007	Theoretical Work
Martinez & Young, 2011	Research Study
Mellard, Stern & Woods, 2011	Research Study
Mesmer & Mesmer, 2008	Guide
Miao & Heining-Boynton, 2010	Research Study
Moran 2011	Guide
Nunn & Jantz, 2007	Research Study
Nunn, Jantz & Butikofer, 2009	Research Study
Pyle, 2011	Research Study
Reutebuch, 2008	Guide
Spear-Swerling & Cheesman, 2012	Research Study
Stecker, Fuchs & Fuchs, 2008	Theoretical Work
Swanson, Solis, Ciullo, McKenna, 2012	Research Study

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3.2 Research design, participants, data sources, and findings of the study

Table 2

Authors	Research Design	Participants	Data Sources	Findings
Abbott & Wills, 2012	Mixed Methods	370 students; 13% special education students. Reading team members included classroom teachers, the reading specialist, two intervention paraprofessionals, the librarian, and the principal.	Student assessment and progress monitoring data. School wide evaluation tool, and agenda checklists.	The RtI reading team found that it was beneficial to develop a comprehensive RtI plan, including a strong reading team. They included student outcomes due to instruction fidelity, professional development, protection of intervention schedules, data driven instruction, small groups and research based curricula, use of all school staff for interventions, cohesive reading team collaboration.
Allinder, 1995	Quantitative	19 special education teachers, 38 Special education students (LD)	Mathematical assessment data	Teacher training, efficacy, and teacher motivation has shown great success with student outcomes in mathematics.
Berkley, Bender, Peaster & Saunders, 2009	Qualitative	All 50 states, two independent researchers reviewed information on RtI.	Comparative of state models and practices of RtI.	Most states are using a problem solving approach to RtI, even though many researchers recommend the standard protocol approach to RtI. The problem solving approach is a more individualized approach to RtI, with less specific

				guidelines; while the standards approach is based on group interventions using research-based inventions with fidelity; the procedures are well laid out and can be open to replication across sites. Problem-solving models have faced criticism due to lack of rigorous research about effectiveness. In many of the states RtI professional development was only provided to special education teachers rather than general education teachers. Most of the state models also do not include clear requirements for monitoring fidelity of instruction.
Greenfield, Rinaldi, Proctor, & Cardarelli, 2010	Qualitative	310 (K-5) students. 88% of students meet federal poverty guidelines. 52% of the students are English language learners (ELLs), and 16% special education students.	Analysis of data and teacher interviews about RtI process.	Teacher perceptions are vital when implementing reforms; this is because student outcomes depend on the instruction given by educators. There was no data on parental perceptions in the study. According to the data, teacher perceptions of RtI "buy in" improved when collaboration and communication increased that affected students outcomes. Teachers felt professional development was vital to perceptions of RtI, because they

				needed to understand the process. Teachers also felt that progress-monitoring data was a good way to ensure the effectiveness of their instruction, and to see which students were struggling and needed more help or more intense interventions.
Martinez & Young, 2011	Qualitative	99 educators, administrators, counselors, were entered into the analysis	Surveys about their opinion about the RtI process.	The majority of teachers are practicing early intervention and using a tiered method. However some untrained personnel, such as para-educators are implementing instruction, which can be detrimental to the effectiveness of the interventions. Collaboration among staff is important in the process. Data is also instrumental in determining special education eligibility. The research seems to indicate the importance of administrators for support with the RtI process. Teacher perceptions are important.
Mellard, Stern & Woods, 2011	Qualitative	5 elementary schools using the RtI framework.	Surveys and interviews	This study showed how each school implemented the RtI content that best fit their values or beliefs in certain educational styles and techniques. It showed the resources

				available for use and context that was used in each school. Instructional level and intensity of RtI was unclear. The fidelity of instruction was unclear as well. Two of the five schools had an under developed program. There was limited guidance in the RtI model, which seems to impede their practice.
Miao & Heining-Boynton, 2010	Qualitative	2 English language immersion teachers; 1 first grade class of 39 students; 1 third grade class of 63 students.	Ethnographic observations, teacher reflection, as well as narrative observations of videotaping of instruction.	This study showed that teacher knowledge was important with the RtI process. It also indicated the importance of regular progress monitoring of students. Teachers feel empowered when they can collaborate in order to enhance student learning.
Nunn & Jantz, 2009	Qualitative	Data for this study was gathered from 429 students, K-12 teachers, administrators, and support professionals trained.	Observations, interviews and surveys in a yearlong Rtl implementation initiative.	The study's participants perceive their involvement and skill application has some influence upon beliefs about teacher efficacy and that teacher efficacy is a multi-dimensional construct.
Nunn, Jantz & Butikofer, 2009	Qualitative	429 teachers, administrators, and support professionals.	Completed a survey following an RtI training	Teacher beliefs in their efficacy are instrumental regarding RtI implementation. This teacher efficacy is also related to an improvement in student outcomes, team

				collaboration, and even data based decisions.
Pyle, 2011	Qualitative	5 RtI pilot schools, grades K through 5 that includes18 teachers.	Focus group reflections and interviews.	Teachers indicated that there was a lack of cohesion between the RtI model and instructional practices. Teachers also indicated tension related to progress monitoring and other assessments. The research also seemed to indicate that teachers were upset over the demands involved with RtI and lack of support.
Spear-Swerling & Cheesman, 2012	Mixed Methods	142 Elementary school educators implementing RtI.	Questionnaires and knowledge assessment was given to educators.	This research indicated that teacher knowledge of certain reading strategies was lacking. There were indicators that professional development was strong, however it was stronger regarding RtI with special educators, rather than general educators. The research indicated that experience with RtI was lacking in types of interventions and assessments. Another concern was that many teachers were unfamiliar with the National Reading Panel (NPR). This study raised questions as to teacher knowledge and effective instruction, which are vital with RtI effectiveness.
Swanson, Solis, Ciullo,	Mixed	All special education	Observational data, including	Teacher spent a fair amount of time on

| McKenna, 2012 | Methods | teachers from one selected school district. | instructional data, time on task and focus group information. | instruction of RtI interventions in both math and reading. There was some information regarding more instruction needed in vocabulary, as well as using other instructional strategies in math. Teachers cited benefits in access to early intervention, collaboration, and the ability to differentiate learning for student need. Some challenges noted by teachers was scheduling, increased paperwork, increasing number of students, and a need for additional staff, these concerns seem to affect teacher perception. |

3.2.1. Research design

One of the twelve studies in this meta-synthesis (12%) used a quantitative design (Allinder, 1995). Eight of the twelve studies (67%) used a qualitative design (Berkley, Bender, Peaster & Saunders, 2009; Greenfield, Rinaldi, Proctor, & Cardarelli, 2010; Martinez & Young, 2011; Mellard, Stern & Woods, 2011; Miao & Heining-Boynton, 2010; Nunn & Jantz, 2009; Nunn, Jantz & Butikofer, 2009; Pyle, 2011). The remaining three studies of the twelve (25%) utilized a mixed method research design (Abbott & Wills, 2012; Spear-Swerling & Cheesman, 2012; Swanson, Solis, Ciullo, McKenna, 2012).

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3.2.2. Participants and data sources

The twelve studies included in this meta-synthesis analyzed data collected from a variety of participants, including government agencies, special education teachers who work with students with disabilities, K-12 students with and without disabilities, administrators, specialists and staff that work with students with disabilities and general education teachers. Ten of the studies (83%) analyzed data collected from special education teachers who worked with K-12 students (Abbott & Wills, 2012; Allinder, 1995; Greenfield, Rinaldi, Proctor, & Cardarelli, 2010; Martinez & Young, 2011; Mellard, Stern & Woods, 2011; Nunn & Jantz, 2009; Nunn, Jantz & Butikofer, 2009; Pyle, 2011; Spear-Swerling & Cheesman, 2012; Swanson, Solis, Ciullo, McKenna, 2012). Seven of the studies (58%) analyzed data collected from general education teachers who worked with K-12 students (Martinez & Young, 2011; Mellard, Stern & Woods, 2011; Miao & Heining-Boynton, 2010; Nunn & Jantz, 2009; Nunn, Jantz & Butikofer, 2009; Pyle, 2011; Spear-Swerling & Cheesman, 2012). Seven of the studies (58%) analyzed data collected from K-12 students with and without disabilities (Abbott & Wills, 2012; Allinder, 1995; Greenfield, Rinaldi, Proctor, & Cardarelli, 2010; Mellard, Stern & Woods, 2011; Miao & Heining-Boynton, 2010; Nunn & Jantz, 2009; Swanson, Solis, Ciullo, McKenna, 2012). Three of the studies (17%) analyzed data collected from specialists and staff that work with students (Martinez & Young, 2011; Nunn & Jantz, 2009; Nunn, Jantz & Butikofer, 2009). Three of the studies (17%) analyzed data collected from administrators (Martinez & Young, 2011; Nunn & Jantz, 2009; Nunn, Jantz & Butikofer, 2009). One of the studies (12%) relied on data collected by government agencies (i.e. State Dept. of Ed.) (Berkley, Bender, Peaster & Saunders, 2009).

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Another study (12%) collected data from and compared factors from 5 schools and their

implementation of the RtI process (Mellard, Stern & Woods, 2011).

These 12 studies employed many different methods to gather data: observations,

knowledge tests, assessments, evaluation tool, checklists, surveys, questionnaires, interviews,

and state compiled data. Two of the studies (17%) used questionnaires to gather data from their

participants (Nunn & Jantz, 2009; Spear-Swerling & Cheesman, 2012). Five of the studies (42%)

used knowledge tests and assessments to gather data from their participants (Abbott & Wills,

2012; Allinder, 1995; Greenfield, Rinaldi, Proctor, & Cardarelli, 2010; Spear-Swerling &

Cheesman, 2012; Swanson, Solis, Ciullo, McKenna, 2012). Four of the studies (33%) used

interviews to gather data from their participants (Greenfield, Rinaldi, Proctor, & Cardarelli,

2010; Mellard, Stern & Woods, 2011; Miao & Heining-Boynton, 2010; Pyle, 2011). Three of the

studies (25%) used observations to gather data from their participants (Miao &

Heining-Boynton, 2010; Nunn & Jantz, 2009; Swanson, Solis, Ciullo, McKenna, 2012). Four of

the studies (25%) used surveys to gather data from their participants (Martinez & Young, 2011;

Mellard, Stern & Woods, 2011; Nunn & Jantz, 2009; Nunn, Jantz & Butikofer, 2009). Two of the

studies (24%) used focus group information to gather data from their participants (Pyle, 2011;

Swanson, Solis, Ciullo, McKenna, 2012). One of the studies (12%) used state educational

information to gather data from their participants (Berkley, Bender, Peaster & Saunders, 2009).

One of the studies (12%) used a School Evaluation tool to gather data from their participants

(Abbott & Wills, 2012). One of the studies (12%) used a checklist to gather data from their

participants (Abbott & Wills, 2012).

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3.2.3. Findings of the studies

The findings of the 12 research studies included in this meta-synthesis can be comprised as follows:

1. In order to have an effective Response to Intervention plan there must be collaboration. This aspect seemed to be a reoccurring research finding. It is imperative to have strong teams that can come together when making decisions for instruction, student progress, solving problems regarding the RtI process or program. This includes clear communication between team members, leaders and involvement of all school staff. Leadership seems to be the foundation of sound collaboration teams.

2. A second reoccurring finding was teacher efficacy with regards to the RtI process. Teacher training, efficacy, motivation and self-reflection showed great success with student outcomes. Teacher perceptions should be looked at as well, they need to included in reform decision making and allowed time for preparation and to adequately instruct for new RtI demands.

3. Professional development is important as well. Educators and other staff members need to be fully aware of effective teaching practices, strategies and to have understanding and the ability to teach the RtI intervention curriculum. Professional development needs to be provided to special education teachers as well as general education teachers.

4. Research based curricula are critical for RtI effectiveness and to ensure student success. Fidelity of that instruction is also essential for student learning outcomes.

5. Regular progress monitoring and data driven decision-making. Progress-monitoring data is a way to ensure the effectiveness of their instruction and to see which students were struggling, as well as data based decision about Tier movement.

6. Parent involvement seems to be obsolete in most of the studies. Yet it would seem to be vital to have parental involvement for student success.

3.3. Emergent themes

Nine themes emerged from my analysis of the 30 articles included in this meta-synthesis of the literature. These emergent themes (or theme clusters) include: (a) Teacher perceptions and expectations; (b) Collaboration; (c) Regular progress monitoring; (d) Parental involvement in RtI; (e) Teacher efficacy; (f) Professional development; (g) Fidelity of instruction (h) Research based instruction; and (i) Leadership involvement. These nine theme clusters and their associated formulated meanings are delineated in Table 3.

Table 3

Theme Clusters	Formulated Meanings
Teacher Efficacy	- Teacher efficacy can have an influence on interactions with students. - Teacher efficacy is crucial in their ability to be effective in teaching the curriculum. - Teacher efficacy is key to student achievement and having successful outcomes. - Teachers have to have the ability to make insightful decisions regarding education. - Low efficacy teacher may not be able to make decisions regarding student learning and achievement. - Teachers need to have collaboration between all stakeholders, (district members, administrators, general educators, interventionists and special educators) in the RtI process. - Teachers need to confident in themselves in order to have confidence in their teaching ability.

	- Teachers with low efficacy may not understand how to challenge the abilities of their students. - Teacher efficacy plays a part in how they will teach and engage students in learning. - Teachers need to believe in their skills in order to effect change in students or academic or behavior improvement may not happen. - Teachers that do not have efficacy may be less patient, and inflexible in their practice. - General education teachers may feel they have little experience or the ability to teach students with disabilities. - All teachers with high efficacy are likely to believe that they can teach their student's, no matter their ability level. - Teachers with high efficacy, take responsibility for the successes and failures of their students. - Teachers with training and experience with students at risk will have a higher efficacy. - Teachers that are trained have more motivation, and will have higher expectations on instruction and are less likely to give up on lower achieving students in the RtI process.
Leadership Involvement	- Leadership is critical for effective implementation of RtI. - Leadership must ensure there are adequate RtI (intervention) resources for staff and students. - Principals and other school leaders help to guide the implementation of the RtI program. - School and district leaders execute any changes that are necessary in order to make the RtI process function effectively. - The RtI program should be both championed and monitored by the school leadership. - District and school leaders must provide necessary trainings and professional development to staff members regarding RtI. - School principals and other leadership must have a working knowledge of curriculum to ensure fidelity. - Principals should support a positive school climate for RtI. - Principals and other leadership can facilitate RtI problem solving. - School leadership needs to ensure progress-monitoring, data collection, and that tier movement is taking place appropriately. - Principals and school leadership should support parent and community involvement in an effort for improved student outcomes. - Principals need to ensure teachers get the support necessary to effectively teach interventions. - Administrators and other leaders are the corner stone to ensure an effective RtI model. - Principals can be instrumental in the assurance of teacher

	commitment and resources necessary for the RtI model to work. ● Principals can initiate team meetings and action plans.
Professional Development and Training	● District should provide support at the district level for teacher up-front training on RtI followed by modeling and coaching. ● Coaches can be used for teacher support and help with RtI implementation ● District wide trainings on RtI can provide collaboration and sharing of best practices. ● Professional learning communities can be established. ● Training on RtI should be provided for all staff members, including paraprofessional. ● Learning teams should be developed to examine student achievement patterns. ● Training should be continual for staff member best practices and improvement of RtI programs. ● Regular and special educators should have equal knowledge of programs and their implementation.
Researched Based Interventions	● RtI should be implemented using a multi-tiered system that encompasses both regular and special education staff. ● RtI needs to include curriculum that has been proven to be viable and effective. ● Educators need to use instructional strategies that are supported by curriculum guidelines. ● Curriculum that is not proven may not be effective in student academic improvement. ● Flexible groups should target specific skills so that the instructional goals of all students can be met. ● Tier II offers additional instruction along with the standards-based curriculum received in Tier I. ● The curriculum and instruction at Tier II should be designed to meet the needs of students not progressing as expected in Tier I. ● Tier III instruction includes additional and more explicit instruction that is focused on a specific skill that students need. ● Fidelity of instruction of research-based curriculum should be adhered to.
Fidelity of Instruction	● The fidelity of instructional practices means that curriculum should be taught consistent and accurately taught according to its guidelines. ● Curriculum was developed and validated specifically and should be taught accordingly. ● Specific time should be allocated for learners within the curriculum for optimum learning. ● Research based interventions require the following of guidelines. ● If instruction is not consistent and accurately taught, how can lack

	of progress be explained? ● If instruction is taught with fidelity, student outcomes of progress can be reliable. ● Student outcomes need to be linked to instruction of the curriculum. ● District must have high quality curriculum available. ● Training and professional development must be provided to instructors regularly. ● Instructors should be observed regularly for fidelity. ● Student success depends on fidelity of instruction.
Parent Involvement	● Families, and schools should work together for student success. ● Effective partnerships with parents are beneficial for optimum learning. ● Parents can share information about their children that can be helpful. ● Parents and schools can problem-solve difficulties within the RtI implementation. ● Parents and school can share in student successes. ● Parents know what may work best with their child learning style. ● Collaboration is always beneficial. ● Parents can offer valuable information about home and family values. ● Parents can help with progress monitoring. ● Communication with parents on student progress is crucial and important. ● Families should be included in a culturally sensitive, solution-focused approach to support student learning. This is because parents can give great insight into behavior, learning styles, and background of students in an effort to improve outcomes.
Regular Progress Monitoring	● Progress monitoring is crucial in order to evaluate the effectiveness of instruction. ● Instruction can be modified accordingly depending on progress. ● Timely assessments and monitoring indicated which students are falling behind. ● RtI can increase or decrease intensity depending on progress data. ● Progress monitoring can allow teachers to design instruction that will respond to student needs. ● Regular progress monitoring can identify that students when need more help and which students that may need to be moved up. ● Progress monitoring throughout the school year and show which students that need interventions and which students are making benchmarks. ● Monitoring progress allows for informed instructional planning.

	- Determines whether students are making adequate progress. - Determines the rate of progress of students. - Determines what interventions are effective. - Determines what interventions are ineffective. - Helps to analyze gaps between achievement and benchmarks.
Collaboration	- Teachers engage in collaborative teams. - Teachers, staff, and family members team to find a solution focused approach to support learning. - Teachers are engaged in a collaborative team problem-solving process using data to design instruction and behavior intervention plans. - Positive school climate is imperative, so staff and family members feel that they can communicate freely and effectively. - Collaboration between regular and special education to support student achievement. - School personnel must have a clear understanding of instructional interventions and the RtI process. - Decision makers need to the information and data available make RtI decisions. - Staff needs to understand what data to collect, how frequently to use them, and the purpose for collecting data. - Teachers are engaged in a team problem-solving using data to design instruction and behavior intervention plans.
Teacher Perceptions	- Teachers and other staff need to have an understanding of the RtI process and procedures. - A consistently expectations of program school wide. - Teachers are engaged in a collaborative team problem-solving process. - All staff members need to know what is expected of them - Administrators need to be mindful of staff morale and support them. - Administrators need to be open about changes and include staff in the process. - Training and professional development for staff needs to be on going about RtI. - Research based materials and resources need to be available for teachers use. - Teachers and staff need to be working for what is best for all students. - Fidelity of the RtI process needs to be monitored, so instructors are secure about their teaching. - Teachers need to fell supported at both the school and district levels.

	● Extra time for preparation and planning needs to be allocated. ● General education teacher and special education teacher need to collaborate. ● If teachers do not believe in the RtI process it will not be successful. ● Teachers that do not "buy in" to RtI may more critical, and inflexible about teaching RtI interventions. ● Administrators need to lead the way and empower staff toward change. ● Teacher attitude determines student success. ● Teachers and other staff members, who feel they can make a difference in their student's life, take more responsibility for the successes and failures of their students. ● Teachers that buy in to RtI are more enthusiastic, and more accepting of programs. ● Teachers with good perceptions of RtI will emphasize instruction and learning; and put forth more effort to help all students no matter their ability level. ● General education teachers may feel unqualified to teach students with disabilities. ● Positive school climate is essential. ● Teachers and other staff need to feel supported and included in the implementation of the RTI process.

4. Discussion

This section is a summary of the major themes that emerged from my analysis of the 30 articles reviewed for this meta-synthesis. I then discussed these emergent themes as they relate to my personal experience working with Response to Intervention, and how these themes will influence me professionally and personally.

4.1 Teacher efficacy.

Teacher self-efficacy is the ability to obtain a desired result, make decisions regarding education, and understand the curriculum, as well as recognize student differences in order to be

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an effective teacher. This is exactly what teachers must be able to do in order to be successful in their own teaching. According to the research, Response to Intervention is a complex program that must be implemented with delicacy in an effort to increase student success, which is why teacher self-efficacy is so important. In many cases teachers may know how teach, but when confronted with a new layer of instruction such as RtI, things may be come more challenging. These new interventions, as well as adhering to standard protocols that may be unfamiliar to what teachers are accustom, and can prove to be much more demanding and straining on teacher self-efficacy.

According to one research study, high teacher self-efficacy contributes to increased confidence and knowledge of teaching, and also the increased attainment goals of their students. Specifically this particular research study demonstrated an increase in the math outcomes of students due to the high self-efficacy of the teacher (Allinder, 1995). Teachers who have confidence in their teaching ability can set goals for their students and be persistent in the attainment of those goals. They also seem to have more belief in their students abilities.

The literature advises that the expansion of knowledge about the RtI, its procedures, strategies and methods which can be instrumental in teacher self-efficacy, and the correct and effective implementation of RtI. That is why teacher training is so essential regarding RtI curriculum, and instructional methods. In a study of RtI procedures, teacher efficacy was found to have profound connections between teacher actions and student outcomes (Nunn & Jantz, 2009). Training and professional development can contribute to the self-confidence and motivation of teachers related to classroom instruction, as well as having higher expectations for students. It can also increase their capability to be effective in teaching the curriculum (Nunn,

Jantz & Butikofer, 2009).

Another finding about teacher efficacy is that if a teacher has high self-efficacy they are more motivated and thus motivate their students toward success. Students are more engaged in the curriculum when the teacher has the ability to involve students in learning process (Allinder, 1995). Student engagement allows students to take a vested interest in their own learning, I have seen teachers who are so motivated and confident in their teaching ability that students were excited about the subject they were learning, this engagement in learning clearly gives students the skills they need to be successful.

In my experience regarding teacher self-efficacy I have seen teachers that were effective and confident in what they were teaching, and others that were not. In some cases the teachers that had low self-efficacy were new to teaching, which may change given more time and experience in teaching. Self-efficacy can also flow over into perception about teaching in general which can be detrimental. Teachers need to have the ability to make insightful decisions regarding instruction, and if a teacher lacks the ability to do this student learning can be affected. As a teacher, there are times when you may feel that you are out of your comfort zone, the key is to reflect and learn from these moments, take advantage of training, ask for help from your peers and collaborate with those that can help. Schools need to also ensure that the RtI programs that are being implemented are understood by those teachers that are instructing them, so it is effective for students moving through the tiered program, instead of students remaining stagnant waiting to fail.

4.2 Leadership involvement.

In the research I encountered themes regarding RtI leadership both within the school

setting and the district. Specifically one researcher denoted that in his research that teacher

"buy-in" is of great significance. The literature implies that administrators have the ability to

empower their staff in the implementation of the RtI process. This empowerment can be

established through staff support, bringing special education and general education teacher

together for support and feedback, input of staff about the process, and understanding of the

importance of the RtI process (Hilton, 2007). One study also indicated that with the effective

implementation of RtI principals have involved teachers in leadership roles, such as developing

grade level groups to oversee RtI instruction, which helps with moral and allows a sense of

ownership with the staff (Bean & Lillenstein, 2012).

It is my belief leadership can also foster a "buy-in" through appropriate and on going

training, and developing learning communities, which can be established by the administrator

and district. Leadership has the ability to remove obstacles that might impeded a new process

from moving forward, they are responsible for facilitating clear communication regarding school

implemented programs. Administrators and other leadership within the school, such as

instructional coaches, data professionals, interventionists or even grade level representatives

should ensure that feedback, and data can be shown to educators about the effectiveness of the

RtI program. Administrators and other leaders should also monitor the teachers and the fidelity

of the curriculum to ensure authentic student outcomes.

4.3 Professional development and training.

As mentioned previously in the research, professional development is important when

carrying out the RtI process. According to documentation provided by all fifty states, most are

actively offering professional development to school personnel regarding RtI. However most of

the professional development was offered to special educators rather than general educators, which could be a problem since many of the educators that offer interventions are general educators (Berkley et al., 2009). RtI should have both general educators and special educators equally knowledgeable of programs and their implementation; along with training support and even peer coaching.

Professional development should be highly considered when choosing interventions. It can be helpful when the student population is varied academically. Trained teachers in various interventions within the school are beneficial to other staff because of their ability to model, become trainers, observe and follow-up within the school setting so there are no gaps in staff training. Training should be continual for staff members; they should include best practices, the improvement of RtI programs, data analysis and student problem solving process (Abbott & Wills, 2012).

One of the research studies indicated that knowledge of interventions and certain teaching strategies were lacking. This study also acknowledged that some educators were unaware of certain types of assessments, and raised questions about the preparedness of implementing RtI (Spear-Swerling & Cheesman, 2012). This study was alarming because of the significance of being able to teach the required curriculum. This study spoke loudly to me about the importance of professional development and training.

In my experience I have seen lack of training to be detrimental in the RtI process. I saw students sitting idle in interventions due to lack of knowledge, self-efficacy and training. These students should have been moving through the RtI tiers in an effort to get appropriate assistance both academically and behaviorally. That is why I too believe that training and professional

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development is one key to the effectiveness of the RtI system.

4.4 Research based instruction.

The various research studies that I examined indicated that the interventions used in the RtI method need to be research based through trials for academic and behavioral effectiveness. Although these research based interventions are mentioned in the research, it would appear that many states have not done a thorough job of using these types of interventions for the various tiers (Berkley et al., 2009).

Other factors that must be followed are the fact that educators need to use instructional strategies that are supported by curriculum guidelines. If instruction does not follow the fidelity of specific guidelines in the curriculum, then the effectiveness of the interventions may not be effective for student improvement and outcomes. However, if the guidelines are followed and the student is still showing no academic or behavior improvement then the team would know the intervention was not working and move to either another tier or refer the student to special education.

The multi-tiered system that encompasses RtI includes both regular and special education staff and students, because of this educators need to use instructional strategies that are supported by curriculum, as well as having flexible groups that target specific skills. The tiered system must offer different level of intervention for each tier. Tier II should include additional instruction along with the standards-based curriculum that was originally received in the Tier I intervention. Tier III instruction should be even more explicit in instruction than in Tier II, and may focus on specific skills that are more individualized depending on the need of the student.

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I personally must include the fact that educational decisions cannot always be made with reference to research findings, that is because in some instances research may be limited. In many cases student diversity may not be addressed within the curriculum. That is why it is my belief that educators need to look at instruction strategies and curriculum that has been shown to be effective in many types of areas, and that addresses the differing backgrounds of many types of students.

4.5 Fidelity of instruction.

Instructional fidelity is vital for the integrity of the curriculum. In order to ensure the fidelity of instruction, educators need training as well as having another educator observes at least one lesson related to the RtI curriculum to ensure it is being correctly implemented. This is to be certain that the educator is teaching the curriculum as presented according to the curriculum guidelines. Lack of such observations in this area has the potential to leave gaps in student learning. And can even present due process challenges over the diagnosis of learning disabilities identified using RtI procedures (Berkley et al., 2009). One research study showed that fidelity seemed to be a bit of a challenge. It showed that the instructional intensity was unclear and that the fidelity of instruction was also unclear. This was related to the limited guidance in the RtI model, which seemed to impede their practice (Mellard, Stern & Woods, 2011).

In my own experience teaching interventions I have taken great strides to ensure that my instruction follows the guidelines such as, following the amount of time that the intervention is taught. I also ensure that I am using the direct language and intensity the curriculum has prescribed. At times I have acknowledged additional strategies that I have added to the

curriculum. However, the fidelity of the instructional guidelines was not deviated from, because I wanted to ensure the intervention was working for my students. However, I have seen other educators that I work with not following curriculum guidelines, this bothers me because how will they know the intervention is truly effective or not. In this regard I believe that leadership needs to make certain that the fidelity of interventions is followed, otherwise it could be detrimental to student outcomes and the curriculums validity, as well as really knowing if there is a learning disability or not.

4.6 Parental involvement in RtI.

The literature discussed briefly the importance yet lack of parent involvement and collaboration. Parents must be involved throughout the process of RtI. They must be notified when the student begins to show problems in school, and also be a part of the team's decisions regarding their child. Parents should be kept informed throughout the RtI Process, that way there is no surprises if a special education referral does come into play (Reutebuch, 2008).

Another aspect of the literature that was brought up was that parents also want to know what they can do at home to help their child succeed. Parents may not understand the whole RtI process or even know much of the terminology related to RtI. Yet, teachers should give parents a quick overview of RtI processes and interventions so they can be involved in the process. There are many ways to do this, such as through meetings, conferences, or even putting information and terminology into newsletters (Byrd, 2011).

In my own experience with families is that they should be included in a collaborative approach to support student learning. This is because parents can give great insight into behavior,

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learning styles, and background of students in an effort to improve academic and behavioral

outcomes. One particular example is with one of my students in my reading intervention class.

Near the beginning of the school year this child's parent approached me about what they could

do to help their child with their reading. I gave several ideas, such as asking the child questions

about what they had just read, or even having them tell in their own words what had happened in

the particular chapter they were reading. This particular parent did some great follow through at

home, and because of this as well as the classroom intervention I was able to eventually exit this

child from RtI intervention.

4.7 Regular progress monitoring.

Progress monitoring is used to evaluate student performance in areas where they may be

at risk. Monitoring progress is a method where teachers are able to determine if students are

benefitting from the instruction or not, it also give them the ability to see if students are making

adequate progress, and helps to guide effective intervention programs (Hughes & Dexter, 2011).

The use of regular progress monitoring is a central component of the RtI framework; it allows

the classroom teachers the ability to interpret the data in an effort to ensure the effectiveness of

interventions within the tiered program, and to see which students needed more help or more

intensive interventions (Greenfield et al., 2012).

The Response to Intervention program requires student movement through the multi

tiered system in an effort to allow for the most effective program placement for students. The

ongoing assessment and data collection can demonstrate insufficient growth during Tier I, which

would help educators know when to move the student to Tier II or even if the instruction is

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effective for specific student learning. Another benefit of progress monitoring is to see who may have exceeded benchmarks and may be ready to go back to the grade level curriculum (Fuchs & Fuchs, 2006).

One import factor is that teachers must be trained to use these assessments for progress monitoring. They need to understand what the data indicates regarding student progress. They also must be able to modify or change the RtI intervention to assist struggling students. One research study found that this piece of the RtI process was greatly lacking. It indicated that teachers did not have the knowledge of strategies, or even how to assess struggling students. If teachers are untrained and lack the knowledge of progress monitoring, the data becomes limited which will ultimately hinder the RtI program and student outcomes (Spear-Swerling & Cheesman, 2012). This very aspect of lack of progress monitoring or inability to monitor students speaks loudly toward my own questions about the amount of time students may spend in intervention of one tier, rather than moving through the program efficiently. I feel that this too can be traced back to teacher training and self-efficacy. In my own practice I progress monitor every other week in an effort to see where my student are, and how my students are doing. It also allows me to increase or decrease additional instruction depending upon what the data shows.

4.8 Collaboration.

Collaboration is a method where people work together toward a common goal. The research on RtI and collaboration was prolific. In many of the studies collaboration was indicated to be of great importance. One study showed that teachers found that collaboration between educators, and leaders was even considered to be empowering (Miao & Heining-Boynton, 2010).

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These collaborative partnerships can help to build, and implement supports for students in order to increase their academic and behavioral success through team decision-making processes. By integrating a climate of communication, and collaboration team members can meet to discuss the refinement of instructional and intervention practices pertaining to RtI. It allows educators to consult with one another about student progress and specific needs, it can help employ problem-solving methods using the data collected to design instruction, and behavior intervention plans. These collaborative teams can also evaluate whether a student is moving toward the referral process (Greenfield et al., 2010).

Collaborative partnerships should consist of many members of the education process for the most effective problem solving. These members should include general educators and special educators, interventionists, school leadership, paraprofessionals, and even family members. One particular collaborative process that our school uses is the professional learning community (PLC), I have personally found this to be very effective. We as team members meet once per week to discuss data, pacing, and strategies that may be useful to improve the RtI process. We also examine student achievement and strategies for improving results.

4.9 Teacher perceptions.

Educator attitudes and perceptions are integral when it comes to the implementation and success of any new program. That is certainly true within the RtI framework. Educators must believe that it is their responsibility to be receptive to student needs in order to help the student achieve academic and behavioral success. However, if educators do not share these values or have a sense of "buy in" the RtI process is impeded.

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There are many factors that can effect the teachers perception both positively and negatively. The literature addresses both aspects, from the positive perception; many educators believe that RtI allows for the ability to recognize student academic needs early on, leading to interventions services being provided quickly. Many educators believed in the fact that they could collaborate with colleagues in an effort to implement the RtI process toward the common goal of successful student outcomes, and that it is each team member responsibility to be responsive of student needs in order to achieve student success (Swanson et al., 2012).

The research also indicated that at times that educator perception of RtI were not as positive. The results of one study indicated that teacher frustration and lack of "buy in". Some of these perceptions emerged from the additional RtI demands that were put up upon teachers. Many teachers felt that progress monitoring and data collection took too much of their time. They stated frustration and the additional data and planning was just one more thing they had to do in the day. Other educators believed that there was a lack of cohesion, or support within the RtI framework (Pyle, 2011). It is this type of perception that can be destructive to the RtI process. One researcher acknowledged that a positive classroom climate can have a positive effect on student achievement, but when teachers are not on board with a new program that environment may not be conducive to student learning (Allinder, 1995).

In my own experiences with teacher perceptions I have seen both of these views first hand. Along with what was stated in the research, I have also seen other negative teacher perceptions about student learning. Specifically teachers that do not believe that all students are capable of learning, or teachers that do not want to teach "those types" of students. This is deplorable to me. As an educator you should have high expectations for all students no matter

their ability level. This may be due to teacher efficacy and their own belief about their abilities to teach students with disabilities. Conversely, some teachers may expect too much from students and pass undue judgment on students; these perspectives can be long lasting on students' self-esteem and a detriment to student achievement. These perceptions about RtI need to be quelled. There needs to be an open line of communication from leadership down in an effort to work through these negative perceptions. Teachers need to be offered support, adequate time and training regarding RtI. Teachers most definitely need training on working with students with disabilities, as well as looking at the data and student outcomes for the benefit of all student achievement. If this is done I believe that perceptions can change. It is my belief that when general education teachers are going through college preparation for their teaching credentials there should be more focus on programs like RtI and special education, this might lessen teacher fears and change perceptions toward the positive before they step into the classroom.

5. Conclusion

In my meta-synthesis about Response to Intervention, a process originally put into place because of the over identification of special education students using the outdated discrepancy model. I discovered many themes throughout the research; these themes helped me see the complexity of the RtI framework. This research allowed me to understand that the RtI program requires fidelity and is intended for making academic and behavioral decisions for both general education and special education students. Many of the themes identified in this paper seem to overlap or weave together in an effort to make the RtI program more effective.

In my inquiry I discovered that due to the over identification of students into special education the RtI program was developed. It allows for a multi-tier approach to the early

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identification and supports students with learning and behavior needs (Swanson et al, 2012). In

the RtI process students receive research based interventions and instruction in the classroom.

During this period student progress is monitored in order to provide information about student

learning and achievement. This progress monitoring data allows educators to determine which

students may need more intense interventions. If so the students move to the next tier where

students interventions become more individualized in an effort to help students close the learning

gap. However, if during the course of the interventions a learning disability is suspected that

student is then evaluated for special education.

The literature and research did not give any real clear guidelines regarding timelines for

the RtI process, and students being evaluated for special education. However, what I did learn

was that during the RtI process educators need to monitor progress regularly in order to assess

both the learning rate and level of performance of individual students. It is through this regular

progress monitoring that will show whether or not a student has a learning disability. So regular

assessment is crucial so the student does not remain stagnant in the tiered model if it is not

effective.

The research and literature explained many best practices that make the RtI process more

effective. These were seen in many of the themes of this meta-synthesis. For example, in order

for RtI to work well there should be effective training and professional development. This is so

teachers understand and can teach the RtI curriculum successfully. Trained teachers may also be

more inclined to have a stronger sense of self-efficacy, which is crucial in teaching. Leadership

must pave the way and help staff to embrace the school wide RtI implementation, administrators

and other leaders must also be committed to staff learning, support and ensure the fidelity of the

curriculum being taught. The research suggests that intervention curriculum should be research

based, staff need to also be aware of effective teaching methods. As mentioned previously RtI

needs to have ongoing student assessment and progress monitoring. There should also be team

collaboration where teachers meet to analyze data by grade level, and share instructional plans.

As well as the inclusion of parent involvement and feedback, which provides parents information

about their child's ongoing progress, the instruction and interventions being used in the RtI

process.

Teacher perceptions were significant, especially the negative perceptions regarding the

RtI process which have shown to be detrimental in the RtI framework. These negative

perceptions can impact the viability and sustainability of the RtI process (Pyle, 2012). The

research seems to point to training, collaboration, and support as being significant factors in

influencing how teachers perceive their skills and how much they believe in the RtI process.

Overall, I believe teachers generally have positive attitudes about RtI and a common belief in the

RtI framework, as well as their students. Some general education teachers may feel ill equipped

to teach students with disabilities but with the proper training, and support of school personnel

their skills and perceptions of RtI may change, allowing them to see that all students have the

ability to learn, achieve and grow.

References

Abbott, M., & Wills, H. (2012). Improving the upside-down response-to-intervention triangle with a systematic, effective elementary school reading team. *Preventing School Failure, 56(1)*, 37–46.

Allinder, R.M. (1995). An examination of the relationship between teacher efficacy and curriculum-based measurement and student achievement. *Remedial and Special Education, 16(4)*, 247-254.

Bean, R. & Lillenstein, J. (2012). Response to intervention and the changing roles of school wide personnel. T*he Reading Teacher, 65 (7),* 491-501.

Berkeley, S., Bender, W.N., Peaster,L.G., & Saunders,L. (2009). Implementation of response to intervention: A snapshot of progress. *Journal of Learning Disabilities, 42(1),* 85-95.

Burns, M.K., Jacob, S., & Wagner, A.R. (2008). Ethical and legal issues associated with using response to intervention to assess learning disabilities. *Journal of School Psychology, 46(3)*, 263-279.

Byrd, E.S. (2011). Educating and involving parents in the response to intervention process: The schools important role. *Teaching Exceptional Children, 43(3),* 32-39.

Duke, T. S., & Ward, J. D. (2009). Preparing information literate teachers: A meta-synthesis. *Library & Information Science Research, 31*, 247-256.

Dunn, L.M. (1968). Special education for the mildly retarded—is much of it justifiable? *Exceptional Child. 23*, 5-21.

RESPONSE TO INTERVENTION EFFECTIVE PRACTICES

Fuchs, D., & Fuchs, L. S. (2006). Introduction to responsiveness-to-intervention: What, why, and

how valid is it? *Reading Research Quarterly, 4*, 93-99.

Gersten, R., & Dimino, J. A. (2006). RTI (response to intervention): Rethinking special

education for students with reading difficulties (yet again). *Reading Research

Quarterly, 41(1),* 99-108.

Greenfield, R., Rinaldi, C., Proctor, P., & and Cardarelli, A. (2010). Teachers' perceptions of a

response to Intervention (RTI) Reform Effort in an Urban Elementary School: A

Consensual Qualitative Analysis. *Journal of Disability Policy Studies, 21(1)*, 47 –63.

Hilton, A. (2007). Response to intervention*:* Changing how we do business*. Leadership, 36 (4),*

16-19.

Hoover, J., & Love, E. (2011). Supporting school based response to intervention: A practitioners

model. *Teaching Exceptional Children, 43(3),* 40-48.

Hughes & Dexter, 2011; Response to intervention: A research-based summary. *Theory Into

Practice, 50,* 4–1.

IDEA Data Center. (2014). *Building capacity for high-quality IDEA data.* Retrieved from

http://www.ideadata.org.

Individuals with Disabilities Education Improvement Act of 2004. (2006). Retrieved from

http://idea.ed.gov/explore/view/p/,root,dynamic,TopicalBrief,9.

Individuals with Disabilities Education Improvement Act, U.S.C. H.R. 1350 (2004).

RESPONSE TO INTERVENTION EFFECTIVE PRACTICES

Johnson, E., Mellard, D. F., Fuchs, D., & McKnight, M. A. (2006). *Responsiveness to*

intervention (RtI): How to do it. National Research Center on Learning Disabilities

(NRCLD). Lawrence, KS: University of Kansas.

Kashima, Y., Schleich, B., & Spradlin, T. (2009). *The core components of RTI: A closer look at*

leadership, parent involvement, and cultural responsivity. Bloomington, Indiana:

Center for Evaluation & Education Policy.

Keller-Margulis, (2012). Fidelity of implementation framework: A critical need for response to

intervention models. *Psychology in the Schools* 49 (4), 342–352.

Kovaleski, J. F. (2007). Potential pitfalls of response to intervention. In S. R. Jimerson, M. K.

Burns, & A.VanDerHeyden (Eds.), Handbook of response to intervention: The science

and practice of assessment and intervention (pp. 80-92). New York: Springer.

Kratochwill, T.R., Volpiansky, P., Clements, M., & Ball, C. (2007). Professional development in

implementing and sustaining multitier prevention models: Implications for response to

intervention. *School Psychology Review, 36 (4),* 618-631.

Martinez, R., & Young, A. (2011). Response to intervention: How it is practiced and perceived?

Inter*national Journal of Special Education, 26(1),* 44-52.

Mellard*,* D., Stern, A., & Woods. K. (2011*).* RTI school-based practices and evidence-based

models. *FOCUS on Exceptional Children, 43,* 1-15.

Mesmer, E.M., & Mesmer, H.A.E. (2008). Response to intervention (RTI): What teachers of

reading need to know. *The Reading Teacher, 62(4),* 280-290.

RESPONSE TO INTERVENTION EFFECTIVE PRACTICES

Miao, P. & Heining-Boynton, A. (2011). Initiation/response/follow-up, and response to

    intervention: Combining two models to improve teacher and student performance.

    Foreign Language Annuals, *44(1),* 65-79.

Moran, H. & ▰▪◭✕▣⊗▪✦✦ⓘ▰▨▪ (2011). *Questions and answers about RTI:* A

    guide to success. New York, NY: Taylor and Francis.

National Council on Disabilities. (2004). *Improving educational outcomes for students with*

    disabilities. Retrieved from

    http://www.ncld.org/on-capitol-hill/federal-laws-aamp-ld/idea/idea-2004-final-regulatio

    ns-update.

Nunn, G. D., & Jantz, P. B. (2009). Factors within response to intervention implementation

    training associated with teacher efficacy beliefs. *Education, 129 (4),* 599-607.

Nunn*,* Gerald D. Jantz*,* Paul B. Butikofer*,* Cynthia. (2009).Concurrent validity between teacher

    efficacy and perceptions of response to intervention outcomes. *Journal of Instructional*

    Psychology, 36 (3), 215-218.

Pyle, A. (2011). Considering coherence: Teacher perceptions of the competing agendas of RTI

    and an existing special education model. *Exceptionality Education International, 21,*

    66-81.

Reutebuch, C. K. (2008). Succeed with a response-to-intervention mode l. *Intervention in School*

    and Clinic, 44(2), 126-128.

Spear-Swerling, L., & Cheesman, E**.** (2012). Teachers' knowledge base for implementing

    response-to-intervention models in reading. *Reading and Writing, 25(7),* 1691-1723.

RESPONSE TO INTERVENTION EFFECTIVE PRACTICES

Stecker, P.M., Fuchs, D., & Fuchs, L.S. (2008). Progress monitoring as essential practice within

response to intervention. *Rural Special Education Quarterly, 27(4),* 10-17.

Swanson, E., Solis, M., Ciullo, S., and McKenna, J. (2012). Special education teachers'

perceptions and instructional practices in response to intervention implementation.

Learning Disability Quarterly, 35(2), 115-126.