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Abstract

The purpose of this study was to investigate the perspectives of professional staff of elementary schools in a middle-sized suburban school district on RTI, and efficacy of practices seven years after the initial implementation of RTI in the district. The study sought to answer these research questions: How do professional staff of the elementary school in a middle-sized suburban school district perceive the use of RTI in their schools and district? How could the current RTI process in the school and district be improved so that RTI could have a greater impact on student achievement, as perceived and recommended by professional staff of the schools and district?

A qualitative study design was used to gather the perspectives of a purposeful sampling made up of a cross-section of professional staff. The CIPP evaluation model by Stufflebeam (Stufflebeam and Shinkfield, 2007) was used as the theoretical framework. Focus groups were used to gain an understanding of the professional staff perspectives of RTI. First and second cycle coding was used to find emergent themes, culminating in a thick descriptive narrative of the results.

The findings in the study suggest that professional staff perceive their roles and how RTI is implemented differently, that RTI has made them more accountable, and that collaboration is important and more is needed to ensure RTI success. Additional findings suggest that professional staff perceive RTI as positively impacting student achievement, but are frustrated with the continual issue of the length of a time a student can stay in RTI.

Keywords: curriculum, IQ discrepancy, professional staff, scientifically research-based intervention, response to intervention (RTI), interventionist
Chapter I: Introduction

Statement of the Problem

In 2004, the Individuals with Disabilities Education Improvement Act (IDEA) was reauthorized and it endorsed Response to Intervention (RTI) as an effective approach for addressing academic problems for those with learning difficulties, in particular reading (Shores & Chester, 2009). IDEA (2004) also included a change in the procedures for identifying children with specific learning disabilities (SLD), which was a departure from the previous process of identifying students with learning disabilities through IQ discrepancy, and remediating students with learning issues (Gersten & Dimino, 2006). Another intention of IDEA (2004) was to curtail the increasing percentage of students identified with a learning disability. Special education eligibility rates skyrocketed from 1990-2004, with an increase of 38.5% (U.S. Department of Education National Center for Educational Statistics, 2005). Since then, many school districts have implemented some form of RTI, which has impacted how teachers teach (Bean & Lillenstein, 2012; Fuchs & Bergeron, 2013). The teacher’s ability to implement a reform such as an RTI protocol directly impacts student outcomes (Datnow & Castellano, 2000), and teachers’ perceptions of the process are constructive feedback for program improvement.

The district in this study implemented RTI at the elementary school level in 2007. The Special Education Director, Dr. Susan Dupuis (2010), wrote her thesis on the district’s creation and implementation of RTI as well as investigating the perspectives of the professional staff of RTI and the changes that occurred in their instructional practices at three of the five elementary schools in the district. The study also sought to investigate if the use of RTI impacted referral rates to special education. This study occurred three years after the initial implementation. At the time of Dupuis’ (2010) study, staff perceptions showed that the majority of respondents
agreed or strongly agreed that administrative support, resources, level of implementation, and student performance are an essential component of RTI (p. 121).

Additionally, the study (Dupuis, 2010) showed that special education rates in the district during the three-year period (FY 08, FY 09, FY 10) of initial implementation of RTI showed a 2.5% decrease in special education rates (FY 08 17.0% - FY 10 14.5%), which Dupuis suggests could be a result of the implementation of RTI. It is important to now follow up seven years later to investigate what is the professional staff perception of RTI, and how has it impacted their instructional practices. In addition, do the, professional staff that implement RTI believe it is having an impact on student achievement.

Research Problem

RTI, often described as a multi-tiered approach used to identify and remediate students with learning problems, was created in response to the IDEA (2004). RTI is a whole school initiative and it is considered a proactive model to aid students who are struggling (Cummings, Atkins, Allison, and Cole, 2008). The reauthorization in 2004 of IDEA and No Child Left Behind Act (NCLB) in 2001 proposed the use of an RTI model prior to referring a student for special education (Prasse, 2006). As a result, many school districts across the country have implemented some type of RTI since 2004 (National Center on Response to Intervention, 2012), in order to reduce the rates of referral to special education by creating a response-to-intervention model. This model is designed to ensure that students receive quality researched-based interventions prior to special education referral. By 2010, all 50 states had adopted some form of RTI (National Center on Response to Intervention, 2012), and a study of state departments of education in 2011, showed that 17 states mandated an RTI protocol (Hauerwas, Brown, & Scott, 2013).
Those implementing RTI offer important insights and information about RTI for other schools and educators who are using RTI. Implementing a whole school initiative such as RTI “requires a different sort of climate in the school and a change in how educators teach, learn, and interact with others” (Bean & Lillenstein, 2012, p. 492). RTI requires a change in instructional practices by staff, such as adopting student assessments, and scientifically based interventions, having a common vision and making changes to existing roles and responsibilities, using universal screenings for all students, and finally, integrating of RTI into the culture of the school (Fuchs & Mellard, 2007). Teachers are on the frontline when implementing RTI. However, regular education and special education teachers are not the only school professionals that are involved in the RTI process. Other professional staff members that participate in RTI include school psychologists, speech and language therapists, occupational therapists, and physical therapists. Each role has a specific goal to obtain and intervention to administer within RTI, however, all are working together to support the student. An RTI model requires that a variety of professional staff collaborate to address students’ needs (National Joint Committee on Learning Disabilities, 2005; Reutebuch, 2008). Understanding the perspective of the professional elementary staff is necessary to a successful implementation of an initiative (Fixen, Blasé, Metz, & Van Dyke, 2013; Kenney, Banerjee, & Newcombe, 2010; Sarason, 1995; Thousand, 1990).

There are several studies that have investigated teacher perceptions of the effectiveness of RTI within the first three years of the implementation, specifically in the areas of administrative support, collaboration, planning time, resources, and student performance (Dupuis, 2010; Greenfield, Rinaldi, Proctor, Cardelli, 2010; Stuart, Rinaldi, & Higgins-Averill, 2011; Wilcox, Murakami-Ramalho, & Urick, 2013). However, there is limited research on professional
elementary staff’s perceptions of the effectiveness of RTI after the initial implementation. A study by Werts, Carpenter, & Fewell (2014) of teacher perceptions of special education teacher in rural schools in North Carolina showed similar results related to the barriers and benefits of RTI, however, it is unclear of the timeline of implementation of RTI. Wilcox, et al. (2013) explored teacher perceptions from schools in Michigan and Texas up to five years after an RTI implementation. Dupuis (2010) studied teachers’ perspectives during the first three years of the implementation of an RTI protocol of the district of this study and found that the majority of teachers surveyed perceived that RTI was working.

The district studied has continued to implement RTI in all five elementary schools since the 2007 initial implementation. Although all five schools use the same forms and basic process each school is unique in how they perceive the RTI process and the impact on student achievement could prove valuable to the school district. It is important to periodically evaluate programs to determine the strengths and weakness, as well as help determine next steps for program improvement (Stufflebeam & Shinkfield, 2007).

Justification for the Research

Since IDEA (2004) endorsed RTI as an effective approach for addressing academic problems for those with learning difficulties in reading (Shores & Chester, 2009), many districts have implemented an RTI process (National Center for Response to Intervention, 2012). IDEA (2004) also included a change in the procedures for identifying children with specific learning disabilities. IDEA (2004) stipulates, “A State must adopt a consistent criteria for determining whether a child has a specific learning disability” (U.S. Department of Education, p. 1). States may no longer require the use of a severe discrepancy between intellectual ability and achievement, and may use an alternative research-based procedure to determine whether a child
has a specific learning disability. In addition, a state may use a process based on the child’s response to a scientific, research-based intervention as evidence of a learning disability (U.S. Department of Education). RTI has become a common approach to intervene on the behalf of students with learning difficulties; this is a big shift in pedagogy for teachers.

Past practices subscribed to a “wait to fail” model (Fischer & Frey, 2010; Fuchs & Fuchs, 2006; Vaughn & Fuchs, 2003). Struggling students were given time to develop and if no progress was made by grade two or three, a student was referred for a special education evaluation by the teacher or Student Study Team to determine if a learning disability existed. However, little was accomplished other than stopgap measures such as suggestions on how to work with the struggling student based on the teacher’s anecdotal description of the issue with limited data support to support the teacher’s concerns (Gersten & Dimino, 2006). The RTI model intervenes early on to remediate learning issues using tiered instruction, scientifically based interventions, and regular monitoring to track student progress. If after the intervention, a student has made no or limited progress, the student is then referred to special education for an evaluation (Fischer & Frey, 2010; Fuchs & Fuchs, 2006; Vaughn & Fuchs, 2003).

RTI requires that both regular and special education teachers, as well as other professional staff work together to address students’ needs. The school wide implication of a change in process is only sustainable if the stakeholders are invested in the process (Fullan, 2001; Sharratt & Fullan, 2006; Greenfield, Rinaldi, Proctor, & Cardelli, 2010; Hargreaves, 2004). Some studies show that teachers perceive RTI as a positive process, suggesting that there are some key features needed and these include collaboration, common assessments, and professional development (Dupuis, 2010, Reeder, Arnold, Jeffries, & McEwen, 2011; Sanger, Mohling, & Stremlau, 2012; Wilcox, Murakami-Ramalho, & Urick, 2011). Several studies
found that collaboration between colleagues, in particular regular education and special education teachers, is key in creating strong instruction in RTI (Stuart, Rinaldi, & Higgins-Averill, 2011; White, Polly, & Audette, 2012; Wilcox et al., 2013). Studies also revealed that proper training and professional development, a merging of roles rather than working in silos, and consistent assessments are integral to developing an RTI model (Stuart et al., 2011).

There is little information regarding how the whole professional staff perceives RTI after the first three years of initial implementation. Due to the fact that the RTI model includes, not only regular and special education teachers, but also reading specialists, school psychologists, occupational and physical therapists as well as speech and language therapists, their perceptions can offer valuable feedback to improve the RTI process. A study by Dunn, Cole, and Estrada (2009) investigated general education teachers’ perspectives related to RTI and suggests that future research should involve all the stakeholders involved in a student’s education (pg. 35). These stakeholders include professional staff such as school psychologists, reading specialists, speech and language pathologists, occupational therapists, and physical therapists. Another study by Martinez and Young (2011), examined the perceptions of all personnel involved in the student’s education and the RTI process, however, the study did not differentiate the perspective of each individual role. Staff was categorized as regular classroom teacher, special education teacher, administrator and “related personnel.”

Analyzing a district’s elementary professional staff perceptions of RTI will inform administrators and educators of ways to support and sustain a RTI by highlighting the perceived strengths and challenges of a RTI. Teachers’ perceptions seven years after an RTI implementation, will add to the research about RTI. This will be an effort, “in the long run to
stimulating, aiding, and abetting efforts to strengthen and improve” (Stufflebeam & Shinkfield, 2007 p. 331) the RTI process.

**Deficiencies in the Evidence**

A search of the literature shows limited research on RTI after the initial implementation. There are several studies that investigated the importance of outcomes of RTI (Justice, 2006; Moore-Brown, Montgomery, Bielinski, & Shubin, 2005), and other studies discuss how early identification of reading disabilities are connected to RTI (Coyne, Kame’enui, & Simmons, 2001; Juel, 1988; Scanlon & Vellutino, 1996). There is much literature on the structure of RTI (Bender & Shores, 2007; Brown-Chidsey & Steege, 2005, 2010; Fuchs & Fuchs, 2007; Hall, 2008; Johnson, Mellard, Fuchs & McKnight, 2006, Lipson & Wixson, 2010), as well as a few studies on the implementation of RTI and teacher perception during the first two to three years of implementation, mostly from the point of view of special education and regular education teachers (Bean & Lillenstein, 2012; Dunn et al., 2009; Dupuis, 2010; Fuchs & Bergeron, 2013). However, there is limited literature that addresses the perceptions of the entire professional staff when RTI is implemented (Dupuis, 2010; Martinez & Young, 2011), and no information five or more years after the initial implementation. The study is within a district that began implementation of RTI 10 years ago and solicited teacher perceptions seven years ago. With the lack of research that is available it is crucial that the literature begins to look at the sustainability and efficacy of RTI, and this study will add to the literature.

**Relating the Discussion to Audiences**

As stated prior, RTI is a common practice in school districts around the country and teachers are on the frontlines of implementation. The collection of professional staff perspectives about the RTI process seven years after implementation will add to the literature.
with respect to the impact and sustainability of RTI. The entire professional staff can use the data to improve the RTI process and sustain established RTI programs. The lack of literature on whole school professional staff perceptions of RTI show the need for this study, and adding to the literature will benefit education at the state, district and school level.

More importantly, however, the district studied needs to assess how professional staff perceive RTI in their school and the impact they believe RTI is having on student achievement. Each school follows the established RTI process, however, each school may have created different interventions or programs within the district’s RTI guidelines. By investigating the professional staff perceptions and allowing for a sharing of information, the researcher is able to offer the district the opportunity to review the current RTI practices allowing administrators and professional staff to evaluate and improve current RTI practices in the district. In addition, other schools, districts, or states may use this information from this proposed study to aid in the improvement of RTI within their settings.

**Purpose Statement**

The purpose of this qualitative study was to collect and analyze the perspectives of professional staff of elementary schools in a middle-sized suburban school district on RTI, and efficacy of practices seven years after the initial implementation of RTI in the district.

**Research Questions**

Two research questions will guide the data collection and analysis of this study:

1. How do the professional staff of the elementary schools in a middle-size suburban school district perceive the use of RTI in their schools and district?
2. How could the current RTI process in the school and district be improved so that RTI could have a greater impact on student achievement, as perceived and recommended by professional staff of the schools and district?

**Significance of the Research**

RTI has been in place for several years, and it appears to be a viable process for helping to remediate those students that present with learning issues (Brown-Chidsey & Steege, 2010; Dupuis, 2010; Fisher & Frey, 2010; Shores, Morgan, & Bender, 2007). However, few studies of RTI are done in the natural setting, and those studies are often “implemented on a small scale using highly trained personnel in research settings” (Fuchs & Mellard, 2007, p. 6). It is important to continue the research of RTI in order to determine perceptions of RTI, and areas needing more attention when sustaining RTI at the elementary school level (Bineham et al., 2014; Dunn et al., 2009; Dupuis, 2010).

This study provides insight into the RTI process through perspective of the professional staff. Regular education teachers, special education teachers and therapists all have fundamental roles in an RTI process (Graner, Faggella-Luby, & Fritschmann, 2005; Roth & Troia, 2005; Staskowski & Rivera, 2005), but there is limited research about their perspectives (Sanger et al., 2012).

**Positionality Statement**

With RTI being implemented in my school district, as well as all fifty states, I thought it important to study teacher perception of RTI after the initial implementation. In 2010, the District’s Special Education Director, Dr. Dupuis, conducted her Thesis study in the same district of this proposed study, whereby elementary teachers’ perceptions of RTI and special education referral rates were analyzed during the creation and implementation of RTI for the district. Dr.
Dupuis’ study used three out of the five elementary schools in the district. This proposed study will expand upon the study by Dupuis (2010), and will look at professional staff perceptions seven years after implementation of RTI at all five elementary schools in the district.

I have been employed at four out of the five elementary schools in the district and a member of three school’s RTI team. My first role was as a paraprofessional and special education tutor at one school prior to the implementation of RTI. As a teacher, I was part of the initial team that implemented RTI in the district and my school. I piloted the program in my room as a third grade teacher, and was part of the RTI team at that school. I then moved to another school in the district as an administrator/teacher, continuing my role on that school’s RTI team. I continue today as a principal and member of the RTI team at a third school. As someone who has been on three different RTI teams, and worked in four of the five elementary schools in the district, I am curious if the RTI process is working in the eyes of the professional teaching staff in all five elementary schools in the district.

There are some limitations that need to be stated. I am intimately involved in the RTI process at my school, and as written above, have been involved in three of the five RTI teams, which could cause me to have preconceived ideas about the perceptions of teachers, or the impact of RTI. I am the principal at one of the schools in the proposed study; therefore, it is possible that staff may not be completely honest in answering questions, as I am their evaluator.

I will need to be very careful when analyzing the data to ensure that my hope that RTI is working does not influence how I interpret the data. I also must not take anything personally during the open response questions or interview process. I have been in the RTI process since the beginning, and I have invested much time and effort in the implementation and
administration of RTI, therefore, I must maintain an objective mindset throughout the study. I
must truly take on the role of investigator.

In order to make this study as bias free as possible, I followed an established focus group
guide for each focus group. I informed the subject that all identifying information is
confidential. Also, each focus group was held at the respective staff’s building in a neutral area,
such as a conference room, so as not give anyone an unfair advantage or disadvantage. I
understand that when conducting a focus group in my building it is possible that staff may not be
as forthcoming in their responses, however, the questions asked were created to solicit their ideas
to improve RTI programming allowing staff to be comfortable in giving their thoughts and ideas.

Finally, I have no real sense either way if RTI is working. Currently, I hear what
professional staff say when we are in RTI meetings discussing students in need, but I am unclear
if professional staff perceive RTI as working. In my opinion, it is important to hear from the
professional staff. I think engaging professional staff in a focus group setting in an open,
honest, and respectful manner is important. Also, sharing that the intent of the study is to
improve the RTI process, their continued “buy in” to RTI is imperative to its success.

Theoretical Framework

This study intended to explore teachers’ perception of RTI seven years after the initial
implementation. The Context-Input-Process-Product Model (CIPP) Evaluation Model by
Stufflebeam will be the lens for this study. The model was created in the late 1960s as a
comprehensive system for conducting formative and summative evaluations of school programs
to help improve school projects in the United States, in particular those projects meant to
improve teaching and learning (Stufflebeam & Shinkfield, 2007). The four evaluation categories
(context, input, process, and product) can be either formative or summative in nature.
Stufflebeam’s CIPP model asks several questions when evaluating a program: “What needs to be done?” (Context), How should it be done?” (Input), “Is it being done?” (Process), and “Is it succeeding?” (Product) (Stufflebeam & Shinkfield, 2007, p. 327). The context evaluation assesses the questions of the needs and problems of a program and gives opportunities to decide on the priorities and goals. Input evaluation helps determine what is needed to make the program work. Process evaluation assesses how the program is implemented and aids in determining ways to support the program plan. Product evaluation focuses on the results or outcomes of the program. This study attempted to answer the Process and Product evaluation questions by examining the perspective professional elementary school staff through school-based focus groups after the implementation of RTI. As recommended by Stufflebeam, this study will assess and report on the merit, worth, probity, as well as provide lessons or feedback for program improvement:

A fundamental tenet of the CIPP model is that the most important purpose of evaluation is not to prove, but to improve. Evaluation is thus conceived primarily as a functional activity oriented in the long run to stimulating, aiding and abetting efforts to strengthen and improve enterprises (pg. 331, Stufflebeam & Shinkfield, 2007).

The use of a CIPP product evaluation allowed the researcher to “assess the intended and unintended outcomes and the positive and negative outcomes” (Stufflebeam & Shinkfield, 2007, p. 345) of the established RTI process in the school district studied through the perspective of the professional staff.
### Definitions of Key Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Curriculum</td>
<td>The required curriculum or subjects for all students.</td>
</tr>
<tr>
<td>IQ Discrepancy</td>
<td>A student presents an average or above average IQ, but their academic achievement is much lower than expected (Peterson &amp; Shinn, 2002).</td>
</tr>
<tr>
<td>Professional Staff</td>
<td>All the staff at the elementary school level that are licensed by the state to teach students in their area of certification.</td>
</tr>
<tr>
<td>Scientifically Research-based</td>
<td>An intervention made up of “materials and practices that have been supported by research as the most effective and beneficial in helping students learn” (Kashima, Schleich, &amp; Spradlin, 2009, p. 1).</td>
</tr>
<tr>
<td>Intervention</td>
<td><strong>Response to Intervention (RTI)</strong> is a multi-tiered approach to providing services to all students, by which all students receive the core curriculum, struggling students are provided “early and effective instruction”, and progress is monitored regularly to ensure appropriate specific instruction. (Fuchs &amp; Fuchs, 2006, p. 95).</td>
</tr>
<tr>
<td>Interventionist</td>
<td>A person who administers Tier 2 or Tier 3 support to students who have been identified as needing additional doses of an intervention as determined by an RTI process.</td>
</tr>
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</table>

### Conclusion

Professional elementary staff perceptions are an important part of assessing the success and challenges of RTI. This study will increase understanding the difference in perceptions for all professionals, with regards to the RTI model in place, and will enable the district and others outside of this study to make some recommendations of the efficacy of RTI and current practices of RTI within the district.

This chapter has provided an introduction to the research problem, the significance of the research problem, and questions, as well as the theoretical framework of this study. Chapter 2
will explore the literature related to RTI. The content will include an explanation of RTI, a brief history of RTI, which includes a description of special education related to RTI, and professional staff perception of RTI. Chapter 3 will provide the methodology and design for this study, detailing the instrument, population sample, data collection, and analysis.
Chapter II: Literature Review

Introduction

Response to Intervention (RTI), a multi-tiered approach schools use to identify and remediate learning issues for students, gained momentum in 2004 when IDEA was reauthorized and RTI was determined to be an effective protocol in remediating students with learning issues. School districts all over the country have jumped on the bandwagon and changed how they do business in order to implement RTI. RTI is a whole school initiative; therefore, there are many people involved in the process. Do the people who implement RTI on a daily basis perceive RTI is working?

Several studies address the initial implementation of RTI and teacher perceptions. Most studies are done within the first three years of implementation and address the perceptions of either regular education and/or special education teachers (Swanson, Solis, Ciullo & McKenna, 2012; Werts & Carpenter, 2013; Werts, et al., 2014; Wilcox, & Murakami-Ramalho, 2013). Few studies analyze regular and special education teacher perceptions after the first three years of RTI implementation. A search of the literature revealed a study by Martinez & Young (2011) that analyzed the perception of all those who participate in RTI, however the role identification is limited to diagnostician, administrator, counselor, general education, and special education teacher and involves elementary, middle and high school personnel. A study by Sanger, et al. (2012) addressed how speech-language pathologists perceived RTI, yet most research of the literature is focused on special education and/or regular education teacher perceptions of RTI. There is no study that addresses the perception of RTI of all elementary professional staff in one school district after the initial three-year implementation. This proposed study intends to research the perceptions of all elementary school professional staff seven years after RTI was
implemented. The proposed study seeks to address how elementary school professional staff in one district perceives the impact of RTI on their students’ achievement. In addition, the proposed study intends to solicit professional staff perceptions about how the current RTI process, strategies, and use of resources could be improved in both the school and the district to improve the impact on student achievement.

Chapter 1 of this proposed study detailed the research problem, research questions, and theoretical framework. This chapter will explore the literature related to RTI. The content will include an explanation of RTI, RTI as a whole school initiative, the history of RTI, professional staff perceptions of RTI, and the CIPP evaluation process, which is the theoretical framework for the proposed study.

What is RTI?

RTI is a multi-tiered intervention approach, most often three tiers, that supports all students. There are two models of RTI, the problem-solving protocol model and the standard protocol model. The problem-solving protocol model is based on the individual needs of the student, and interventions are created specifically for the student through a child study, or RTI team (Searle, 2010). The standard protocol is a pre-selected intervention program of interventions used when students do not meet the expected standard (Fuchs & Fuchs, 2006). Schools and districts prescribe to one or the other, or a combination of both.

Both the problem-solving protocol and the standard protocol follow the same basic 3-tiered process. Students progress through the tiers as needed, based on their ability to meet benchmark assessments. Tier 1 includes the core curriculum taught by the classroom teacher, as well as a universal screening assessment given to all students (Fuchs & Fuchs, 2009). Approximately 80% of all students will fall into Tier 1 and be successful within the regular
classroom (Brown-Chidsey & Steege, 2010; Mellard, McKnight & Jordan, 2010). If a student is struggling with the core curriculum and/or performs poorly on the universal assessments, a second dose of intervention is administered based on the specific need of the student. This intervention tier is administered in a small group or one to one, setting and administered three to four times a week over a 6-12 week period (Fuchs & Fuchs, 2009). This is considered Tier 2, and makes up about 20% of the total school population. Roughly, 15% of the students will respond to the Tier 2 interventions, which leaves approximately 5% of the students who continue to make limited to no progress in both Tier 1 and 2 (Brown-Chidsey & Steege, 2010; Mellard et al., 2010). Those 5% who have not responded require more specific educational goals, and are in Tier 3 of an RTI protocol. Students in Tier 3 will receive additional interventions with professional staff such as special education teachers and reading specialists, and are often given a comprehensive evaluation to determine if a student has a learning disability (Brown-Chidsey & Steege, 2010; Mellard et al., 2010).

For example, if a first grade student in the beginning of the year is unable to identify any letters in the alphabet based on the established letter naming fluency (LNF) benchmark assessment, the teacher will monitor the progress of the student on a weekly or bi-weekly schedule to determine if the student is making progress toward the benchmark in the established curriculum. If the child is making progress and appears to be “catching up” to the benchmark, then progress monitoring will be extended to a monthly schedule, rather than a weekly or bi-weekly schedule. However, if the student is making minimal or no progress, that student will receive an additional dose or a Tier 2 intervention, such as the reading specialist working with that student in a small group for 30 minutes three times a week specifically targeting letter naming fluency. The student’s progress will be monitored weekly for approximately 6-12 weeks
depending on the progress of the student. If the student makes strong progress toward the benchmark goal then the intervention schedule will continue until the student meets benchmark. If that student is again making minimal or no progress, the intervention may be changed, or the student will receive a third dose or Tier 3 intervention. If Tier 3 intervention is determined to be the best course of action, then the reading specialist would then instruct the student one-on-one often pulling the student out of the classroom for more intensive instruction three to four times a week for an additional 30 minutes. That student would be receiving the established curriculum (Tier 1) for 90 minutes a day, and reading support at the Tier 2 and Tier 3 level for an additional 6 to 8 hours of reading intervention.

Therapists such as Speech and Language (SLP) or Occupational Therapist (OT) follow the same RTI model; for example, in a kindergarten classroom the therapist may be part of the classroom center time. The SLP might run a center related to listening comprehension and verbal student response (Tier 1), and the OT will run a center focusing on written letter formation. If a student is not making progress similar to his or her peers, then a small intervention group will be created for students not making adequate progress and additional interventions will be provided (Tier 2). If after the designated intervention period of 6 to 12 weeks the student is not making effective progress then a Tier 3 intervention will be implemented. Student non-responsiveness after Tier 3 interventions may result in the student being referred to special education for a special education evaluation to determine if eligibility exists such as a specific learning disability (SLD).

RTI allows for earlier identification for those struggling with learning issues, a more proactive approach to prevention, and uses assessments that drive specific academic programming based on the needs of the student (Fuchs & Fuchs, 2006). Proponents of RTI
“believe that it can help differentiate between two explanations of low achievement: inadequate instruction versus disability” (Fuchs et al., 2008, p. 1). If a student does not respond to the established curriculum as the other students in the class then instructional quality can be eliminated as the cause for the student’s non-responsiveness, which may mean the student has a learning disability (Fuchs et al, 2008). A vital component of RTI is that it addresses not only the needs of students with learning disabilities, but also those who are simply struggling learners. RTI can benefit all learners by aligning the curriculum with individual student needs. Most students make progress in a school’s established curriculum, but there are others who need a more intensive curriculum (Fuchs & Mellard, 2007). The goal of RTI is to prevent students from falling through the cracks (Brown-Chidsey & Steege, 2005). Fuchs and Mellard (2007) list three common uses of RTI: “Prediction of at-risk students, intervention for students with academic or behavioral difficulties, and determination of SLD along with a variety of assessments tools and strategies” (p. 2).

In order to implement RTI, schools must make changes to their established programming. Student assessments and scientifically based methods are paramount to the success of RTI. It is also important that the school adopt the philosophy that RTI is part of regular education, and not just for special education (Fuchs & Mellard, 2007). Another important mindset that schools need to adopt is that when a child struggles, everyone involved must adhere to the RTI model. The core instructions and interventions being used in the school must be used to support the student. If there continue to be issues after interventions, and progress monitoring has taken place, then there is a path for identifying a specific learning disability. The data collected throughout this process drives the instruction and interventions used to support student outcomes (Mesmer & Mesmer, 2008).
The overall lens of the RTI process is defined by Brown-Chidsey and Steege (2010) as a process by which all students are given benchmark or baseline assessments, and determinations for intervention are based on the needs of specific groups or individual students. Brown-Chidsey and Steege (2010) caution that specific interventions tend to be person-specific, meaning that what is good for one student may not be applicable to another due to different learning styles, past interventions, or the student’s learning profile. Therefore, educators must “conduct sound assessments, identify those unique characteristics of the student, and select interventions that are matched to the learning needs of the particular student involved” (Brown-Chidsey & Steege, 2010, p. 55).

RTI is a system of addressing a student with learning issues. Reading is the content area most often cited when discussing an RTI protocol. If a teacher, after administering the core curriculum identifies a student as not making progress in a particular area of reading, such as phonemic awareness, than the teacher will bring the student to the RTI team which is made up of a cross-section of educators. The team may have a regular and special education teacher, a school psychologist, an administrator, and a therapist. The RTI team will meet and discuss the strengths and areas of concern and determine a goal, intervention, the person to administer the intervention and progress monitoring, and the timeline for the intervention. Professional staff assigned to the case will work in collaboration to administer the intervention and progress monitoring. For example, the reading specialist will administer the intervention in collaboration with the classroom teacher. However, as stated above, RTI is a process for remediating more than just reading issues, it can be used in a variety of areas where a student might struggle. For example, if a student is struggling in the area of fine motor skills then an occupational therapist may be asked to consult with the teacher to identify strategies for the teacher to implement.
within the classroom (Tier 1), or the therapist might administer the intervention (Tier 2). This same process can occur if student shows a weakness in math, speech and language, behavior, and gross motor skills. If after Tier 2 interventions the student does not respond, then a special education teacher or therapist will add additional goals and interventions (Tier 3), or refer the student for special education testing. The RTI process requires that the whole school work together and that the professional staff is essential to creating a comprehensive process for students.

Teachers have long supported students who were struggling and used assessments to determine progress. However, RTI is a more systematic process that pulls student assessment and intervention practices together to create a “data-based method for identifying, defining, and resolving students’ academic and/or behavior difficulties” (Brown-Chidsey & Steege, 2010, p. 3). The main intent of RTI is to change how students are identified as have a learning disability, and to curtail the skyrocketing special education referral rates. In addition, IDEA (2004) allowed for districts to use up to 15% of its special education funding for early intervention programs (Fuchs & Fuchs, 2006). RTI provides early intervention for all students at risk for learning problems (Fuchs & Fuchs, 2006).

**Promising results of RTI.** Mellard, Byrd, Johnson, Tollefson, and Boesche (2004) describe the RTI process as a vehicle to understand and make better decisions around instructional quality. Creating better quality programs through the use of strong interventions and assessments benefits both general and special education populations (Mellard et al., 2004). Vellutino, Scanlon, Small, & Fanuele (2006) studied the impact of kindergarten and first-grade interventions for students identified with reading issues over a five-year period in suburban and rural New York. Students were assessed in letter naming fluency at the beginning of
kindergarten; 30% of the students displayed reading issues. Those students were divided into
two groups: control and treatment groups. The treatment group received small group instruction
for the entire kindergarten year. Students were given two thirty-minute intervention sessions a
week, and progress was monitored three times over the course of the year. The results were
significant. When those students were assessed the following year in grade one, 50% of those in
the treatment group were poor readers, and 60% from the control group were poor readers. All
first grade students identified as poor readers were given interventions and progress monitored
through third grade. The results of this study indicated that 84% of students who received
interventions in kindergarten, or both kindergarten and first grade, read in the average range at
the end of third grade. Most studies of RTI are based in reading instruction and do show promise
(Coyne et al., 2001, Mosheim, 2010), and support the importance of early intervention (Denton,

A study by O’Connor, Bocian, Sanchez, and Beach (2014) studied the outcomes of an
RTI model in kindergarten and grade one on reading achievement and special education
eligibility rates at the end of second grade. This three-year longitudinal study of students in five
elementary schools in southern California found that kindergarten students who received Tier 2
interventions in reading showed significant progress at the end of first grade, but not in second
grade. In addition, this study (O’Connor et al., 2014) showed no significant difference in the
number of students found eligible for special education services. However, other studies show a
decrease in students eligible for special education when a RTI protocol is implemented (Dupuis,
2010, Kreider, 2010; Torgesen 2007; VanDerHayden, Wilt, & Gilbertson, 2007; Vaughn, Linan-
Thompson, & Hickman, 2003).
Marston (2005) analyzed studies by O’Connor (2003), Tilly (2003), and Vaughn (2003) addressed the use of a three-tiered model to remediate students with learning issues. All three studied students in kindergarten through grade three in literacy and found the three-tiered instruction beneficial. Although each study was slightly different, all found that most students made progress with a three-tiered intervention model. Connor (2003) and Vaughn (2003) found higher progress in those students who received interventions within the tiered model over those in the control group that did not receive the three-tiered interventions. Tilly (2003) investigated the change from year one through year three of participation in ProjectHELP (a reading intervention program), which moved from a four-tiered to a three-tiered intervention model. Of the 136 schools studied, 85 schools showed a positive effect from Year 1 to Year 2 in phonemic awareness, and 36 schools showed a positive effect from Year 1 to Year 3.

A field study of RTI by Hughes and Dexter from Penn State University cited on The RTI Action Network (http://www.rtinet.org/learn/research/field-studies-rti-programs), reviewed 16 published studies that examine the effectiveness of different RTI models related to different areas: reading, math, academic related behaviors, general academic performance, retention rates, and referral and placement rates. Most research of RTI in this field study by Hughes and Douglas is related to reading; however, two math studies analyzed the use of RTI with low-performing students. ArdoIn, Witt, Connell and Koenig (2005) implemented a RTI in math fluency and calculation to 15 low-performing fourth graders and found that 5 students did not respond to the Tier 2 interventions, however, all but one did not make progress with the Tier 3 interventions. A study by Duhon, Mesmer, Atkins, Greguson, and Olinger (2009) of 35 second grade students who showed to be at-risk in math fluency were administered a fluency-based intervention model with increased frequency at the Tier 1 level. Thirty-two students were able to
meet benchmark at the end of the cycle. The remaining three received more intense Tier 2 interventions and did meet benchmark, when the intervention was removed one student regressed to baseline one month after the intervention was removed.

Hughes and Dexter (n.d.) report four overall findings. The findings showed that all the studies that examined the impact of RTI on academic or performance showed some level of improvement, therefore supporting that RTI has a positive outcome on students at risk for learning issues. Findings also support above statements that reading performance is more often the focus of studies on RTI, however, there is some small support for RTI and math performance improvement. The authors found that studies showed little impact on referral and placement rates when RTI is used. It is important to note that the studies used in this field study range from 2003 to 2010.

More recently, there was a study of the immediate and long-term effects of Tier 2 reading interventions for first-grade students (Case, Speece, Silverman, Schatschneider, Montanaro, & Ritchey, 2014). The purpose of the study by Case et al. (2014) was to determine how much time is needed for a Tier 2 intervention to have a positive impact on first-grade students in reading fluency. One hundred twenty-three first-grade students were randomly selected to be participants in either a Tier 2 brief 25-session intervention group, or the no-treatment control group. The study results show that there were some positive outcomes for the intervention group, however, the effects were not as significant across all measures. An earlier study by Vellutino, Scanlon, Zhang, and Schatschneider (2008) showed similar results. Those students identified in kindergarten as at risk for reading issues where given Tier 2 and 3 interventions and tracked until the end of third grade. Of the students left in the study at the end of third grade
84% were meeting grade level expectations with only 16% of those students continued to struggle to read during grade two and grade three.

Although the research related to the use of RTI is positive toward reading, however there is limited research in an authentic school setting three years after initial implementation is limited. All 50 states use some form of RTI (National Center on Response to Intervention, 2012) and 17 states mandate an RTI protocol (Hauerwas et al., 2013), yet there is minimal studies on the impact of RTI after initial studies and implementation.

**History of RTI**

Throughout the history of education, there has always been a desire to intervene when students are struggling academically, however, the change in 2004 with the reauthorization of IDEA, states where given different options for determining those students who had a specific learning disability. In addition, IDEA (2004) also encouraged states to adopt some form of an RTI model for all students.

Although the ideas that make up RTI have been around for a long time it gained momentum with the reauthorization of IDEA in 2004. Prior to RTI, students were assumed to be making progress unless issues emerged. RTI screens all students and monitors their progress. Those who do not meet expected benchmarks are then given targeted scientifically based interventions, which are monitored, in regular intervals (Brown-Chidsey & Steege, 2010). Deno and Mirkin (1977) used a three-tiered model to study reading with students at risk for reading issues. They created benchmark assessments and used small group instruction to remediate those students and the established benchmarks were used to monitor progress. The RTI standard protocol model is based on this Deno and Mirkin (1977) study (Shores & Chester, 2009). During that same year, Bergan (1977) conducted a study that used a behavioral problem solving
approach, which involved identifying a behavioral issue, creating a goal and intervention specific to the needs of that student and then regular monitoring of progress toward that goal. This is the basis for the RTI Problem Solving Protocol model (Shores & Chester, 2009).

**History of special education law.** The reauthorization of IDEA in 2004 changed the landscape for determining how a student was determined as eligible for special education services, as well as, made recommendations about how to create a model to respond in a systematic and data driven manner to support all students early in their academic career. Reauthorization of IDEA (2004) also identified the high number of special education referral rates.

Prior to 1973, students with special needs were an underserved population in the American education system. The Rehabilitation Act of 1973 section 504 stated that students with disabilities must be afforded appropriate educational services, which are designed to meet their individual needs. In 1975, the Education for All Handicapped Children Act (P.L. 94-142) was signed and went into effect in October of 1977. This law was intended to support states and local municipalities, “to assure that all children with disabilities have available to them … a free appropriate public education which emphasizes special education and related services designed to meet their unique needs…. to assess and assure the effectiveness of efforts to educate all children with disabilities” (Office of Special Education and Rehabilitation Services, 2010, p. 10). School districts were mandated to provide schooling in the “least restrictive environment” (Gallegos, 1989; Yudof, 1984). Following the enactment of the Education for All Handicapped Children Act was enacted, many school districts searched for students with disabilities in order to provide a free and appropriate education, which caused a huge surge in special education referral rates in the United States (Hall, 2008). Throughout the next 15 years, this law remained
in place, and in 1990 was renamed “Individuals with Disabilities Education Act of 1990” (IDEA). The law was again amended in 1997. The amendments to the law defined or added language to the law in 16 topic areas, including the evaluation process of students by the special education department. Special education referral rates increased steadily over the next 30 years after the Education for All Handicapped Children Act (P.L. 94-142) of 1975 (National Center for Education Statistics, 2012).

**Changes in determination of eligibility for special education.** IDEA was reauthorized as the Individuals with Disabilities Education Improvement Act in 2004 (P.L. 108-446) (Johnson et al., 2006). Prior to IDEA (2004), determination of eligibility for special education was based on the IQ discrepancy model. Discrepancy is often defined as the difference between aptitude and achievement, or more explicitly stated, a severe discrepancy between IQ and achievement scores (Fletcher, Coulter, Reschly, & Vaughn, 2004; Fuchs, Fuchs, & Compton, 2004). This means that a student presents an average or above average IQ, but their academic achievement is much lower than expected (Peterson & Shinn, 2002).

The reauthorization of IDEA in 2004 allowed states to forego the use of IQ-discrepancy as a determination for special education eligibility, and instead to use response to intervention as part of the determination process (Fletcher et al., 2004). IDEA (2004) changed the criteria for eligibility for special education services stating, “Local education agency (LEA) shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability” (IDEA 2004 PL108-446). To determine eligibility for services with respect to a specific learning disability (SLD), states are required to apply one or more of the following criteria: severe discrepancy, RTI, and/or other alternative research-based procedures (Bender & Shores, 2007; Fuchs et al., 2004; Zirkel & Krohn, 2008). IDEA (2004)
now allows states to use alternative methods to determine if a student has SLD and does not require that the IQ discrepancy be the only measure to determine SLD, however, a LEA may use more than one method to determine eligibility for special education services. With the reauthorization of the law came the change to how schools could determine special education eligibility for specific learning disabilities, as well as how to ensure that all students receive quality research-based instruction and interventions prior to pursuing special education eligibility. RTI enables teachers to use documented lack of response by the student in regular class using scientifically based instruction, research based interventions, and progress monitoring data of research based assessments to determine whether students require special education services instead of using an IQ discrepancy model (Gersten & Dimino, 2006). IDEA (2004) now states that scientifically based instruction and researched-based assessments may be used by LEAs to determine eligibility for SPED services (Hall, 2008), which includes data collected from an RTI model. This change allows for other evidence, not just IQ tests, to be used in deciding if a student is in need of SPED services.

In addition, RTI is also used as a preventative measure ensuring that struggling students receive scientifically based interventions to improve specific areas of concern within the classroom setting. There was concern prior to IDEA (2004) that the IQ discrepancy process for identifying students with learning issues, in particular students with reading disabilities, was causing what is often known as the “wait-to-fail” method (Brown-Chidsey & Steege, 2010; Fischer & Frey, 2010; Lyon, 2005; Vellutino, Scanlon, Sipay, Small, Chen, Pratt, & Denckla, 1996; White et al., 2012). RTI is intended to shift from a wait-to-fail process to a proactive process that responds early to identified deficits (Hardcastle & Justice, 2006). Fletcher et al. (2004) argued, “models that incorporate RTI represent an opportunity to provide early
intervention and /or pre-referral services to reduce inappropriate referral and identification, and
to establish a prevention model for students to eliminate the ‘wait to fail’ model” (pg. 308). As
the mean age for students identified with a reading disability was 10 years old (Torgesen, 2000),
often students who showed difficulties in their younger years were given time to mature and
develop in the “wait-to-fail” model. Teachers would try to support the student in grades one
through three by trying to remediate with little guidance on interventions that would address the
specific needs of the student, but as the years passed the gap would widen and eventually the
student would most likely meet the criteria for special education around grade three (Brown-
Chidsey & Steege, 2010). The reason for such a late determination is that in order to use the
discrepancy model to determine if a specific learning disability exists, the child needed to be able
to read and this typically occurs around grades two or three. The gap between IQ and
achievement in reading needed to meet the state designated number of standard deviation, a 2.0
in many states (Hall, 2008). The testing for IQ discrepancy could not occur until a student was
able to read (Hall, 2008). In addition, when a student was struggling to read, most teachers kept
anecdotal notes rather than systematic data when determining next steps needed to intervene on
the behalf the student’s needs (Gersten & Dimino, 2006). Without a systematic and data driven
approach to intervene early, students were left under treated which caused students to be
identified with a specific learning disability, instead of being treated early, hence the term, the
“wait-to-fail” model. A main purpose of RTI is to intervene early in a student’s formal
education, in hopes of preventing students from requiring special education services.

Professional Staff Perceptions of RTI

When a district adopts RTI as a whole school initiative, all the professional staff are
responsible for implementing the RTI model. In order for RTI to work, “school staff must accept
RTI as part of their vision for educating students and be willing to make significant changes in their roles and responsibilities” (Fuchs and Mellard, 2007, p. 5). Understanding professional staff perceptions is important to a successful implementation of an initiative (Berkeley, Bender, Peaster, & Saunders, 2009; D. Fuchs, Fuchs, & Compton, 2012; Fixen et al., 2013; Kenney et al., 2010; Sarason, 1995; Thousand, 1990; Werts, Lambert, & Carpenter, 2009). However, few studies included all the professional staff when researching perceptions about RTI. Most studies analyze specific roles and the perspectives of RTI and most studies occurred during the implementation phase or within the first three years of an RTI protocol implementation. A study by Werts et al. (2014) studied the perceptions of special education teachers related to the barriers and benefits of RTI. The barriers listed by special education teachers include the need for more time due to heavy workload, and increased interventions and progress monitoring. The special education teachers also state that there is a lack of training in RTI, in particular for regular education teachers. In addition, the special education teachers list teacher attitudes, an unwillingness to change, as well as a lack of resources and personnel to be other barriers to a successful RTI implementation. However, the benefits gleaned from this study show that teacher perceptions see a great benefit to the students by using more assessments and data to drive interventions and to students who receive interventions earlier. Teachers perceive that the RTI process increases collaboration among staff and it also changed the perceptions of special education staff.

Other studies show that various elementary professional staff perceive that collaboration between regular and special education teachers is important to a successful RTI model (Dupuis, 2010; Werts & Carpenter, 2013; Swanson et al., 2012). Fuchs, Fuchs, & Stecker (2010) discuss the need for both regular education and special education teachers to redefine their roles when
using RTI. When RTI is in place, “all students with an identified academic need based on results from universal screening are required to receive interventions” (Swanson et al., 2012, p. 117). Similar to the study by Werts et al. (2014), several studies of the perceptions of RTI show the importance of collaboration, professional development or training, importance of early intervention; however, most studies are specific to a particular role. For example, Sanger et al. (2012) studied the opinions of speech-language pathologists on RTI and Reeder et al., (2011) wrote a case report on the roles of occupational therapists and physical therapists in an RTI model in the initial implementation of RTI. The common themes when researching professional staff perspectives about RTI are the need to ensure adequate training, time, whether it be for collaboration or increased workload, adequate resources, and ability to intervene earlier to support struggling learners (Bean & Lillenstein, 2012; Castro-Villarreal, Rodriguez, Moore, 2014; Dupuis, 2010; Swanson et al., 2012; Werts & Carpenter, 2013; Werts, et al. 2014; Wilcox et al., 2013).

Although similar patterns can be identified when looking at the perceptions of RTI through the eyes of the professional staff, no studies look at RTI through the lens of all the elementary school professional staff in one district. Some researchers surveyed all the staff, but often the studies categorized the staff by regular education teacher and special education teacher by lumping therapists such as occupational, physical and speech and language under the special education teacher role (Dupuis, 2010). Each elementary staff professional has a specific role in the school setting; however, RTI demands that all professional staff work together for a successful RTI program (National Joint Committee on Learning Disabilities, 2005). There is value in continuing to research the perceptions of RTI by all professional staff at the elementary
level in order to sustain and improve RTI (Bineham et al., 2014; Dunn et al., 2009; Dupuis, 2010).

Summary

RTI has been in place since the reauthorization IDEA (2004) changed the criteria for determining eligibility for special educational services. Most states have implemented some form of RTI, which is changing how schools do business and how teachers teach. The multi-step intervention whole school approach and an emphasis on early intervention of RTI require that professional staff work together to ensure students’ needs are met. How professional staff perceive RTI in their school setting is important to analyze in order to clearly understand the areas of strength and weakness in the existing process. Most studies of teacher perception have been limited to those that address the initial implementation of RTI, normally the first three years. Additionally, the studies also focus on regular education and special education teacher perspectives, with only a few looking at the perceptions of other professional staff such as speech and language, occupational, and physical therapists, but there is limited research that analyzes the perceptions of all professional staff in one school district.

Based on studies that analyzed early intervention in reading as positive, it would make sense that an RTI protocol would positively impact student achievement. RTI intervenes early by providing core curriculum, universal screening to track progress, and research based interventions. Staff are delivering these services in an RTI model therefore their perspective is important to solicit.

In addition, some studies show that an RTI protocol positively impacts the number of students determined eligible for special education services. By intervening early, using research based curriculum and monitoring progress regularly there is evidence that RTI decreases special
education referral rates. Again, these studies occurred in the initial implementation of an RTI protocol. Further research is needed to determine if this is a trend that continues to occur after the initial implementation of RTI.
Chapter III: Methodology

Introduction

This study sought to investigate elementary professional staff perceptions of RTI at five elementary schools in a middle class suburban school district south of Boston. Chapter 3 has three sections. Section one details the purpose of this study, and section two reviews the research questions of this study. The research design of this proposed qualitative study, which includes the design, participants, data collection, data analysis, and trustworthiness are described in section three.

Purpose of the Study

IDEA (2004) determined that RTI could be used as an alternative to identifying students with a SLD. This was a departure from past practice that used IQ discrepancy as the only way to determine SLD. No longer could states require that a severe IQ discrepancy be the only determination of a student’s eligibility for special education services. Data collected from RTI could also be used to determine if there was a SLD. More significantly, RTI, a multi-tiered system of intervention, became a whole school protocol for ensuring that all students receive strong core curriculum and universal screenings to determine students’ needs such as reading and mathematics. RTI is considered a viable process for school districts to use to identify students struggling with learning issues, and has become commonplace in many school districts; by 2010, all 50 states have implemented some form of RTI. In addition, high special education referral rates leading up to 2004 also factored into the decision to use RTI as a way of remediating students with learning issues. By intervening early at the elementary level with an RTI protocol, students would receive specific intervention to rule out lack of exposure to learning, and/or poor instruction, before determining if a learning disability such as SLD exists.
Professional staff are on the frontline when implementing RTI, therefore, their perceptions are important when discussing RTI. RTI is a whole school initiative and the professional staff implements the RTI initiative. How professional staff perceives the RTI process related to administrative support, resources, level of implementation, and student achievement is valuable to explore and to improve the process. There are studies that examine teacher perceptions of RTI during the first three years of implementation. However, there are limited studies that analyze all professional staff perceptions of RTI, and in particular, three or more years after initial implementation. Exploring the perceptions of professional staff seven years after the implementation of RTI can aid the district being studied to improve the current practices of RTI.

The purpose of this qualitative study was to document and synthesize the perspectives of professional staff in a middle-sized suburban elementary school district on RTI seven years after the initial implementation RTI.

**Research Questions**

This qualitative study investigated the perceptions of elementary school professional staff related to RTI implementation looking at administrative support, resources, level of implementation, and student achievement 7 years after the initial implementation. This study sought to address the following two research questions:

1. How do the professional staff of the elementary schools in a middle-size suburban school district perceive the use of RTI in their schools and district?

2. How could the current RTI process, strategies, and use of resources in the school and district be improved so that RTI could have a greater impact on student achievement, as perceived and recommended by professional staff of the schools and district?
**Research Design**

The research design for this study was a qualitative study using Stufflebeam’s CIPP model to determine professional staff perceptions of RTI 7 years after implementation. Creswell (2007) states qualitative research uses “an emerging qualitative approach to inquiry, a collection of data in natural setting sensitive to the people and places under the study and data analysis that is inductive and establishes patterns and themes” (p. 37). This qualitative study used focus groups to solicit the professional staffs’ perceptions of RTI related to administrative support, resources, level of implementation, and student achievement. The focus groups involved a cross-section of the district’s elementary professional staff. Forty nine of the 175 elementary professional staff participated in the focus groups. The focus group format allowed the participants to share their views with others and listen and respond to the other participants allowing for the researcher to have a broader view of the participants’ perspectives (Patton, 2002). The participants involved in focus groups offer a checks and balance to those within the focus group. The participants are inclined to extract the extreme or false views of the members of the focus group (Krueger & Casey, 2000).

**Research Tradition**

This study addressed the perspectives of the professional elementary staff on the RTI protocol seven years after the implementation in one middle-sized suburban school district through the use of a general qualititative inquiry study using focus group interviews. Creswell (2009) states, “the key idea behind qualitative research is to learn about the problem or issue from participants and to address the research to obtain that information” (p. 176). The use of focus groups was held to solicit an in-depth understanding of the professional staff’s perceptions of the current RTI process. Patton (2002) describes the objective of a focus group “is to get
high-quality data in a social context where people can consider their own views in the context of the views of others” (p. 386). Focus groups are interviews that allow the participants to hear each other’s responses and interact sharing comments, either agreeing or not to what is being said (Patton, 2002).

The study used the theoretical framework of the CIPP evaluation model by Stufflebeam & Shinkfield (2007). The CIPP model has four evaluation categories: Context, Input, Process, and Product. Context evaluations assess needs and problems as well as opportunities to determine the goals and priorities. Input evaluations aid program creators in deciding which plan is best, how to staff, budget, and the total feasibility of the plan. Process evaluations assess the implementation of the plan and to help those involved carry out the plan. In addition, it helps the larger group of users determine program implementation success. The Product evaluation focuses on identifying and assessing outcomes, “intended and unintended, short term and long term – to help a staff keep an enterprise focus on achieving important outcomes and ultimately to help the broader group of users gauge the effort’s success in meeting targeted needs” (Stufflebeam & Shinkfield, 2007, p.326). This study focused on the Process and Product components of CIPP Model, which allowed the researcher to focus on the perceptions of professional staff around the established RTI process in the district. This will in turn give the district information about RTI, possible effectiveness, and ideas for improvement (Patton, 2002). By focusing on the professional staff perceptions of RTI related to administrative support, RTI resources, level of implementation and student achievement through focus groups, the district will have information from those who implement RTI. This exploration into the professional staff’s perception of RTI will be used to guide the improvement of the RTI process within the district (Stufflebeam & Shinkfield, 2007).
Participants

The participants in this qualitative study was a purposeful sampling made up of a cross-section of all professional staff from all five elementary schools in a mid-sized suburban elementary school district located south of Boston. The use of a purposeful sampling is valuable to determine the perspectives of those who are implementing the RTI protocol in the district (Stufflebeam & Shinkfield, 2007). This allowed a variety of perspectives from the stakeholders who implement RTI. Total student enrollment for the district being studied is N=4,217, and elementary student enrollment is N=1,835. Participant roles include regular education teachers, special education teachers, team chairs, reading specialists, therapists, and all other staff such as music, art, and physical education teachers. Therapists include occupational, physical, and speech and language, as well as school psychologists (Table 1). The total number of professional elementary staff is N=175, and a purposeful sampling was employed using a maximum variation sampling to create the opportunity to ascertain high-quality detailed descriptions of each different professional staff position and to also collect the important shared patterns that all the professional staff perceive (Patton, 2002). Using maximum variation sampling to create focus groups made up of participants from different professional roles, different age groups, and schools will “increase the likelihood that the findings will reflect the differences or different perspectives” (Creswell, 2007, p. 126) of RTI in the district that was studied.
Table 1

*Summary of professional staff in the district studied*

<table>
<thead>
<tr>
<th>Professional Staff Position</th>
<th>Number of Professional Staff per Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Education Teacher</td>
<td>93</td>
</tr>
<tr>
<td>Special Education Teacher</td>
<td>23</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>5</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>3</td>
</tr>
<tr>
<td>Speech and Language Therapist (SLP)</td>
<td>9</td>
</tr>
<tr>
<td>School Psychologist</td>
<td>5</td>
</tr>
<tr>
<td>Reading Specialist</td>
<td>9</td>
</tr>
<tr>
<td>Special Education Team Chair</td>
<td>4</td>
</tr>
<tr>
<td>Other Teacher Positions (music, art, physical education)</td>
<td>24</td>
</tr>
</tbody>
</table>

The individual roles that each participant holds in the school setting is likely associated with how s/he perceives RTI, and by analyzing each individual’s perceptions within the focus group, some determinations can be made about the group’s perceptions as a whole about RTI. Of those participants who agreed to participate, the researcher reviewed the data and chose participants from the different professional positions and teaching grade levels to create balanced focus groups that allowed for diversity among roles and perspectives. Each school within the district was represented by two focus groups, 1) a group made up of professional staff from grades kindergarten through grade two and 2) a group made up of professional staff from grades three through five. Professional staff who volunteered to participate, but had a caseload different than kindergarten through grade two or grades three through five, chose the group that most closely resembled their caseload. The K-2 focus groups were made up of 11 regular education
teachers and two SLPs and the 3-5 focus groups were made up of 8 regular education teachers, three special education teachers, and one SLP. In addition, within both the K-2 and 3-5 focus groups were staff who worked with students in grades K-5 or some other combination of grades including an ELL teacher who works in grades K-12. Each focus group had two to six participants being made up professional staff from each of the different positions. The reason for the different grade level focus groups is that RTI at each level can be very different. For example, kindergarten through grade two is a crucial time to detect and implement interventions (Vellutino et al., 2007), which often results in more students and staff involved in the RTI process in those grades, particularly in reading. Kindergarten has a 45 minute block, three times a week where therapists, reading specialists, and special education teachers design and implement centers based on the needs of the students which allows the staff to identify students at risk and remediate during that time. Grades one and two use a Walk to Read model, which consists of a one hour block, three times a week, where students “walk” to and meet in a small group based on their reading level. The intermediate grades (3-5) administer RTI interventions in a one-on-one or small pullout group rather than triaging the whole grade.

The purpose of RTI is always to remediate students who are struggling with learning issues, however at the primary level, or grades kindergarten through grades two, it is thought to be the most optimum time to intervene for learning issues. RTI is also considered an option for minimizing the “wait to fail” model. If RTI is intervening early in a student’s academic career then there should be fewer students with learning issues in the upper. Interviewing a primary and intermediate focus group will allow for the differences in perspective.

This study investigated the perceptions of elementary professional staff in one school district; it did not intend to investigate the perceptions of non-professional staff or administrators
involved in RTI. Nor does this study intend to investigate other professional staff outside of the
school district being studied. Finally, response bias is possible as the researcher is an
administrator in the district, been part of the staff in four of the five elementary schools being
studied, and is currently a member of the RTI team in one school being studied, and has been a
member of the RTI team in two other schools in the district being studied.

Recruitment and Access

The researcher followed the Northeastern University protocol for securing Institutional
Review Board (IRB) approval. Northeastern University approved the proposal and the
Northeastern University IRB gave consent to perform the study. Participants for the focus
groups were all professional staff from the five elementary schools in the district. Permission
was secured from the superintendent of the school district for approval to conduct the study.
Each building principal was asked to allow focus groups to take place in their building. All
professional staff received a letter with a description of the study and a letter to obtain consent to
participate in the focus groups. Included in the letter was a human consent form, a review of the
purpose of the study, and the reason and importance of their participation in the focus group
interview.

The researcher made a brief presentation at each school site except for the researcher’s
school, to explain the study, the importance of the study, and the need for volunteers from the
different members of the professional staff. A follow-up letter was given to all professional staff
requesting volunteers, again sharing the purpose of the study and importance of their input to the
study. At the researcher’s school a letter was placed in each professional staff’s mailbox, no
presentation was made. A follow-up email was sent to all professional staff in all five schools
was sent two weeks later. Of those that volunteered to be in the focus group at their school N= 5,
between N=2 and N=6 participants were chosen by the researcher based on their professional staff position and grade level the staff member works with, either Kindergarten through grade 2 or grade 3 through grade 5. The researcher chose one participant from each professional staff position category from each school, when possible. The interviews occurred in a neutral space in their respective buildings. Light refreshments were provided for the participants in the focus groups.

All personal information will be kept confidential by the researcher and no individual information is reported in the study. Specific information from the interviews was reported under the staff position category, no names were used when reporting the interview data. No personal identification information was used in any of the reporting of the data in any part of the study.

Data Collection

Data for this study was collected through focus group interviews. Krueger and Casey (2015) state, “the purpose of conducting a focus group is to better understand how people feel or think about an issue, idea, product, or service” (p.1). The focus group discussions occurred several times with similar participants allowing the researcher to “identify trends and patterns in perception” (Krueger & Casey, 2015, p. 2). A focus group study consists of a strategically designed series of discussions to obtain perceptions on a specific topic with a group of participants that have similar backgrounds or experiences (Krueger & Casey 2015; Patton, 2002). The information collected from the focus groups tends to be more conversational and lively, which can be different from data collected through individual interviews and surveys (Patton, 2002).
The focus group interviews allowed the researcher to probe deeper into the professional staff’s perceptions of RTI and create a rich description of the elementary professional staff perceptions. Data collection and analysis are not exclusive of each other, and as the focus groups were completed, the researcher began to see trends and patterns emerge setting the stage for the opportunity for the researcher to write a thick description during the final data analysis (Patton, 2002).

Many experts subscribe to the use of some form of an interview guide, which is used to ensure consistency during the interview (Creswell, 2007, 2009; Krueger & Casey, 2015; Patton, 2002). The researcher used the Questioning Route format as described by Krueger & Casey (2015) (Appendix A). A good questioning route is made up of a list of sequential questions that begin with an opening and an easy question in the introduction which moves to the key questions and a clear ending (Krueger & Casey, 2015). The intention is to engage the participants in a conversation by following the established questioning route and to generate an opportunity for participants to share ideas and thoughts in a group setting. The questions in the Questioning Route align with Stufflebeam’s (2007) CIPP categories evaluation model (Table 2). At first the context was established through the use of opening, introduction, and transition questions that were easy to answer and allowed the participants to begin talking (Krueger & Casey, 2015). The next questions were key questions the researcher wanted to explore. Those key questions relate to CIPP input by asking about the Administrative Support and RTI Resources and moved into the Process, asking about the implementation of RTI in the school and district, as well as the Product, Student Achievement. The final question also related to the product of the CIPP model by asking the ending question which was about the participants experiences and perceptions (Table 2).
Table 2

*Summary of focus group questions and theoretical framework alignment*

<table>
<thead>
<tr>
<th>Focus Group Questions</th>
<th>CIPP</th>
<th>Krueger &amp; Casey</th>
<th>Question type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Context</td>
<td>Opening Question</td>
<td>Demographics</td>
</tr>
<tr>
<td>2</td>
<td>Context</td>
<td>Introduction</td>
<td>Experience with RTI</td>
</tr>
<tr>
<td>3</td>
<td>Process</td>
<td>Transition Question</td>
<td>Implementation of RTI</td>
</tr>
<tr>
<td>4</td>
<td>Input</td>
<td>Key Question</td>
<td>Implementation of RTI</td>
</tr>
<tr>
<td>5</td>
<td>Product</td>
<td>Key Question</td>
<td>Student Achievement/ Instructional Practices</td>
</tr>
<tr>
<td>6</td>
<td>Product</td>
<td>Key Question</td>
<td>Administrative Support/ Resources</td>
</tr>
<tr>
<td>7</td>
<td>Product</td>
<td>Ending Question</td>
<td>Additional experiences and perceptions</td>
</tr>
</tbody>
</table>

The focus group interviews lasted between 60 to 90 minutes, and were conducted at each elementary school in a neutral setting, such as the conference room or school library. The focus group participants are all employees in the school district, therefore focus groups were held on site at the participants’ home school to create a non-threatening, permissive environment (Krueger & Casey, 2015, p. 225).

The researcher was the moderator/interviewer for each focus group. This can create some limitations such as bias on the part of the interviewer and interviewees because of past and present relationships and/or the researcher’s position as an administrator in the district. However, the researcher is familiar with the school district and the RTI protocol from the beginning of the implementation, which can benefit the study.
All focus group meetings were recorded using a digital recorder and the researcher took notes. The use of a digital recorder during the focus group interview permitted a more natural flow of conversation and a verbatim record of the participants’ responses to ensure accuracy (Patton, 2002). A focus group interview protocol template was used to make certain that the same process is used for all interview participants (Appendix B). Prior to the interview being recorded, the moderator thanked everyone for participating and reviewed the confidentiality protocol, and human consent forms were signed. Once the ground rules had been established, the moderator began to record. The moderator followed the established protocol template and questioning route. At the end of the questions session the moderator turned off the audio recorder and engaged the participants in some final questions about the process and format of the focus group. Krueger & Casey (2015) suggest doing a “reality check” (p. 227) after the formal questions had been asked. This process allowed the participants to share their thoughts and give their advice on the process of the focus group to help the researcher improve the process for the future focus groups (Krueger & Casey, 2015).

Two focus groups were conducted at each school site, with all focus groups being completed within a four week time period. This schedule allowed the researcher to have time to reflect on each focus group and write an analytical memo (Krueger & Casey, 2002). In addition, once each focus group was completed the digital recording was delivered to the transcriber. The transcriber returned the transcripts before the next set of focus groups was held in order to allow the researcher to begin to analyze the data as data collection and data analysis in a qualitative study are often not as distinctly separated as in a quantitative study (Patton, 2002).
Data Storage

The researcher was responsible for collecting and is responsible for storing all data. A digital recording device was used to record interview data. All information collected is stored on the researcher’s computer. A professional transcriber was hired to transcribe the digital recordings. The transcriber was required to sign a confidentiality contract prior to transcribing the data. Once the digital recordings were transcribed the recordings were returned to the researcher. All digital audio recordings were destroyed once the transcriptions were completed and the researcher reviewed the transcripts for accuracy. All transcripts are stored on the researcher’s computer and back up hard drive. The transcripts and notes will be stored in a locked cabinet that only the researcher has access for a period of one year after the completion of the study, then destroyed by the researcher.

Data Analysis

The data collected from the focus groups was categorized in two ways: through the lens of the role of the staff member and by individual school. The researcher looked at the ways the different schools implement RTI such as team process and make up and RTI intervention models. This allowed the researcher to see trends and differences in the specific role, such as how do regular education teachers and special education teachers perceive RTI in their respective role, as well as how do they perceive RTI in their school. Some therapists provide services to more than one school in the district. A thorough analysis of perceptions pertaining to role and school could prove helpful to the district in improving the RTI process within the district.

Data was collected during each focus group meeting and the researcher gave the transcriber the data to be transcribed after each round of focus groups. This allowed the
researcher to begin reviewing the data and perform analytical memo writing to keep the information collected organized and current as well as allowed for emerging trends and patterns (Krueger & Casey, 2015). It is important the researcher keep track of the reasons for the process used for the design and implementation as an audit trail (Birks, Chapman, & Francis, 2008). Memo writing also allows the researcher to begin to analyze and interpret the data collected from the focus groups and helps the researcher stay on task and reflective throughout the process (Birks et al., 2008). The analysis included coded data segments such as words, phrases, and sentences (Locke, Silverman, & Spirduso, 2010), to determine themes and patterns (Patton, 2002) and allowed the researcher to stay current and not rely on memory when reviewing transcriptions. These memos can include unanswered questions, thoughts, and connection, anything the researcher thinks necessary to enhance the study (Saldaña, 2013).

To make sense of the data the researcher must begin to analyze the data by organizing the collected data, analytical memos, recorder notes, and transcripts, into key ideas by searching for themes, patterns using inductive analysis (Patton, 2002). In order to define patterns and themes the researcher began to code the data. The Questioning Route has established categories: Administrative Support, Resources, Implementation, and Student Achievement, and the researcher searched for themes and patterns within those categories.

Saldaña (2013) lays out a method of coding that includes first and second cycle coding. First cycle coding, as described by Saldaña (2013), pertains to the initial process in coding the data and is fairly simple. Second cycle coding, or sometimes called recoding, is more involved and requires more analytical skills of the data, such as being able to classify, prioritize, and integrate the data collected (Saldaña, 2013). During first cycle coding the researcher employed attribute coding which is used at the beginning of the data to document basic descriptive or
demographic information about the participants such as name, role in the school district, the date, time, and other variables that seem to be pertinent to the data analysis (Saldaña, 2013).

Second cycle coding was applied after initial coding had occurred and employed pattern and axial coding. Pattern coding involves pulling the data together and looking for meaning by grouping the data from the first cycle coding into smaller groups of themes (Saldaña, 2013). Axial coding was used to determine which codes are the dominant ones and remove those that are redundant (Saldaña, 2013). The dimensions of Administrative Support, Resources, Level of Implementation, and Student Achievement guided the axial coding process by ensuring that the researcher stayed true to those dimensions while searching for the dominant themes.

A summary of the interview response was written in a rich detailed summative narrative addressing the four dimensions: Administrative Support, Resources, Level of Implementation, and Student Achievement. The summative narrative reported the responses by frequency, emotion, extensiveness, and specificity (Krueger & Casey, 2009) and was written using “thick, rich description” (Patton, 2002, p. 437). It included an illumination of the issues and a reflection of the participants’ perception of the RTI protocol in the district being studied.

**Trustworthiness**

In order to ensure the data collected from the focus groups is trustworthy, four areas will be addressed: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1986 as cited by Patton, 2002). The interview questions used for this study have been established to have credibility by using Krueger & Casey’s (2015) process to develop a questioning route, which involves getting feedback from others who have knowledge of RTI, a revision of questions due to the feedback and finally a testing of the questions. The feedback
through member checking is an established form of determining credibility of the questions being asked (Fraenkel & Wallen, 2009; Krueger & Casey, 2013; Lincoln & Guba, 1985).

This study is limited to the data collected from one school district. This study is also limited to a purposeful sampling of the professional staff from all five elementary schools in one school district. The population studied is confined to one school district. Although the study is the total elementary professional staff in the district, it is limited to the people, time, and place within the district of the study. Researcher bias may occur because the researcher is part of the district being studied. In addition, researcher bias may also occur during the interpretation of the focus group data due to the fact that responses could have multiple meanings. These biases may impact the transferability of the finding of this study. Trochim (2006) refers to the Proximal Similarity Model as an approach when addressing the generalizations of the findings of a study. When using this approach the researcher must begin “by thinking about the different generalizability contexts and developing a theory about which contexts are more like our study and which are less so (Trochim, 2006, p. 1)” . Patton (2002) supports the Proximal Similarity Model by stating “we are able to generalize most confidently to applications where treatments, settings, populations, outcomes, and times are most similar to those in the original research” (p. 581). In order to augment the transferability of the findings, a thorough description of the data collected in the interviews is provided (Fraenkel & Wallen, 2009; Patton, 2002).

Dependability was established through adhering to the coding process outlined by Krueger and Casey (2015). The use of analytical memos, researcher notes from the focus group sessions, and transcripts from digital recordings offered multiple opportunities to align the data collected. This process allowed patterns and themes to emerge naturally. Confirmability was
established by providing the focus group participants the opportunity to review the transcripts and final report for accuracy (Creswell, 2007).

The researcher attempted to keep an unbiased perspective, however, acknowledges that certain biases exist and may impact the trustworthiness of this study.

**Protection of Human Subjects**

This study received permission from Northeastern University IRB and followed the required process for consent. All professional staff were made aware of all possible risks of the study and received a letter with a description of the study, a letter to obtain consent to participate in the focus groups with the human consent form, a review of the purpose of the study, and the reason and importance of their participation in the focus group interview. The focus groups participants’ names were anonymous outside the focus group participants, and only their professional position was used when reporting out the data. No personal information was used in the reporting of the data collected or the analysis of the data.

**Summary**

This study used a qualitative approach, which investigated the elementary professional staff perceptions of RTI seven years after initial implementation of RTI. The participants are all professional staff in five elementary schools in one district. Participants were asked to volunteer to be part of a focus group representing their elementary school and grade level. The study collected data from the focus group and explored patterns and themes related to the Administrative Support, Resources, Implementation of RTI and Student Achievement through the professional staff’s perspectives. Data was analyzed and reported using rich, thick descriptions to share the perspectives of RTI by the professional staff by role in the district, the grades they work within the schools, and by individual schools to be used for RTI program
improvement, as well as provide others outside the district with helpful information about RTI process.
Chapter IV: Research Findings

The purpose of this qualitative study was to collect and analyze the perspectives of elementary school professional staff in a middle-sized suburban school district about Response to Intervention (RTI) practices, and the efficacy of those practices seven years after the initial implementation of the district’s RTI program. The following two research questions were developed based on the objectives of the research, the theoretical framework, and the methodology chosen for this study:

1. How do the professional staff of the elementary schools in a middle-size suburban school district perceive the use of RTI in their schools and the district?
2. How could the current RTI process in the school and district be improved so that RTI could have a greater impact on student achievement, as perceived and recommended by professional staff of the schools and district?

This chapter presents a review of the three sites and participants, a summary of the data collected, and a thematic analysis of the data collected in the study from focus groups with professional staff in each of the five elementary schools in the district.

Summary of Study Site, Participants, and Data Collected

The site for this study was a middle-sized school district south of Boston, Massachusetts containing five elementary schools, one middle school, and one high school. Representatives from the five elementary schools were included in this study. The total enrollment at the elementary level of students kindergarten through grade 5 is 1,835, ranging from 250 to 480 students per school. Schools are represented as ES1, ES2, ES3, ES4, and ES5 to keep individual school information confidential. There is a total of 175 professional staff who work with students at the elementary level, including regular and special education teachers, team chairs,
reading specialists, and therapists which, include occupational, physical, speech and language, and school psychologist. Also included in the professional staff were teachers of physical education, music, and art.

The participation of the professional staff was voluntary and all focus groups were held after school. Principals for each school provided a meeting space for the focus groups for the ease and comfort of the participants. All focus groups were completed in one month, and each school’s focus groups were completed within the same week.

Two focus groups were held at each school separating professional staff into two categories, grades K-2 and grades 3-5, with a total of 10 focus groups. There was some grade overlap of school professional staff due to the fact that some professional staff work with all students in the school or at varying grade levels. In addition, some staff work at more than one school. Participants were asked to participate in the focus group that they most closely aligned themselves with by grade level and school that they worked in most of the time. The participants varied in positions and experience. A total of 49 participants from all five schools participated; however, one person held two positions as a special education teacher and a team chair. Focus groups ranged from two participants to six participants based on the size of the school. The participants were made up of a cross-section of professional staff positions; however, there was no representation from kindergarten regular education teachers (See Table 3 and Table 4). The experience level of the professional staff ranged from two years to forty years total teaching experience (See Table 4). All participants were female.
Table 3

Participants by Grade level and Position

<table>
<thead>
<tr>
<th>Position</th>
<th>Grade Level</th>
<th># of Participants</th>
<th>Position</th>
<th>Grade Level</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Education Teacher</td>
<td>1</td>
<td>4</td>
<td>Physical Education Teacher</td>
<td>K-5</td>
<td>1</td>
</tr>
<tr>
<td>Regular Education Teacher</td>
<td>2</td>
<td>7</td>
<td>Team Chair</td>
<td>K-5</td>
<td>1</td>
</tr>
<tr>
<td>Regular Education Teacher</td>
<td>3</td>
<td>5</td>
<td>Team Chair/Special Education Teacher</td>
<td>K-5</td>
<td>1</td>
</tr>
<tr>
<td>Regular Education Teacher</td>
<td>4</td>
<td>3</td>
<td>Reading Specialist</td>
<td>K-5</td>
<td>4</td>
</tr>
<tr>
<td>Regular Education Teacher</td>
<td>5</td>
<td>1</td>
<td>School Psychologist</td>
<td>K-5</td>
<td>2</td>
</tr>
<tr>
<td>Special Education Teacher</td>
<td>3</td>
<td>1</td>
<td>Occupational Therapist</td>
<td>K-5</td>
<td>3</td>
</tr>
<tr>
<td>Special Education Teacher</td>
<td>K-2</td>
<td>2</td>
<td>Physical Therapist</td>
<td>K-5</td>
<td>2</td>
</tr>
<tr>
<td>Special Education Teacher</td>
<td>3-5</td>
<td>5</td>
<td>Speech and Language Therapist</td>
<td>K-2</td>
<td>2</td>
</tr>
<tr>
<td>Special Education Teacher</td>
<td>K, 1, 3</td>
<td>1</td>
<td>Speech and Language Therapist</td>
<td>K-5</td>
<td>1</td>
</tr>
<tr>
<td>Special Education Teacher</td>
<td>2, 4, 5</td>
<td>1</td>
<td>Speech and Language Therapist</td>
<td>2-3</td>
<td>1</td>
</tr>
<tr>
<td>ELL Teacher</td>
<td>K-5</td>
<td>1</td>
<td>Speech and Language Therapist</td>
<td>3-5</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 4

*Participants by Number of Staff per Position and Percentage of Focus Groups*

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Staff Represented in Focus Groups</th>
<th>Percentage of Staff Represented in Focus Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELL Teacher</td>
<td>1</td>
<td>2.04%</td>
</tr>
<tr>
<td>PE</td>
<td>1</td>
<td>2.04%</td>
</tr>
<tr>
<td>PT</td>
<td>2</td>
<td>4.08%</td>
</tr>
<tr>
<td>School Psychologist</td>
<td>2</td>
<td>4.08%</td>
</tr>
<tr>
<td>TEAM Chair</td>
<td>2</td>
<td>4.08%</td>
</tr>
<tr>
<td>OT</td>
<td>3</td>
<td>6.12%</td>
</tr>
<tr>
<td>Reading Specialists</td>
<td>4</td>
<td>8.16%</td>
</tr>
<tr>
<td>SLP</td>
<td>5</td>
<td>10.20%</td>
</tr>
<tr>
<td>SPED Teacher</td>
<td>10</td>
<td>20.40%</td>
</tr>
<tr>
<td>Regular Education Teacher</td>
<td>20</td>
<td>40.81%</td>
</tr>
</tbody>
</table>

Table 5

*Participants by Position and Teaching Experience*

<table>
<thead>
<tr>
<th># of Years of Teaching Experience</th>
<th>Regular Education Teacher</th>
<th>Special Education Teacher, Team Chair</th>
<th>Therapists: Occupational, Physical, School Psychologist, Speech and Language</th>
<th>Reading Specialist</th>
<th>Other ELL, PE Teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<tr>
<td>6-10</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11-15</td>
<td>2</td>
<td>2</td>
<td>0</td>
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<tr>
<td>16-20</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>2</td>
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<tr>
<td>21+</td>
<td>8</td>
<td>2</td>
<td>5</td>
<td>1</td>
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The participants of each focus group were asked to respond to a set of open-ended questions, which led to discussions amongst participants. All focus groups were audio recorded and transcribed by a transcriptionist. As transcriptions were returned to the researcher, the researcher reviewed the transcripts searching for initial themes and created additional follow-up questions for subsequent focus groups. Each meeting lasted between one to one and a half hours, and participants were provided light refreshments.

**Research Question 1:** How does elementary professional staff in a middle-size suburban school district perceive the use of RTI and RTI practices on their students' achievement?

The first research question is divided into two parts based on the emergent themes. The first part is based on the conversations related to how professional staff perceive their role and participation in implementing the RTI process (See Table 6). The second section of emergent themes pertains to how the professional staff perceive RTI as a whole within their school and district based on the discussions of the focus groups (Table 7).

**Table 6**

*Themes Emerging from the Question: How Do Elementary Professional Staff in a Middle-size Suburban School District Perceive the use of RTI and RTI Practices on the Students’ Achievement?*

<table>
<thead>
<tr>
<th>Professional staff have differing opinions of their role in the RTI process.</th>
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<tbody>
<tr>
<td>Professional staff have different views on how RTI is implemented between schools and positions.</td>
</tr>
<tr>
<td>The RTI process makes professional staff accountable by focusing on individual student needs.</td>
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<tr>
<td>Staff believe that more needs to be done to increase collaboration.</td>
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**Professional staff have differing opinions of their role in the RTI process and some are even unclear as to what their role should be.** The 71% of the professional staff in this
study categorized themselves as either a member of the RTI team or not a member of the RTI team. The conversations at each school during the focus groups shared that the RTI teams at each school mainly consisted of administrators, special education teachers, reading specialists, team chairs, school psychologists, and some teams had a speech and language therapist (SLP). Only the ES2 had a regular education teacher represented on the RTI team, although all schools stated there had been regular education teachers on the team in the past.

Regular education teachers in four of the five schools referred to themselves as either a member of the RTI or someone who brings students to the RTI when they have concerns. Regular education teachers from three of the five schools, 1ES, 2ES, 4ES, referred to their role as a teacher bringing students to the RTI Team. A second grade teacher from ES4 stated, “I’ve just been a teacher bringing a student that I was concerned with to RTI for suggestions” and a third grade teacher from the same focus group followed with, “I’ve just been a visitor.” The regular education teachers from the other two schools, ES3, ES5, referred to themselves as interventionists, with one school, ES3, making no real mention of the RTI team. Both a third and fourth grade teacher from ES3 discussed that they were interventionists in the grade level reading intervention models in their school, such as What I Need Now (WINN). The other school, ES5, viewed their role as two-fold, to be interventionists to their students and also bringing students to the RTI Team when the student was not making progress. A second grade teacher from ES5 responded:

I am the Tier 1 support in the classroom so I’m treating the kids and pulling out the kids and working with them before I’m ready to bring them up for RTI. But then I obviously refer them, go the meetings, I sit at the meetings, I try to make sure that I have my data
and everything, and then 10 weeks later I go back to the meetings and then we try to figure out what to do from there.

While a third grade teacher from ES5 talked about how it is up to her to decide when to bring a student to the RTI team and that she then follows through with the intervention plan created. The regular education teachers from all five schools discussed their different views about their roles and some schools had a more in-depth discussion based on whether they saw themselves as interventionists or not.

Special education teachers saw their role as either on the team or not on the team, similar to the classroom teachers. Those special education teachers on RTI teams believe their role is to support the classroom teacher by targeting the specific learning issue that needs to be addressed. A special education teacher from ES2 said, “Part of my role is just listening and trying to work with the team to develop some types of interventions and try to pick right where, maybe, the target area should be.”

Special education teachers discussed that their role as providers of interventions for students in RTI or in grade level intervention models varied by school and the needs of the students on their caseload who have Individualized Education Plans (IEP). A few special education teachers felt that the students in their caseload took precedence over those students in RTI, and that often the students on IEPs need specialized instruction and that was not appropriate for students in RTI. A special education teacher from ES3 stated:

This year…I have the more pull-out model, so I work with students 90 minutes for ELA. We do tie into the WINN model, so I do meet with the 5th grade teachers and we have data meetings. My students generally just stay as my students. They’re on my caseload.
I don’t usually take any other students because the level of my students at the 5th grade level, students who aren’t on IEPs aren’t on that level.  

One special education teacher from ES5 who teaches in a sub-separate classroom shared that she believed she had no real role in RTI because her role is so specialized. However, when asked about whether she was ever asked to screen a student for the RTI team, she responded that she had been asked to screen students for behavior and was asked to advise on plans created by the RTI team.

Across all focus groups, special education teachers and therapists such as occupational therapist (OT), physical therapists (PT), and speech and language therapists (SLP) stated that they are unclear of their role in RTI. They felt that students on IEP’s are their largest responsibility, but the therapists, in particular, really expressed confusion as to their role in RTI. One SLP from ES5 said, “I’m still a little confused after 8 years about what my role with RTI is because most of my students are on an IEP.” Therapists stated they provide interventions to students in the RTI process, but are not clear of their role in RTI, with one PT (ES3) stating, “I would say as far as the physical therapist, it seems that it’s not really defined in terms of being part of the official RTI process, including when the district was first trained in RTI.” The therapists in the study were also conflicted in their role to service students in RTI when they are responsible for students on IEP’s. An OT from ES5 shared she was really not clear on her role in RTI explaining:

I’m not really sure what my role in RTI is honestly. Probably 10 to 15 kids on my current caseload are being seen through RTI. I just pull them into groups of kids that I already had through IEP’s if they had similar concerns.
Therapists and special education teachers often mentioned that their caseload is students they service due to IEP’s, but their workload is all the students they service which includes students who need support as identified through RTI. This adds to the confusion of their role in RTI.

The members of the RTI team shared their role on the RTI team as support for the classroom teachers and some members also defined their role within the RTI team such as case manager or recorder. A SLP from ES2 shared she is the case manager for about 10 students, and in addition she is the only SLP on the team for that school and she gets “back to the other therapists when there is information to be shared.” Other team members shared that their role on the team is to offer strategies and create goals for students brought to the RTI team. The K-5 focus group from ES1, both the SLP and special education teacher from the RTI team talked about how valuable it is to have different perspectives on student issues. The special education teacher said:

I think it’s helpful to have all the different positions, because even if it’s something like a reading goal or something like that, I think we’ve maybe have seen the kids in different settings or have worked with different strategies before, so I think just having all the different opinions there has been helpful.

The ELL teacher for the district believes her role is based on the needs of the ELL students brought to the team and she also brings a different perspective. The one physical education (PE) teacher from both ES3 and ES1 who participated in the focus group believed that she was not involved in the RTI process, but did state that she works closely with the PT from her building. She is aware that there are students who have motor skill goals in her PE classes and she meets with the PT to follow-up on students, yet she feels she has no real role in RTI.
Professional staff have different views on how RTI is implemented between schools and roles. Just as it was stated above that that the professional staff view their role in RTI differently, the participants in different focus groups in this study also view the implementation of RTI differently. During the K-2 focus group for ES4 the classroom teachers explained the implementation of RTI as the process they go through to bring a student to the RTI team meeting. The second grade teacher from the group shared, “it typically starts with a teacher submitting a form” that involves documenting the teacher’s concerns and the strategies used. “Once the form is submitted, the case manager interviews the teacher and then you get called to a meeting.” Professional staff from ES2 and ES1 also talked about the RTI team meeting process as when attending the RTI team meeting, adding that goals are created for the student and an intervention plan is designed. There was a consensus from four of the five schools, ES1, ES2, ES4, ES5, that when asked about how RTI is implemented in their school, all professional staff perceived RTI as the team meeting process.

Conversely, professional staff from both focus groups from ES3 described the implementation of RTI as the grade level reading intervention models they have in place. The grade three and four teachers talked about how they are implementing WINN and that all the students go to different classrooms based on their reading needs. The K-2 special education teacher shared that RTI is “where we have our data meetings…and I’m part of that process when they do like the Walk to Read. I have a group.” The staff from ES3 referred to RTI as the whole grade intervention model and they use the term Student Teacher Assistant Team (STAT), which is the equivalent of the RTI team process in all four of the other schools. Special education teacher from ES3 explains:
Then our STAT is when teachers have concerns about students in any particular area and they will fill out the paperwork and they’ll come and we will brainstorm whether they need to have a goal, whether they need to go straight to testing, different interventions that we can do on top of what they’re already getting. That leads to like RTI that isn’t the whole group reading thing. That would be RTI outside of it.

The reading specialist from ES5 has a broader perception of RTI and sums up a possible reason why there are different perspectives of RTI between schools and positions stating:

That’s like a tough question because when you say “how is RTI implemented” when I, maybe it’s a misnomer, maybe we need to re-label things. When I think about RTI I’m thinking about the meeting every Tuesday for an hour. I’m not thinking about what is, how is RTI implemented during the week with all the kids and all their goals and who gives the intervention and what is the intervention and how long is it. That’s how, when you first asked that question, I was like, what? I really had to think about that because it’s two separate things to me.

All five schools implement some sort of grade level intervention model and they all have a team that meets weekly to discuss students that the teacher feels are at risk. What is different is how they interpret the term RTI.

An RTI reading intervention model exists in all schools, but have different names. Schools ES5 and ES2 have Walk to Read and the other schools have WINN. The premise is the same. Students are divided into groups based on their reading needs using schools assessments such as Dynamic Indicators of Basic Early Literacy Skills (DIBELS) and Scholastic Reading Inventory (SRI) as well as benchmark assessments in reading. The groups meet three times a week for 30-45 minutes. Kindergarten classrooms have co-treat or SWAT models where
professional staff go to the classrooms and are part of centers focusing on the basic fundamental skills of the students. Each school implements the Kindergarten intervention model a bit differently. Two schools have extended Kindergarten programs to work with students at risk based on assessments and classroom performance.

The RTI process makes professional staff accountable by focusing on individual student needs. The participants across all focus groups in this study believe that RTI makes them more accountable to follow through with the plan created for a student through the RTI process. They talked about how RTI makes them more focused on the student’s goals. A third grade teacher from ES2 stated:

I would try to do that anyway but I think, knowing that I’m going to be going and meeting with a group of people and having to talk about the progress of a student, it really makes me make sure that everything is being implemented, and all those interventions are being utilized in the classroom. So I think it’s helpful in that way.

A second grade teacher from ES4 also stated the RTI team process makes the staff “accountable because on the forms you have to put the name, and how often the intervention, the progress monitoring.” A grade one teacher from ES5 discussed how she gathers more information. She admitted she should do that anyway, but RTI forces her to be more accountable. Having the paperwork from the team was discussed as a way of keeping teachers accountable, as a fifth grade teacher from ES2 explained “I’m checking them and go ‘oh I have to do this now, this is due tomorrow’ or I know we are meeting next week so it keeps me more on top of it.”

Being more accountable was echoed throughout the focus groups in relation to the RTI team meeting process. As a team the staff works together to create a plan with specific goals to address the student’s need and a first grade teacher from ES4 stated, “I think the biggest part is
that you’re setting goals so that there is some kind of accountability for this child.” Staff felt that when they leave the RTI team meeting they have a plan. A first grade teacher from ES5 shared, “When I leave RTI with the plan there is something that I need to be doing too, in addition to what I’ve already done, help that student that’s got the concern to be getting to that next level.” There was no difference between age groups or schools when discussing accountability.

**Staff believe that more needs to be done to increase collaboration.** All study participants discussed collaboration as an important component of RTI. Teachers felt that having a team to bounce ideas off of and people to help create and implement the plan made them feel like they were not alone. “I do love the connectivity of it. Like it’s definitely a team; everybody has their part” said a fourth grade teacher from ES4. A special education teacher from ES2 explained collaboration in the RTI team as a feeling that “we’re identifying them as a school” not just the teacher feeling there is something wrong. She went on to say, “Knowing that you’re not the only person responsible for that child. There is a group of people that, I mean those are some of the positive things.” Knowing who is responsible for all the different parts of the student’s RTI plan was discussed by staff at all five schools as a component they are thankful for as it takes some of the burden off the teachers.

Collaboration at the RTI meeting was not the only place staff felt collaboration was important. The staff consistently talked about the whole grade level interventions as also being very collaborative. The staff discussed that they get together and talk at common planning time, data meetings, or RTI to ensure that they are focusing in on what the child needs. A special education teacher from 3ES talked about how the “conversations at the table are so much better
this year because people know each other’s students as opposed to when we used to meet before and kids – everybody would talk about mine, mine, mine, mine, mine!”

Yet, every focus group talked about how time was an issue when trying to collaborate effectively. Even within the RTI team process teachers and therapists talked about how sometimes the RTI meeting was rushed and teachers left the meeting feeling overwhelmed because there was not enough time to collaborate. A first grade teacher from 5ES shared her frustration:

I do think sometimes I want to just go to a meeting and be like “could you just come talk to him” or, it’s not a data thing, I just know something’s wrong and I feel like there’s no time for that. You have your 10 minutes once the travel time and, but sometimes I just want to be like “alright this is what I’m seeing, these are my stories” and there’s no time.

This feeling of no time also showed up when discussing the plan a teacher walks away with after a meeting, because of the lack of time to collaborate teachers feel much of the responsibility can fall on them in the classroom. A third grade teacher and RTI team member from ES2 expressed concern that she heard:

Less teachers are referring kids to RTI because so much of the responsibility falls on them and they’re like ‘I’ve already got, my plate is over full. If I bring a kid to RTI, they’re just going to tell me that I have to do even more than I’m already doing now and I can’t handle it’. So a lot of teachers have stopped referring as many kids to RTI for that reason.

Staff in the focus groups also shared that they make the time to meet whenever they can. It often happens outside of work hours because everyone is busy. But that has its challenges also
as staff report that people have responsibilities outside of work. A special education teacher from ES2 expressed:

We all have schedules and this is just another part that none of us have built in time in our day-to-day schedule to talk to another teacher. None of that is built in so it’s typically before school, or it’s after school. Sometimes teachers aren’t there which is absolutely okay because we do our contracts and it’s trying to find that time to connect with that person.

Other teachers shared their frustration with therapists and special education staff not having the time to come and observe or give advice on a regular basis. One grade 2 teacher from ES5 said she asks OT and PT to come into her room by grabbing them from their office across the hall from her classroom.

The therapists consistently shared their desire to have time built into their schedule to collaborate more with teachers, because as an OT from ES3 had stated there is, “not as much time, unfortunately, to really get into the nitty-gritty.” A first grade teacher from ES3 followed up with, “there is no time for collaboration with the reading teachers unless you go on your own.” The OT and special education teacher for grades K-2 both supported the idea of needing more time to collaborate. The OT stated, “We used to block out a half an hour to collaborate. We don’t have the time for that anymore” and the special education teacher followed with “we just couldn’t do it with my caseload this year. We make the time this year but it is so much better when you have the time.” The desire for time to collaborate was evident in all focus groups.
The analysis of the data uncovered another category of emergent themes related to the professional staff’s perception of the practices of RTI, which reflect the professional staff’s perspectives on the impact of RTI on instructional practices (See Table 7).

Table 7

*Themes Emerging from the Question: How do Elementary Professional Staff in a Middle-size Suburban School District Perceive the Use of RTI and RTI Practices on Students’ Achievement?*

<table>
<thead>
<tr>
<th>Professional staff feel positive about the recent changes in whole school reading intervention.</th>
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<tr>
<td>Although staff believe changes in how data is used in RTI is positive, they are frustrated with the continual issue of the length of time a student stays in the RTI process.</td>
</tr>
<tr>
<td>Professional staff generally believe the RTI process has positively impacted student achievement, yet lack significant concrete evidence.</td>
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**Professional staff feel positive about the recent changes in whole school reading interventions and the evolving RTI meeting process.** All participants discussed the addition of school wide intervention models in the past three years. Two of the schools, 1ES and 5ES, reported starting a kindergarten and first grade intervention model three years ago that involved special education teachers, reading specialists, and therapists going into the classrooms during center time and running a center related to their specific expertise. ES5 called it SWAT, and 1ES called it co-treat approach. The following year second grade was added to each school and it became Walk to Read. A second grade teacher from ES1 “loved the co-treat” and misses the trans-disciplinary approach, but it was too much staff and could only be two times a week for 15 minutes. She said “with Walk to Read, you’ve got a group for 30 minutes and in 2nd grade, you get so much more in 30 minutes with a small group, with the decoding vocabulary and the open response.” She admits to wanting both the co-treat and the Walk to Read. This year grade 3 was
added at ES1. Fourth and fifth grades are talking about adding a Walk to Read component, but “it was too much to bite off this year” was a comment by the Reading Specialist from ES1. In addition to Walk to Read, ES1 also has an additional 30 minute intervention block after the Walk to Read, 30 minutes giving the students a one hour intervention block three times a week.

The reading specialist from ES2 shared that they have WINN in grades one through fourth grade with first grade starting a few years ago and the other grades began three years ago. ES4 also implements WINN in grades kindergarten through three. The special education teacher/team chair at ES4 said “I love WINN because everyone is getting the different reading at the same time and no one feels like the spotlight is on them.” ES3 began with Walk to Read and it moved to WINN this year in grades one through five. All teaching staff responded positively about the whole school reading intervention models in place. First grade teacher from ES3 thinks this year the WINN model has made her “much more focused…you’re not juggling four reading groups at a time.”

Therapists from all focus groups shared that they are not involved in the reading intervention models, but three schools discussed the kindergarten intervention model that they do participate in, which also includes special education teachers. The focus groups from ES1, ES3, and ES5 discussed the kindergarten intervention models they have in place. The kindergarten trans-disciplinary model at ES3 has been in place four years and meets only once a week for 30 minutes a week and is not considered part of the official RTI process, they see the students outside of the RTI. The PT from that school explained, “The idea behind it is that each of us is exposed to them, what each of those students in that bigger group requires so that when student is coming with the OT, they’re also working on some literacy skills.”
Schools ES1 and ES5 talked more about a SWAT or co-treat approach in kindergarten where therapists, reading specialists, and special education teachers participate in centers. Special education teacher from ES5 discussed the SWAT kindergarten interventions by where she does “a lot of early literacy activities with students and a teacher will come up to me and say ‘can you take a look at so and so’ and I’ll just be more watchful of them when they come to my center” during the three 45 minute sessions. She also talked about the extended kindergarten as a Tier 2 intervention that meets three times a week for an hour, specifically with the reading specialist, SLP and special education teacher. The ELL teacher explained that many ELL kindergarten students are in the extended program at ES5. The staff at 1ES also discussed their co-treat kindergarten model meets two times a week for 30 minutes and has a 30 minute planning meeting.

A key component of RTI is that Tier 1 is part of the core curriculum, and the Tier 2 and 3 interventions should be given outside the 90 minute literacy block. Walk to Read is part of the 90 minute literacy block at all five schools except ES2’s fourth grade Intervention Groups which meets four times a week, and three of the sessions are outside of the 90 minute literacy block. A reading specialist from ES1 raised the questions about Walk to Read stating:

We’re always on the fence ‘is that intervention, is it not, it’s core instruction, how is it intervention?’ And we decided it’s both for the lower kids that need the intervention, and it’s enrichment and core for the higher groups. Right now it’s one, two and three.

The recent additions of whole school reading intervention models are gaining momentum in all the schools even if there is question about whether it fits the scope of additional dosing of RTI. Schools ES3 and ES4 discussed the movement toward whole school or grade level math intervention models, which shows that staff believe the reading interventions have merit.
Although staff believe changes in how data is used in RTI is positive, they are frustrated with the continual issue of the length of time a student stays in the RTI process. The staff consistently spoke of the increased use of data and how the data is used in the RTI process has made them more focused on student’s needs. The use of data in RTI was stated throughout all the focus groups. Staff feel that the use of data has changed how they determine the needs of the students and how they deliver instruction. This change began with the original implementation of RTI and has continued to evolve. Staff felt that the data collected early on in RTI was limited to DIBELS. Staff from the K-2 focus group at ES4 discussed that the data collected originally in RTI was very much driven by the Oral Reading Fluency (ORF) from DIBELS. A special education teacher and RTI team member from ES4 described the past use of data at the RTI meetings was “strict”, meaning you only looked at DIBELS scores and made goals based on that. “Now”, she stated, “it’s like what specifically does this student need?” and “the goals are much more individualized” than in the past. A first grade teacher for ES1 said the same thing of the RTI meetings, “I think it used to be so, just to kind of touch base conversation, and now it’s all based on the data and all the specific targeted skills and working directly with those. More formalized and data driven.”

A special education teacher and team member from ES1 supports the improved data. She discussed the use of the SRI and the new ELA Journeys program assessments this year has improved how they look at students. Staff discussed the broader picture that exists now that there is more data in reading. Student performance was also discussed as an important piece of data that is looked at more closely than in the past. An OT from 3ES in the focus group responded to the use of data by the teacher, “seems like you’re really getting to the root problem as opposed to they’re having trouble reading or they can’t pay attention.” A grade 3 teacher
from ES1 shared that having the data available, and looking at that data helps her keep track of things. Schools did discuss the lack of assessments for math and that it is a challenge to come up with math goals for individual students, which they feel, is a missing piece in the RTI process.

Schools discussed how data meetings have changed. As stated above, the original data meetings were limited to discussions about DIBELS scores of students in reading. However, the meetings have evolved in not only the types of data, but also when the meetings happen. Schools meet regularly to talk about student data outside the RTI meeting process. Staff at ES3 meets at grade level every 8 weeks to discuss the data of the students in WINN and make determinations about whether the student is making effective growth in the assigned group, which is a change from the previous data meeting schedule. Others use their common planning time to review data and discuss student growth or concerns.

Teachers shared that they are using the data not only in meetings, but also in their classrooms on a regular basis. A fifth grade teacher from ES2 shared her enthusiasm for data saying, “I find that I am analyzing data like I never thought I could”. She uses the data to see what her students are learning and specifically looks at the data using spreadsheets. She analyzes the data and stated, “I literally do that for myself. So I’ll say, ‘oh, wow, 20% of my class isn’t doing well here, that must be me’.” She shared her feeling about data, “and I love it. I think that the data is the best. So I feel like RTI has been refined for the better.”

With all the data collected and the discussions that occur about student needs, there was great concern and frustration voiced in all focus groups with the amount of time a student stays in the RTI process. These students have goals through RTI and are not making progress or minimal progress. A reading specialist from ES2 explained, “what has not changed is there’s
never been a really clear cut entrance criteria or exit criteria” for students in RTI. Reading specialist from ES4 said the same thing and shared:

It’s not tons, but there’s always those squeaking wheels “wait they came through, we were concerned in kindergarten, oh wait, we worked with them” and they are in 4th grade and we’re still, so not tons, but there’s still a couple to say, they’re still here.

Teacher after teacher, therapists after therapist all echoed the same story and questioned why RTI does not have an entrance or exit criteria for students. Students “on the cusp” do really well in RTI stated a PT from ES5, and a grade two teacher from ES5, went on to say that she has “had students who it’s perfect for… they fit the RTI and they don’t need anything more.” She questioned those students who she “felt like they need to be tested and it seems like a very long time.” Role and position in the school did not change the point of view around the frustration with how long students spent in RTI.

There was concern that not only are children’s need not being met, but great worry that students are being left behind. PT from ES5 stated:

I feel like that lag, a lot of kids stay in RTI for a lot longer than RTI process is built for. It’s not, and then the problem with that is, is that if you’re waiting until second or third grade to test, your PT window is missing an opportunity and even your OT window is really dwindled.

A special education teacher from ES2 talked that “the perception was that a student can be in RTI for years. That was the original thought”, but she further stated, “I think, there are certain students that you know that need to go to the next step.” She felt that there are certain students who need the specialized instruction of an IEP. A special education teacher from ES5 described
RTI as a “holding tank” for students who are eventually going to be tested, “so it’s like delaying the inevitable and I hear complaints that so much time is wasted.”

**Professional staff generally believe the RTI process has positively impacted student achievement, yet lack significant concrete evidence.** The majority of the staff believe RTI has had a positive impact on student achievement and the changes in their instructional practices are the reason. A fifth grade teacher from ES2 believes her students have made improvements because she is “doing a better job at being able to know what they need” she continued, “I feel like I have a bigger tool kit.” A third grade teacher from the focus groups followed up and stated that at the RTI meetings she thinks that “it seems like students are for the most part meeting their goals”. She also believes that the focus given to the instruction being delivered to the students is increasing the student’s growth. All the focus groups talked about their more focused instructional practices and that they believe that and the whole school intervention models are helping most of the student grow academically, especially in reading.

A third grade teacher from ES4 and a second grade teacher from ES5 disputed that RTI has positively impacted student achievement. The teacher from 4ES stated that, “kids are still kids” and that there will always be a “moving target”. She also did not believe she could answer the questions unless she had data to look at and her sense is “no” it has not impacted student achievement. She reasoned that she always did everything she could to help a student succeed. The teacher from ES5 felt the same way. She shared that she has always worked with individual students before RTI began.

An OT from both ES2 and ES5 expressed that she believed that students under her watch had shown growth and have “graduated” from her services in RTI. The trans-disciplinary group from ES3 had been working with kindergarten students in kindergarten for the past four years
and they believe the early interventions they provided have increased student achievement. The SLP from the group declared that the principal of the school had said “all grades made tremendous growth” based on DIBELS.

The K-2 focus groups talk about the importance of early intervention and that more referrals were made for students in the younger years. The OT from ES3 expressed concern that it’s not “really recognized to how much we do, and how important the early intervention is.” A second grade teacher from ES1 relayed a conversation she had just had with a teacher:

I was having a conversation recently with a teacher of an older grade and she was saying that she really hardly ever has the need now to use it (RTI meeting process), and she’s thinking that maybe it’s because we are catching these children when they’re younger, they’re identified in kindergarten or 1st grade and, with the early intervention that often, they are caught up more on level by the time you’re in the upper grades. She went on to say that “people are noticing earlier and using RTI” which she stated is better for students.

Staff uses the students RTI goals as a way of determining if they are making growth, and staff shared that they believe there is progress. The staff most often mentioned DIBELS, SRI, and Massachusetts Comprehensive Assessment System (MCAS) as indicators of student growth, however, two of the reading specialists from two different schools felt like they could not really say whether there was growth, or what the growth has been. The reading specialist from ES2 was shaking her head no when the question about achievement was asked. She went on, “actually to be honest with you, I’ve never really thought about that question. I never thought about it. I might have to look at the data. I really would.” The reading specialist from ES4
believes it is hard to know if there is growth because she has only been in the district a couple of years.

Special education referrals and IEP’s are perceived to be lower since the implementation of RTI. One special education teacher from ES1 expressed that she had no data to support her thought, but she believed that based on what she has seen at the RTI meetings that there “has been some impact on the amount of referral to SPED.” Another special education teacher from the K-5 focus group from ES5 also believes that there has been an overall improvement based on, “achievement versus kids that really just were going to qualify for special education.” The school psychologist from the same building shared how she looks every year and tracks the number of students she evaluates and how many students are referred to RTI, and out of those referred, how many qualified for special education services. She uses the information for her own use, but doesn’t know what the evidence would really say.

Although the focus groups expressed a perception that RTI has positively impacted student achievement, the issue of students who did not make progress in the RTI process and remain for “too long” in RTI came up consistently. There is this real worry that there are students who are not making progress despite the interventions being provided. There is clearly a frustration about those students who have failed to make progress.

**Research Question 2: How could the current RTI process in the school and district be improved so that RTI could have a greater impact on student achievement, as perceived and recommended by professional staff of the schools and district?**

The emergent themes related to the second research question focused on the ways that professional staff thought that RTI in their schools and the district could be improved.
Table 8

Themes Emerging from the Question: How Could the Current RTI Process in the School and District be Improved so that RTI Could Have a Greater Impact on Student Achievement, as Perceived and Recommended by Professional Staff of the Schools and District?

- Professional staff believe there needs to be more district-wide collaboration to create a consistent RTI process.

- Professional staff believe a review of the RTI team meeting process is needed to create a comprehensive and efficient process to improve student learning outcomes for students at risk.

**Professional staff believe there needs to be more district-wide collaboration to create a consistent RTI process.**

A consistent theme in all focus groups was the desire to have district wide resources for RTI. Schools feel that there are resources within buildings, in particular in reading. The special education teacher from ES5 stated “I feel like we are really lacking in that area.” Staff at ES3 and ES4 cited the new ELA Journeys program as having been helpful this year for providing consistent materials for the whole school intervention models of WINN and Walk to Read. Some reading specialists have created binders of reading interventions to share with staff, however, each school talked about the desire to have an established library of interventions in not just reading, but in other content areas, especially in math. A grade three teacher from ES2 loves the binders of reading interventions that the reading specialist created, but would like to have a math intervention binder, and feels we should, “have them across the district, district wide so everyone has access.” The reading specialist from ES2 has created an “intervention menu” for classroom teachers and believes increasing that menu, as well as making it district wide, would be “something that would really support classroom teachers.”
The district wide ELL teacher also supported the creation of district-wide interventions, specifically ELL interventions. She stated that interventions are being used to support ELL students, “but it would be nice to know which ones have the most impact from a research based perspective.” The team chair in the focus group followed up with, “just in general it would be great to have it district wide, just because it’s so inconsistent between schools.”

In addition to having common intervention binders for all schools, staff also would like to have more authentic and current common assessment binders at all schools. The team chair from both ES1 and ES2 would like to see more consistency and clarity with assessments and stated, “like one school that I work at does the DRA (Developmental Reading Assessment), the other one doesn’t. So just the ease of the use of those making it a little bit more user friendly, I think ones that are updated.” A second grade teacher from ES4 mentioned having updated assessments that “matches what is actually happening in the classroom.” She went on to say that the expectations for the students has “changed dramatically over the past few years.” Staff discussed the need to have more assessments in math to be able to identify a student’s need more explicitly. A special education teacher from ES4 would like more assessments especially in math, and “a little more of all of that just to get a clearer picture and be more familiar with all those different assessments.” Overall, the professional staff feels consistency of assessments is important to the RTI process.

Professional staff, in particular special education teachers and therapists, believes roles in RTI need to be clarified to ensure all staff are involved in the RTI process. A SLP from ES5 thinks it would be helpful to have clarification because she thinks there are therapists who don’t think they should be part of RTI. Special education teachers and therapists discussed how they
are trying to fit students in RTI with the students who they service on IEP’s. They all talked a lot about their caseload versus their workload. The OT from ES2 and ES5 stated:

I think that if you’re a special ed. teacher or a therapist, I think they should count as your numbers. Because they exist and you, I think we are just as legally bound to see them, if not more. And it’s fine but to say, when you turn in your numbers, to SPED to say they don’t exist is not true. Because I’m just as legally bound to see them, I think.

An OT from ES5 supported the idea of the district clarifying their role in RTI and she said they should “have us all be accountable by not saying that ‘don’t worry you don’t have to see those kids if your schedule gets busy.’ That totally defeats the purpose.” Therapists and special education teachers would like the district to clarify their role in RTI and also for the district to take a broader view of all the students they service when looking at caseload.

Professional development about RTI in the district is important to staff. When asked about what could be done to support and improve RTI in the district, professional development was mentioned throughout the focus groups. The staff shared their desire to know what other schools are doing and would also like specific training in RTI in general and how it is implemented in the district. A first grade teacher from ES5 said she was very curious about RTI implementation because she knows “every school does RTI differently.”

Another need for professional development that was discussed by the staff was to make sure everyone knows what RTI is. A teacher from ES1 expressed her surprise that some teachers “don’t know more about, there’s still a lot of confusion around the process.” She continued, “a veteran teacher asked me just the other day ‘what do you think; should I bring him to RTI?’ I’m like, don’t ask me”, she joked. The reading specialist from ES2 thinks there needs to be clarification on how RTI works and she believes some teachers “still do not know the protocol.”
She believes teachers need more training on how to implement interventions and collect data to show if progress is being made prior to bringing a student to RTI. The reading specialist from ES2 mentioned the same thing and that having a “common language among the district” would very helpful.

Several staff talked about the confusion that still exists about what the tiers in RTI mean. A grade three teacher from ES5 recalled at a recent district wide professional development training for the new ELA program that, “we had to look to the consultant to explain Tier 2 and Tier 3, and we disagreed with the consultant.” Only a couple of staff members in the focus groups were part of the original RTI training that occurred when RTI was implemented. RTI is mentioned at staff meetings, but the staff believe more professional development is needed.

**Professional staff believe a review of the RTI team meeting process is needed to create a comprehensive and efficient process to improve student learning outcomes for students at risk.** Professional staff believe the RTI team process needs to be more consistent and efficient related to meeting process, team members, and forms used in the process. Staff consistently talked about the positive aspects of the RTI meeting: the collaboration, and feeling of support for students. However, the staff also shared strong feelings about what could be done to improve the meeting process. Needs to be “efficient” and “streamlined,” was repeated at every focus group. A third grade teacher from ES2 thinks an agenda is needed to provide guidance. ES3 began using an agenda this year to keep everyone on track. The Reading specialist from ES5 suggested that the meeting be “more tight.” She went on to say she believes the meeting needs to be taken very seriously with a set routine with set amount of time for each part of the meeting. The PT from ES3 stated that the principal was trying to streamline the
process so there is no wasted time and it is more valuable. Lack of time was a theme that was mentioned throughout this study in many areas.

The focus groups also discussed the need to have updated forms that are used consistently. ES1 has begun to change the forms used in the RTI meeting process. Other areas the staff suggested need to be addressed are the length of time of the RTI meetings, and the time of day of the meetings. A second grade teacher expressed frustration that the meeting is at the end of the day and feels people are not paying attention. Staff also repeated the need to have consistent interventions and assessments district wide, in particular, math.

Staffing was also an area that the focus groups believed needed to be addressed. Every school mentioned the need for either more staffing or a reallocation of staffing to support students. A third grade teacher from ES3 would like more personnel, which would allow for smaller groups during WINN. The special education teacher in the focus group believes they have enough people, they just were “not separated right” for WINN. The second grade teacher from ES4 stated, “I think that is key to have those extra hands, and it doesn’t have to be ‘I need someone for 3 hours.’ It’s little quick doses of support and skill.” The focus groups also talked about how the RTI interventionist position that use to exist was invaluable. The staff that were around when the interventionist position was in place shared how it made RTI more efficient. The interventionist was creating a library of interventions at ES5, explained the school psychologist. The second grade teacher from the same school said the interventionist, “was the RTI person who was implementing, she was running around making sure everybody had their supplies, and what they needed to academically score it, so I liked it then.”

The team membership came up in the focus groups as needing to be evaluated. The teams were much larger in the past and encompassed many more positions. The third grade
teacher from ES2 stated she liked having a larger team because she likes hearing what others have to offer and she thinks, “it’s valuable to have a classroom teacher” on the team, although she admits being on the team this year has been a challenge for her because of the amount of time she is out of the classroom. She continued:

It’s nice to see another classroom teacher sitting at the table because you know at least one person knows what you’re going through. A lot of them have been classroom teachers, but you have that one person who can kind of feel for you.

The role of the case manager came up also as an issue related to being able to do the job well. The special education teacher from ES2 shared concern, “how should those case managers really be asked to do their job when there’s really no time in the day to really do your job and do it correctly?” Staff shared the challenges of trying to keep up with the responsibilities of the role of case manager.

Staff overwhelming agreed that an entrance and exit criteria for the RTI process must be established in order to support those students who are not making expected progress. “Students are in RTI too long” was weaved into multiple focus group responses. The reading specialist from ES2 stated, “I think what has not changed is there’s never been a really clear cut entrance criteria or exit criteria”; she went on to ask, “So at what point are we saying, do you just continue to set goals, at what point does that happen?” Each focus group discussed that there is a group of students at every school that RTI, as it is now, is not working. The reading specialist from 5ES [ES5] shared her frustration, “you go back to the RTI paper, they’ve met their goal, met goal, met goal, but they cannot read in the middle of second grade.” The OT from ES5 said she has 2 or 3 students that have become “lifers” in RTI. Interestingly, a special education teacher in another school used the same “lifer” term as a student whose name came up every year
beginning in kindergarten. He was finally put on an IEP in fourth grade. Another school used “RTIer” to mean the same thing.

Professional staff all want to do what is best for every child, but their frustration was clear about this population of students who are not making progress. A first grade teacher from 5ES [ES5] “remembers wishing there was a flow chart” when she was on the RTI team to help everyone understand what is next. The staff would like concrete consistent criteria to either continue with interventions or to move to special education testing. The other issue is when a student is tested and the child is average, yet continues to not make progress. These two scenarios are troublesome to all staff. The first grade teacher from ES4 shared her concerns for all parties, the parents, student and teacher:

The frustration is that it’s a long process. I know sometimes it has to be a length of time to see if a goal works or not but I think a lot of times it’s frustrating for the parents because they have concerns and they want to see their child being helped, and it’s frustrating for the teachers sometimes because you know there is something wrong, and you just want to get to the testing to find out what it is.

Having the staff be clear on what the entrance criteria is to RTI is important stated one third grade teacher from ES1 because she shared her frustrations with wondering why students had not been brought to RTI. She feels “we’re doing a real disservice” to those kids.

Schools have already begun to make changes within their schools related to the process of RTI. ES1 is making changes based on new staff in leadership and reading to infuse a more streamlined approach. ES3 is making changes to their RTI process by including an agenda, updating forms, and creating different teams to clarify the RTI process.
A couple of teachers brought up the idea of looking at RTI and “rebranding” it in hopes of getting more teachers to understand and use the RTI process.

**Summary of Findings**

This chapter presents the findings of this general qualitative study using ten focus groups across five elementary schools in a middle-sized school district south of Boston, Massachusetts. Two focus groups were held at each school divided by professional staff working in Kindergarten through grade two (K-2) and professional staff working in grades three through five (3-5). There was some overlap of grades within the focus groups due to professional staff assignments. The data collected from the focus groups reflects the elementary professional staff’s perceived use of RTI and what can be done to improve RTI to have a greater impact on student achievement as perceived and recommended by the professional staff.

Regarding the professional staff perceptions of RTI implementation from the data collected

- Professional staff perceive their roles and how RTI is implemented differently in the RTI process
- Professional staff perceive RTI has made them more accountable by focusing on student need
- Staff believe that there is not enough collaboration

Regarding the professional staff perceptions of the RTI practices from the data collected

- Professional staff generally perceive RTI as positively impacting student achievement, however they are frustrated with the continual issue of the length of time a student can stay in RTI
Regarding the professional staff perception of how to improve RTI from the data collected

- The professional staff believe more district-wide collaboration is necessary to improve the RTI process as a whole
Chapter V: Discussion of the Findings

Revisiting the Problem of Practice

The reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA) in 2004 endorsed Response to Intervention (RTI) as an effective approach to addressing academic problems for students with learning difficulties, with a focus on reading (Shores & Chester, 2009). RTI allowed districts to identify students with specific learning disabilities (SLD) without the prescribed IQ discrepancy, remediating students with learning issues (Gersten & Dimino, 2006), and curtail the increasing percentage of students identified with a learning disability. Since then, all 50 states have adopted some form of RTI (National Center on Response to Intervention, 2012), and of those, 17 states mandate an RTI protocol (Hauerwas, Brown, & Scott, 2013). The implementation of a new program such as RTI impacts how teachers teach (Bean & Lillenstein, 2012; Fuchs & Bergeron, 2013). Teachers are on the frontline of implementing RTI; therefore, understanding teacher perceptions of the process are valuable feedback for program improvement (Fixen, et al. 2013; Kenney, et al. 2010; Sarason, 1995; Thousand, 1990).

There are several studies that investigated teacher perceptions of the effectiveness of RTI within the first three years of implementation (Dupuis, 2010; Greenfield, et al. 2010; Stuart, et al. 2011), yet there is limited research on professional staff perceptions of RTI beyond the initial implementation period (Wilcox, et al. 2013). RTI has been in existence for 12 years and the district in the study implemented RTI in 2007, nine years ago and surveyed staff perceptions of RTI seven years ago. It is important to periodically evaluate programs to determine strengths and weaknesses, to help determine next steps for program betterment (Stufflebeam & Shinkfield, 2007).
Review of Methodology

This qualitative study investigated the perceptions of elementary school professional staff of the implementation of RTI, and was designed to explore these two research questions:

1. How do the professional staff of the elementary schools in a middle-size suburban school district perceive the use of RTI in their schools and the district?

2. How could the current RTI process, strategies, and use of resources in the school and district be improved so that RTI could have a greater impact on student achievement, as perceived and recommended by professional staff of the schools and district?

A multi-site focus group format was chosen to best illustrate the professional staff perceptions of RTI at the elementary level in one school district, considering level of implementation, student achievement, administrative support, and resources. The focus group format allows professional staff to answer open-ended questions and engage in conversations where they can consider their own views in relation to the point of view of the other members of the group (Patton, 2002). At the end of each focus group the interviews were transcribed and given to the researcher to make notes and begin to search for emergent themes. This process allowed the researcher to make some determinations about additional information that needed to be pursued and how to proceed in the next focus groups. Once all the focus groups were complete and the digital audio recordings were transcribed, the researcher read all the transcripts together, coded, and analyzed the data for emergent themes.

This chapter is divided into sections, beginning with the presentation and the discussion of the major findings, followed by a discussion of findings in relation to the theoretical framework, a discussion of findings in relation to the literature review, a final analysis, the significance of the study, and recommendations for future research.
Discussion of Major Findings

The examination of the data collected in this study from the focus groups revealed several emergent themes that were discussed in Chapter 4. Those themes provided the foundation for three major findings.

Regarding the professional staff perceptions of RTI implementation from the data collected

- Professional staff have differing opinions of their role in the RTI process and some are even unclear as to what their role should be.

Regarding the professional staff perceptions of the RTI practices from the data collected

- RTI has made teachers change their instructional practices and believe student achievement has improved for most, but they want to prevent students from not being able to move out of RTI.

Regarding the professional staff perception of how to improve RTI from the data collected

- The professional staff sees the benefits of RTI, but is overwhelmed with the responsibilities and time needed to effectively implement RTI and want more support from the district.

Each of these are discussed below.

Professional staff have differing opinions of their role in the RTI process and some are even unclear as to what their role should be.

The professional staff that participated in the study had different perspectives of their role in RTI. Regular education teachers in three of the schools believe their role is defined as either being on the RTI team, or being a teacher who brings a student to the RTI team. When asked if
their school implemented any whole school or whole grade level interventions, the teachers did acknowledge that they do exist and they do participate in intervention blocks. Teachers from ES3 describe themselves as interventionists, who provided instruction during their grade level intervention model during their literacy block. A first grade teacher from ES3 explained her role as:

I’m the classroom teacher so my role is to teach all the students in my class. When the children come back from Tier 2 or 3 support, sometimes throughout the day I will give them the dosage, reading with them, or doing an extra dosage of intervention in the classroom as well.

The staff in this school calls their RTI team STAT, which is different than all the other schools, and could account for the difference in view. Teachers from ES5 had a mixed view of their role. Some teachers in the focus group described their role as someone who brings a student to the team, but a second grade teacher from ES5 talked about being “the Tier 1 support in the classroom”, as well as referring students to the team when needed. Although the regular education teachers had different perspectives of their role in RTI, they all prescribe to implementing interventions whether to individual students who have been through the RTI team process, or as part of the grade level intervention block.

Special education teachers and therapists also see themselves as either on the RTI team or not, however, they shared frustration with not knowing what their true role in RTI is related to providing interventions. Both special education teachers and therapists in this study shared that students on IEP’s are their priority, but they also feel an obligation to provided interventions to students in RTI. A reading specialist from ES4 explained, “Our speech teacher picks up people informally for RTI all the time, so you might look at her numbers and think ‘oh she’s not that
busy’. They have a substantial caseload that they are seeing”. They feel the district needs to understand the difference between caseload, the number of students they service on IEP’s, and workload, the actual number of students they service through IEP’s, RTI, and informal services when determining staffing for the district.

The participating staff from each of the five elementary schools subscribes to a similar RTI model by having a team at each school to support individual students with learning problems, whole grade interventions, and progress monitoring that occurs regularly. What has happened over the years, as shared by the participants in this study, is that each school has evolved their RTI process from who is on the team, to the forms that they use, and the interventions models in place. The staff overwhelmingly stated that they want a consistent process throughout the district. They believe it should include a more structured and streamlined approach to the meetings, common assessments that are current, and common intervention resources in not only reading, but other areas, in particular math, which they believe is a real deficit.

The participants who have been in the district the longest reported there has been no district-wide professional development on RTI since the initial implementation. The school psychologist from ES5 stated, “The entire district was trained at the same time with the consultants and we’re supposed to be all using the same forms.” She went on to explain, “everyone started from the same place and there’s been no renewing of the training or you know you just kind of integrate people as the positions change” on the RTI team. Although, participants report that RTI is touched upon at individual building staff meetings, a reading specialist from ES1 feels that staff are still unclear of RTI. She reported that even experienced
staff still ask, “how does it work, and who do I ask for that form; where do I get the pink form and then what do I do?”

The make-up of the members of the RTI team have changed over time, as reported by the participants. The most talked about change was the fact that there was no longer a regular education teacher on the RTI team in four out of the five schools. The participants talked about the challenges of being out of the classroom every week for the RTI team meeting. A second grade teacher from ES4 shared that she was the primary kindergarten through grade two representative to the team, and the assistant principal was the upper wing representation, as she was a fifth grade teacher also. She explained that, “I had to come off it, because I couldn’t be out of the classroom with my class because of issues.” ES2 still has a regular education teacher on the team, but she expressed that although it is difficult to be out of her classroom, she believes it is “valuable” to have a classroom teacher on the team. “It’s nice to see another classroom teacher sitting at the table, because you know at least one person knows what you’re going through.”

The staff in the study are participating in RTI, but clarification is important to the participants in order to make sure RTI is implemented in a more efficient manner. The staff wants the opportunity to listen and learn from others and believe consistency across the district is important to make RTI a more cohesive and efficient process.

**RTI has made teachers change their instructional practices and believe student achievement has improved for most, but they want to prevent students from getting stuck in RTI.** Although it was stated above that professional staff were unclear on the RTI process and their role, it must be stated that the issue is that staff see RTI as the RTI team process or whole grade interventions, not necessarily as the total umbrella of RTI. They do understand that
RTI requires regular progress monitoring and analysis of the data to detect learning issues and create goals with specific interventions for students. RTI has made the staff more focused and data driven, which has changed what they do in the classroom. They are using the data to make informed decisions as a group and individually. They are using individual student’s interventions on other students when they see similarities. Therefore, RTI has positively impacted their classroom and instructional practices with no difference related to position, grade or school.

Professional staff in all five buildings are trying many more interventions and documenting the student’s performance prior to bringing a student to the RTI team. Prior to the implementation of RTI, if a student was struggling, the teacher would take the child directly to the child study team and ask for support or special education testing. A second grade teacher from ES2 explained, “Now, as classroom teachers, we try some interventions before we even come to the meeting to share our input with what we’ve tried.” Currently staff tries many interventions before submitting a student to the RTI team process.

The change in instructional practices and the use of data have also allowed teachers to look more closely at student growth. The staff believes they are more focused on the individual needs of the students and are using more specific interventions to remediate. They are able to track what the student’s specific learning issue is and every eight to ten weeks they evaluate if the student has met his/her goal; the outcome will determine the next steps for that student. Most of the professional staff believes that RTI has positively impacted student achievement because the teachers are able to more closely track the student’s progress toward meeting goals. A member of the RTI team from ES2 believes students are making progress because, “it seems like students are for the most part meeting their goals.”
However, the participants in this study clearly are frustrated with the process when it comes to students who are in the RTI process too long. Some students have been in RTI for many years, being called “lifers” by some staff. A fourth grade teacher from ES5 expresses her frustration, when discussing a former student:

I remember from last year, in third grade he was in RTI. Kindergarten, first grade, second grade and third grade, and even by the end of third grade, we still did not have a solution. He still was not making the growth. There still were concerns. They finally just tested.

Two specific things are happening that are frustrating for staff. When a student is consistently making progress by meeting their goals, but they never meet the grade level benchmarks, they stay in RTI for multiple years. The other scenario is that a student is in RTI for several cycles without any real progress, the student is tested through special education and found to be average, therefore does not qualify for special education services; the child stays in RTI, while still not making progress. The staff consistently, with passion, believes there must be an entrance and exit criteria for those students who they feel are stuck in RTI. The staff in this study wants the RTI process to be clearly defined when it comes to students who are not making effective progress in order to help those students.

The professional staff sees the benefits of RTI, but is overwhelmed with the responsibilities and time needed to effectively implement RTI and want more support from the district. The professional staff who participated in this study believe there are benefits to RTI, especially related to early intervening when a student is showing signs of a learning problem. All five of the schools have implemented grade level reading intervention blocks in kindergarten and first grade, with some of the schools implementing a reading intervention block
in the upper grades as well. Therapists and teachers agree that catching the students early on is beneficial. A second grade teacher from ES1 talked about how a teacher in the older grades commented that:

She hardly ever has the need now to use it and she’s thinking that maybe it’s because we are catching these children when they’re younger, they’re identified in kindergarten or 1st grade and, with the early intervention that often they are caught up more on level by the time you’re in the upper grades.

Those students on the cusp of making benchmark also benefit greatly from RTI as reported by an OT from ES5, “they just need a little bit of support.” Staff from this study believe collaboration is important to the success of RTI. They spoke of the collaborative nature of the RTI team meetings and the support they feel. A fourth grade teacher expressed her relief knowing “I have people behind me that are going to make it work” after she leaves an RTI meeting.

However the staff in the study consistently discussed that there is not enough time to collaborate. Some schools have built in time to collaborate for the grade level interventions, but it is scarce. Staff meet before and after school or during lunch to catch up with each other, and plan RTI interventions. Schools are trying to be creative in finding ways to meet, but it is a challenge. In addition, the issue of time came up when staff discussed implementing interventions. All staff mentioned the difficulties in finding the time to implement interventions for students who have an RTI plan. Regular education teachers in the focus group interviews are overwhelmed by the prospect of doing more, and are not bringing students to RTI for fear they will be asked to do even more. As stated above, therapists and special education teachers are frustrated with the issue of their caseload versus their workload. They are grouping RTI students with existing groups of students on IEP’s, but that is sometimes not the best practice. Students
on IEP’s need modified specialized instruction, while often a student with an RTI plan just needs a boost. Making time for all staff is a challenge.

When discussing challenges of time to implement interventions, staffing was brought up frequently. Some feel that there is enough staff, but it is not allocated properly, while others believe more staff is needed to implement RTI. Several staff members who have been in the district since the implementation of RTI brought up the interventionist position that was in place in the first couple of years of RTI. Staff discussed how valuable that position was to the implementation of RTI. The person in that position made sure teachers had what they needed for the implementations of assessments and interventions, she regularly checked in to see how things were progressing, provided interventions, and began to create resource libraries of interventions for all to use. The staff responded positively to the idea of one person whose sole responsibility was RTI.

The staff clearly sees the benefits of RTI in their schools, but they are just as clear that not having enough time to collaborate, enough time to implement interventions, and not enough of the right staff are preventing some from fully participating in the RTI meeting process.

**Discussion of Findings in Relation to the Theoretical Framework**

This study was constructed using the CIPP model (Stufflebeam and Shinkfield, 2007) as a lens to study professional staff perceptions of an RTI process related to Process and Product of the CIPP Model. This section will discuss Process and Product addressing administrative support, resources, level of implementation, and student achievement of RTI, based on the perceptions of the professional staff.

**Process.** The process evaluation in the CIPP model (Stufflebeam and Shinkfield, 2007) asks, “Is it being done?” The objective of a process evaluation is to provide feedback about the
implementation of a program (Stufflebeam and Shinkfield, 2007) and the professional staff in this study shared that RTI is being implemented in their schools. Each school has an RTI team or STAT, and they follow the process established by the district in 2007 using the problem-solving model. All students are being screened using universal assessments such as DIBELS and SRI, and this year there is a common core curriculum, Journeys. Over the past three years, RTI expanded to include the protocol model either Walk to Read or WINN, both are prescribed interventions for students based on similar learning problems.

Stufflebeam and Shinkfield (2007) describe another objective of the process evaluation is to determine if a program is being implemented efficiently. The level of implementation is an issue that needs to be addressed, and administrative support and resources are an integral part of implementing RTI with more consistency and efficiency. RTI has evolved over time since it was implemented, and with that, each school has made changes or modified RTI in their school either due to time constraints or feeling that the process needed to be streamlined.

The professional staff in this study believe the district needs to look at how resources are being managed. The need for more time to be able to collaborate and implement interventions, as well as providing staffing to support the interventions needed to make RTI successful, is also important to the staff. The staff believe strongly that district wide assessments, and interventions, with math being of particular concern, be provided by administration. The staff passionately discussed the need for administrative support in finding a solution for those students who stay in RTI for multiple years by creating an entrance and exit criteria to the RTI team process. The RTI team meeting process warrants administrative support to streamline the process and make it more successful so all staff buy into the process, as perceived by the professional staff in this study.
Another important component of the process evaluation “is to periodically assess the extent to which participants accept and can carry out their roles” (Stufflebeam and Shinkfield, 2007, pg. 341). The staff would like some clarity of their role in RTI related to their position, in particular special education teachers and therapists. The professional staff would also like more professional development with respect to RTI to create a cohesive and efficient process throughout the district. Staff reported that school administrators are involved in the RTI process in their schools by being part of the RTI team, and working to create grade level intervention models. Having additional administrative support and resources is important to the sustainability and improvement of RTI. The information collected in the process evaluation, “is vital for interpreting the results of the product evaluation. One needs to learn what was done in a project before deciding why programs turned out as they did (Stufflebeam and Shinkfield, 2007, pg. 342).”

Product. The product evaluation of CIPP (Stufflebeam & Shinkfield, 2007) evaluates the success of a program by asking the question, “is it succeeding?” The objective of the product evaluation is to determine if the “needs of all the rightful beneficiaries” are being met (Stufflebeam and Shinkfield, 2007, pg. 344). The professional staff in this study report that they believe RTI is positively impacting student achievement based on their observation that students are meeting their goals. The implementation of RTI in the district has made the staff more focused in their instruction, as well as how they monitor progress. The professional staff are responsible for ensuring that the students under their watch make progress and reach the expected benchmarks, therefore, their perception is important to the success of the program.

The RTI team process appears to be successful with students who are on the cusp, and for those students who need a boost to get to the expected level. The goals created and the
interventions implemented seem to help those students, as perceived by the professional staff. They also report that there are less students who need to use the RTI team meeting process, because students with learning problems are being addressed at an earlier age.

The area of RTI that the staff perceives as not being successful in student achievement is the small group of students who do not make progress after numerous interventions and years in the RTI process. The staff consistently discussed this issue as one that needs immediate response. They were clear that this is an area of weakness for RTI, and would argue that RTI is not succeeding in this area.

The institution of grade level intervention models such as Walk to Read and WINN is relatively new to the schools at the time of this study, therefore, it would be premature to state whether it is successful or not. However, staff at ES3 stated that they have run out of materials for students in the above average reading groups. Again, no real determination can be made on that specific RTI implementation success, but the fact that the staff shared a positive perspective shows that there is teacher buy-in at the initial implementation. Without real analysis it is difficult to say with certainty that RTI is succeeding, however, the professional staff perceptions are valuable in recognizing the weakness and success of a program. As stated in Chapter 1, “A fundamental tenet of the CIPP model is that the most important purpose of evaluation is not to prove, but to improve” (Stufflebeam & Shinkfield, 2007, pg. 331).

Discussion of Findings in Relation to the Literature Review

Chapter 2 of this thesis reviewed the pertinent literature related to RTI, and the perceptions of professional staff on RTI as implemented in their school and district. This section shares the findings of this study in relationship to the topics discussed in Chapter 2. This section
is divided into four sections: what is RTI, promising results of RTI, history of RTI, and professional staff perceptions of RTI.

**What is RTI?** RTI is a multi-tiered intervention approach that has two models: the *problem-solving protocol* and the *standard protocol*. Although both protocols follow the same three-tiered process, they are implemented differently. All professional staff reported that their school implements a RTI team meeting process, which is the problem-solving protocol that was implemented ten years ago in the district (Dupuis, 2010). Searle (2010) describes the problem-solving protocol as a model that uses a team of experts to create an intervention plan based on the specific needs of the student who has learning problems.

In the past couple of years, the schools in this study have also begun to implement the standard protocol of RTI, which is a model that prescribes a specific intervention to a group of students with the same learning problem, who fall below the expected benchmark used by the district. The institution of Walk to Read and WINN in the district being studied are the schools’ version of the standard protocol, although all students are involved in the intervention, not just the students who fall below the established district benchmarks. All students are receiving what they need based on their reading levels.

In addition, it was reported by professional staff that all students receive the core curriculum, Tier 1, and students who do not make progress in the core curriculum receive a second dose, or Tier 2 interventions, and those that do not make progress in Tier 2 receive a third dose of an intervention, Tier 3. This was specific to those students who are in the RTI team meeting process. A special education teacher and team chair for ES4 shared her thoughts on RTI:
I would say we have a huge magnifying glass on the students in the lower wings because there is so much data now. We didn’t have that data before and now we have so much data on them, which is fabulous. We can identify readily the people who need that Tier 2, if not a Tier 3. So I think that’s such an important result of starting the whole RTI, is that everyone is being looked at in a very thorough manner.

The professional staff in this study did not use the terms problem-solving protocol or standard protocol when discussing RTI, they only referred to the RTI team or the whole grade level interventions such as Walk to Read or WINN.

Although teachers intervened on students behalf prior to RTI by offering support, it was not until RTI was implemented that teachers became more focused on the specific learning issue of the student. RTI requires the use of benchmark assessments, for all students (Brown-Chidsey and Steege, 2010) and the district does implement common assessments which in turn allows for determinations about specific interventions for students. Staff shared positive perspectives, on RTI, the use of data, and its impact on interventions for the students.

**Promising results of RTI.** Mellard, et al., (2004) describe the RTI process as a way to understand and improve decisions about instructional quality by creating better quality programs using strong interventions and assessments. RTI benefits both general and special education populations (Mellard et al., 2004). The staff report that the implementation of RTI has changed their instructional practices through the use of common benchmark assessments such at DIBELS and SRI which allow teachers to look at student’s need and growth with a more specific eye. A fifth grade teacher from ES2 expresses her positive perspective on the use of assessments in her school:
And it’s so much more data driven. I’ve been here for a million years, but even in the last 5 years, it’s data. We have DIBELS. We have MCAS. We have all the testing that you guys have done. We have SRI now. So it’s so much easier, in the olden days we would say “oh, doing great, doing much better.” Now we say, “Oh, his DIBELS is up 2 points. She’s made gains in this, we’ve seen growth in MCAS, her growth percentile is this” so it’s so much. I feel like it’s more cut and dry, which I love.

In addition, staff report that interventions provided to students are more specific to the student’s individual needs.

Early intervening is an important component of RTI. Studies by Denton (2012), Juel (1988), and Scanlon & Vellutino (1996) are seminal studies on the importance of providing early intervention in reading to students at risk. Vellutino et al. (2006) studied the impact of interventions given to kindergarten and first grade students over a five-year period and found that 84% of the at-risk students who received interventions in kindergarten, or both kindergarten and first grade, were reading in the average range by third grade. The professional staff in this study report that more students in kindergarten through second grade receive more interventions than students in the upper grades. A special education teacher from ES2 shared, “People are noticing them earlier and using the RTI process and there is staff to help with the interventions, so I think that is definitely helping the children”. In addition, the implementation of the SWAT and co-treat models at the kindergarten level and the whole grade reading intervention models, WINN and Walk to Read, are believed to be working as perceived by the staff because students are meeting their goals. However, there is no concrete evidence to support their perspective because an analysis has not been done at the school or district level.
History of RTI. Two changes that have occurred as a result of the reauthorization of IDEA in 2004 were determining eligibility for special education no longer had to be solely based on a student’s IQ discrepancy, and data collected through RTI could be used as a basis for determining eligibility for special education services (Fletcher et al., 2004). In addition, RTI was also lauded as a preventative measure for students struggling with learning issues by providing universal screeners to assess district benchmarks and specific interventions. The participants in this study report that RTI is being implemented.

Prior to IDEA (2004) there was concern that the IQ discrepancy model for identifying students with learning problems, in particular students with reading disabilities, was causing what is often known as the “wait-to-fail” method (Brown-Chidsey & Steege, 2010; Fischer & Frey, 2010; Lyon, 2005; Vellutino, Scanlon, Sipay, Small, Chen, Pratt, & Denckla, 1996; White et al., 2012). The intention of RTI is to shift from a wait-to-fail model, to a proactive model that responds early to identified deficits (Hardcastle & Justice, 2006). The professional staff in this study reported feeling positive toward RTI and believe they are remediating more students in the younger grades. They report that there are a group of students that are resistant to RTI and the students stay in RTI too long without any real resolution. These students make minimal to no progress and can be in the RTI process for multiple years. A third grade teacher from ES2 shared:

This year we’ve talked about students who have been in RTI since kindergarten and they’re either meeting their goals, just barely, and we’re setting new goals and keeping them in RTI, or they’re not meeting their goals and they just continue in RTI. And we’ve had a lot of discussion.
Another hope of RTI was that it would remediate students earlier and therefore students that just lacked good instruction would catch up and not actually have a learning disability, reducing the number of students eligible for special education services. Although none of the professional staff in this study had real data available, it is hard to determine if special education rates have decreased since the implementation of RTI.

**Professional staff perceptions of RTI.** Fuchs and Mellard (2007) state, “school staff must accept RTI as part of their vision for educating students and be willing to make significant changes in their roles and responsibilities (pg. 5)”.

Understanding professional staff perceptions of RTI is important to the implementation of RTI because they are on the frontlines, and their ability to buy into the process directly impacts its success. A study by Werts et al. (2014) investigated the perspective of special education teachers related to the barriers and benefits of RTI. Some of the benefits of RTI listed in the study were positive perceptions toward using more assessments and data to determine interventions, applying interventions earlier to students at risk, and the increase in collaboration. The barriers listed in this study include a need for more time due to increased workload, increase in progress monitoring and interventions, and a lack of training. A special education teacher from ES2 expressed how wonderful everyone was in her building, and suggested, “It would be nice to invest some funds into having training and to have people who actually can take on the roles that we’re asking everyone to piecemeal.” The professional staff in this study consistently talked about the challenges of not having enough time to collaborate. For example, a third grade teacher from ES4 suggested, “if there was a certain amount of time that’s just completely reserved and no one gets to mess with it” when talking about time to collaborate and discuss assessments and interventions.
Professional staff perceptions of RTI from this study add to the existing literature related to the need to ensure adequate time for training, collaboration and increased workload, as well as resources related to assessments, interventions, and staffing as ways to ensure that RTI is sustained and improved.

Conclusion

The intention of this qualitative study was to investigate the perceptions of elementary school professional staff on the implementation of RTI. The data collected was analyzed through a qualitative design, using a general inductive approach, which sought to answer these two research questions:

1. How do the professional staff of the elementary schools in a middle-size suburban school district perceive the use of RTI in their schools and the district?

2. How could the current RTI process, strategies, and use of resources in the school and district be improved so that RTI could have a greater impact on student achievement, as perceived and recommended by professional staff of the schools and district?

A focus group format was used to collect data about the professional staff perceptions of RTI at the elementary level in one school district, considering level of implementation, student achievement, administrative support, and resources. All data was coded and themes were examined and analyzed.

The results of this study show that professional staff perceive their roles and how RTI is implemented differently in the RTI process. In addition, they perceive RTI has made them more accountable by focusing on student needs, but believe there is not enough time for collaboration. Despite the fact that the professional staff believe that RTI is positively impacting student
achievement, they are frustrated with the continual issue of the length of time a student can stay in RTI.

Implications for the district are that despite a clear roll out when RTI was first implemented in the district, this study shows that there is a need to reevaluate the RTI process in the district. It appears, based on the professional staff’s perceptions in this study, the roles and responsibilities of professional staff must be redefined. Special education teachers and therapists appear to need more support than regular education teachers when it comes to defining roles and responsibilities. RTI is intended to be a whole school initiative, yet it appears that there is some disconnect for special education teachers and therapists.

Professional staff believe RTI has merit, however the lack of professional development after the initial implementation has prevented the RTI process from alignment between the schools. In addition, the district should define the RTI team process and team make up for the district based on past experiences of the professional staff. Resources, such as intervention programs, materials, and common assessments, should be reviewed and standardized and enhanced to allow for a more comprehensive RTI process across the district.

Finally, the concerns expressed by the participants in this study related to those students who stay in RTI too long, must be addressed by the district. One of the promises of RTI is that it would address the “wait to fail” model of giving a student time to develop and the sudden urgency in grades three or four to test a student through special education who was not making effective progress. There appears to be another “wait and see” model that has been created by the RTI process. A well-defined entrance and criteria is needed, as perceived by the participants in this study. As a district, this should be addressed by implementing a review of the RTI process in all schools to find the commonalities in this issue. The district has made great strides
in the RTI process and the participants perceive RTI as a viable process for supporting students who are at risk. Revisiting the entire process could prove to be valuable in the improvement of the overall RTI process.

**Significance of the Study**

The implementation of RTI has changed the way all students are assessed and remediated if at risk for learning problems. The model has changed from reactive to proactive by diagnosing and intervening earlier, rather than waiting for the child to develop when there are signs of trouble. The implementation of RTI puts additional demands on professional staff by making them more accountable for individual student needs through the use of universal assessments, implementation of interventions, and regular monitoring to track progress. While examining the different perspectives of the professional staff, it became evident that although there are more demands, staff have a generally positive perspective of RTI and believe students are making progress. Each position in the focus group came from a different view because of their caseload, but there were similarities in their desire to have more time to collaborate and staffing to sustain and improve RTI. They also want more professional development and common resources, such as assessments and interventions.

The objective of this study was to better understand professional staff perspectives about RTI related to administrative support, level of implementation, resources, and student achievement. In addition, this study intended to determine the differences and/or similarities between positions, schools, and grade levels. It was clear that all positions had similar perspectives on RTI as a whole, and believed that their instructional practices changed with the implementation of RTI. They believe that they are more focused and accountable. The professional staff in this study shared a common belief that more time is needed to collaborate
and implement interventions, as well as more staffing to relieve the additional demands of the RTI process.

More staff in the kindergarten through second grade refer students to RTI, but there was a difference of opinion as to why that is occurring. Some professional staff shared that they believed early interventions provided were remediating students, while other staff felt that older grade level teachers were not referring because the process was too overwhelming. The staff also believe professional development is needed to create a cohesive RTI process across the district.

The findings in this study support the importance of administrative support, resources, level of implementation and student achievement. Moving forward, the district should consider providing more professional development to clarify the role of each position in the RTI process, have formal training of RTI, and define the district’s expectations. The two types of RTI protocols need to be defined and shared with the staff. There should be time for staff to collaborate within school and district to create common practices, assessments, and interventions. The RTI meeting process must be made more efficient through streamlining the structure of the meeting. The membership of the RTI team must be addressed to make sure there is representation from everyone, especially regular education teachers. This study also found that RTI has impacted the workload of all professional staff, however, special education teachers and therapists are significantly impacted because they have a caseload of students on IEP’s and 504’s that they are required to service. They perceive the students they service through RTI are not counted in their numbers when reviewed by district administration. The final finding from this study that the professional staff were most passionate about was their concern that some students stay in RTI too long, and there needs to be an entrance and exit criteria to make the
process more efficient. They believe this must be addressed immediately. Moving forward, the professional staff should be given opportunities to be part of the process of improving RTI.

Districts looking to implement an RTI process or improve an existing RTI process should pay close attention to how roles and responsibilities are defined. Ongoing professional development is important to not only train new staff, but to ensure program quality and alignment. As the school district being studied shows that as the staff and schools adopted RTI each school individually refined the process at the school level. Creating opportunities to periodically meet and refine the RTI process as a district could alleviate some of the concerns raised in this study by the professional staff. The creation of district wide resources and periodic check-ins by administration to ensure that staff have the resources to implement RTI are important to a successful RTI process within a district.

Limitations

The findings in this study offer many opportunities for discussion and investigation. Due to the number of participants, and the fact that this study occurred in one school district, it is limited to the data collected. Focus groups from each school varied in size and that could impact the results of this study. A regular education kindergarten teacher perspective was missing from the study; therefore, not all positions were represented in the study. Another limitation of the study is that this is the first year of a new reading program, and its impact on RTI is unknown.

The true impact of RTI is still untested and more research in the district related to the perspective all the stakeholders, such as support staff, building and district administration, and parents could prove interesting. Gaining perspectives from schools and districts outside of this study would provide a more in-depth view about the impact of RTI.
Validity

Validity threats of this study were discussed in Chapter 3, which include controlling for researcher bias and response bias. The researcher is an administrator in the district, which could intimidate the participants. However, the researcher has also been a staff member in four of the five elementary schools in a variety of roles, and has created and maintained positive relationships with staff from those schools. Those relationships could create bias response therefore, to reduce the threat to validity, the same protocol, moderator guide, and questions were used for each focus group.

Future Research

The findings of this study offer future researchers a body of knowledge from which to draw, related to professional staff perspective of RTI looking at administrative support, resources, level of implementation and student achievement. This study is a result of recommendations from a previous study in the same district. There is potential to expand this study by increasing the number of school districts and number of teachers that participated in this study.

There are more than just professional staff that implement RTI or are impacted by RTI in this district. This study was limited to the professional staff only, support personnel, school administrators and central office administrators were not included in this study, and therefore, the district should consider a broader study that includes all stakeholders, including parents in a future study.

The professional staff at all five schools feel that there is a group of students that are not benefitting from RTI because the process has no entrance or exit criteria, consequently, students
stay in the RTI process for too long. Studies should seek to examine those students who professional staff referred to as “lifers” in RTI and investigate the reasons this may be occurring.

The professional staff generally perceive that RTI is positively impacting student achievement. Regular education teachers and therapists shared that many students are meeting their goals. Special education teachers believe special education referral rates are lower than in the past. Interestingly, reading specialists from two different schools said they would really have to look at the data because they never really thought about it. Future studies should seek to determine if RTI is actually having a positive impact on RTI by collecting and analyzing individual school and elementary school district data focusing on reading, as well as special education referral rates. The results could prove beneficial to student learning.

**Personal Comments and Recommendations**

This study was very much tied to my work as an educator at the elementary level. When the district implemented RTI, I was a third grade teacher and working on obtaining my principal license. As part of my internship, I was involved in the initial training of the RTI implementation. I was part of the school-based implementation, held a role on the RTI team, and “tested” the idea of delivering tiered reading interventions in my classroom. The process intrigued me. I lived through the stress of implementing a new program in a school district, and worked closely with the reading specialists to ensure fidelity of the RTI process. Soon after, I was promoted to teaching assistant principal at another elementary school in the district, teaching 5th grade. I became part of the RTI team at that school, observed how RTI was implemented, and how teachers felt about the process. Two years after, that I became a principal at yet another school in the district, and part of another RTI team and process.
I knew from the beginning of my doctoral work that I wanted to investigate RTI. I watched RTI evolve through the lens of a teacher and administrator. Staff adopted RTI at different rates, and I listened to their success stories and their worries too. I felt I needed to know more about RTI and the impact it was having on student growth. I wanted concrete evidence that this process, that took so much time, effort, and resources, was doing what it was intended to do.

The Director of Special Education for the District implemented RTI in the district and investigated RTI three years after it was implemented. Her results looked promising. Special education referral rates decreased, and a staff survey and focus group showed that the staff had a positive perspective of RTI. I felt that it was important to follow-up on that study to see how staff perceived RTI, in order to make improvements. The results of this study will be presented to the district and used by the district to sustain and improve RTI. As a principal, this study afforded me the opportunity to listen to professional staff and how they perceive RTI, which in turn provides me with opportunities to improve RTI in our building and the district.

Collaboration was talked about consistently in the focus groups. I strongly recommend that the district harness that energy and involve the staff prioritizing and participating in the improvement process of RTI. They live the day-to-day process of RTI and their insights can provide real world solutions to the concerns raised in this study.

The findings of this study show the strengths and weaknesses of RTI through the perspective of professional staff, they do not provide the specific details of how to carry out these recommendations. This study does, however, outline the positive ways RTI has impacted the classrooms and instructional practices and the impact of RTI on student achievement as perceived by the professional staff. The study also provides areas of growth that could benefit
student achievement. This process was challenging at times, yet as I reflect I realize that I
tested much in this process, both personally and professionally. The information from the
research and findings has real application possibilities for the school and district, which makes
this very meaningful to me.
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Intervention as a vehicle for distinguishing between children with and without reading disabilities for the role of kindergarten and first-grade interventions. 


Appendix A

Questioning Route

1. **Opening Questions (Demographics)**
   - What is your role in the school?
   - How long have you been teaching?
   - How long in your current position?
   - Are you at more than one school?

2. **Introductory Question (Experiences with RTI)**
   - What is your role in RTI?

3. **Transition Question (Implementation of RTI/Change in Instructional Practice)**
   - Tell me how RTI is implemented in your school?
   - Tell me how RTI has impacted what you do in the classroom?

4. **Key Question (Implementation of RTI)**
   - Has the RTI process stayed the same or changed over time?

5. **Key Question (Student Achievement/Instructional Practices)**
   - Do you think there has been a change in student achievement due to RTI?
   - What evidence or data do you have that supports your perception?
   - How has RTI impacted your instructional practices?

6. **Key Question (Administrative Support/Resources)**
   - What could be done better to support RTI in the district, school?
   - Administrative support?
   - Resources?

7. **Ending Question/debriefing (Additional Experiences and perceptions)**
   - Is there anything else you would like to share about your experience within your school with respect to RTI?
Appendix B

Moderator Interview Protocol Template

I. Information about the Focus Group:

Participants (general): _____________________________

Moderator: ______________________________________

Date: __________________ Time: ____________ Place: __________________

II. Consent and Introduction

• You have been selected to speak with me today because you volunteered to be part of this study and give your perspective on RTI in your school and the district. This research project is focusing on your perspective of RTI considering through your role in the school. Through this study, I hope to gain insight into how you perceive RTI is working in your building and in the district. Hopefully, this will provide the district with ideas of how to support and sustain RTI as well as offer other school districts some insight into implementing or improving RTI.

• The purpose of this study is to explore the perceptions of elementary professional staff about an RTI protocol. This focus group should take approximately 1 to 1 ½ hours. The results of this study will be used by the district to evaluate how RTI is used in the district and make recommendations for future consideration.

• The focus group will be audio-recorded to ensure accuracy and the interviewee’s identity will be kept confidential when reporting the data.

• All responses will be kept confidential and only a pseudonym will be used in the writing of this study. The tapes will be transcribed by a transcriptionist and the pseudonym will be used to label the tapes. I will be the only one privy to the information and the tapes will be destroyed after they are transcribed.

• In order to meet the human subject requirement at the university, you must sign the human consent form (give the form). Basically this form states that: (1) all information will be held confidential, (2) your participation is voluntary and that you may stop at any time if you feel uncomfortable, and (3) we do not intend to inflict any harm on you (give time to review form). Do you have any questions about the focus group process or the form?

III. Ground Rules

• There are some ground rules I would like to review to ensure that everyone feels comfortable in this group.

• Please listen respectfully to participants’ comments.

• Please try to speak one at a time.

• All comments are confidential to this group; please do not share with others outside this group.

IV. Question Sequence
8. **Opening Questions (Demographics)**
   - What is your role in the school?
   - How long have you been teaching?
   - How long in your current position?
   - Are you at more than one school?

9. **Introductory Question (Experiences with RTI)**
   - What is your role in RTI?

10. **Transition Question (Implementation of RTI/ Change in Instructional Practice)**
    - Tell me how RTI is implemented in your school?
    - Tell me how RTI has impacted what you do in the classroom?

11. **Key Question (Implementation of RTI)**
    - Has the RTI process stayed the same or changed over time?

12. **Key Question (Student Achievement/ Instructional Practices)**
    - Do you think there has been a change in student achievement due to RTI?
    - What evidence or data do you have that supports your perception?
    - How has RTI impacted your instructional practices?

13. **Key Question (Administrative Support/Resources)**
    - What could be done better to support RTI in the district, school?
      - Administrative support?
      - Resources?

14. **Ending Question/debriefing (Additional Experiences and perceptions)**
    - Is there anything else you would like to share about your experience within your school with respect to RTI?

**Turn recorder off.**

**III. Wrap Up and Thank Participant for Time**

- Thank you very much for your time today. I appreciated hearing your insights on this topic.
- Is there anything I did not ask or things that I should do differently in the next focus group?