Reduction of Referrals to Special Education through Response to Interventions and Differentiated Instruction

Patricia Jones

ED 574

Northern Michigan University
Table of Contents

Abstract

Chapter 1: Introduction
  Overview
  Statement of Problem
  Question
  Definition of Terms

Chapter II: Outline of Literature Review
  Theoretical Model of RtI
    Tier I
    Tier II
    Tier III
  Implementing RtI in Schools
  RtI: Reduction in Referrals to Special Education
  Do more Students benefit from RtI Programs?
  Differentiated Instruction and Small Group Instruction

Chapter III: Method and Design
  Method
  Design
  Procedure
  Analysis

Chapter IV: Recommendation and Conclusion
  Recommendation
  Further Research
  Conclusion

Chapter V: References
Abstract

The reauthorized Individuals with Disabilities Education Improvement Act set new provisions for specific learning disability identification. With the concern of over identification of specific learning disability in special education, there is a shift of implementation of response to intervention and differentiated instruction in the general education classroom from the identification procedure to special education. Schools are working to close the gap between the top and bottom 30%. Using tiered lessons is a method for differentiating. Prior research and studies were looked where initial referrals for special education decreased with the incorporation of RtI models and differentiated instruction in the classroom.

Chapter I: Introduction

Overview

In today’s schools, much focus has been given to how schools will close the gap between their top 30% and bottom 30% achieving students. In 1975 Congress enacted the Individuals with Disabilities Education Improvement Act, IDEA, children with disabilities were given the opportunity to a free and appropriate education. Since then Congress reauthorized IDEA in 2004 to be aligned with No Child Left Behind, NCLB, leading to schools to be sure that all teachers are highly qualified and also to develop intervention programs. Response–to-Intervention is the practice of providing quality instruction and intervention and using student learning in response to instruction to make instructional and important educational decisions. RtI is a model many schools have adopted involving different interventions and programs. Intervention programs are used to reach all students who may be struggling to meet academic achievement.
Interventions need to be scientifically-based and researched over time and by utilizing scientifically-based interventions and ongoing systematic progress monitoring will demonstrate improvements in outcomes, (Brown-Chidsey & Steege, 2005). RtIs are being implemented in schools to close this gap between the bottom thirty percent and the top thirty percent. It has become an immense challenge for teachers to implement interventions and reach all students in the general education classroom. Most general education classrooms contain special education students and there is a need for instruction to be differentiated, (Tomlinson, 1999). When students are not taught at their ability level they will feel frustrated and lack the willingness to learn and is why there is a need for differentiation. Teaching with differentiated instruction practices allows for the teacher to reach all of the students at the different ability levels from special education students to gifted and talented students. Students need to feel that their education is purposeful and meaningful to them. Students who do not feel this purposeful and meaningful attributes toward their education have an increase in behavior. Effective interventions bring about effective teachers who are skilled and capable of dealing with the difficult academic and behavioral concerns presented in their classrooms, (Nunn, 2007).

**Statement of the Problem**

Most schools find their teachers have little time with being sure the curriculum is being taught to all students while engaging the students. Much emphasis is being placed on state wide testing while teachers have limited funds to teach the curriculum to all students. Classrooms are diverse with learners at all ability levels as well as cultural and economic backgrounds. Teachers can manage this by developing instruction to meet these different needs and abilities of their students. Educators carry the heavy burden of appealing to the vast learning ranges in their classrooms (Danzi, Reul, & Smith, 2000). Teachers need to meet the needs of individual
students’ not just special education students. All students require different needs where the RtI multi-tiered approach helps all students achieve school success (School Social Work Association of America, 2006).

Response-to-Intervention has been around since the 1960’s but is still seen as a new idea for most educators. RtI, based on the definition by the National Research Center on Learning Disabilities (NRCLD), can be defined as student-centered assessment models that use problem-solving and research-based methods. RtI identifies and addresses learning difficulties in children (Berkeley, Bender, Peaster, & Saunders, 2009). Discrepancy has been used to identify students with a Specific Learning Disability (SLD). Discrepancy was criticized primarily for not providing reliable and valid information (Kavale & Spaulding, 2008). The discrepancy model uses a student’s score from an intelligence test along with scores from an achievement test. The scores are analyzed and if the student has an IQ score of two standard deviations higher than scores from the achievement test, the student was described as having a SLD. Since the late 1970’s, students being identified with a Specific Learning Disability, SLD, with the discrepancy model has increased by 200%.

Concern with over identification of SLD has promoted for more states to implement RtI models in schools. With the change from solely using discrepancy models to more of an intervention based model for referring students to special education, RtI models are being implemented in more schools across the country. RtI models promise that students no longer need to wait to fail. Previously, students who struggled or were failing would have to wait over a period of time before receiving interventions. RtI models not only help students with SLD but also students with emotional and behavioral challenges. Schools need to address the academic achievement for all their students’ not just special education students.
Using differentiated instruction and small groups allows for adapting instruction. Using small groups based on student need allows for students to succeed. Differentiated instruction is a positive approach to improve learning to all students in which the belief that because there is variability among any group of learners, teachers should expect student diversity and adjust their instruction accordingly, (Tomlinson, 1999 & 2001). This allows students to work at different speeds and abilities while feeling success. Differentiated instruction is not individualizing the curriculum for each student it is teaching to the standards based on student needs. Teachers need to teach to the standards and by starting with the standard they can determine the needs of their students and adjust the curriculum to these needs. Students feel engaged with the curriculum when it is adjusted and differentiated to their needs.

**Question**

Referrals to special education are a focus to schools with regards to reducing the gap between the top and bottom 30% of students. Over identification of students into special education is of great concern. Many schools have turned to intervention models and best practices with differentiation. Will the development and application of strategies of small groups through differentiated instruction and the implementation of multiple tiers of prevention allow all students to have access to the curriculum and therefore decrease the referrals to special education?

**Definition of Terms**

The following terms are defined to have a better understanding of the terminology used throughout the literature review. Most of the terms are acronyms and abbreviations that are widely used in schools.
Differentiated instruction, is defined as allowing students to access the same classroom curriculum by providing entry points, learning tasks, and outcomes tailored to students’ learning needs (Hall, Strangman, & Meyer, 2003).

RTI: Response to intervention, is defined as, early intervention services that contain specific provisions allowing districts to adopt service delivery models that focus on the child’s response to intervention (Fletcher & Vaughn, 2009).

IDEA: Individuals with disabilities education act, governs the provision of special education services in U.S. public schools (Fletcher & Vaughn, 2009).

NCLB: No child left behind act of 2002, targets the needs of economically disadvantaged children through Title I funding (Fletcher & Vaughn, 2009).

Reading Recovery, is defined as an early reading intervention containing phonological awareness training (Faith, Svensson, & Tjus, 2011).

DIBELS, dynamic indicators of basic early literacy skills (Simmons, Coyne, Kwok, McDonagh, Harn, & Kame’enui, 2008).

Chapter II: Outline of Literature Review

Theoretical Model of RtI

The goal of this review is to present a theoretical model integrating early intervention programs within schools to increase the overall education for all students. Specific intervention programs that increase the education for the students are examined. RtI models address this issue
by providing interventions for the whole population providing access to all. RtI models contain three tiers where students are closely monitored on their progress and also to see if further interventions are needed. Interventions are guided by the child outcome. Each tier offers differentiated instructions for the students. The elements of Response-to-Intervention include the following:

- **Tier I**: Preventive tier, involving whole group instruction and universal screening addressing the needs of 80% of the students.
- **Tier II**: Secondary tier, involving small-group interventions addressing the needs of 15% of the students.
- **Tier III**: Tertiary tier, involving intensive interventions addressing the needs of 5% of the students.

**Tier I**

The first tier is geared for 80% students. All students are screened periodically to identify struggling students. Interventions are research based and students are provided with supplemental instruction in the classroom during this time. The students are closely monitored with curriculum based measurements. If a student continues to not show progress, the student is then moved into the second tier.

**Tier II**

The second tier involves approximately 15% of the student population and utilizes targeted, small-group interventions (Berkeley et al, 2009). The intensity varies based on the instructor’s professional training. The size of the group and the duration of the interventions also vary the intensity. Most interventions are in the academic areas of reading and math. Emotional and
behavioral programs are also provided when necessary. More time may be necessary during this tier. Students who do not continue to make progress will be considered for the third tier.

**Tier III**

Tier three offers the most intensive interventions. Tier 3 interventions should be specific to individual student needs and involve sufficient resources to address those needs (Burns & Gibbons, 2008). Only 5% of the student population will utilize this tier. The intensive interventions target the students’ skill deficits and address the specific needs of that student. Interventions are offered on a one-on-one basis. Students who continue to show a lack in progress will then be referred for evaluation for special education.

A close association exists between Response-to-Interventions and the different intervention programs utilized such as Reading Recovery. Once students moved out of risk, from using interventions through RtI models, they were unlikely to move back into risk, (Simmons, Coyne, Kwok, McDonagh, Harn, & Kame’enui, 2008). The RtI model suggests a close association between referrals to special education and effective teaching interventions.

**Implementing RtI in Schools**

Most states are in the process of implementing and developing RtI programs. For RtI to be a determining factor for SLD, RtI needs to be formally in place. RtI could also be used for at-risk students. Data were collected between August and December of 2007 in the 50 states. Two independent researchers reviewed information from each of the 50 states’ department of education. With implementation, a model of implementation would contain the following: professional development, learning disability eligibility requirements, numbers of tiers, domains of implementation, intensity of implementation, progress monitoring, research-based practices,
Reduction of Referrals and fidelity of instruction. (Berkeley, Bender, Peaster, & Saunders, 2009) found 15 states have currently adopted an RtI model and are implementing on large and small scales, 22 states are in a development phase, 10 states are providing guidance to schools, and 3 states are not currently in the process of developing a model. 88% of the states that are implementing or providing guidance are also providing the staff with professional development. Providing the staff with the necessary professional development is essential to the success of RtI models in schools. Staff training and continuous professional development is necessary. A critical component of RtI is the inclusion of research-based practices (Berkeley et al., 2009). Many states have not addressed the areas of research-based practices.

Success of RtI programs in school depends greatly on having staff and parents working together. A school wishing to implement RtI program would need to have at least 80% of their staff on board with the program. Positive attitudes of the staff give a greater chance of the program working. Having the parents also understand the RtI process and working closely with the schools is an essential element. Though RtI is an important process needed in schools, implementation of RtI model does have a cost. Funding is an issue all schools are facing and implementing a new model can come with interference from staff. A large cost for the schools will be the need to have professional development for their staff. A need for more highly trained staff regarding intervention programs would be necessary for the schools.

**RtI: Reduction in Referrals to Special Education**

RtI programs have been implemented to reduce the number of students being referred to special education. Studies have been conducted to examine this notion. Schools have been using discrepancy models which look at the students IQ, achievement levels, and grade levels. If a
discrepancy occurred students were then referred to special education. A number of factors exist that were not being examined with one being interventions. Were interventions tried and offered to the student and how did the student respond to the intervention? RtI models and programs utilize different interventions to be used with all students. (Simmons et al., 2008) performed a longitudinal study looking at reading performance in young children who were achieving at the 30th percentile were identified as needing interventions. After different interventions were implemented, (Simmons et al., 2008) noted on average, the students who were below the 30th percentile at screening after interventions were performing at the 46th and 63rd percentiles on Phonemic Segmentation Fluency and Nonsense Word Fluency, respectively, and at the 69th and 57th percentiles on norm-referenced Word Attack and Word Identification, respectively.

Students who exhibit emotional and behavioral problems in the classroom also are utilizing RtI programs. Students are involved with the three tiers of RtI with all beginning in the first tier at a whole class approach. Students who continue to struggle will move into the second tier with more intensive interventions. The intensive interventions include one-on-one programs and small group programs. Students who continued to struggle moved into a third tier. A study in a rural school with students having emotional and behavioral problems looked at the RtI model. A hierarchy of negative consequences along with a system of rewards was implemented. The whole school implemented a Character Counts program that emphasizes the development of six character traits including trustworthiness, respect, responsibility, fairness, caring, and citizenship (Pearce, 2009). Seven of the nine students’ behaviors improved with the RtI model. Two of the students were not improving and were referred to special education.

One-to-one teaching interventions increase student’s reading ability and emotional and behavioral problems. (Faith et al, 2011) performed a longitudinal intervention study that showed
that “one-to-one teaching has a positive impact regardless whether a top-down or a reading instructional strategy with phonological components is implemented”. Overall positive effects in improving academics and emotional and behavioral problems of students show a reduction of referrals to special education. Fewer students are being referred to special education allowing for more focus for those students in special education.

**Do more Students benefit from RtI Programs?**

More students benefit from RtI programs due to help being available in the general education setting. Students no longer need to wait to receive the additional instructional support the student may need. Students can receive the needed support when assessment data is examined with an RtI program. The progress monitoring allows for staff to better evaluate the students’ needs. Progress monitoring is shared with parents and fellow teachers regarding the progress or lack of progress of a child. Examples of progress monitoring are DIBELS, AIMS, and district wide assessments. If persons do not have access to data and the graphic representation of the data, it would be difficult to examine the progress of the student (Carpenter, Lambert, & Werts, 2009). This help is provided directly in the general education setting. With all students being universally screened, interventions being implemented more students are benefiting from the RtI program. More districts are utilizing RtI to alleviate the incorrect identification of students into special education.

RtI programs help teachers to distinguish between a student who has a learning disability and a student who is in need of interventions due to a lack in instruction or differentiated instruction. Specific instructional strategies are used to benefit students. All students, not just students with a disability, are given the additional support the student may need. RtI also
provides a framework for the student on their learning style and educational history. Educators will have documented the interventions and learning styles being used. An evaluation of an RtI model was conducted over multiple years (VanDerHeyden, Witt, & Gilbertson, 2007). The results of this comprehensive study indicated the RtI model reduced the number of students evaluated for special education services. RtI is an effective practice benefiting more students.

**Differentiated Instruction and Small Group Instruction**

Differentiated Instruction helps teachers face classroom challenges with students through a proactive approach for all students to improve their learning. Research is showing children still leave elementary years with below basic skills. According to the National Assessment of Educational Progress, 36% of fourth graders read below basic level (U.S. Department of Education, 2006). The need for differentiation is necessary for reaching these students achieving below basic. A critical need in schools is to find evidence-based strategies but therein lays the challenge of time and availability of evidence-based practices for teachers to reach students. Differentiated Instruction is the most important in Tier I settings. Teachers could utilize whole grouping, small groups, and flexible grouping for differentiation. These groups may be formed based on data from assessments or observations. Prior to the groups being formed, attention needs to be brought on the amount of time with instruction will be necessary for the groups, what curriculum or content will be utilized, and the sizes of the groups. Tracking the progress of the students is an important aspect to differentiation in the tier. In the Tier I, the educator needs to have a list of research-based interventions which could be used. As well as the research-based interventions, the educator must be organized and have the classroom set up for systematic instruction and learning and all teachers in the school should incorporate differentiation.

McDaniel, Duchaine, and Jolivette (2010) investigated the perceptions of teachers and students
who used a Differentiated Instruction program and reported teachers’ comments suggested the program “should clearly be implemented across all levels and other teachers should do it every day” (p.593). Feazell (2004) investigated the use of research based practices as a Tier I school-wide intervention. Students were chosen for the interventions based on data and then given explicit instruction along with reading practice from grade-level literature.

Chapter III: Method and Design

Method

In order to test if RtI and use of differentiated instruction in a school will reduce the referrals of special education, a qualitative study was conducted by Stuart and Rinaldi. A qualitative study was the most appropriate due to the small number of participants. The study took place over two years and results of 26 teachers’ perception of RtI and more specific with referrals to special education was noted. The participants were 26 teachers, 24 females and 2 males, in an urban school district, 59% Latino, 16% African-American, 13% Asian, 11% White, and 1% other, have been recently introduced to RtI. These teachers were interviewed and participated in focus groups in order to see if there exist a correlation between RtI with differentiated practices and a reduction with special education referrals. Of the 26 teachers, 24 hold a general education certification and 9 of the 26 also held a special education certification. They took part in focus groups and individual interviews throughout the two years.

Design

During the course of the first year, the school adopted the RtI process and provided the teachers with multidimensional collaborative planning. The collaborative planning was used to link the process of assessment results with developing Individual Education Plans. The teams
consisted of at least one special education teacher and one general education teacher. Various informal assessments were used.

For the second year, continued professional development was necessary for professional learning communities and the grade-level team meeting. Continued progress monitoring of students and instructional support were also targeted. Professional learning communities was incorporated and used for discussions of strategies of interventions for the different tiers. Students in tier two received small group instruction while the tier three students received one to one instruction. The data from the progress monitoring of these tiers was used in the decision making process of the professional development. These students were reviewed every 4-6 weeks. RtI recommends reviewing data of students in tiers 2 and 3 every 4-6 weeks.

**Procedure**

Data for the study was collected through focus groups and teacher interviews over a twelve month period. The groups helped to establish rapport and were held in the fall and spring. Two to four weeks after teacher interviews were held, the teachers would then complete a questionnaire. Notes were collected to find themes amongst the data.

**Analysis**

Data was collected, sorted, and chunked together by using the constant comparative method. Themes were generated and coded from the data collected. Finally overarching themes emerged. The use of constant comparison helped them derive specific themes from the interviews, questionnaires, and notes from focus groups, Stuart and Rinaldi 2011. A conformation of the hypothesis would see a decline in the referrals to special education from utilizing differentiated instruction in the multiple tiers of response to intervention.
From the data collected the teachers’ perceptions of RtI shifted from the first year to the second as well as the overall school culture. With the referral rates, two years prior to the implementation of RtI the district was at the highest rate of 10% of the school population having an initial referral rate. After the first year of the RtI model implementation the referral rate reduced by 50% and in the second year again by 50%. The referral rates dropped from 10% to 3% since the implementation of RtI. The teachers found they could problem solve issues around instructional interventions with having a framework. The students’ needs were being more identifies and served with the RtI model.

Chapter IV: Recommendation and Conclusion

Recommendation

With schools having to close the gap between their top 30% and bottom 30%, the RtI model has become necessary with providing teachers with the appropriate tools to complete this. The use of interventions and progress monitoring provide educators with data to support and drive their differentiated instruction. Educators are also in need of professional learning communities to enhance the communication between general education teachers and special education teachers. Having common planning times allows for the educators to discuss the data and strategies being implemented in the tiers. Together there are less initial referrals to special education and a reduction in the over identification of SLD students.

Further Research

More studies need to be conducted in various school populations from suburban to urban. A larger participant field could be used with a qualitative research. It would also be of importance to study the schools over an extended period of time with less professional
development to determine if the educator’s perceptions change regarding the RtI model and referral rates to special education.

Conclusion

With the schools in the nation facing this widening gap between the top and bottom achieving students it is essential for schools to adopt intervention models which are research based and support the learning of our students. The overall reduction of special education referrals due to implementation of RtI models and programs with interventions and strategies of differentiation in schools is necessary. Schools are turning to RtI models for interventions and differentiation of their instruction. Educators are faced with accountability in documentation of evidence for strategies and intervention. RtI models provide the framework for the educators. The referral rates are decreasing with utilizing RtI and differentiation. The teacher matters providing pedagogical and emotional support that is indeed the effect of the teacher that makes a difference (Faith et al., 2011). RtI programs have teachers providing most of the interventions in the general education classroom leading to an effective approach with less initial referrals into special education. Consequently, teachers’ efforts before and during the RtI process should be acknowledged and supported (Martinez & Young, 2011).
Chapter V: References


