

# Overview of Response to Intervention (RTI)

RTI is a process in which all students are provided quality instruction and behavioral supports in the general education classroom, while their progress is monitored at regular intervals. Students who do not respond appropriately are given additional instruction and supports at greater levels of intensity along with progress monitoring that now is occurring with greater frequency. Students who continue to be nonresponsive are given additional instruction and supports and may be considered for special programs. The basic RTI model, consisting of at least three tiers of interventions and support, is described below.

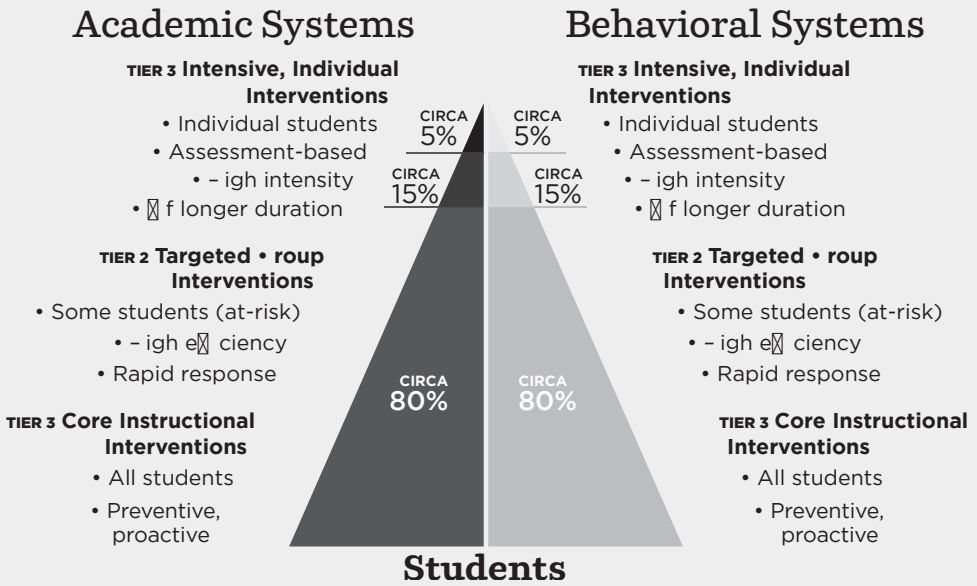
## Chapter 1 Overview

- Definition of Response to Intervention (RTI)
- Description of the Multitiered RTI Model of Support
- Core Features of RTI

## The Three-Tiered Model of Support

According to the NRC (2005), the application of RTI is best understood within the context of a multitiered prevention/intervention model. There are many possible variations of RTI models that contain the core components necessary to impact student outcomes. The 2005 Roundtable collaborative workgroup, representing 10 organizations, identified the core concepts as application of scientific, evidence-based interventions in general education; measurement of student response to these interventions; and use of RTI data to inform instruction. While schools are able to implement RTI models containing four and even five tiers of prevention/intervention,uchs and uchs (2007) recommend employing a three-tiered framework to implement these concepts. (Both approaches have positives, see next page.) The advantages of using a three-tiered framework is due to the difficulty of designing more than one tier of preventive intervention that can be

reliably distinguished in format, intensity, and supports from the other. For the purposes of this book, a three-tiered model will be the one most often suggested. It is illustrated and summarized below.



The National Association of State Directors of Special Education. (Used with permission)

### Tier 1 Intervention

Tier 1 intervention is the delivery of high-quality instructional and behavioral supports provided for all students schoolwide. Tier 1 practices are designed to prevent problems from developing and to ensure that students initially receive high-quality instruction and supports to allow them to achieve expected age- and grade-level academic achievement, social and emotional development, and behavior goals. This tier is characterized by universal screenings, delivery of research-supported teaching strategies, and benchmark assessments. Tier 1 interventions are usually successful for approximately 80-90% of the student population.

### Tier 2 Intervention

Tier 2 intervention is the delivery of high-quality targeted supplemental instruction for students who are failing to meet age- or grade-level expectations provided at Tier 1. These students represent approximately 10-15% of the school population and upon being flagged for Tier 2, they then receive even more intensive research-supported instruction than that in Tier 1, targeted to

their specific needs, for a period of usually 6–12 weeks. These interventions are generally provided in a small group setting within the general education classroom, using flexible grouping and differentiated instruction from the classroom teacher or from other qualified personnel. At Tier 2, student progress is monitored more frequently, usually at least once per week to determine intervention effectiveness. Students who respond appropriately to these interventions may remain at Tier 2 or return to Tier 1 based upon their individual needs. Students who fail to make sufficient progress at Tier 2 will require yet even more intense intervention at Tier 3.

### Tier 3 Intervention

Tier 3 interventions deliver high-quality intensive interventions that target student skill deficits with the goal of remediating existing problems and preventing more severe ones from occurring. Tier 3 interventions serve approximately 1–5% of the student population who have significant learning or behavioral needs or both, and provide even more intensive instruction and specialized supports. These are often done by specialists and delivered in settings outside the general education classroom. Students who fail to respond to Tier 2 interventions should be considered for comprehensive evaluations and for special education or other programming outside the norm. (Note: This part of the process sometimes divides a three-tiered RTI model into a four- or even five-tiered RTI model.)

## DEFINITIONS

**Universal screening —**

Universal screening is a brief, standardized assessment that is administered to all students in a school or district to identify those who may be at risk for learning difficulties. It is typically administered at the beginning of the school year and is used to determine which students need additional support or intervention. Universal screening is a key component of a multi-tiered system of supports (MTSS) and is used to inform the development of individualized education plans (IEPs) and other interventions.

**Flexible grouping —**

Flexible grouping is a grouping strategy that allows students to be grouped together based on their current level of skill and learning needs. This approach allows for differentiated instruction and supports students at various levels of proficiency. Flexible grouping is often used in conjunction with other interventions and is a key component of a multi-tiered system of supports (MTSS).

**Lexile grouping —**

Lexile grouping is a grouping strategy that uses Lexile measures to group students based on their reading ability. This approach allows for differentiated instruction and supports students at various levels of proficiency. Lexile grouping is often used in conjunction with other interventions and is a key component of a multi-tiered system of supports (MTSS).

While districts have considerable flexibility (number of tiers, length of time at each tier, assessment tools, instructional strategies) in determining how RTI will be implemented in their schools, in order to build a productive RTI system, the features described below are essential.

**1. Universal screenings.** Screenings take place by reviewing recent student performances on state or district tests or by administering an academic screening (curriculum-based measurement) to all students in a given grade. Related behaviors (attendance, tardiness, truancy, disciplinary contacts, nurse visits) may also serve as screening data and help identify students who may require additional support.

**2. High-quality classroom instruction.** High-quality instruction is delivered by qualified general education teachers in general education settings. The quality of the classroom instruction can be measured by comparing student

## Tiers 4 and 5 Are Also Worth Considering

While this book describes and promotes a three-tiered model of support intervention prior to referral to special programs (such as special education, 504), there are also many good reasons to choose additional tiers and schools should feel free to do so. Districts can structure the number of tiers that best fits their unique school needs. Whichever model is used, three or more, the district should always have clear entrance and exit criteria between each tier, which is to say they must make clear distinctions between the endpoint for general education interventions and the point at which special services begin. Fuchs and Fuchs (2007) recommend three tiers of instruction, with Tier 3 being special education evaluation or placement. They recommend the three-tier model because it is difficult enough to design three tiers that can be reliably distinguished in format, intensity, and style. In most cases, three is sufficient to achieve your goals. But every district has different needs, and you should design yours in a way that is appropriate to your needs.

Fuchs and Fuchs (2007) recommend a 15- to 20-week Tier 2 intervention period time to assess progress. When students do not make sufficient progress after the Tier 2 intervention, they are referred to Tier 3 interventions that begin following an instructionally focused evaluation that is conducted in consonance with the special education multidisciplinary evaluation.

achievement across classrooms at the same grade level. Instruction and curriculum is grounded in scientific research that has been proven effective for most students.

**3. Targeted research-based instruction and interventions.** Research-based interventions go beyond adapting and accommodating the current curriculum and are characterized by making a systematic change in delivery of instruction and supports that have proven effective in addressing the presenting problem.

**4. Continuous progress monitoring.** In an RTI model, general educators assume an active role in the assessment and monitoring of classroom performance of students, and they do it at regular intervals. “Progress monitoring is the scientifically based practice used to assess student performance and evaluate the effectiveness of targeted, intensive instruction

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The Fuchs and Fuchs model is similar to the one this book has put forth, but our model has a 6- to 12-week Tier 2 duration and a 6- to 8-week Tier 3 duration prior to a special education multidisciplinary evaluation. Each school district will have to reconcile the model they wish to implement with their respective state regulations regarding how long to remain in each tier.

The three-tiered model described in this book uses the data collected at Tier 3 to determine if a student has responded favorably to additional intensive interventions in general education. If these students do not respond to targeted interventions conducted with fidelity at Tier 3, then a referral for a special education evaluation would be warranted.

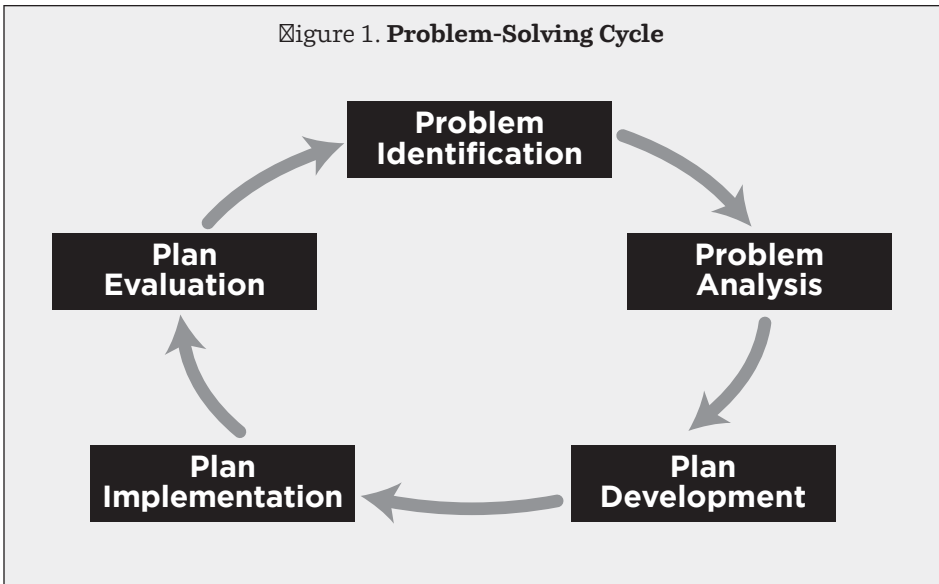
The three-tiered model described in this book uses the data collected at Tier 3 to determine if a student has responded favorably to additional intensive interventions in general education. If a student does not respond, a more comprehensive assessment is needed to see if the student has a possible disability and demonstrates an educational need for special services. The clear decision point for this model is nonresponders to Tier 3. Some schools may consider this a three-tiered model, or a four-tiered model with special education considered as the fourth tier. The rationale for the model posited in this book is to keep the focus on the skill deficits of the students (i.e., math, reading, and social skills) being the driving force of interventions rather than special education labeling. For example, students may just need special education for reading and general education Tier 2 instruction for math.

and interventions. It is a fundamental and essential component of the RTI process. A scientifically validated form of progress monitoring is curriculum-based measurement, or CBM. CBM allows teachers to regularly assess student performance using brief, simple, global measures. Consequently, the obtained data is used to make instructional decisions.

**5. Decision-making rules.** Critical to the RTI process is the formation of guidelines by each school to determine which students are not making sufficient progress or responding to interventions, when to enter or exit tiers, and when to refer a student for a comprehensive evaluation or consideration for special education.

**6. Fidelity measures.** Fidelity measures are in place to ensure that interventions are designed and implemented consistently and for a sufficient length of time to provide reliable data on a student's response to intervention.

**7. Data-based decision making.** Decisions are made going forward in the RTI sequence by constant analysis of information collected on a regular basis that helps you to identify a student's status, need for change, and successes or failures of interventions. Informed educational decisions are made using professional judgment that is based on this sound data thereby reducing the chances for error and bias in treatment.



# Two Implementation Approaches to RTI

In order to build a strong RTI system in your school, the following essential elements must be included: the problem solving approach and the standard treatment protocol. Both are deployed at decision-making points between the three tiers of preventive intervention. However, schools usually choose between the two approaches or use a model that integrates both. The nature of the problem the student has dictates which approach to use. Generally speaking, the problem-solving approach is the preferred method to address behavioral skills, while the standard treatment protocol is considered to be better suited for academic needs.

## Problem-Solving Approach

This approach addresses the school's systematic reaction to a student's failed response to a previous intervention by providing a new and more robust evidence-based intervention. These interventions are carefully selected to meet individual student needs. It is a case-by-case approach that follows a cycle of steps: problem identification, problem analysis, plan development, plan implementation, and plan evaluation. Figure 1 depicts the "Problem-Solving Cycle."

## Standard Treatment Protocol

This approach uses standardized protocols, or specific instructional programs, to address a student's failure to respond to interventions. Supplemental instruction is consistently delivered at each tier of instruction for similar problems. For example, a school may provide the same intervention for all students who are not progressing in reading fluency, although it does work for some, but not for many others. In other words, it's a one-size-fits-all solution that in fact doesn't work for everyone. The problem-solving approach is more individualized; its procedures for instructing and assessment are the same for all students in a small group.

# RTI and Early Childhood Settings

While the majority of research and implementation of RTI systems has focused on elementary and secondary educational settings in recent years, early childhood settings have traditionally implemented many of the components of RTI (such as screenings, early identification, and early intervention). Multitiered prevention/intervention systems such as positive behavior support (“PBS”) have been implemented in early childhood settings with promising results (Mendick, Gurner, Squires, 2007; Stormont, Smith, Lewis, 2007). These systems primarily focused on social-emotional learning. Recently, RTI has been identified as a way of enhancing intellectual and academic development and school readiness for young children (Fox, Carta, Strain, Unlap, Emmeter, 2009). Using an integrated approach of “PBS and RTI, academic (like early literacy or number sense) and behavior competence, young children will enter schools better prepared.

## Pyramid Model

One framework for slotting RTI into early childhood settings is the “Pyramid Model” (Fox, Carta, Strain, Unlap, Emmeter, 2009). This model was originally designed to address social and emotional competence (Fox, Mack, Royles, 2005) and focuses on three components of intervention practice: universal promotion for all students, secondary preventions for children at risk of social and behavioral delays, and tertiary interventions for children with intense social and behavioral challenges (Fox, Carta, Strain, Unlap, Emmeter, 2009). While the focus of this model has been on social and emotional learning, academic learning and readiness has also become a focus of early childhood interventions.

## RTI in Early Childhood Settings

RTI systems within early childhood settings share the same processes as in elementary and secondary systems: screenings, tiered instruction and prevention, evidence-based practices, and parental involvement. “Professionals implementing RTI in early childhood settings will have to pay particular attention to screenings and interventions that are developmentally appropriate. For example, reading skills such as phonemic awareness are prerequisite to all other reading skills. Screening measures such as D-REX will have to focus on letter naming and sound fluency rather than oral reading fluency. Children in early childhood settings will also have to be screened for auditory and vision problems as well as social and emotional learning.



# Universal Schoolwide Screenings

## Universal Screenings at Tier 1

In the RTI model, universal schoolwide screening is completed in the early fall of the school year followed by benchmark screenings in the midterm and spring. Universal screenings are used to identify students whose performances may indicate further examination. It is considered a Tier 1 practice because it is conducted with all of the students in a given general education classroom. The hallmarks of an effective screening measure are that;

in addition to helping identify students who require additional consideration, by screening all the students at the same time, it is practical and by following research-based procedures, it also yields accurate data. It is important to note that while screening measures are not diagnostic tools, they should be used in conjunction with additional data to avoid misidentifying students. Universal screenings, mentioned earlier, is recommended for use in universal screenings.

In addition, we recommend that schools double down by using universal screenings in combination with continuous progress monitoring. For example, monitor each student's progress in the general education curriculum, teacher nomination, and reviewing the existing data, all in order to more reliably identify students who need preventive intervention. And it is vital that schools routinely analyze collected data before screening students with potential academic and behavior needs.

### Chapter 2 Overview

- Universal Screening Defined
- A Step-by-Step Universal Screening Process
- Universal Screening Big Ideas
- Resources

### DEFINITION

#### Teacher nomination

Teacher nomination is a process where teachers identify students who are at risk of academic or behavioral difficulties. This process involves reviewing student data, observing student behavior, and discussing student performance with colleagues. Teacher nomination is a key component of universal screening and helps to identify students who need additional support and intervention.

# Routine Data Review

Schools routinely collect tons of data each year on students. A more rigorous systematic organizing of this data early in the school year and using it in conjunction with universal screening measures greatly increases the reliability of the screening process. This organizing process also helps you in the early identification process and in the development of schoolwide prevention efforts. Table 2 provides a list of data on academic and behavioral indicators that schools must better organize, collect, and interpret to assist in identifying students who may require additional supports.

Table 2 Sources of Data Used for Screeners

| Data Sources                      | Academic Indicators | Behavior Indicator |
|-----------------------------------|---------------------|--------------------|
| End-of-Year Tests                 | X                   |                    |
| District Assessments              | X                   |                    |
| Grade Reports                     |                     | X                  |
| Attendance                        | X                   | X                  |
| Tardy Reports                     | X                   | X                  |
| Previous School Records           | X                   | X                  |
| Discipline Contacts               | X                   | X                  |
| Title I, Special Education, 504   | X                   | X                  |
| Referrals to Campus Support Teams | X                   | X                  |
| Other                             |                     |                    |

## The Six-Step Screening Process

Strong and sustainable systems of RTI require collaboration among teachers, specialists, and administrators from the onset of implementation. In order to maximize screening efforts, school leaders must ensure that screening measures are psychometrically sound and have the necessary validity and reliability to measure the targeted academic, behavioral, or social skills. School leaders must also ensure that school personnel who are involved in screening measures have the necessary training to administer, score, and interpret the data. In order to be effective, screening procedures must be efficient, scheduled with sufficient support provided to school personnel, and utilized within the educational decision-making process. In order to effectively screen students for

further consideration, use the following six-step sequence to implement universal screenings at Tier 1.

Follow these steps for all grade levels

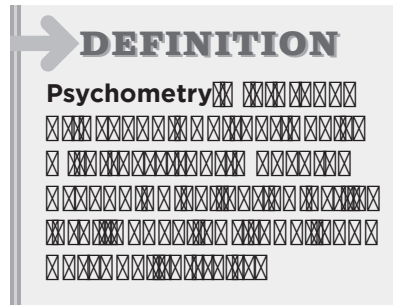
**1. Schedule.** Establish a regular screening and benchmark schedule (early fall, midterm, and spring). In order to make universal screenings an effective component of the RTI process, it is important to schedule initial and benchmark screenings well in advance. Your review of existing school data can be completed prior to the school year with universal screenings to take place shortly after it starts. We recommend that you schedule staff training well in advance of initial administration. Subsequent benchmark screening should be conducted near midterm and then again in the spring.

**2. Identify.** Skill area must be identified (reading, math, behavior). Ensure that content is aligned with each grade level curriculum. While academic screenings, especially for reading, have been done for many years, the screening for social, emotional, and behavioral development is not as widespread. This is a critical component in the RTI process. Porter et al., (2005) clearly illustrate this rationale with the following excerpt.

*“The basic message is that academic and behavioral supports must be intertwined. Children will not learn to read by being taught social skills, but they will also not learn to read if good curriculum is delivered in a classroom that is disruptive and disorganized.”* (page 82)

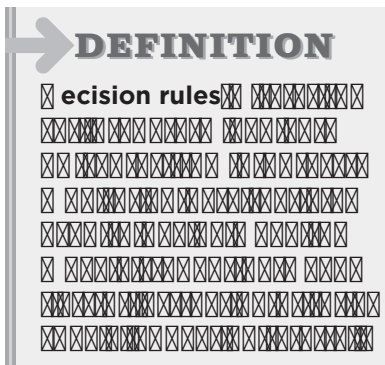
**3. Select measure.** When selecting a measure, ensure that it meets accepted psychometric standards and that school personnel have adequate resources and training to use it. Numerous factors need to be considered when selecting a screening measure. Factors include age and grade of student, skill to be assessed, number of students to be screened, technology and data collection tools available, local or state requirements, and so on.

**4. Screen.** All students within the school should be screened; however, certain students may be excluded if screening is not appropriate (like those with severe/profound disabilities). Employ multiple screening measures such as progress monitoring data, existing school records review, and teacher nomination to increase reliability.



**5. Data Collection.** Systematically collect and organize data. Schoolwide screening data can be organized in a variety of ways—grade, subject, classroom, or skill. Computer programs and commercially available software can assist the district in this process.

**6. Data Analysis.** Analyze data by determining decision rules and predetermined cutoff points (such as having the bottom 10% of students in each grade level, or students who fall below the 16<sup>th</sup>–25<sup>th</sup> percentile, identified for follow-up progress monitoring or moved to Tier 2) that will aid in decision making. A checklist entitled **Data Analysis Checklist for Universal Screeners** and the **Classwide Student Performance on Universal Screener** chart can be found within the reproducible section of this book on pages 90 and 91.



## Motivational Problem vs. True Deficit

It's often difficult for teachers to tell whether a student's lack of progress is due to a motivational problem or a true deficit in a targeted academic or behavior area. Differentiating between the two is imperative because your selection of appropriate instructional programming will depend on whether the student is having trouble self-motivating or whether a skill deficit is the real culprit.

To make this critical distinction, make your own **Motivational versus Skill Deficit Screener**. The steps are listed below. It should be done with each student in each class who falls within the bottom 10% and below the 16<sup>th</sup>–25<sup>th</sup> percentile. A **Motivational versus Skill Deficit Screener** is done by following these steps:

1. Compile a collection of small tokens (e.g., stickers, toys) to use as reinforcers; be sure chosen reinforcers are age-appropriate.
  2. Save copies of the probe (screener) that was administered.
- Identify students performing at the bottom of each class.
- Bring each student into the testing area individually (you may have multiple administrators working various sections of the room to allow for efficient screening).

**Self-Assessment Planning for Six Step Universal Screener Implementation**

Directions: In response to each statement below, use the following rating scale:  
 Not at all (0) 1-2 (3) 3-4 (4) 5 (5)

| Statement   | 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| <b>Step 1: Selection</b>  |   |   |   |   |   |   |
| 1. The screener was selected by a team of school leaders.   |   |   |   |   |   |   |
| 2. The screener was selected by a team of school leaders and a representative of the students.  |   |   |   |   |   |   |
| 3. The screener was selected by a team of school leaders, a representative of the students, and a representative of the community.  |   |   |   |   |   |   |
| 4. The screener was selected by a team of school leaders, a representative of the students, and a representative of the community, and the screener was selected by a representative of the community.  |   |   |   |   |   |   |
| 5. The screener was selected by a team of school leaders, a representative of the students, and a representative of the community, and the screener was selected by a representative of the community, and the screener was selected by a representative of the community.              |   |   |   |   |   |   |
| <b>Step 2: Identify</b>   |   |   |   |   |   |   |
| 6. The screener was identified by a team of school leaders.   |   |   |   |   |   |   |
| 7. The screener was identified by a team of school leaders and a representative of the students.  |   |   |   |   |   |   |
| 8. The screener was identified by a team of school leaders, a representative of the students, and a representative of the community.  |   |   |   |   |   |   |
| 9. The screener was identified by a team of school leaders, a representative of the students, and a representative of the community, and the screener was identified by a representative of the community.  |   |   |   |   |   |   |
| 10. The screener was identified by a team of school leaders, a representative of the students, and a representative of the community, and the screener was identified by a representative of the community, and the screener was identified by a representative of the community.       |   |   |   |   |   |   |
| <b>Step 3: Select Probes</b>  |   |   |   |   |   |   |
| 11. The screener was selected by a team of school leaders.  |   |   |   |   |   |   |
| 12. The screener was selected by a team of school leaders and a representative of the students.   |   |   |   |   |   |   |
| 13. The screener was selected by a team of school leaders, a representative of the students, and a representative of the community.   |   |   |   |   |   |   |
| 14. The screener was selected by a team of school leaders, a representative of the students, and a representative of the community, and the screener was selected by a representative of the community.   |   |   |   |   |   |   |
| 15. The screener was selected by a team of school leaders, a representative of the students, and a representative of the community, and the screener was selected by a representative of the community, and the screener was selected by a representative of the community.             |   |   |   |   |   |   |
| <b>Step 4: Admin</b>  |   |   |   |   |   |   |
| 16. The screener was administered by a team of school leaders.  |   |   |   |   |   |   |
| 17. The screener was administered by a team of school leaders and a representative of the students.   |   |   |   |   |   |   |
| 18. The screener was administered by a team of school leaders, a representative of the students, and a representative of the community.   |   |   |   |   |   |   |
| 19. The screener was administered by a team of school leaders, a representative of the students, and a representative of the community, and the screener was administered by a representative of the community.   |   |   |   |   |   |   |
| 20. The screener was administered by a team of school leaders, a representative of the students, and a representative of the community, and the screener was administered by a representative of the community, and the screener was administered by a representative of the community. |   |   |   |   |   |   |
| <b>Step 5: Data Collection</b>  |   |   |   |   |   |   |
| 21. The screener was collected by a team of school leaders.   |   |   |   |   |   |   |
| 22. The screener was collected by a team of school leaders and a representative of the students.  |   |   |   |   |   |   |
| 23. The screener was collected by a team of school leaders, a representative of the students, and a representative of the community.  |   |   |   |   |   |   |
| 24. The screener was collected by a team of school leaders, a representative of the students, and a representative of the community, and the screener was collected by a representative of the community.   |   |   |   |   |   |   |
| 25. The screener was collected by a team of school leaders, a representative of the students, and a representative of the community, and the screener was collected by a representative of the community, and the screener was collected by a representative of the community.          |   |   |   |   |   |   |
| <b>Step 6: Data Analysis</b>  |   |   |   |   |   |   |
| 26. The screener was analyzed by a team of school leaders.  |   |   |   |   |   |   |
| 27. The screener was analyzed by a team of school leaders and a representative of the students.   |   |   |   |   |   |   |
| 28. The screener was analyzed by a team of school leaders, a representative of the students, and a representative of the community.   |   |   |   |   |   |   |
| 29. The screener was analyzed by a team of school leaders, a representative of the students, and a representative of the community, and the screener was analyzed by a representative of the community.   |   |   |   |   |   |   |
| 30. The screener was analyzed by a team of school leaders, a representative of the students, and a representative of the community, and the screener was analyzed by a representative of the community, and the screener was analyzed by a representative of the community.             |   |   |   |   |   |   |

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**Data Analysis Checklist for Universal Screeners**

Once universal screeners have been administered school-wide, follow the steps below to organize and analyze data for making instructional decisions.

- Review all scores by the big five (teacher leader)
- Score each student on a scale of 0-100
- Score each student using the five (five from the highest to lowest performer in each cluster)
- Identify the data cluster zone
- Compare the data cluster zone with other data points
- Determine whether there are any students in the data cluster zone who are not in the data cluster zone
- If a student has not taken the screener, determine if it is not a data cluster zone
- Identify the cluster zone of students who are not in the data cluster zone
- Consider instructional needs of each student in the data cluster zone
- Identify students to be used with each student
- Plan ongoing learning checks

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**Class-wide Student Performance on Universal Screener**

Once universal screeners have been conducted school-wide, use the chart to organize and analyze data for making instructional decisions.

| Student | Score | Cluster | Comments |
|---------|-------|---------|----------|
| 1       |       |         |          |
| 2       |       |         |          |
| 3       |       |         |          |
| 4       |       |         |          |
| 5       |       |         |          |
| 6       |       |         |          |
| 7       |       |         |          |
| 8       |       |         |          |
| 9       |       |         |          |
| 10      |       |         |          |
| 11      |       |         |          |
| 12      |       |         |          |
| 13      |       |         |          |
| 14      |       |         |          |
| 15      |       |         |          |
| 16      |       |         |          |
| 17      |       |         |          |
| 18      |       |         |          |
| 19      |       |         |          |
| 20      |       |         |          |

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5. Show the student the score he obtained on the first administration.
6. Tell the student, “You earned a score of (number of digits correct; number of words correct) on the first administration of this (math, reading, etc.) probe. I want you to try again, and if you can beat your score this time, you can pick something out of the (box, treasure chest, etc.)”
7. Administer the probe using the standardized directions and time limit.
8. Score the probe.
9. If the child beats her score, allow her to pick a reinforcer (probably a motivational problem).
10. If the child does not beat his score, tell the student, “Nice try! Thanks for trying so hard! You did not beat your score this time,” (likely a skill deficit).

## Universal Screening’s Big Ideas

- School personnel are trained in administering, scoring, and interpreting universal screenings.
  - Universal screening measures must be practical, accurate, and efficient.
  - They need to be ongoing through the school year.
- Their data must be considered along with other supporting RTI data prior to making preventive intervention decisions (e.g., moving to Tier 2).
  - Their data must be organized systematically.

# Screening Resources

## Universal Academic Screening

### National Center on Student Progress Monitoring

<http://www.studentprogress.org>

The center's mission is to provide technical assistance to states and districts and disseminate information about progress monitoring in different content areas. All materials on this site are free.

### Intervention Central

<http://www.interventioncentral.org>

This website offers free tools and resources to help school staff and parents promote positive classroom behaviors and foster effective learning for all children and youth. This website was created by Jim Wright, a school psychologist from Syracuse, New York.

### AIMSweb Progress Monitoring and Response to Intervention System

<http://www.aimsweb.com>

AIMSweb is a scientifically based, formative assessment system that “informs” the teaching and learning process by providing continuous student performance data and reporting improvement to parents, teachers, and administrators to enable evidence-based evaluation and data-driven instruction.

### The Dynamic Indicators of Basic Early Literacy Skills (DIBELS)

<http://diels.uoregon.edu>

The Dynamic Indicators of Basic Early Literacy Skills (DIBELS) are a set of standardized, individually administered measures of early literacy development. They are designed to be short (one minute) fluency measures used to regularly monitor the development of prereading and early reading skills.

# Universal Behavior Screening

## The School-Wide Information System (SWIS)

<http://www.swis.org>

A web-based information system designed to help school personnel to use office referral data to design schoolwide and individual student interventions.

## Systematic Screening for Behavior Disorders (SSBD)

<http://www.sopriswest.com>

Developed by Bill J. Walker and Herbert A. Stevenson, this resource allows you to screen and identify students who may be at risk of developing behavior disorders. The three-stage process makes use of teacher judgment as well as direct observation.

## Social Skills Rating System (SSRS)

<http://ags.pearsonassessments.com>

Developed by Frank G.resham and Stephen N. Elliott, the Social Skills Rating System allows you to obtain a more complete picture of social behaviors from teachers, parents, and even students themselves. Evaluate a broad range of socially validated behaviors—behaviors that affect teacher-student relationships, peer acceptance, academic performance, and more.

# Reproducibles

## Self-Assessment Planning for Six Step Universal Screener Implementation

**Directions:** In responding to each bulleted item below, use the following rating scale.

Not Started (NS)

In Progress (IP)

Achieved (ACH)

| Universal Screening Steps   | STATUS | Comments/Recommendations |
|---|--------|--------------------------|
| <p><b>Step 1. Schedule.</b></p> <ul style="list-style-type: none"> <li>• School personnel have established a schedule (Fall, Winter, &amp; Spring) for the implementation of universal screeners.</li> <li>• School personnel are identified and debriefed and assigned responsibilities.</li> <li>• A process for reviewing previous data has been established.</li> </ul> |        |                          |
| <p><b>Step 2. Identify.</b></p> <ul style="list-style-type: none"> <li>• Targeted academic and/or behavioral skills to be screened have been identified.</li> </ul>   |        |                          |
| <p><b>Step 3. Select Measure.</b></p> <ul style="list-style-type: none"> <li>• Measure for conducting universal screening is chosen.</li> <li>• Measures meet psychometric requirements.</li> <li>• School personnel receive training in the implementation, scoring, and interpretation of measures.</li> </ul>  |        |                          |
| <p><b>Step 4. Screen.</b></p> <ul style="list-style-type: none"> <li>• School-wide data (e.g., CBM, discipline reports) are collected through an efficient and effective systematic process.</li> </ul>   |        |                          |
| <p><b>Step 5. Data Collection.</b></p> <ul style="list-style-type: none"> <li>• Fidelity checks are implemented to ensure effective collection of data.</li> <li>• School-wide database has been set up for data entry and analysis.</li> </ul>   |        |                          |
| <p><b>Step 6. Data Analysis.</b></p> <ul style="list-style-type: none"> <li>• School personnel are trained in the analysis of data.</li> <li>• Data is used for instructional decision making.</li> </ul>   |        |                          |

Schultz & Stehens, 2008

For more information on this form, see page 22. The CD that accompanies this book contains full-size versions of this reproducible in PDF.



## Data Analysis Checklist for Universal Screeners

Once universal screeners have been conducted school-wide, follow the steps below to organize and analyze data for making instructional decisions.

- Separate all screeners by class (e.g., homeroom teacher)
- Score each student's screener (e.g., CBM).
- Rank order screener scores by class. Rank from the highest to lowest performer in each class (see **Classroom Rank Order Chart**).
- Identify the class median score.
- Compare the class median score with local or national norms.
- Determine whether there is a class-wide problem (e.g., if the class median falls within the frustration range when compared to norms).
- If class median falls within the instructional range, it is not a class-wide problem.
- Identify the bottom 40% of students who scored below the 16<sup>th</sup>-25<sup>th</sup> percentile.
- Conduct **Motivational versus Skill Deficit Screener** on the bottom performers.
- Identify students in need of interventions.
- Identify intervention to be used with each student.
- Plan progress monitoring schedule.

For more information on this form, see page 200. The CD that accompanies this book contains full-size versions of this reproducible in PDF.