

Nebraska School Psychologists' Perceptions
Regarding the Sufficiency of Response to Intervention (RtI)

by

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NEBRASKA SCHOOL PSYCHOLOGISTS' PERCEPTIONS REGARDING THE
SUFFICIENCY OF RESPONSE TO INTERVENTION (RTI)

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The reauthorization of the Individuals with Disabilities Education Improvement Act (IDEIA) provided schools the option of utilizing Response to Intervention (RtI) as part of a comprehensive Multi Disciplinary Team (MDT) Evaluation for Specific Learning Disabilities (SLD). However, there is disparity among educational professionals regarding the components that should be included in the RtI MDT evaluation. The purpose of this study was to examine the perceptions of Nebraska school psychologists regarding the sufficiency of RtI as a comprehensive Multi Disciplinary Team (MDT) evaluation for Specific Learning Disability (SLD) determination and identify the additional components that school psychologists believe are necessary to comprise a comprehensive evaluation.

Surveys containing both quantitative and qualitative questions were mailed to all 234 school psychologists in Nebraska, utilizing the Tailored Design Method (TDM) recommended by Dillman et al. (2009); 153 completed surveys were returned. The data were analyzed descriptively and comparatively. Results indicated that Nebraska school psychologists supported the use of RtI and perceived it to be a more effective approach for identifying children with SLD than the Severe Discrepancy model. However, the majority of respondents indicated that RtI was not sufficient as a comprehensive MDT evaluation. They recommended the utilization of additional assessment and evaluation

tools that are individually chosen to distinguish between SLD and other possible disabilities and answer specific questions that arose during the initial RtI process. School psychologists also indicated that they had concerns regarding the consistency and fidelity of RtI implementation.

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Chapter One

School Psychologists' Perceptions of Response to Intervention

Introduction

Response to Intervention (RtI) is a tiered system of assessment, instruction, and intervention that is utilized to provide early intervention to students who are struggling to meet grade level academic standards and identify children with Specific Learning Disabilities (SLD). Tier One consists of the research based instruction and intervention that is provided to all children within the general classroom (NJCLD, 2005), along with the universal screening of children to identify those that are not progressing sufficiently in the general classroom (Daly, Glover, & McCurdy, 2006). Tier Two consists of supplemental instruction, intervention, and more frequent progress monitoring provided to those children who did not make sufficient progress in Tier One (Batsche et al., 2006; Daly et al., 2006). The final tier, Tier Three, consists of long-term, intense interventions and a Multi-Disciplinary Team (MDT) evaluation to determine whether the child qualifies for special education under the category of SLD.

RtI is endorsed by the President's Commission on Excellence in Special Education (2002), the Learning Disabilities Summit (Bradley, Danielson, & Hallahan, 2002), the National Research Council Report (Donovan & Cross, 2002), and the Individuals with Disabilities Education Improvement Act (IDEIA, 2004b). According to the IDEIA, "A local education agency shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability" (2004a), but "A local education agency may use a process that determines if the child responds to a scientific research-based intervention as part of the evaluation procedures"

(2004b). In essence, this legislation encourages schools to cease using the severe discrepancy model, which has been required for more than 30 years, and replace it with an RtI model. However, the United States Education Department (USED) cautions that RtI cannot be relied on as the sole criterion for determining eligibility for special education services (2006) and Bradley et al. caution “RtI is not a substitute for a comprehensive evaluation” (Bradley, Danielson, & Doolittle, 2007, p. 9).

Problem Statement

Recent federal legislation (IDEIA, 2004b) and state guidelines (Nebraska Department of Education, 2008) provide schools the option of using RtI to identify children as SLD. However, these guidelines also indicate that RtI is only part of a comprehensive evaluation and suggest many other factors for the MDT to consider: the child’s strengths and weaknesses, his/her progress on state standards, educational variables, interviews, observations, tests, behavioral information, relevant medical findings, professional judgment, and/or exclusionary factors (NDE, 2008). Failure to consider these additional variables could result in the misidentification of children as SLD, who may be better served in other disability categories such as Mentally Handicapped or Behavioral Disordered. It could also lead to the identification of children as SLD who truly do not have a disability, as RtI data alone is not sufficient to determine whether a child has a disability (CEC, 2007).

Currently, there is great disparity among educational professionals, including school psychologists, as to which of these components (if any) should be included in the MDT’s comprehensive evaluation. In fact, several evaluation approaches have been recommended: (a) utilizing RtI as the sole evaluation component (Batsche et al., 2006);

(b) utilizing an additional standard battery of assessments and evaluation tools that is consistent for all children; (c) utilizing an individualized battery of assessment and evaluation tools to distinguish between SLD and other disabilities; (d) utilizing an individualized battery of assessment and evaluation tools to answer specific questions that arose during the initial RtI process; or (e) utilizing a combination approach where an individualized battery of assessment and evaluation tools is used to distinguish between SLD and other disabilities and answer specific questions that arose during the initial RtI process (Fuchs & Fuchs, 2007); or (f) combining the RtI process with traditional severe discrepancy criteria (Bender, Ulmer, Baskette, & Shores 2007; Scruggs & Mastropieri, 2002). Research is needed in this area in order for schools to obtain consistency and accuracy in their identification of students with Specific Learning Disabilities (Bender et al., 2007; Deschler, 2007; Frigon, 2005).

Purpose Statement

The purpose of this study was to examine the beliefs of Nebraska school psychologists regarding the sufficiency of RtI as a comprehensive MDT evaluation for SLD determination. According to the Nebraska School Psychologists' Association (NSPA, n.d.) position statement, the NSPA supports the recent revision of the Individuals with Disabilities Education Improvement Act, including the changes surrounding the identification of children with SLD and the use of RtI. This survey research study will confirm or disconfirm that statement, by determining whether school psychologists believe that RtI is sufficient for identifying children with SLD, determining how Nebraska school psychologists envision RtI fitting within the comprehensive MDT

evaluation for SLD, and identifying additional components that school psychologists believe are necessary to comprise a comprehensive evaluation.

Research Questions and Objectives

The purpose of this study was to examine the beliefs of Nebraska school psychologists regarding the sufficiency of RtI as a MDT evaluation for SLD.

The following research questions were utilized to guide this study:

1. Under what conditions do Nebraska school psychologists believe that Response to Intervention (RtI) is sufficient as a comprehensive Multi-Disciplinary Team (MDT) evaluation for Specific Learning Disability (SLD) determination?
2. When Nebraska school psychologists recommend additional evaluation following the RtI process, which approach do they recommend:
 - a. utilizing a full, standard battery of assessments and evaluation tools that is consistent for all students.
 - b. utilizing specific assessment and evaluation tools that are individually chosen to distinguish between SLD and other possible disabilities for the child that is being evaluated.
 - c. utilizing specific assessment and evaluation tools that are individually chosen to answer questions that arose during the initial RtI process for the child being evaluated.
 - d. utilizing specific assessment and evaluation tools that are individually chosen to distinguish between SLD and other possible disabilities and

answer specific questions that arose during the initial RtI process for the child being evaluated (Fuchs & Fuchs, 2007).

- e. utilizing a comprehensive cognitive evaluation to determine whether a severe discrepancy between intellectual ability and academic achievement exists? (Scruggs & Mastropieri, 2002)

3. When Nebraska school psychologists recommend additional evaluation following the RtI process, which assessment tools would they include?

In addition, the researcher identified the following objectives for this study regarding school psychologists' perceptions of RtI:

1. to determine the conditions under which Nebraska school psychologists indicate that Response to Intervention (RtI) is sufficient or insufficient as the Multi-Disciplinary Team (MDT) evaluation for Specific Learning Disability (SLD) determination.
2. to determine which additional evaluation approach is recommended by Nebraska school psychologists to be used following the RtI process.
3. to determine which additional assessment and evaluation tools are recommended by school psychologists to be included as part of the comprehensive Response to Intervention Multi-Disciplinary Team evaluation.

Definition of Terms

For the purpose of clarification, the following terms are defined for this study:

Curriculum Based Measurements—A series of incremental assessments used to determine the skills that a child has mastered.

Response to Intervention (RtI)—a process that involves (a) screening students to identify those who are not meeting grade level expectations; (b) providing research based interventions to students in need; (c) monitoring student progress frequently to make decisions about changes in instruction; and (d) applying child response data to important educational decisions, such as special education eligibility under the category of specific learning disabled.

Multi-Disciplinary Team Evaluation—a team of professionals that gathers and studies a variety of information about a child to determine whether he or she qualifies for special education services due to a disability. This team typically includes the child’s parents and classroom teacher, as well a special education teacher, a school psychologist, a school district administrator, and any others with special knowledge of the child or the suspected disability.

Exclusionary Factors—The MDT must determine that the child’s learning difficulties are not the primary result of these factors: visual, hearing, or motor disability; mental retardation; emotional disturbance; cultural factors; environmental or economic disadvantage; limited English proficiency; or the lack of adequate instruction.

Specific Learning Disability—A disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

Severe Discrepancy—a discrepancy of 1.3 standard deviations between children’s assessed achievement and intellectual ability in one or more of the following areas: oral

expression, listening comprehension, written expression, basic reading skills, reading comprehension, reading fluency, mathematics calculation, and mathematics reasoning.

Poverty—the percentage of students in a school who qualify for Free and Reduced Lunch.

Delimitations

The scope of this study may have been narrowed by the following delimitations:

1. This study was confined to school psychologists employed by a Nebraska school district.
2. This study was confined to school psychologists practicing and employed by a single school district in Nebraska. School psychologists employed by Educational Service Units to provide services in multiple school districts were excluded.
3. This study was limited to the assessment approaches and interventions known and available in Nebraska at the time when the study occurred.

Limitations

Assessment and intervention approaches that were first utilized after 2009 were not included in this study.

Significance of Study

This study identified the components that are necessary to comprise a comprehensive RtI evaluation, according to Nebraska school psychologists. Previous research has failed to look at psychologists' perceptions, focusing instead on administrators' and teachers' perceptions. Although these perceptions are important, it is school psychologists who have traditionally been responsible for the evaluation and

identification of students with SLD. Thus, they have extensive knowledge and experience in this area, which educators can not afford to overlook.

Congress chose the RtI method of SLD identification in hopes of alleviating problems associated with the Severe Discrepancy (SD) model. However, failure to utilize a consistent, comprehensive evaluation approach could cause many reliability and validity issues for RtI and lead to a continuation of many of the problems associated with the Severe Discrepancy model, including the mis-identification of children as SLD and the over-identification of minority children as disabled. It could also perpetuate the current inconsistencies in identification criteria and rates across districts and state and result in the misallocation of funding and services. Furthermore, a failure to distinguish between learning disabilities, mental retardation, and emotional or behavior disabilities could result in inappropriate and/or limited services for these children.

A failure to utilize RtI within a consistent, comprehensive evaluation process could cause some students to be mis-identified and treated as SLD, when in fact; they do not have a disability. This would cause students to face the stigma of having a disability unnecessarily, and could result in reduced self-esteem and even learned helplessness. On the other hand, a failure to utilize RtI within a consistent, comprehensive evaluation process could also cause students who have SLD to go undiagnosed and untreated. This could cause students to miss the services and assistance they require in order to be successful and learn adequately in school, resulting not only in reduced self esteem, but potentially in school failure that would have devastating consequences on the child's life.

By studying school psychologists' perceptions of RtI and the evaluation components that they believe are necessary components of the comprehensive MDT

evaluation, researchers can create a consistent and effective RtI evaluation process and alleviate these problems and situations. A process can be created where students who have SLD are accurately identified and insure that they receive the special education services that they need in order to be successful and learn in school.

Chapter Two

Review of Literature

Introduction

The professional debate surrounding the field of Specific Learning Disabilities (SLD) has continued for nearly 35 years, beginning with its creation in 1975 and continuing still today. Much of this debate has centered on the ability-achievement severe discrepancy model, which has been the most common method utilized to identify children with SLD. Although professionals have continually questioned the ability of this model to accurately identify children with SLD, it is only recently that alternative methods of identification have been considered by Congress. The literature review is three fold. First, it will provide a brief summary of the history of SLD identification, along with relevant concerns and criticisms. Second, it will describe the new RtI model, highlighting its potential benefits and summarizing relevant research regarding its effectiveness. The final section of the literature review will explore professionals' perceptions regarding its utilization as an identification procedure for SLD.

Historical Overview of SLD

Congress first added Specific Learning Disabilities to the Education for All Handicapped Children Act in 1975 to address a group of children who demonstrated unexpected and specific learning failure (Kavale, 1987). Since that time, we have seen an explosion in students identified as SLD, with more students identified as SLD than any other type of disability. The number of students identified as SLD in the last two decades has increased substantially from approximately 1.2 million in 1979-1980 to 2.8 million in 1998-1999. Currently, over 50% of students identified for special education in the

United States are classified as SLD. This accounts for approximately 5% of the school-age population (Vaughn & Fuchs, 2003).

The original identification regulations provided by the U.S. Office of Education (1977) encouraged the identification of children who failed to achieve at levels commensurate with their age and ability in the areas of oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics education, or mathematics reasoning despite receiving appropriate learning experiences for their age and ability. Most state Departments of Education responded by adopting a severe discrepancy formula to identify children with SLD; however, state definitions of severe discrepancy varied in terms of how the discrepancy was computed, the size of the discrepancy required, and which specific IQ and achievement tests were used (Frankenberger & Franzaglio, 1991; Fuchs, Mock, Morgan, & Young, 2003). This led to large differences in the characteristics of students and prevalence rates of SLD across states (Scruggs & Mastropiere, 2002) and even across Local Education Associations within the same state (Peterson & Shinn, 2002). These inconsistencies in definitions of severe discrepancy and varying prevalence rates led to a widespread view that the SLD designation is arbitrary (Fuchs et al., 2003).

Additional criticisms of the severe discrepancy model of SLD identification include:

- 1) subjectivity in student referral for services with teacher's perceptions weighing too heavily in the process,
- 2) inaccurate procedures for determining learning disabilities through emphasis on flawed methods such as IQ score-achievement discrepancy as a primary practice,
- 3) students being identified using a "wait-to-fail" model rather than a prevention-early intervention model,
- 4) opportunity to learn and environment providing too little influence on who is identified as having a learning disability,
- 5) considerable variation among prevalence rates of learning disabilities from state to state, and
- 6) disproportionate numbers of minorities

being identified and served inappropriately in special education (Vaughn & Klingner, 2007), 7) failure to distinguish between students with disabilities and those who are simply low-achieving, 8) over-reliance upon IQ tests, which are a poor index of intelligence, and 9) the possibility that the low achievement of many students is the result of poor instruction, rather than a disability. (Fuchs et al., 2003)

Kenneth Kavale (1987, p. 18) studied the theoretical issues surrounding the severe discrepancy model of Learning Disability (LD) identification, and found that discrepancy “has only a limited relationship with LD.” Kavale noted that discrepancy should not have been given such a prominent position in LD identification practices, and stressed that “discrepancy alone cannot diagnose LD; it can only indicate that a primary symptom is present. Discrepancy may be a necessary condition for LD, but it is hardly sufficient” to diagnose LD.

Speeche and Shekitka (2002) surveyed 218 experts in the area of learning and reading disabilities, specifically the editorial board members of the Journal of Learning Disabilities, Learning Disabilities Quarterly, Learning Disabilities Research and Practice, and Scientific Studies of Reading. Although these experts did not agree on the components that should be included in the definition of LD, 70% believed IQ-achievement discrepancy should not play a role in the definition. Thus, this indicates an agreement between the research and expert opinion.

Jim Ysseldyke (2005, p. 125), a leading expert in assessment and learning disabilities, stated,

Professional associations, advocacy groups, and government agencies have formed task forces and task forces on the task forces to study identification of students with LD. We have had meta-analyses of meta-analyses and syntheses of syntheses. Nearly all groups have reached the same conclusion: There is little empirical support for test-based discrepancy models in identification of students as LD. Most task forces have called for a response to intervention model.

The recommendation that LD identification be based upon an RtI model is shared by many leaders in the field of learning disabilities, including the President's Commission on Excellence in Special Education, the Learning Disabilities Summit sponsored by the Office of Special Education Programs of the U.S. Department of Education, and the National Research Council Report on minority students in special education. These three major initiatives set the stage for changing the identification of students with SLD (Vaughn & Klingner, 2007).

The President's Commission on Excellence in Special Education (2002), scrutinized the severe discrepancy model, concluding that they

“could not identify firm practical or scientific reasons supporting the current classification of disabilities in IDEA,” (p. 26) and stating “the IQ discrepancy model provides an arbitrary subdivision of the reading IQ distribution that is fraught with statistical and other interpretive problems” (p. 29).

They recommended that the SLD identification process should: (a) focus on results—not a process, (b) embrace a model of prevention—not a model of failure, and (c) consider children with disabilities as general education children first.

The Learning Disabilities Summit convened in 2001 to consider alternatives in SLD identification. They concluded that the traditional methods of SLD identification were not useful due to limited or nonexistent research foundations. They stated,

There should be alternative ways to identify individuals with SLD in addition to achievement testing, history, and observations of the child. Response to quality intervention is the most promising method of alternative identification and can both promote effective practices in schools and help to close the gap between identification and treatment. Any effort to scale up response to intervention should be based on problem-solving models that use progress monitoring to gauge the intensity of intervention in relation to the student's response to intervention. Problem-solving models have been shown to be effective in public school settings and in research. (Bradley et al., 2002, p. 798)

The National Research Council Report on minority students in special education also supported these conclusions, recommending that the federal guidelines for special education eligibility focus on differences in student levels of performance and evidence of insufficient response to high-quality interventions (Donovan & Cross, 2002).

These initiatives and related research led to significant changes in the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004. IDEIA 2004 provided the legal basis to use scientific, research-based interventions as part of the process to determine eligibility of learning disabilities. IDEIA 2004 stated, “a local education agency shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability” (2004a) and “a local education agency may use a process that determines if the child responds to a scientific research-based intervention as a part of the evaluation procedures” (2004b). IDEIA 2004 also provided financial assistance to Local Education Agencies (LEA) that implement RtI by allowing them to use up to 15% of their IDEIA allocations to develop and implement early intervention education services for students who are not receiving special education services, but require additional academic and behavioral support to succeed in the general education classroom (Batsche et al., 2006; NJCLD, 2005).

Description of RtI

Response to Intervention is an evidence-based, preventative model that features multiple tiers of interventions that are layered on students based on their individual needs. RtI models focus on improving the quality of instruction in the general education environment and delivering systematic supplemental tiers of instruction to learners who struggle to meet expected levels of achievement (Justice, 2006). This is an approach that

provides early intervention to students when they first exhibit academic difficulties, with the goal of improving the achievement of all students. In addition to providing preventive and remedial services to at-risk students, RtI also provides data that is useful for identifying students with learning disabilities (NJCLD, 2005).

The National Association of State Directors of Special Education (NASDSE) defined Response to Intervention as *“the practice of providing high-quality instruction or intervention matched to students needs, and using learning rate over time and level of performance to make important educational decisions”* (Batsche et al., 2006, p. 5).

Fuchs et al. (2003, p. 159) further describe RtI as a five step process, where:

1. students are provided with effective instruction by their classroom teacher;
2. the students' progress is monitored;
3. students who do not respond to this instruction are provided with “something else;”
4. students progress is monitored further; and
5. students who do not respond to the provided intervention(s) qualify for special education evaluation and/or services.

Core concepts of RtI include: (a) application of scientific, research-based intervention in general education; (b) measurement of a student's response to the interventions; and (c) the use of the RtI data to inform instruction (NJCLD, 2005).

RtI services are often described as a three tiered model of instruction and intervention. Strong general education instruction serves as the foundation or first tier of the model, where high quality instructional and behavioral support are provided to all students in the general education setting (NJCLD, 2005). Teachers use scientific, research based curriculum and instruction to meet the needs of the majority of students in their classroom. This is where children should develop their abilities and where deficits in achievement can be remedied most effectively (Justice, 2006). Student progress in Tier

One is monitored closely through the universal screening of all students, and students who are not progressing sufficiently in the general education curriculum are referred to Tier Two (Daly et al., 2006).

The analysis of system wide data at Tier One provides two functions. First, it provides evidence of the functionality of the foundational curriculum and instructional process. Second, it identifies those students who need further intervention at Tier Two (Batsche et al., 2006). If greater than 20% of students in Tier One are not making acceptable progress or the mean rate of growth across children in the class is low, when compared to other classes in the same school, district, state, or nation, then the appropriate decision is to intervene at the classroom level to develop a stronger instructional program or curriculum for all children (Vaughn & Fuchs, 2003). However, if less than 20% of students are not making sufficient progress, then it can be presumed that the foundational program is effective and those students who lag behind their peers should be referred for individualized intervention (Batsche et al., 2006). The goal is to provide high-quality, research based instruction for all children and to identify a subset of children at risk for poor outcomes due to their unresponsiveness to the generally effective instructional setting (Vaughn & Fuchs, 2003).

In Tier Two, supplemental instruction is provided to those students who did not make sufficient progress in Tier One. These students undergo frequent assessment or progress monitoring to determine if they are making sufficient gains through the provision of this intervention (Batsche et al., 2006; Daly et al., 2006). The goal is to provide specialized (general education) prevention or remediation to students whose performance and progress lag behind their peers (NJCLD, 2005). If the student responds

to this intervention, then the student is deemed disability free and remediated, and he or she is returned to the overall, general instructional program (Vaughn & Fuchs, 2003). However, students who do not respond to the intervention or make sufficient progress in Tier Two are referred to Tier Three (Batsche et al., 2006; Daly et al., 2006).

Tier Three interventions include longer-term interventions and may or may not include the provision of special education services. If a student's learning history and performance warrants it, a MDT conducts a comprehensive evaluation to determine whether the student has a disability and needs special education services (NJCLD, 2005). The data for this decision is based upon the information gathered in Tier One and Tier Two and does not necessarily include further psychometric evaluation, historically utilized for verification of special education students (Batsche et al., 2006). The failure to respond to interventions, confirms the presence of a SLD and the persistence of academic difficulties warrants special education services (Vaughn & Fuchs, 2003).

The RTI system is often pictorially depicted as a pyramid, where both student needs and interventions increase in intensity, as the student progresses from the base of the pyramid (Tier One) to the peak (Tier Three) (see Figure 1).

Vaughn and Klingner (2007) have developed a three-tier Response to Intervention model that can be used as a decision-making framework to meet the needs of children who struggle with reading in the early elementary grades. This model focuses on preventing reading problems and identifying children early for intense intervention.

Tier One of the Vaughn model includes (a) a core reading program or curriculum based on scientific reading research, (b) screening and benchmark testing of students at least three times a year, and (c) on-going professional development to teachers. Students

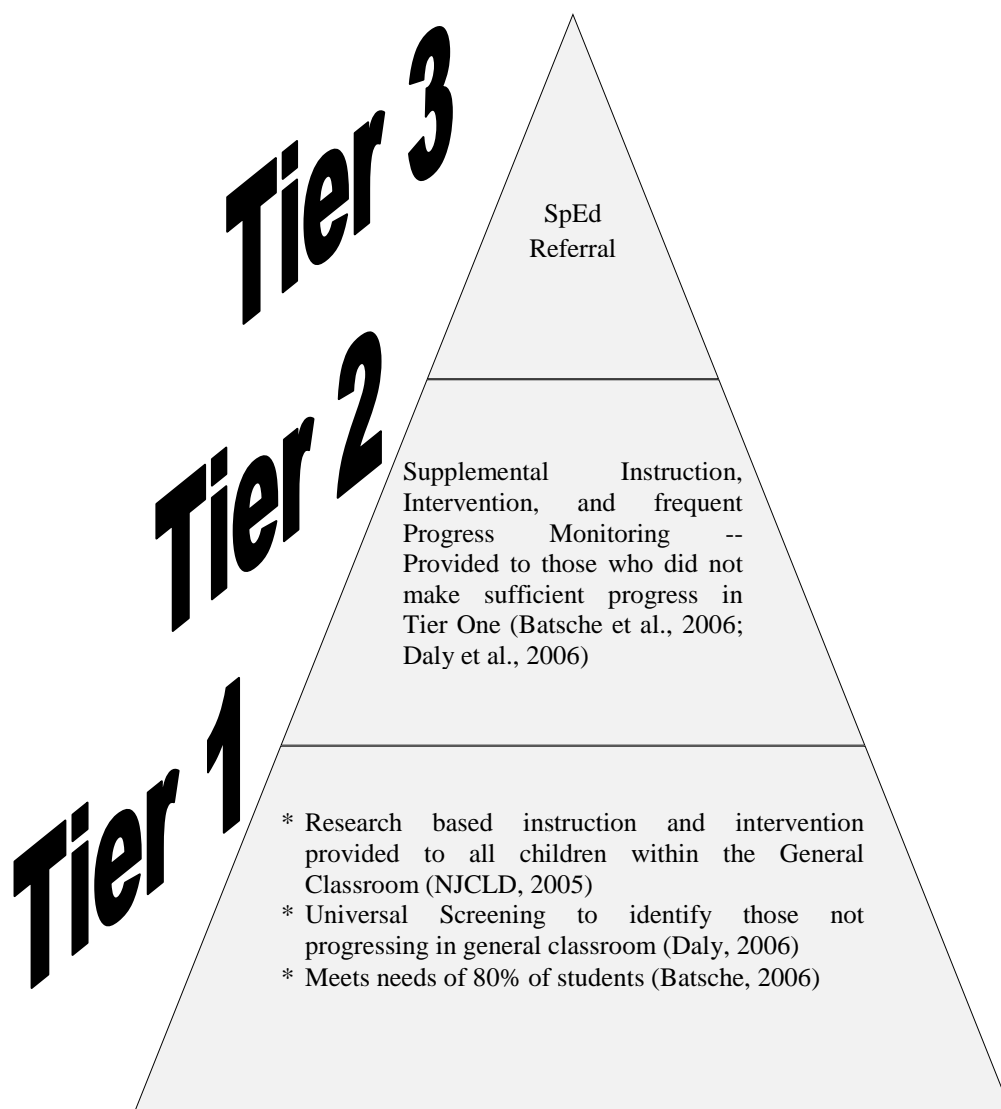


Figure 1. RtI system pyramid.

receive effective instruction from their general classroom teacher, which includes flexible grouping and targets specific skills. This focused classroom reading instruction is sufficient to meet the needs of approximately 80% of students.

However, approximately 10-15% of students require strategic intervention, in addition to their core reading instruction. Tier Two is designed to meet the needs of these students by providing them with an additional 30 minutes of intensive, small group reading instruction daily. Skills taught in the regular classroom through the core reading program are reinforced and supported. Most students will make marked improvement in Tier Two. However, a small percentage of students in Tier Two will continue to have difficulties. These students require instruction that is more explicit, intensive, and specifically designed to meet their individual needs. These students will receive an additional 45 to 60 minutes of specialized small group reading instruction by a specialized reading teacher or a special education teacher in Tier Three.

Benefits of RtI

The Council for Exceptional Children's position paper on Response to Intervention stated that RtI "may reduce the number of students referred for special education, promote effective early intervention, provide diagnostic information to consider in the identification of a disability, and/or may reduce the impact of a disability on a child's academic progress" (CEC, 2007, p. 2). In addition, The National Joint Committee on Learning Disabilities' (NJCLD) report entitled Responsiveness to Intervention and Learning Disabilities (2005) noted the following potential benefits:

- 1) earlier identification of students with LD, possibly eliminating the "wait to fail" situation that occurs when an ability-achievement discrepancy is utilized,
- 2) reduction in the number of students referred for special education and related services, by distinguishing between students whose achievement problems are due to a Learning Disability (LD) and those who are due to other causes such as inappropriate instruction,
- 3) reduction in the over identification of minority students, by reducing the bias in the assessment of students from culturally and linguistically diverse backgrounds,
- 4) provision of more instructional relevant data, through the use of curriculum based measurements, student portfolios, teacher observations, and criterion-referenced achievement measures,
- 5) focus on

student outcomes with increased accountability for all learners, and 6) promotion of shared responsibility and collaboration among general education and special education teachers, teachers of English Language Learners, related service personnel, administrators, and parents. (p. 14)

Many of these benefits were also highlighted in George Sugai's (2007) keynote presentation during the RTI Summit on Response to Intervention, which was summarized on the Council for Exceptional Children's website. Sugai indicated that RtI provides a framework that allows educators to better organize their strategies, which in turn allows them to better meet the academic and social needs of all students. Sugai also stated that RtI addresses the need for improved comprehensive screening, early and timely decision making, data-based decision-making, and support for students who do not respond to instruction or intervention, improved instructional accountability, alignment of assessment and instruction, and better use of resources and time.

Research indicates that RtI has additional benefits of increased reliability and validity. Fletcher, Francis, Morris, and Lyon (2005) conducted a study of the reliability and validity of four assessment approaches for SLD, including the: 1) IQ-achievement discrepancy model, 2) low achievement model, 3) intra-individual differences model, and 4) response to intervention models (p. 506). Fletcher, et al. found serious psychometric problems with both the IQ-achievement discrepancy and low achievement approaches, and validity problems with the IQ-achievement discrepancy and the intra-individual differences approaches. They found little value in evaluating a child and identifying him/her as SLD based on IQ-achievement discrepancy, low achievement, or intra-individual differences, because these assessments are not related to treatment and the diagnoses are unreliable. However, Fletcher et al. found "considerable potential" (p. 506) for addressing these reliability and validity issues utilizing the RtI model.

Fletcher, et al. recommended that the traditional IQ-achievement discrepancy model be replaced with a hybrid model which incorporates features of low achievement and RtI models. This model showed greater reliability and validity than traditional discrepancy models and had the advantage of “clearly tying the identification process to the most important component of the construct of LD, which is unexpected under-achievement” (p. 514).

Fletcher, Denton, and Francis (2005) conducted further investigation on LD assessment models and yielded similar results. They noted that models based on IQ-achievement discrepancies and intra-individual differences showed little evidence of discriminate validity. Low achievement models had greater validity, but did not adequately assess unexpected under-achievement. All three of these models lacked reliability due to their reliance on a single measurement at a single point in time. Response to intervention models had stronger reliability and validity, and could be utilized in conjunction with a low-achievement model, to accurately identify students with SLD.

Models of RtI

There are two distinct models of RtI: the Standard Protocol Model (SPM), which utilizes a standard set of interventions for all children with similar learning difficulties, and the Problem Solving Approach (PSA), which allows interventions to be chosen individually based upon children’s unique characteristics. Both models will be described in further detail; however, it should be noted that the SPM and PSA of RtI share several common elements: (a) the procedural steps are followed sequentially, (b) scientifically based interventions are implemented, (c) there is frequent data collection and

modification of goals or interventions based on child outcomes, and (d) decisions are based on child intervention outcome data (Batsche et al., 2006).

Model 1: Standard protocol model. Vaughn and Klingner's (2007) three-tier process, described earlier in this literature review, is an example of the SPM of RtI. The SPM has been promoted by reading researchers and early intervention advocates, who recommend the utilization of the same empirically validated treatment for all children with similar problems in a given domain (Fuchs et al., 2003). The standard protocol model originated with Deno's data-based program modification model. Deno utilized formative assessment to guide results driven changes. He conducted brief samples of academic performance, utilizing Curriculum Based Measurements (CBM), to measure students' growth and change instruction or raise goals accordingly (Batsche et al., 2006). There are several advantages to the SPM of RtI: (a) everyone knows what to implement, (b) it is easier to train practitioners to conduct one intervention correctly and to assess the accuracy of its implementation, and (c) large numbers of students can participate in a generally effective treatment protocol (Fuchs et al., 2003). Also, there is a greater consistency across schools, districts, and states, which may increase the likelihood that successful models can be researched and replicated (NJCLD, 2005).

A longitudinal study of Vaughn and Klingner's (2007) standard protocol, three-tier model of instruction and intervention (described earlier in this document) is being conducted by Vaughn and Klingner to determine the relative influence of each tier of instruction, the patterns of response to these tiers and the characteristics of the students and teachers that differentiate response to the various tiers of intervention. Preliminary findings indicate that a pattern exists when comparing student scores across time. In the

middle of kindergarten all groups look similar; however, at the end of kindergarten and beginning of first grade differences begin to emerge that indicate an improvement in scores for students in Tier One and Tier Two, when compared to historical control groups' performance (Vaughn & Klingner, 2007).

Vellutino et al. (1996) demonstrated the effectiveness of the SPM of RtI in distinguishing between disabled and non-disabled students and in improving the reading skills of all children. Vellutino utilized a SPM to determine first graders' response to daily, 30-minute, one-to-one tutoring. Two-thirds of the tutored readers demonstrated good or very good growth after one semester of tutoring. Vellutino suggests these students were not reading disabled but "instructionally" deficit (p. 629). The remaining one-third of tutored readers remained in the lowest 30th percentile on administered tests throughout first and second grade. Vellutino described these readers as "difficult-to-remediate," and suggested that these children may be "truly disabled readers" (p. 612). The one-to-one tutoring provided to Vellutino's group was the most effective in remediating poor readers, but "even small-group remediation, if implemented early, [placed] a majority of problem readers within at least the average range of reading achievement" (p. 612). It is important to note that Vellutino excluded children with verbal or performance IQ scores 90 or below from participating in this study. Thus, conclusions must not be extended to that group.

Research conducted by Torgesen et al. (1999) also utilized the SPM of RtI. Torgesen examined the effectiveness of three instructional approaches for the prevention of reading disabilities in young children with weak phonological skills. Children in the study received four 20-minute sessions of one-to-one instruction per week for two and

half years beginning in the second semester of kindergarten. All three intervention approaches resulted in significant growth in reading skills when compared to the No-Treatment Control (NTC) group, with one of the intervention groups performing very close to average on word level reading skills and at the low end of the average range in reading comprehension. However, there was still a substantial proportion of children whose word level reading skills remained relatively unaffected by even the most effective intervention. Of this sample, 24 percent of highly at-risk children remained significantly impaired in phonemic reading skills, and 21% remained impaired in real word reading ability (p. 586). These results suggest that the SPM resulted in significant reading improvements for children, and was also able to effectively identify children who were difficult to remediate and may be considered reading disabled.

Moore-Brown, Montgomery, Bielinski, and Shubin (2005) utilized a SPM to determine whether RtI could (a) prevent students from requiring special education services, (b) be equally beneficial for English Language Learner (ELL) and English Only (EO) students, and (c) be sustainable (p. 150). The results indicated that the program was successful in benefiting both ELL and EO students and it was successful in preventing special education identification for both groups of students. Although the ELL students appeared to have fewer reading skills prior to the intervention, they approached the level of the EO students within nine weeks of intensive intervention. In addition, only 8 of the 123 students who were initially targeted for special education services (prior to the Tier Three RtI Intervention) were ultimately identified as needing special education services. The remaining 115 students made significant gains in their reading skills, as measured by Pre and Post Tests, as well as the California Standards Test (p. 161). Finally, the

program was considered to be sustainable, because similar results were achieved for four cycles across a span of two years, and the researchers did not need to conduct follow-up training for newcomers; district staff was able to train new staff and sustain the program. The researchers assumed that the eight students who did not respond to this intensive intervention with adequate reading progress could be considered learning disabled and would benefit from special education services.

Model 2: Problem solving approach. The second model of RtI is the Problem Solving Approach (PSA). This model is supported by behaviorally-oriented school psychologists, such as Bergan, who developed systematic methods to intervene using behavioral or academic skills delivered through a problem-solving process (Batsche et al., 2006). Proponents of the PSA believe that no single intervention will be effective for all students of a particular group. Instead, solutions to instructional and behavioral problems are selected by evaluating students' responsiveness to a four-stage process of problem identification, problem analysis, plan implementation, and problem evaluation. There may be numerous potential solutions to a given problem, which are chosen through trial and error approaches that rely on the careful collection and analysis of student performance data (Fuchs et al., 2003). The PSA comes in many different forms: teacher assistance teams, mainstream assistance teams, instruction consultation teams, instructional support teams, and problem-solving teams, all of which, allow teams to use functional academic and behavioral assessment to identify why students are not mastering the required academic skills at the same pace as their peers and then craft individualized interventions to address the students' needs (Batsche et al., 2006). The PSA incorporates greater flexibility and may be more responsive to the individual needs

of students than the SPM. However, its flexible nature makes meaningful research and replication more difficult, and it requires staff with a broad range of skills and competencies that are comfortable in a less structured environment (NJCLD, 2005).

Proponents of PSA to RtI attribute numerous positive outcomes to its implementation, including reducing the number of students who are referred for special education, facilitating the design of interventions that can directly address individual student needs, changing student assessment and evaluation practices to enhance pupil outcomes, preventing school failure and special education placement of students who are culturally and linguistically diverse, and advancing school based collaboration. However, these “positive outcomes” are not defensible until research confirms reliable and consistent implementation of PSA in school settings (Telzrow, McNamara, & Hollinger, 2000, p. 456).

There is some research available that suggests the PSA leads to improved outcomes for students (Kovaleski, Gickling, Morrow, & Swank, 1999), decreased referrals in special education, and improved measures of academic learning (Kovaleski & Glew, 2006). However, results of large-scale PSA implementation projects have resulted in limited or varied degrees of success (Fuchs et al., 2003).

The best-known statewide problem-solving team and pre-referral intervention program was implemented in Pennsylvania between 1990 and 1997 (Fuchs et al., 2003). During this time period Pennsylvania mandated the implementation of statewide Instructional Support Teams (IST) in at least one elementary school in every district. These IST provided systematic interventions to students prior to referral to special

education. Multiple research studies have been conducted around this project and have been summarized by Kovaleski and Glew (2006):

- Hartman and Fay (1996) found that schools that were implementing the IST process referred about 1/3 less students for special education testing than those schools who were not implementing the IST process.
- Bickel, Zigmond, and McCall (1998) found that the rate of classification of students into categories of Learning Disabled, Mentally Retarded, and Seriously Emotionally Disturbed slowed after the implementation of ISTs.
- Kovaleski et al. (1999) found that students served by ISTs had increased levels of academic performance when their schools implemented the IST process to a high degree.
- Rock and Zigmond (2001) found that 22% of students who had IST intervention were eventually placed in special education within 2 years of IST involvement.
- Bickel, Zigmond, McCall, and McNelis (1999) determined that 89% of school districts surveyed maintained ISTs after the state mandate was removed.
- Bickel et al. (1999) also identified several features that were critical to the implementation of effective team-based pre-referral intervention process:
 - 1) the close involvement of administrative personnel,
 - 2) the use of multidimensional assessment procedures,
 - 3) the use of progress monitoring data throughout the intervention to ascertain the need for a special education evaluation,
 - 4) the use of data on which to base the design of the individualized intervention plans,
 - 5) the composition of the IST team,
 - 6) the skill of the instructional support teacher,

- 7) the practice of working collaboratively with the referring teachers, and
- 8) the practice of engaging in a problem-solving process built on trust and shared responsibility. (p. 21)

Although these research results may appear promising on the surface, Kovaleski and Glew (2006) conclude their synthesis by noting that there is no empirical evidence regarding which of these factors are truly causative in remediating successful outcomes. They suggested that more research is needed on problem solving teams as they relate specifically to three-tier intervention models. They suggested that future research in this area focus on consumer satisfaction of teachers and parents, individual student performance, and school wide indicators of effectiveness. Kovaleski and Glew indicated that these problem solving teams need to look not only at interventions for individual students, but also at the restructuring of general and remedial education programs, so that all students' needs can be addressed. In addition, it is recommended that these team-based Problem Solving Approaches to RtI utilize research-based intervention strategies "as default interventions for particular presenting concerns" (p. 22), incorporating a standard set of evidence-based instructional procedures, rather than customized instructional strategies for each individual. Such an approach would combine tenets of the SPM and the PSA of RtI into a "hybrid," combination, or blended model.

Large scale implementation of a PSA to RtI has also occurred in Iowa, Minneapolis, and Ohio. However, few studies are available on the Iowa and Minneapolis versions (Fuchs et al., 2003). Telzrow et al. (2000) conducted a research study on Ohio's large scale implementation of Intervention Based Assessment to determine the relationship between fidelity of problem-solving implementation and student performance. Ratings of implementation fidelity for six out of eight problem-solving

components were modestly correlated to student outcome. Two components, “Clearly Identified Goal” and “Data Indicating Student Response to Intervention,” were considered significant (but modest) predictors of student outcome, accounting for 8% of the variance in student change. Documentation submitted by MDT indicated that implementation of the problem solving process was frequently inconsistent and below desired levels of fidelity, limiting the conclusions that can be reached from this study.

Fuchs et al. (2003) summarized his comparison of the two RtI models.

In comparing the standard-protocol approach to the problem-solving model, the standard-protocol approach seems more likely in principle to facilitate greater quality control; the problem-solving model appears more sensitive to individual differences. But whereas Vellutino et al. (1996) and other researchers have demonstrated a cause and effect relationship between their standard-protocols and improved academic performance, practitioners using problem-solving, by and large, have failed to do so. (p. 167)

Fuchs et al. (2003) also stated that neither the PSA nor the SPM has proven feasible for large-scale adoption. With the possible exception of the ISTs of Pennsylvania, practitioners of the PSA have not produced fidelity of implementation. Researchers have yielded promising results with the SPM. However, the studies have been conducted in controlled settings, and have not yet been replicated in schools (Fuchs et al., 2003).

RtI Components

There is wide variability in how RtI approaches are currently being implemented (Moore-Brown et al., 2005), with many questions remaining regarding the most effective implementation strategies. Lynn Fuchs and Douglas Fuchs (2007) identified six components of RtI that must be examined by schools prior to implementation: (a) the number of intervention tiers, (b) the targeting of students for preventative intervention, (c) the nature of the preventative intervention, (d) the classification of student response,

(e) the nature of the multi-disciplinary evaluation prior to special education, and (f) the function and design of special education services (p. 15).

The first decision that schools face is determining the number of preventive tiers that will be included in their RtI system. The first tier is always comprised of the general education core curriculum, the second tier includes more intensive instruction than general education, but less intensive instruction than special education, and the final tier incorporates special education. However, there is variability in the number of intervention tiers between general education (Tier One) and special education (final tier). Fuchs and Fuchs (2007) recommended a three tier model, with only one tier separating general and special education, suggesting that this aids in reliability. This is the most prevalent model described in research.

Regardless of the number of tiers utilized, the second component of RtI that must be addressed is how students are targeted to receive Tier Two preventative intervention. Some RtI systems utilize one-time universal screenings, where all students that score below a cut-point or benchmark are identified for intervention. Other versions of RtI utilize universal screenings to identify potential students whose progress is monitored weekly for five to eight weeks to determine which students truly need Tier Two interventions. Fuchs and Fuchs (2007) recommended the combination approach to avoid the over-identification of students who perform low at the beginning of the year, but then make good progress when provided research-based Tier One instruction.

As mentioned previously, there are two models of preventative intervention that are prominent in RtI. The PSA utilizes interventions that are individually tailored to meet the students' learning needs, where a set SPM uses a standard set of interventions for

children with similar difficulties. Fuchs and Fuchs (2007) recommend a combination, where the SPM is used for academic difficulties and the PSA is used for behavioral problems. The SPM is recommended for academic issues because this model uses highly effective strategies that are research based and do not rely on local professionals whose training and background may vary.

Reliance on research-validated preventative interventions that have been shown to be highly effective for the majority of students speaks to a fundamental assumption within RtI: If the child responds inadequately to instruction that benefits most students, then the assessment eliminates instructional quality as a viable explanation for poor academic growth and, instead, provides evidence of a disability. This differs from a problem-solving approach where the preventative intervention does not represent ‘instruction that benefits most students,’ but instead is an individually tailored program. (p. 16)

Fuchs and Fuchs (2007) suggested that the PSM places a greater responsibility on the RtI team to maintain records about the nature of the student’s preventative intervention, there is more parental responsibility to judge whether an individually-tailored preventative intervention is viable, there is a weaker bases for presuming that inadequate response eliminates poor instruction as the cause for insufficient learning, and the PSA “may morph RtI into something that resembles pre-referral intervention, whereby schools in the past have relied on idiosyncratic and watered-down interventions” (p. 17).

A different combination approach is supported by the National Association of State Directors of Special Education (Batsche et al., 2006). NASDE stated, “all RtI systems must consider implementing the best features of both approaches” (p. 20), applying standard treatment protocols at Tier Two, in order to provide efficient, research-based interventions to a large number of students, and then applying a Problem Solving Approach at Tier Three, where more individualization is required.

There are four options available to classify response. The first option is supported by Torgesen et al. (2001), who suggested that a student who performs above the 24th percentile is considered responsive, and anyone performing at or below the 24th is considered unresponsive. The second approach is supported by Good, Simmons, and Kame'enui (2001) who suggested that students who perform above the benchmark on curriculum-based measurements are responsive, and those who perform below the benchmark are unresponsive. The third approach is utilized by Velluntino et al. (1996) who suggested rank-ordering the slopes of improvement of students who receive intervention and use the median of those slopes as the cut-point for responsiveness and non-responsiveness. Fuchs and Fuchs (2007) suggested a dual discrepancy approach where the slope of improvement and the child's final status are both used to determine responsiveness. Students who perform one standard deviation below their peers on both measures are considered unresponsive. However, Fuchs and Fuchs noted that additional work is required to determine which method of classifying LD is most effective.

The fifth question schools face is how to design their multi-disciplinary evaluation. Some RTI systems recognize RTI as the sole evaluation component required (Batsche et al., 2006), while others require additional evaluation and assessment prior to eligibility determination. Even among those that require additional evaluation, there is considerable variability in requirements and expectations. Some of these systems utilize comprehensive evaluations with a standard battery of assessments administered to all students. Other systems use multi-disciplinary evaluations that are specific to questions that arise as the child progresses from tier to tier. Another approach is to focus on distinguishing between SLD and other high-incidence disabilities, such as mild mental

retardation, speech/language impairment, and emotional/behavioral disabilities (Fuchs & Fuchs, 2007). A final approach is to combine the RtI process with traditional severe discrepancy evaluation procedures (Bender et al., 2007; Deschler, 2007; Frigon, 2005). Fuchs and Fuchs (2007) suggested using a model that focuses the multi-disciplinary evaluation on specific questions that arise in Tiers One and Two and distinguishes among other high-incidence disabilities. However, they also suggested that research is needed to determine if such determinations are useful in designing instruction and grouping students.

The final question that RtI teams face is how to structure their Tier Three special education services. Fuchs and Fuchs (2007) suggested that special education should be reformed to include lower student-teacher ratios, more instructional time, and ongoing curriculum-based measurements. This would alleviate current concerns that special education is ineffective due to large student caseloads, an emphasis on paperwork and procedural compliance, and would make special education a valued tier within the RtI system, rather than “a dreaded outcome of a failed general education system” (p. 19).

It should be noted that Fuchs and Fuchs (2007) cautioned that their recommendations are tentative because additional research is needed and underway. They state that their recommendations “will undoubtedly change” (p. 20) based upon future research study results. The fifth component, the Multi-disciplinary Evaluation, is the focus of this research study, which will survey Nebraska school psychologists to determine whether they believe that RtI is a sufficient evaluation process for SLD identification and to identify additional evaluation components that are recommended by school psychologists to formulate a comprehensive evaluation.

The Comprehensive Multi-Disciplinary Team Evaluation

Some practicing school psychologists, special education teachers, and general educators believe that RtI provides sufficient information and data for SLD identification. They believe that any child who proceeds through Tiers One and Two without responding to the interventions should be determined eligible for special education services, as a student with SLD. However, IDEIA (2004b) stated, “A local education agency may use a process that determines if the child responds to a scientific research-based intervention *as a part* of the evaluation procedures” (emphasis added), and the corresponding regulations “are clear that RtI is not a substitute for a comprehensive evaluation” (Bradley et al., 2007, p. 9). A variety of data gathering and assessment tools and strategies must be used. RtI can not be relied on as the sole criterion for determining eligibility for special education services (USED, 2006).

IDEIA (2004c) regulations required the Individualized Education Plan team to review existing evaluation data on the child, including information provided by the parents, classroom based assessments and observations, and observations by teachers and related service providers. On a basis of that review, the team identifies what additional data are needed to determine whether the child is child with a disability, the educational needs of the child, the child’s present levels of academic achievement and related developmental needs of the child, and whether the child needs special education and related services. In addition, the child must be assessed in all areas related to the suspected disability and the team must determine that the child’s learning problem is not primarily the result of visual, hearing, or motor disabilities, of mental retardation, of

emotional disturbance, or of environmental, cultural, or economic disadvantage; and the disability is not the result of lack of appropriate instruction (IDEIA, 2004c).

Several approaches to the RtI MDT evaluation have been suggested to meet these requirements: (a) considering RtI information sufficient for identification purposes (Batsche et al., 2006); (b) administering an additional standard battery of assessments following an RtI referral to Tier Three prior to SLD determination; (c) focusing on distinguishing between SLD and other high-incidence disabilities, such as Mild Mental Retardation, Speech Language Impairment, and Emotional Disorder; (d) focusing the MDT evaluation on specific questions that arose in Tier One and Two; (e) utilizing a combination approach where an individualized battery of assessment and evaluation tools is used to distinguish between SLD and other disabilities and answer specific questions that arose during the initial RtI process (Fuchs & Fuchs, 2007); and (f) combining the RtI process with traditional severe discrepancy criteria (Bender et al., 2007; Deschler, 2007; Frigon, 2005). Batsche et al. suggested that the data used for making eligibility determinations are the same data that were gathered throughout Tier One and Tier Two. “The need for further evaluative procedures at this point depends on the sufficiency of existing data in addressing all of the referral questions and in developing interventions that will be effective in improving a student’s rate of learning” (2006, p. 24). Batsche also stated, “screening should occur in all areas listed (in IDEIA) and other domains not listed that are potentially related to the disability . . . ‘but an in-depth assessment in all the domains is not required’” (p. 28).

Fuchs and Fuchs (2007) suggested using a model that focuses the MDT evaluation on specific questions that arise in Tier One and Tier Two and distinguishes

among other high incidence disabilities. Lynn Fuchs (2007) expanded on this approach for the National Research Center on Learning Disabilities, explaining that a comprehensive evaluation should be conducted in collaboration with the students' general education teachers and should be specifically targeted to answer questions that arise during Tier Two and beyond. Fuchs stated,

Answering these relevant questions involves only a small number of brief tests. For example, if Mental Retardation is suspected as the disability category, school psychologists might administer the Vineland Adaptive Behavior Scale along with a two-sub-test Wechsler Abbreviated Scale of Intelligence instead of giving a full-blown intelligence test to rule out mental retardation. (p. 5)

However, Lynn Fuchs and the NRCLD provide two cautions for educators utilizing this approach. First, different methods for quantifying "response" to Tier Two small-group instruction will result in different numbers of students being identified for the comprehensive special education evaluation. Second, the proportion of students identified for different steps in the RtI process depends on the quality of general instruction, and Tier Two intervention instruction. These cautions must be considered when developing the comprehensive evaluation procedures for a district.

Don Deschler (2007) completed a research study that compared RtI implementation in Research Settings to RtI implementation in School Based Settings. He noted that school-based implementation often focused on getting services to students, rather than disability determination. He also identified insufficient evidence for SLD determination as an area of challenge, and he suggested that more research is needed to determine what constitutes a comprehensive evaluation.

Dixie Snow Huefner (2007) identified several IDEIA requirements that may not overlap with RtI:

- evaluate in all areas of suspected disability,
- identify all the child's special education and related service needs regardless of whether commonly linked to SLD,
- assess in the child's native language,
- use a variety of assessment tools and strategies,
- observe academic performance in the classroom,
- seek parental input, and
- rule out exclusionary factors (MR, ED, LEP, etc.). (p. 5)

Huefner (2007) also questioned how sufficient progress to meet age standards will be measured if RtI is used in lieu of the severe discrepancy model and whether RtI will differentiate between slow learners and the SLD. Hueffer believes that the primary method of differentiation between slow learners and SLD will be the exercise of judgment by eligible team members, who must consider a variety of achievement and aptitude measures, as well as parental input, teacher observations, the child's needs for special education, and the child's pattern of strengths and weaknesses.

Professionals' Perceptions of RtI

Dunn and Mabry (2008, p. 3) noted that "school personnel are the prime managers of RtI implementation in their schools, yet their perspectives are noticeably absent from current published research." To help fill this void, Dunn and Mabry interviewed 16 educators (including regular classroom teachers, special education teachers, school and district administrators, school psychologists, a literacy specialist, and a math specialist) in two northwestern U.S. school districts about the implementation and effectiveness of two different RtI approaches, local capacity, and acceptance. Both districts had implemented RtI for nine or more years and were "considered to have a strong RtI program" (p. 7). However, Dunn and Mabry found many differences in how RtI was implemented in these two schools, identifying one as a Standard Protocol Model or structured district and the other as a Problem Solving Model or individualized district.

The structured SPM district used RtI data for SLD referral/identification only, using all aspects of student performance to make special education eligibility decisions after identifying a child as needing intensive intervention. The individualized district used RtI data for all types of disability referral/identification, basing eligibility decisions wholly on the available RtI data. Teacher perspectives varied, with two themes emerging: (a) multiple layers of confusion impacted RtI implementation, and (b) available resources affected local perceptions and buy-in. Dunn and Mabry noted that RtI is a conceptual model where district implementers must create their own tiered approach. This leads to variations in practices among schools and districts. In addition, failure to understand how to implement RtI impairs fidelity. School personnel interviewed by Dunn and Mabry indicated a need for more resources, professional development, and knowledge about the model.

Wiener and Soodak (2008) conducted a national survey of special education administrators seeking their perspectives of RtI in order to provide information on the preparedness and conditions necessary for schools to implement RtI. Respondents viewed RtI as a regular educational initiative where general educators would have primary (32.9%) responsibility or shared (42.1%) responsibility for implementation. However, far less than half of respondents considered any professional group (other than themselves) to be knowledgeable about RtI or ready to implement it (p. 41). Seventy-five percent of respondents indicated a belief that objective criteria had been used in the past to classify students as SLD (p. 41). However, an even larger percentage (87.6%) felt that RtI would provide relevant information in decisions regarding SLD classification (p. 42). The greatest benefits identified by respondents included improved instruction and

professional collaboration. However, the most frequently cited challenges included teacher preparedness and the lack of guidelines for implementation. One respondent indicated that the lack of guidance at the federal and state level was “frightening” and another felt that without explicit guidelines there would be no continuity and “benefits to students (would) be negligible” (p. 42).

Traditionally, school psychologists have played a major role in the evaluation and identification of students with learning disabilities. Thus, it is appropriate to consider their perspective of RtI in addition to the perspective of special education administrators. Renee Frigon (2005) conducted a survey of 49 school psychologists in California to determine their perspectives on learning disabilities. Survey results indicated that school psychologists did not believe that too many students are classified as learning disabled or that students are being classified as LD to receive special education services, even though the students are not LD. School psychologists agreed that students with LD and low achievers could be served in this same program; however, they disagreed that LD is synonymous with underachievers. They indicated that the LD category should be reconstructed into a learning program category where most students who are below average in academic achievement could receive assistance. Furthermore, both new school psychologists and more experienced school psychologists endorsed the use of RtI to identify children as SLD. They did not believe the current severe (ability-achievement) discrepancy model is an accurate way of classifying students with LD, and they indicated that there needs to be a clear agreement on what an ability-achievement discrepancy is when using the severe discrepancy model. In addition, school psychologist indicated a belief that the term LD should have a better operational definition to avoid different

diagnoses across school districts, and all resources, such as interventions, should be exhausted before identifying students with LD.

Frigon (2005) noted that her study was limited to districts within the Central Valley of California, and that a statewide or nationwide sample would have improved the quality of the data. She suggested “further investigation of school psychologists’ perspectives on learning disabilities as new laws begin to unfold and such classification and identification procedures as the RtI become utilized” (p. 46). This is especially important as a recent survey of state special education directors conducted by Ahearn (2008) indicated that 49 states have made, or are in the process of making, changes in their regulations and/or policy to comply with the 2004 IDEIA regulations on SLD eligibility (Ahearn, 2008). Ahearn found that 6 states currently **require** the use of response to scientific, research-based intervention and do **not** allow use of severe discrepancy in establishing eligibility for SLD, 26 states allow the use of **either** response to scientific, research-based intervention **or** severe discrepancy in establishing eligibility, and 10 states (including Nebraska) allow response to scientific, research-based intervention, severe discrepancy, **or** any other research-based alternative to be used in establishing eligibility for SLD. The remaining seven states are in the process of revising their regulations, with two indicating they will adopt the first option and two indicating their guidance is aligned with the second (p. 5).

This survey also asked state special education directors what criteria their states use to establish eligibility for SLD after using the state’s procedures for evaluation. All respondents indicated that they apply the criteria set in federal requirements, i.e.,

a lack of achievement for the child’s age or failure to meet the state’s grade-level standards or a pattern of strengths and weaknesses in performance and/or

achievement that is determined to be relevant to SLD that are not primarily the result of visual, hearing, or motor disability; mental retardation; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency. (p. 5)

and the establishment that the child received adequate instruction that was measured by repeated assessment. Various states emphasized different aspects of those requirements and others referred to the professional judgment that is applied to the review of evidence to determine SLD. For example, the State Director of Education for Georgia responded,

To determine the existence of SLD, the group must summarize multiple sources of evidence to conclude that the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade level standards and intellectual development. SLD is determined through professional judgmental using multiple supporting evidences. (p. 6)

Conclusion

Although some research exists to support the utilization of RtI to identify children with SLD, huge inconsistencies and questions remain regarding the actual make up of the RtI model, especially in regards to the multi-disciplinary evaluation process. The purpose of this study was to examine the perceptions of Nebraska school psychologists in regard to the sufficiency of RtI for SLD determination and to identify additional components that may be needed as part of the comprehensive MDT evaluation. The NSPA Position Statement (n.d.) indicated that Nebraska school psychologists support the utilization of RtI. However, the Nebraska Department of Education (NDE) has only recently authorized the utilization of RtI as a special education verification process (Ahearn, 2008; NDE, 2009). Most Nebraska school psychologists had not utilized RtI as a verification process prior to the NSPA's publication of that statement. This study examined school psychologists' views following the authorization of RtI as a verification process and it identified the components they believe are necessary as part of the comprehensive SLD

evaluation. The NDE Verification Guidelines (2008) provided schools the option of using RtI or Severe Discrepancy (SD) criteria. However, they also indicated that many other factors should be considered along with RtI or SD: child characteristics, educational variables, review of existing records and work samples, interviews, observations, tests, professional judgment, and exclusionary factors. This study will determine which of these factors Nebraska school psychologists believe are necessary components of the comprehensive MDT evaluation for SLD.

Chapter Three

Methodology

Introduction

Chapter Three outlines the purpose of this research study, along with the research questions, objectives, and hypotheses. Research methodology is discussed, including information related to the survey sample, as well as information related to the development and utilization of the survey instrument, including both the pilot and final survey procedures. Finally, important variables and their corresponding measurement and analysis are identified.

Purpose Statement

The purpose of this study was to examine the beliefs of Nebraska school psychologists regarding the sufficiency of Response to Intervention (RtI) as a comprehensive Multi-Disciplinary Team (MDT) evaluation for Specific Learning Disability (SLD) determination. According to the Nebraska School Psychologists Association's (NSPA, n.d.) position statement, the NSPA supports the recent revision of the Individuals with Disabilities Education Improvement Act (IDEIA), including the changes surrounding the identification of children with SLD and the use of RtI. The results of this study will confirm or disconfirm that statement, by determining whether school psychologists believe that RtI is sufficient for identifying children with SLD, determining how Nebraska school psychologists envision RtI fitting within the comprehensive SLD evaluation, and identifying additional components that school psychologists believe are necessary to comprise a comprehensive evaluation.

Research Questions, Objectives, and Hypotheses

Research questions. The purpose of this study was to examine the beliefs of Nebraska school psychologists regarding the sufficiency of RtI as a MDT evaluation for SLD. The following research questions were utilized to guide this study.

1. Under what conditions do Nebraska school psychologists believe that Response to Intervention (RtI) is sufficient as a comprehensive Multi-Disciplinary Team (MDT) evaluation for Specific Learning Disability (SLD) determination?
2. When Nebraska school psychologists recommend additional evaluation following the RtI process, which approach do they recommend?
 - a. utilizing a full, standard battery of assessments and evaluation tools that is consistent for all students.
 - b. utilizing specific assessment and evaluation tools that are individually chosen to distinguish between SLD and other possible disabilities for the child that is being evaluated.
 - c. utilizing specific assessment and evaluation tools that are individually chosen to answer questions that arose during the initial RtI process for the child being evaluated.
 - d. utilizing specific assessment and evaluation tools that are individually chosen to distinguish between SLD and other possible disabilities and answer specific questions that arose during the initial RtI process for the child being evaluated (Fuchs & Fuchs, 2007).

- e. utilizing a comprehensive cognitive evaluation to determine whether a severe discrepancy between intellectual ability and academic achievement exists (Scruggs & Mastropieri, 2002).
3. When Nebraska school psychologists recommend additional evaluation following the RtI process, which assessment tools would they include?

Research objectives. The researcher identified the following objectives for this study regarding school psychologists' perceptions of RtI:

1. to determine the conditions under which Nebraska school psychologists indicate that Response to Intervention (RtI) is sufficient or insufficient as the Multi-Disciplinary Team (MDT) evaluation for Specific Learning Disability (SLD) determination.
2. to determine which additional evaluation approach is recommended by Nebraska school psychologists to be used following the RtI process.
3. to determine which additional assessment and evaluation tools are recommended by school psychologists to be included as part of the comprehensive Response to Intervention Multi-Disciplinary Team evaluation.

Research hypotheses. The researcher hypothesized that the results of this study would indicate:

1. Nebraska school psychologists are more likely to indicate that RtI is sufficient as an MDT evaluation for SLD determination for elementary students than secondary students.
2. Nebraska school psychologists are more likely to indicate that RtI is sufficient as an MDT evaluation for SLD determination if they are utilizing a problem

solving model or blended approach to RtI, than if they are using a standard protocol model.

3. Nebraska school psychologists' beliefs regarding the sufficiency of RtI as a comprehensive MDT evaluation for SLD are positively correlated to their level of experience utilizing RtI.
4. Nebraska school psychologists will recommend utilizing an evaluation approach that utilizes additional assessment and evaluation tools that are individually chosen to distinguish between SLD and other possible disabilities and answer specific questions that arose during the initial RtI process for the child being evaluated (Fuchs & Fuchs, 2007).
5. Nebraska school psychologists that work in schools with high percentages of minority students or students that live in poverty (as identified by the number of students who qualify for Free and Reduced Lunch) are more likely to indicate that RtI is a more effective means to evaluate children for SLD than the Severe Discrepancy Model.
6. Nebraska school psychologists recommend utilizing a wide variety of additional assessment and evaluation tools.

Population and Sample

The population for this study included all school psychologists employed by Nebraska public and non-public school districts in 2009-2010. School psychologists employed by Educational Service Units were not included in the sample. Participants were identified via the 2009-2010 School Staff Directory which was available on the Nebraska Department of Education's (NDE) website in November 2009. The NDE

updates this publication annually via the Nebraska School Personnel Report, which is submitted by all Nebraska schools each fall. Because the Nebraska School Personnel Report is required for all schools, this was an accurate way to identify the population for the study. Therefore, all school psychologists were included in this report. However, the researcher needed to remove duplicates from the list, because school psychologists who work at more than one school were listed for each school. The directory included school psychologists' names, schools, addresses, phone numbers, and fax numbers.

There were 234 school psychologists working in Nebraska public and nonpublic schools in 2009-2010. Because a sample size of 144 was required for a 95% confidence interval with a 5% margin of error, as calculated via the Survey Sample Calculator (Dillman et al., 2009; Shope, 2009a), the researcher surveyed the total population. This means that the sample frame was equivalent to the population. A sampling technique was not utilized to narrow the population.

Care was taken to reduce coverage and sampling errors, by carefully targeting the correct population, utilizing a very accurate and well maintained list to identify the population, removing duplicate names from the list, and surveying the entire population (Dillman et al., 2009). In addition, the researcher believed that this population would be highly intrinsically motivated to complete this survey. School psychologists are experts on this topic and want to have input on this subject.

Instrument

The survey instrument utilized in this study, "A Survey of School Psychologists' Perceptions regarding RtI," contained four sections. Section A contained questions 1 through 9, which asked participants to share their beliefs regarding the effectiveness of

RtI as a means to identify children with Specific Learning Disabilities. These questions were based upon criticisms of the traditional severe discrepancy model (Fuchs et al., 2003; Peterson & Shinn, 2002; Scruggs & Mastropeiere, 2002; Vaughn & Klingner, 2007) and proposed benefits of RtI (NJCLD, 2005). Section B of the survey contained 13 questions, which asked participants to identify the evaluation approach that they recommend, as well as the components that they believe must be included as part of the comprehensive MDT evaluation. The evaluation approaches contained in question 10 were based upon the work of Fuchs and Fuchs (2007) with two additional approaches suggested by Batsche et al. (2006) and Scruggs & Mastropieri (2002). The evaluation components in questions 11 through 22 were based upon the recommendations included in the IDEIA guidelines (2004c). Section C contained two open-ended questions that asked participants to share the benefits and concerns that they believe exist in regards to RtI; and the final section, Section D, contained demographic information about the respondents and their schools. These questions were utilized for comparative purposes. The survey concluded with information regarding how to contact the researcher with questions.

Pilot Study Procedures

A pilot study was conducted with 47 school psychologists, employed by Educational Service Units in Nebraska, as identified via the Nebraska Education Directory published by the Nebraska Department of Education, using the questionnaire, “A Survey of School Psychologists’ Perceptions regarding Response to Intervention (RtI)” and related items. Pilot respondents were asked to complete the survey and then answer questions regarding the length of the survey, clarity of the questions, and ease of

survey completion. Pilot respondents were also asked whether the survey questions seem appropriate to meet the research objectives. The results of this pilot study were utilized to improve the quality of the questionnaire and related items, prior to implementation.

Changes made to the survey as a result of the pilot included:

- Questions 1-8 were clarified, by changing “Undecided” to “Undecided/Not Sure/Not Applicable.”
- “Question 10 was clarified by adding the phrase, “PLEASE CHOOSE ONLY ONE ANSWER.”
- Question 28, “This school has utilized RtI for _____ years,” was clarified by dividing it into two questions. Question 28 was rewritten to state, “This school has utilized RtI for an intervention or SAT process for _____ years.” Question 29 was added to state, “This school has utilized RtI for identification of SLD students for _____ years.”
- Question 32 was clarified by adding the phrase, “CHOOSE ONLY ONE.”
- Question 33 was clarified by adding the phrase, “for intervention and/or identification.”

Survey Procedures

In order to maximize the response rate, the Tailored Design Method (TDM) recommended by Dillman et al. (2009) was utilized and the survey procedures incorporated as much personalization as possible. The TDM includes the following five separate contacts: Prenotice Letter, Questionnaire Mailing, Thank You Postcard, Replacement Questionnaire, and Final Contact. In order to increase effectiveness with respondents, each of these contacts utilized a different look and appeal.

A Prenotice Letter (Appendix A) was mailed to respondents on March 5, 2010. This letter provided notice to recipients that an important survey would be arriving in a few days and it indicated that the respondent's participation would be greatly appreciated. This notice was brief and worded in a way to generate enthusiasm for the study.

The Questionnaire Mailing, which included a cover letter (Appendix B), postage-paid return envelope, and the questionnaire (Appendix C) was mailed on March 15, 2010. The cover letter was one page in length. It focused on information that was critical to the respondent, such as indicating why his or her response was important and describing the risks and benefits of participating in the study. The letter also thanked the respondent for participating and included a statement which indicated that returning the survey would result in assumed informed consent. The survey was marked with an identification code to facilitate the tracking of respondents. These identification codes were filed separately from the surveys and will be destroyed upon completion of the research project.

A Thank You Postcard (Appendix D) was sent March 22, 2010. It indicated appreciation for the participant's response and encouraged anyone who had not responded to do so quickly. In addition, directions and contact information were included for respondents who had not have received the original Questionnaire Mailing.

Three weeks later, on April 12, 2010, a Replacement Questionnaire was sent to individuals who had not responded. This mailing was very similar to the original Questionnaire Mailing, but the tone of the cover letter (Appendix E) was more insistent. It indicated that the researcher had not received their questionnaire and stressed how important it was for them to complete and return it quickly.

As a final attempt to encourage respondents' participation, each non-respondent was called via telephone, during the week of May 3, 2010, utilizing a script (Appendix F) for consistency. At this point, the respondent was informed that a questionnaire was mailed to them previously and they were asked if they had any questions or needed a new survey mailed. The caller thanked each participant for their time, and asked them to please consider returning the survey so their opinions could be considered in the study.

The timing of each contact was very important. In order to maximize respondents' return rate, the following timeline was utilized:

| Date: | Action: |
|---|---|
| Monday March 5, 2010: | Prenotice Letter mailed |
| Monday, March 15, 2010 | Questionnaire Packet mailed |
| Monday, March 22, 2010: | Thank You Postcard mailed |
| Monday, April 12, 2010: | Replacement Questionnaire Packet mailed |
| Monday, May 3, 2010 through Friday, May 7, 2010 | Follow-up Telephone Calls |

This timeline allowed the updated 2009-2010 School Staff Directory to be obtained from the Nebraska Department of Education, so the most current list of school psychologists and their addresses could be utilized. It also allowed the researcher to avoid the mailing of surveys during the Thanksgiving and Christmas holiday breaks, as well as to complete the entire process prior to the end of the school year testing rush, maximizing potential return rates. Actual dates for this process were March 5, 2010 through May 7, 2010.

Variables and Measures

Comparative studies look at the relationship between two or more variables in order to demonstrate and understand the relationship between those variables (Gravetter,

2007). The independent variables in this study included the demographic groups identified in survey section D: the age of children (elementary or secondary) served at the school psychologist's primary school, the years of experience the school psychologist has utilizing RtI, the percentage of children living in poverty in the school, the percentage of minority students in the school, and the specific RtI model utilized within the school.

The dependent variables in the study included school psychologists' perceptions regarding the sufficiency of RtI, as measured by questions 1 through 9, the evaluation approach chosen by school psychologists, as measured by question 10, the assessment tools identified by school psychologists for inclusion in the comprehensive MDT evaluation (questions 11-22), and the benefits and concerns identified by school psychologists in questions 23 and 24. The qualitative and quantitative items are discussed separately, due to differences in their measurement and analysis.

Quantitative Data Analysis

SPSS software was utilized to analyze the quantitative data. Initially, this data was analyzed descriptively, utilizing Frequency Tables (including frequencies and percentages) to organize the data, and Histograms and Frequency Polygons to provide a visual representation of the data. The Mean was the primary measure of Central Tendency and Standard Deviation was the primary measure of Variability. However, Median was used for Central Tendency and Interquartile Range was used for Variability when data was highly skewed (Holcomb, 2006).

The Independent Samples t-test was utilized to analyze Hypothesis 1 (Nebraska school psychologists will be more likely to indicate that RtI is sufficient as an MDT evaluation for SLD determination for elementary students as SLD than secondary

students), by comparing school psychologists' perceptions of RtI (questions 1-9) and the age of the children they work with (question 25).

Descriptive statistics, the Kruskal-Wallis, and Mann Whitney were utilized to test Hypothesis 2 (Nebraska school psychologists will be more likely to indicate that RtI is sufficient as an MDT evaluation for SLD determination if they are utilizing a problem solving model or blended approach to RtI, than if they are using a standard protocol model), by comparing school psychologists' perceptions of RtI (questions 1-9) and the type of RtI Model utilized by the school psychologist (question 29).

The Spearman Rho was utilized to analyze hypothesis 3 (Nebraska school psychologists' beliefs regarding the sufficiency of RtI as a comprehensive MDT evaluation for SLD will be positively correlated to their level of experience utilizing RtI) by comparing school psychologists' perceptions of RtI (questions 1-9) and the number of years they have been utilizing RtI (question 28).

The fourth hypothesis (Nebraska school psychologists will recommend utilizing an evaluation approach that utilizes additional assessment and evaluation tools that are individually chosen to distinguish between SLD and other possible disabilities and answer specific questions that arose during the initial RtI process for the child being evaluated) was analyzed descriptively. Additional tests could not be utilized because the data was highly skewed.

The fifth hypothesis (Nebraska school psychologists that work in schools with high percentages of minority students or students that live in poverty will be more likely to indicate that RtI is a more effective means to evaluate children for SLD than the Severe Discrepancy Model) was analyzed by utilizing the Spearman Rho to compare

school psychologists' answers to question 6 to the percentage of students identified as minority or poverty-level students in questions 26 and 27.

The sixth and final hypothesis (Nebraska school psychologists will recommend utilizing a wide variety of additional assessment and evaluation tools) was analyzed using descriptive statistics, namely frequencies and percentages. No further analysis of this hypothesis was required.

Qualitative Data Analysis

Open-ended questions 9b, 23, and 24 resulted in qualitative data. Each of these responses was reviewed carefully and assigned descriptive codes. Memos regarding the researchers' thoughts and interpretations were attached to items, along with their codes, and they were reviewed for redundancies and overlaps. Finally, the codes were grouped and assigned general themes or common threads (Creswell, 2007). Validity for these qualitative items was established by triangulating multiple data sources, searching for disconfirming evidence, and utilizing thick, rich description and direct quotations (Creswell & Miller, 2000).

Data from the pilot study was analyzed for patterns and utilized to adjust questions. In addition, information provided by pilot study respondents regarding the appropriateness of survey questions was utilized to establish content validity. Because the questions in this survey stood alone, rather than measuring a unidimensional construct, internal consistency reliability was not an issue that needed to be addressed. All survey data and statistical analysis procedures were verified by the NEAR Center.

Summary

Careful consideration was given to the design and implementation of this research study in order to increase reliability and validity. This was critical, as the information gleaned from the psychologists in this study was utilized to identify whether RtI is supported as a comprehensive MDT evaluation for students with SLD, and to identify the components that need to be included within that evaluation. This study is the first to examine this topic from the perspective of school psychologists.

Chapter Four

Results

Introduction

As stated in Chapter One, the purpose of this study was to examine the beliefs of Nebraska school psychologists regarding the sufficiency of RtI as a comprehensive MDT evaluation for SLD determination and identify additional components that school psychologists believe are necessary to comprise a comprehensive evaluation. This chapter is organized into two sections. The first section reports the quantitative data analysis, which begins with general findings regarding RtI effectiveness and then is organized by hypothesis. The second section reports the qualitative data analysis, which is organized by survey question.

Quantitative Data Analysis

RtI Effectiveness. Surveys were mailed to all 234 school psychologists working in Nebraska. A total of 153 completed surveys were returned, for a response rate of 65.4%. This sample size exceeds the number (144) needed for a 95% confidence interval with a 5% margin of error. A total of 98 (75.3%) respondents indicated that they were utilizing RtI. The average number of years the respondents had utilized RtI was 3.2 years, with a minimum of 0 years and a maximum of 25 years. A total of 61 (46.9%) respondents indicated that they utilized a blended approach, 26 (20%) indicated that they utilized a problem solving model, and 6 (4.6%) indicated that they utilized a standard protocol model. A total of 5 (3.8%) respondents were unsure which model they were utilizing, and 32 (24.6%) respondents indicated that they were not utilizing RtI.

As detailed in Table 1, 128 (95.5%) respondents indicated that RtI was an effective evaluation process for identifying children with SLD (N = 134, M = 5.1, SD = 0.944). One hundred (82.0%) respondents indicated that RtI was effective at distinguishing between students with SLD and Behavior Disorders (N = 122, M = 4.43, SD = 1.372). Sixty-nine (58.0%) respondents indicated that RtI was effective at distinguishing between students with SLD and those with Mental Handicaps (N = 119). Sixty-five (55.1%) respondents indicated that RtI was effective at distinguishing between students with SLD and students that are slow learners (N = 118).

Table 1

Frequencies, Means and Standard Deviations for RtI Effectiveness

| Item | Highly Effective 6 | Mod. Effective 5 | Slightly Effective 4 | Slightly Ineffective 3 | Mod. Ineffective 2 | Highly Ineffective 1 | M | SD |
|------|-----------------------|---------------------|-------------------------|---------------------------|-----------------------|-------------------------|------|-------|
| Q1 | 48 | 64 | 16 | 1 | 4 | 1 | 5.10 | .944 |
| Q2 | 12 | 27 | 30 | 18 | 22 | 10 | 3.66 | 1.475 |
| Q3 | 25 | 47 | 28 | 5 | 11 | 6 | 4.43 | 1.372 |
| Q4 | 9 | 29 | 27 | 23 | 14 | 16 | 3.56 | 1.505 |

As shown in Table 2, 127 (94.7%) respondents indicated that RtI would be a more effective MDT evaluation than the traditional Severe Discrepancy model (N = 134, M = 4.85; SD = 1.03)

As shown in Table 3, 79 (65.8%) respondents indicated that RtI would decrease the number of students who are incorrectly identified as SLD (N = 120, M = 3, SD = 1.29).

Table 2

Frequencies, Mean and Standard Deviation for RtI Effectiveness

| Item | Much More Effective 6 | Mod. More Effective 5 | Slightly More Effective 4 | Slightly Less Ineffective 3 | Mod. Less Ineffective 2 | Much Less Ineffective 1 | M | SD |
|------|--------------------------|--------------------------|------------------------------|--------------------------------|----------------------------|----------------------------|------|-------|
| Q6 | 42 | 43 | 42 | 2 | 4 | 1 | 4.85 | 1.030 |

Table 3

Frequencies, Mean and Standard Deviation for Question 5 (RtI Effectiveness)

| Item | Increase Greatly 6 | Increase Mod. 5 | Increase Slightly 4 | Decrease Slightly 3 | Decrease Mod. 2 | Decrease Greatly 1 | M | SD |
|------|-----------------------|--------------------|------------------------|------------------------|--------------------|-----------------------|------|-------|
| Q5 | 4 | 11 | 26 | 35 | 28 | 16 | 3.00 | 1.290 |

Table 4 provides detailed information regarding school psychologists' perceptions of the consistency of RtI. Thirty-eight (29.5%) respondents indicated that RtI would result in SLD identification practices that were more consistent across districts; 91 (70.5%) indicated that RtI would cause identification practices to become less consistent (N = 129, M = 2.9; SD = 1.243). Twenty-eight (23.1%) respondents indicated that RtI would result in SLD identification practices that were more consistent across states; 93 (76.9%) indicated that it would cause identification practices to become less consistent (N = 121, M = 2.6, SD = 1.159).

Finally, 85 (55.6%) respondents indicated that RtI does not provide sufficient information about a child to serve as the comprehensive MDT evaluation for determining whether he/she has a SLD; 63 (41.2%) indicated that RtI does provide sufficient information. Five respondents chose not to answer this question.

Table 4

Frequencies, Means and Standard Deviations for Questions 7-8 (Consistency of RtI)

| Item | Totally Consistent 6 | Mod. More Consistent 5 | Slightly More Consistent 4 | Slightly Less Consistent 3 | Mod. Less Consistent 2 | Totally Inconsistent 1 | M | SD |
|------|----------------------------|---------------------------------|-------------------------------------|-------------------------------------|------------------------------|------------------------------|------|-------|
| Q7 | 1 | 19 | 18 | 31 | 48 | 12 | 2.90 | 1.243 |
| Q8 | 0 | 9 | 19 | 27 | 46 | 20 | 2.60 | 1.159 |

Hypothesis 1. The first hypothesis stated that Nebraska school psychologists would be more likely to indicate that RtI is sufficient as an MDT evaluation for SLD determination for elementary students as SLD than secondary students. This hypothesis was tested by utilizing the independent samples t-test to compare school psychologists' perceptions of RtI (questions 1-9) and the age of the children they work with (question 27). Overall, school psychologists who worked with elementary students indicated that RtI was slightly more effective than school psychologists who worked with secondary students. However, as indicated in Table 5, this difference was only significant for question 4, which asked respondents, "How effective is RtI at distinguishing between students with SLD and students that are "slow learners?"

As hypothesized (and indicated in Table 6), school psychologists that worked in elementary schools ($M = 3.78$, $SD = 1.519$) indicated that RtI is an effective evaluation for distinguishing between students with SLD and students that are "slow learners" significantly more often than school psychologists who worked in secondary schools ($M = 2.95$, $SD = 1.495$). The difference between the two means is statistically significant at the .05 level ($t(94) = 2.255$, $p = .026$).

Table 5

T-test Data for Items Regarding RtI Effectiveness

| Question | t | Df | Sig (2-tailed) | Mean Difference |
|----------|--------------|-----------|-------------------|--------------------|
| 1 | 1.479 | 105 | .142 | .352 |
| 2 | .761 | 93 | .449 | .281 |
| 3 | -.569 | 96 | .571 | -.190 |
| 4 | 2.255 | 94 | .026* | .829 |
| 5 | -.790 | 94 | .431 | -.240 |
| 6 | 1.489 | 105 | .139 | .375 |
| 7 | 1.873 | 101 | 0.64 | .534 |
| 8 | 1.828 | 96 | .071 | .502 |

In addition, as shown in Table 5, elementary school psychologists indicated that RtI is moderately to highly effective ($M = 5.18$, $SD = 1.043$) as an evaluation process for identifying children with SLD; whereas secondary school psychologists indicated that it was slightly to moderately effective ($M = 4.83$, $SD = .887$). Elementary and secondary school psychologists both indicated that RtI was slightly to moderately effective at distinguishing between students with SLD and students with Behavioral Disabilities and that RtI was slightly ineffective to slightly effective at distinguishing between students with SLD and students with Mental Handicaps. However, as noted previously, there was a significant difference between elementary and secondary school psychologists' perceptions regarding the effectiveness of RtI at distinguishing between students with SLD and those that are "slow learners." Elementary school psychologists indicated that RtI is slightly ineffective to slightly effective at distinguishing between SLD and "slow

Table 6

Means and Standard Deviations for RtI Effectiveness by Level of School

| Item | Mean | SD | Descriptive Category of Mean |
|-------------------|-------------|--------------|--|
| Question 1 | | | |
| Elementary | 5.18 | 1.043 | Moderately to Highly Effective |
| Secondary | 4.83 | .887 | Slightly to Moderately Effective |
| Question 2 | | | |
| Elementary | 3.76 | 1.515 | Slightly Ineffective to Slightly Effective |
| Secondary | 3.48 | 1.401 | Slightly Ineffective to Slightly Effective |
| Question 3 | | | |
| Elementary | 4.43 | 1.332 | Slightly to Moderately Effective |
| Secondary | 4.62 | 1.465 | Slightly to Moderately Effective |
| Question 4 | | | |
| Elementary | 3.78 | 1.519 | Slightly Ineffective to Slightly Effective |
| Secondary | 2.95 | 1.495 | Slightly to Moderately Ineffective |
| Question 5 | | | |
| Elementary | 2.89 | 1.275 | Decrease Slightly to Moderately |
| Secondary | 3.13 | 1.254 | Decrease Slightly to Increase Slightly |
| Question 6 | | | |
| Elementary | 4.94 | 1.079 | Slightly More to Moderately More Effective |
| Secondary | 4.57 | 1.037 | Slightly More to Moderately More Effective |
| Question 7 | | | |
| Elementary | 3.01 | 1.248 | Slightly Less Consistent to Slightly More Consistent |
| Secondary | 2.48 | 1.039 | Slightly to Moderately Less Consistent |
| Question 8 | | | |
| Elementary | 2.68 | 1.169 | Slightly to Moderately Less Consistent |
| Secondary | 2.18 | 1.006 | Slightly to Moderately Less Consistent |

learners” ($M = 3.78$, $SD = 1.519$); whereas secondary school psychologists indicated that RtI is slightly to moderately ineffective at distinguishing between SLD and “slow learners” ($M = 2.95$; $SD = 1.495$).

Elementary school psychologists indicated that RtI would decrease slightly to moderately the number of students who are incorrectly identified as SLD ($M = 2.89$, $SD = 1.275$); whereas secondary school psychologists indicated that RtI would decrease slightly to increase slightly the number of students who are incorrectly identified as SLD ($M = 3.13$, $SD = 1.254$). However, both elementary and secondary school psychologists indicated that RtI is a slightly to moderately more effective evaluation for identifying children with SLD than the traditional severe discrepancy model.

Elementary school psychologists indicated that RtI will make SLD identification practices slightly less to slightly more effective across districts ($M = 3.01$; $SD = 1.248$); whereas secondary school psychologists indicated that RtI will make SLD identification practices slightly to moderately less consistent ($M = 2.48$, $SD = 1.039$). Both elementary and secondary school psychologists indicated that RtI will make SLD identification slightly to moderately less consistent across states.

Hypothesis 2. The second hypothesis stated that Nebraska school psychologists would be more likely to indicate that RtI is sufficient as an MDT evaluation for SLD determination if they were utilizing a Problem Solving Approach or blended approach to RtI, than if they were utilizing a Standard Protocol Model. A variety of methods were utilized to test this hypothesis by comparing the school psychologists’ perceptions of RtI (questions 1-9) and the type of RtI model utilized by the school psychologist (question 32). Descriptive statistics were utilized for question 9, as the standard protocol sample

was too small for a reliable Chi Square to be computed. As shown in Table 7, only two (33%) of the six respondents who utilized a Standard Protocol Model indicated that RtI was sufficient to identify children as SLD; four (66.6%) indicated that it was not sufficient. Thirty-seven (43.5%) of the 85 respondents who utilized a Problem Solving or blended approach indicated that RtI was sufficient to identify children as SLD; 48 (56.5%) indicated that it was not sufficient. Although a greater percentage of school psychologists utilizing a Problem Solving or blended approach indicated that RtI was sufficient to identify children as SLD, caution must be used in interpreting these results, as the Standard Protocol sample was quite small. It only included six respondents.

Table 7

Frequencies and Percentages for RtI Sufficiency by RtI Model

| RtI Sufficient? | Standard Protocol | | Problem Solving or Blended | | Total | |
|-----------------|-------------------|------|-------------------------------|------|-------|------|
| | f | % | f | % | f | % |
| Yes | 2 | 33.3 | 37 | 43.5 | 39 | 42.9 |
| No | 4 | 66.7 | 48 | 56.5 | 52 | 57.1 |
| Total | 6 | 100 | 85 | 100 | 91 | 100 |

In addition to mean and standard deviation, the Kruskal-Wallis and Mann Whitney were utilized to analyze questions 1 - 8. No significant results were obtained for questions 1 - 4 or 6 - 8. However, significant results were obtained for question 5, which asked respondents, "Overall, how will RtI affect the number of students who are incorrectly identified as SLD?" As hypothesized (and indicated in Table 8), school

Table 8

Frequencies and Mean Ranks for RtI Effectiveness by RtI Model

| Item | N | Mean Rank |
|--------------------------|-----------|--------------|
| Question 1 | | |
| Standard Protocol | 6 | 36.25 |
| Problem Solving | 24 | 43.83 |
| Blended Approach | 56 | 44.13 |
| Total | 86 | |
| Question 2 | | |
| Standard Protocol | 6 | 37.50 |
| Problem Solving | 21 | 43.64 |
| Blended Approach | 48 | 35.59 |
| Total | 75 | |
| Question 3 | | |
| Standard Protocol | 5 | 43.80 |
| Problem Solving | 20 | 34.78 |
| Blended Approach | 50 | 38.71 |
| Total | 75 | |
| Question 4 | | |
| Standard Protocol | 5 | 26.00 |
| Problem Solving | 20 | 35.38 |
| Blended Approach | 48 | 38.82 |
| Total | 73 | |
| Question 5 | | |
| Standard Protocol | 6 | 60.33 |
| Problem Solving | 19 | 34.76 |
| Blended Approach | 50 | 36.55 |
| Total | 75 | |
| Question 6 | | |
| Standard Protocol | 6 | 36.50 |
| Problem Solving | 24 | 41.38 |
| Blended Approach | 56 | 45.16 |
| Total | 86 | |
| Question 7 | | |
| Standard Protocol | 6 | 27.25 |
| Problem Solving | 22 | 40.50 |
| Blended Approach | 54 | 43.49 |
| Total | 82 | |
| Question 8 | | |
| Standard Protocol | 6 | 37.00 |
| Problem Solving | 20 | 37.60 |
| Blended Approach | 51 | 39.78 |
| Total | 77 | |

psychologists utilizing a Standard Protocol Model (n = 6, rank = 60.33) were more likely to indicate that RtI would increase the number of students incorrectly identified as SLD than school psychologists who were utilizing a Problem Solving Approach (n = 19, rank = 34.76) or blended approach (n = 50, rank = 36.55).

As indicated in Table 9, this difference is statistically significant at the .05 level ($\chi^2(2) = 7.409$, $p = .025$), as measured by the Kruskal-Wallis.

Table 9

Kruskal Wallis Test Statistics for RtI Effectiveness by RtI Model

| Question | Chi-Square | Df | p |
|----------|--------------|----------|--------------|
| 1 | .652 | 2 | .722 |
| 2 | 2.086 | 2 | .352 |
| 3 | .915 | 2 | .633 |
| 4 | 1.904 | 2 | .386 |
| 5 | 7.409 | 2 | .025* |
| 6 | .993 | 2 | .609 |
| 7 | 2.721 | 2 | .256 |
| 8 | .200 | 2 | .905 |

As indicated in Table 10, these findings were supported by the Mann Whitney, which showed that school psychologists that utilized a Standard Protocol Model (n = 6, mean rank = 19) were more likely to indicate that RtI would increase the number of students incorrectly identified as SLD than school psychologists that utilized a Problem

Solving Approach (n = 19, mean rank = 11.11). The difference is statistically significant at the .05 level (U = 21, p = .021).

Table 10

Mann Whitney Test Statistics for Incorrect Identification of Students by RtI Model (Question 5)

| Item | N | Mean Rank | U | Z | Sig |
|-------------------|----|-----------|--------|--------|-------|
| Standard Protocol | 6 | 19.00 | | | |
| Problem Solving | 19 | 11.11 | | | |
| Total | 25 | | 21.000 | -2.351 | .021* |

As indicated in Table 11, school psychologists that used a Standard Protocol Model (n = 6, mean rank = 44.83) were also more likely to indicate that RtI would increase the number of students incorrectly identified as SLD than school psychologists that used a blended model (n = 50, mean rank = 26.54). The difference is statistically significant at the .01 level (U = 52, p = .007).

Table 11

Mann Whitney Test Statistics for Incorrect Identification of Students by RtI Model (Question 5)

| Item | N | Mean Rank | U | Z | Sig |
|-------------------|----|-----------|--------|--------|--------|
| Standard Protocol | 6 | 44.83 | | | |
| Blended Approach | 50 | 26.54 | | | |
| Total | 56 | | 52.000 | -2.697 | .007** |

Please note, these results must be viewed with caution due to the small sample size (n = 6) for the Standard Protocol Model.

Hypothesis 3. Hypothesis 3 stated that Nebraska school psychologists' beliefs regarding the sufficiency of RtI as a comprehensive MDT evaluation for SLD would be positively correlated to their level of experience utilizing RtI. Spearman's rho was utilized to test this hypothesis by comparing school psychologists' perceptions of RtI (questions 1-9) and the number of years they have been utilizing RtI (questions 28, 29, and 33). There was not a significant correlation between the number of years that the school used RtI as an intervention or SAT process and its perceived effectiveness in questions 1-9. However, there was a weak, but significant, relationship between the number of years the school had utilized RtI for identification of SLD students and school psychologists' perceptions of RtI as more effective than the traditional severe discrepancy model ($\chi^2 = .188, p = .047$), as measured in question 6. There was also a moderate relationship between the number of years the school had used RtI for identification purposes and the school psychologist's perception of RtI's consistency across districts, ($\chi^2 = .28, p = .003$), as measured in question 7, and across states ($\chi^2 = .313, p = .002$), as measured in question 8. A moderate relationship ($\chi^2 = .252, p = .007$) also existed between the amount of time that the school psychologists had utilized RtI (for intervention and/or identification) and their perception of RtI's consistency in SLD identification across districts, as measured in question 7.

Hypothesis 4. Hypothesis four stated that Nebraska school psychologists would recommend utilizing an evaluation approach that includes additional assessment and evaluation tools that are individually chosen to distinguish between SLD and other possible disabilities and answer specific questions that arose during the initial RtI Process

Table 12

Spearman rho Test Statics for RtI Effectiveness and Psychologists' Experience with RtI

| Item | Test | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 |
|------|-------------------------|------|------|------|------|-------|-------|--------|--------|
| Q28 | Correlation Coefficient | .131 | .100 | .089 | .110 | -.144 | .086 | .143 | .083 |
| | Sig. (2-tailed) | .168 | .317 | .373 | .278 | .145 | .367 | .138 | .409 |
| | N | 113 | 101 | 102 | 99 | 104 | 113 | 109 | 101 |
| Q29 | Correlation Coefficient | .137 | .187 | .044 | .058 | -.041 | .188* | .288** | .313** |
| | Sig. (2-tailed) | .150 | .063 | .664 | .573 | .686 | .047 | .003 | .002 |
| | N | 112 | 100 | 101 | 97 | 102 | 112 | 107 | 100 |
| Q33 | Correlation Coefficient | .148 | .132 | .173 | .006 | -.118 | .136 | .252** | .147 |
| | Sig. (2-tailed) | .113 | .183 | .076 | .954 | .232 | .148 | .007 | .135 |
| | N | 116 | 104 | 106 | 103 | 105 | 115 | 112 | 105 |

for the child being evaluated. Questions 9 and 10 were analyzed descriptively to test this hypothesis. Question 9 asked respondents whether RtI provided sufficient information about a child to determine if he/she had a SLD. Sixty-three (41.2%) respondents indicated that RtI does provide sufficient information about a child to serve as the comprehensive MDT evaluation for determining whether he/she has a SLD; 85 (55.6%) indicated that RtI does not provide sufficient information for this determination.

Those respondents who indicated that RtI did not provide enough information to make this determination were asked to answer question 10, which asked them to identify the assessment approach that should be included in the comprehensive MDT evaluation. As hypothesized (and demonstrated in Table 13), the large majority (76%, $n = 81$) of respondents indicated that specific assessment tools that are individually chosen for each child in order to distinguish between SLD and other possible disabilities, and to answer specific questions that arose during the RtI process, should be included in the comprehensive MDT evaluation. Four (3.8%) respondents indicated that an additional standard battery of assessment tools that is consistent for all children should be included in the comprehensive MDT evaluation. Two respondents (1.9%) indicated that a comprehensive cognitive evaluation to determine whether a severe discrepancy exists between intellectual ability and academic achievement should be included. Eight (7.5%) respondents indicated that specific assessment tools that are individually chosen for each child in order to distinguish between SLD and other possible disabilities should be included. Eleven (10.4%) respondents indicated that specific assessment tools that are individually chosen for each child in order to answer specific questions that arose during the RtI process should be included.

Table 13

RtI Sufficiency and Assessment Approaches

| RtI Sufficient | | RtI Not Sufficient | | | | No Answer | |
|----------------|------|--------------------|------|---|-----|-----------|---|
| f | % | f | % | f | % | f | % |
| 63 | 41.2 | 85 | 55.6 | 5 | 4.7 | | |

| Assessment Approach Recommended | | | | | | | | | | | |
|---------------------------------|-----|---|-----|---|-----|----|------|----|----|-------|------|
| 1 | | 2 | | 3 | | 4 | | 5 | | Total | |
| f | % | f | % | f | % | f | % | f | % | f | % |
| 4 | 3.8 | 2 | 1.9 | 8 | 7.5 | 11 | 10.4 | 81 | 76 | 106 | 99.6 |

Please note that 21 respondents who answered Yes to question 9 (RtI is sufficient), chose to answer question 10; thus the totals for respondents who indicated that RtI is not sufficient is not equivalent to the total for respondents who chose an additional assessment approach. Twenty-one respondents indicated that RtI was sufficient, but still chose an additional assessment approach to be included as part of the comprehensive MDT evaluation.

Because there were not a sufficient number of respondents who chose categories 1 through 4, further analysis could not be conducted to determine if there were relationships between the assessment approach chosen and the model of RtI utilized, the psychologists' experience level, the age of children served, or the percentage of minority or poverty students.

Hypothesis 5. The fifth hypothesis stated that Nebraska school psychologists who work in schools with high percentages of minority students or students that live in poverty (as identified by the number of students who qualify for Free and Reduced

Lunch) would be more likely to indicate that RtI is a more effective means to evaluate children for SLD than the Severe Discrepancy model. The Spearman Rho was utilized to test this hypothesis. No significant relationships were found between school psychologist's perceptions of RtI as an effective means to evaluate children and minority status ($\chi^2 = .002$, $p = .983$) or poverty status ($\chi^2 = -.009$, $p = .924$); thus this hypothesis was not supported.

Hypothesis 6. The final hypothesis stated that Nebraska school psychologists would recommend utilizing a wide variety of additional assessment and evaluation tools. Descriptive statistics for questions 9 and 11 - 22 were utilized to test this hypothesis. Eighty-five (57.4%) respondents indicated that RtI does not provide enough information about a child to serve as the comprehensive MDT evaluation for determining whether a child has a SLD (N = 148). When asked how often a variety of evaluation and assessment tools were needed following the RtI process, all the assessment tools received a mean score above 3.0 (sometimes needed). Table 14 outlines how frequently each assessment type was recommended.

Qualitative Data Analysis

Question 9. Question 9 was a two-part question. Part A asked respondents, "Do you believe that RtI provides enough information about a child to serve as the comprehensive MDT evaluation for determining whether he/she has a Specific Learning Disability?" Part B provided respondents with the opportunity to provide open ended answers to the statement, "The reasons I believe this are?" Sixty-three (41.2%) respondents indicated that RtI does provide enough information to serve as the

Table 14

Frequencies, Means, and Standard Deviations for Assessment

| | | Never Needed 1 | Rarely Needed 2 | Sometimes Needed 3 | Frequently Needed 4 | Always Needed 5 | N | M | SD |
|-----|---------------------------|----------------------|-----------------------|--------------------------|---------------------------|-----------------------|-----|------|-------|
| Q11 | Full Battery IQ | 2 | 39 | 60 | 24 | 26 | 151 | 3.22 | 1.058 |
| Q12 | Full Battery Achievement | 5 | 38 | 63 | 25 | 20 | 151 | 3.11 | 1.036 |
| Q13 | Standards | 1 | 8 | 26 | 42 | 74 | 151 | 4.19 | .950 |
| Q14 | Interviews | 1 | 2 | 13 | 23 | 112 | 151 | 4.61 | .757 |
| Q15 | Curriculum Based Measures | 4 | 6 | 13 | 37 | 90 | 150 | 4.35 | .984 |
| Q16 | Medical Information | 1 | 5 | 32 | 26 | 87 | 151 | 4.28 | .953 |
| Q17 | Student Observations | 1 | 2 | 7 | 30 | 110 | 150 | 4.64 | .698 |
| Q18 | Subtests of Achievement | 3 | 14 | 70 | 43 | 20 | 150 | 3.42 | .907 |
| Q19 | Behavior Rating Scales | 2 | 20 | 100 | 22 | 7 | 151 | 3.08 | .717 |
| Q20 | Speech/Language | 1 | 10 | 91 | 38 | 11 | 151 | 3.32 | .734 |
| Q21 | Professional Judgment | 0 | 5 | 27 | 27 | 91 | 150 | 4.36 | .892 |
| Q22 | Other | 0 | 2 | 8 | 5 | 11 | 26 | 3.96 | 1.038 |

comprehensive MDT; 85 (55.6%) indicated that it does not provide enough information. Five respondents chose not to answer the Part A. Qualitative analysis of the open ended answers was conducted by reviewing responses carefully and assigning them descriptive codes. Codes were reviewed for redundancies and overlaps and assigned general themes or common threads.

Respondents who answered yes to this question indicated that they believed RtI provided more information about a child than the traditional Severe Discrepancy model. They also indicated that RtI data was collected over a longer period of time, rather than being a single “snapshot,” and that the RtI data was more closely related to instruction. However, respondents also indicated that the RtI process must be implemented with fidelity and consistency in order to be effective, and they indicated that utilizing RtI may change the definition of SLD. Examples of respondent’s comments included:

- When it is done correctly with adequate, meaningful data that was collected with integrity and when the research based intervention was done with fidelity RtI provides excellent info that is very parent friendly and leads nicely to writing IEP goals.
- The data is specific to the child; the data is closely linked to the academic skills being taught; the data is collected over time and measures improvement to a meaningful degree; the interventions (teaching methods) are conducted in real-world settings (increases significance and effectiveness); the RtI process leads to instructional modification directly; bottom line - RtI increases the likelihood of effectively teaching a child who is struggling.
- RtI provides longitudinal data, more information about instruction, the student's success/failure in response to that intervention and more dialogue among key stake-holders. The decision doesn't rest on a number which has no scientific basis to begin with.
- As long as interventions are being implemented with fidelity, a student's ability to respond to those interventions tells us a great deal of information about that student's educational needs. Careful & frequent data collection as a means of measuring progress (or lack thereof) is crucial.

- Depends how you define SLD. I expect it will help us identify "who needs more help" even if this is inconsistent with traditional definition of SLD (for example, slow learner/80s IQ/ no discrepancy).

Respondents who answered no to this question indicated that they needed more information in order to make a verification decision. They indicated that other factors and disabilities needed to be considered, and standardized testing was still needed. They also indicated that RtI needs to be implemented with more fidelity and there needs to be consistency across district and states. In addition, many respondents' questioned whether RtI could be utilized in areas other than reading. Examples of respondent's comments include:

- Though I am a proponent of RtI I feel that district and nationwide the consistency and fidelity in which interventions are implemented cannot be controlled and therefore is not sufficient in general.
- The initial inconsistencies in RtI practices present a challenge. At times, RtI focuses on one aspect of a student's learning difficulties and does not provide a comprehensive picture of sometimes multifaceted problems.
- An RtI process, carried out even at its best, will identify that a student has a learning problem. A thorough psychological evaluation can provide insights as to why and how to approach instructions in such a way as to utilize the student's strengths to remediate weaknesses. A comprehensive evaluation can also serve well as a good "check" for validity in identification to avoid erroneous identification.
- Not enough information is gathered about contributing factors-cognitive difficulties, medical diagnosis, etc. And currently we are only using RtI practices for Reading - need other assessments for math, writing, listening comprehension and oral expression.
- Curriculum demands/standards vary across schools even in the same district. Differences between states will be even more pronounced. Students who are slow processors or need more practice to master don't necessarily have a learning disability but will be assumed to have one since they cannot keep up on the scope and sequence of skills simply because the teacher is teaching to upper 25% of students.

Question 23. Question 23 prompted respondents for open-ended responses to the statement, “I perceive that using RtI for SLD identification provides the following benefits.” The most frequently cited themes included: RtI provides early intervention, allowing intervention to occur prior to special education identification; RtI is a more consistent pre-referral (or student assistance team) process; RtI is a data based decision making and problem solving process; RtI includes frequent progress monitoring and universal screening of all children; RtI allows schools to assist more students; RtI eliminates the 20 point discrepancy and allows the “gap kid” or slow learner to receive intervention; RtI improves Tier 1 general education instruction and increases collaboration between special education and general education; and RtI ties the assessment to the curriculum, intervention, and IEP. Examples of respondent’s comments included:

- Improves the effectiveness of the core curriculum. Provides intervention earlier to students. Promotes consultation collaboration and team work. Utilizes all resources more effectively in a school district. Uses hard data to drive interventions rather than gut feelings of teachers.
- Allows "slow learners" to be identified for longer-term support. Provides high-quality (if done properly) support for children while they are in the "assessment" phase. Is a better connection between curriculum and assessment. RtI provides a bridge between regular and special education, allowing for more of a continuum.
- I think the main benefits of RtI lie within the general curriculum - i.e., responsive instruction for all students. In addition, there is tremendous benefit (related) in terms of the requisite examination of the general curricula. As a whole, schools using effective RtI must work together to assure delivery of appropriate and effective reading, writing, math curricula, under that at least 80% of students are able to meet benchmark expectations within general education and general education interventions prior to added supports available through Tiers 2 and 3.
- All students can be served through the RtI process. With the current model, many of our students are allowed to slip through the cracks or fail before they

are discovered. When they are tested, many of these children are discovered to be low-ability students who do not demonstrate a significant discrepancy, and so are "sent back" to general education with no additional support. RtI truly measures the needs of the children and allows those lower-ability students to receive the extra support and accommodations they need.

- RtI has great utility in the pre referral/identification process. Excellent tool for generating interventions and following progress. Perhaps a necessary but not sufficient part of LD verification. Should help focus referral questions and if employed correctly would tighten up the functioning of SATs through hypothesis generations and testing.
- There are many benefits of using RtI for SLD identification, mainly that many students don't have to wait until 3rd or 4th grade before they qualify for special education services in SLD. RtI is preventive and is not a wait to fail model. Many students who do not meet the discrepancy model continue to struggle with academics - just as much as a student who does meet the discrepancy model. I like that RtI gives these kids the help they need. I like that RtI focuses on what actually helps kids. RtI gives us great information - but I like a combination of RtI data and testing information in most cases.

Question 24. Question 24 prompted respondents for open-ended responses to the statement, "I have the following concerns or questions regarding the use of RtI for SLD identification:" The most frequently cited themes included: RtI results in a lack of fidelity in the implementation of intervention and assessment procedures and causes inconsistencies in identification across buildings, districts, and states; There is a lack of implementation guidelines and training, as well as a lack of resources (time, money, staff, and intervention materials) to implement RtI; RtI could result in over and/or misidentification of students (especially "slow-learners") and result in a change in the SLD definition; There is uncertainty regarding how to conduct a re-evaluation; RtI lacks research support for implementation beyond elementary reading, and there is a need for accountability and standardization; RtI provides an incomplete view of the child; and standardized assessments still need to be a part of the evaluation process. Examples of respondents' statements include:

- May be too subjective. Needs to be "shored up" so it is more consistent state wide, district to district...building to building. When only considering response to an intervention, some other strengths and weaknesses may be missed that might be picked up on formalized testing (memory concerns, executive functioning skill deficits, etc.).
- That schools/districts will take seriously their obligations to examine the general curricula. That schools/districts will utilize evidence-based interventions and implement them with fidelity. That when schools do not do these things, we will label children as disabled who have in fact not received the full benefit of rigorous instruction. That the true value of a comprehensive psychological evaluation will be overlooked.
- Insufficient training-RtI is a huge paradigm shift for everyone involved in education. Changes in philosophy/thinking/educational practices need to occur in school based members, administrators, instructions in teacher preparation programs, teachers, and parents. We are trying to change core practices and concepts in education, and the systems that have developed to sustain them. Inadequate resources- it sounds easy to give students "extra" instruction that is tailored to their needs, but much more challenging to find the resources to do so, as well as to organize, manage, and monitor the process. Unrealistic expectations- given the above two points, the expectations and timelines are totally unrealistic, especially considering all of the other unfunded mandates and curriculum requirements placed on teachers. I also think the motivation to make wholesale changes is inversely related to the level of success of current practices in a district.
- RtI only has solid research findings for oral reading fluency-or CBM-R (Curriculum Based Measurements-Reading). Basic reading skills and reading comprehension are not adequately assessed by CBM-R. CBM math & writing lack a solid research base. Hence, I don't have a lot of confidence in their use -YET.
- I am concerned that school districts will not be able to afford to provide special education services for an increasing number of students. I am guessing that this is the reason our district is not moving more quickly to implement an RtI model. There likely would be many more students verified in 1st grade in this large urban district. I also suspect that if only RtI is used without a measure of IQ, we will be verifying "slow learners" as LD and we will be ignoring the possibility that slow learners are learning at an expected rate.
- The over identification of students is easier with RtI - acceptable levels are what? The variance between schools on guidelines for verification -school expectations may vary greatly and depend on the school you are in. There may be a wide variance of verification guidelines between states. This

impacts highly mobile students. Please do not take me wrong. I am a strong supporter of RtI and feel it is very needed in the schools but I also believe a combination of RtI and standardized testing is the best approach for serving children and gaining consistency between schools.

Conclusion

Although a high percentage of respondents indicated that RtI was an effective evaluation process for identifying children with SLD and that RtI would be a more effective MDT evaluation than the traditional Severe Discrepancy model, respondents thought that RtI would increase the inconsistency in identification practices across districts and states. Respondents also indicated that they were concerned that RtI would not be implemented with fidelity and may identify children who are not truly SLD. A more detailed summary and discussion of these findings are presented in chapter five.

Chapter Five

Summary and Discussion

Chapter Five begins by reviewing this study's research statement and methodology. This review is followed by a summary and discussion of the research results. The discussion section begins with a discussion of each hypothesis, followed by discussions regarding SLD distinction, consistency and fidelity, and limitations. This discussion is followed by the conclusion.

Research Statement

The purpose of this study was to examine the beliefs of Nebraska school psychologists regarding the sufficiency of Response to Intervention (RtI) as a comprehensive Multi-Disciplinary Team (MDT) evaluation for Specific Learning Disability (SLD) determination. According to the Nebraska School Psychologists' Association (NSPA, n.d.) position statement, the NSPA supports the recent revision of the Individuals with Disabilities Education Improvement Act, including the changes surrounding the identification of children with SLD and the use of RtI. This survey research study was designed to confirm or disconfirm that statement, by determining whether school psychologists believe that RtI is sufficient for identifying children with SLD, determining how Nebraska school psychologists envision RtI fitting within the comprehensive MDT evaluation for SLD, and identifying additional components that school psychologists believe are necessary to comprise a comprehensive evaluation.

The following research questions were utilized to guide this study:

1. Under what conditions do Nebraska school psychologists believe that Response to Intervention (RtI) is sufficient as a comprehensive Multi-

Disciplinary Team (MDT) evaluation for Specific Learning Disability (SLD) determination?

2. When Nebraska school psychologists recommend additional evaluation following the RtI process, which approach do they recommend:
 - a. utilizing a full, standard battery of assessments and evaluation tools that is consistent for all students.
 - b. utilizing specific assessment and evaluation tools that are individually chosen to distinguish between SLD and other possible disabilities for the child that is being evaluated.
 - c. utilizing specific assessment and evaluation tools that are individually chosen to answer questions that arose during the initial RtI process for the child being evaluated.
 - d. utilizing specific assessment and evaluation tools that are individually chosen to distinguish between SLD and other possible disabilities and answer specific questions that arose during the initial RtI process for the child being evaluated (Fuchs & Fuchs, 2007).
 - e. utilizing a comprehensive cognitive evaluation to determine whether a severe discrepancy between intellectual ability and academic achievement exists? (Scruggs & Mastropieri, 2002)
3. When Nebraska school psychologists recommend additional evaluation following the RtI process, which assessment tools would they include?

Review of Methodology

As detailed in Chapter Two, this research study surveyed all 234 school psychologists employed by public and nonpublic schools in the state of Nebraska. SPSS software was utilized to analyze the quantitative survey data. Initially, this data was analyzed descriptively, utilizing frequency tables and histograms. The mean was the primary measure of central tendency and standard deviation was the primary measure of variability. Additional statistical analysis was conducted utilizing the Independent Samples T-test, the Kruskal-Wallis Analysis of Variance by Ranks, the Mann Whitney U-test, and Spearman's Rho Correlation Coefficient. The qualitative survey data were manually coded and analyzed for themes.

Summary of the Results

Nearly all of the respondents (95.5% , $n = 128$) indicated that RtI was an effective evaluation process for identifying children with SLD ($N = 134$, $M = 5.1$, $SD = 0.944$), and 94.7% ($n = 127$) of the respondents indicated that RtI would be a more effective MDT evaluation than the traditional Severe Discrepancy model ($N = 134$, $M = 4.85$; $SD = 1.03$). However, a smaller percentage of respondents (65.8%, $n = 79$) indicated that RtI would decrease the number of students who are incorrectly identified as SLD ($N = 120$, $M = 3$, $SD = 1.29$), and ratings of effectiveness varied by disability. A high percentage of respondents (82.0% , $n = 100$) indicated that RtI was effective at distinguishing between students with SLD and Behavior Disorders ($N = 122$, $M = 4.43$, $SD = 1.372$). However, only 58.0% ($n = 69$) of the respondents indicated that RtI was effective at distinguishing between students with SLD and those with Mental Handicaps ($N = 119$), and the mean for this question ($M = 3.66$, $SD = 1.475$) falls between the

descriptive categories of “slightly ineffective” to “slightly effective.” Similarly, only 55.1% ($n = 65$) of the respondents indicated that RtI was effective at distinguishing between students with SLD and students that are slow learners ($N = 118$), and the mean for this question ($M = 3.56$, $SD = 1.505$) also falls between the descriptive categories of “slightly ineffective” to “slightly effective.”

School psychologists indicated a belief that RtI would result in less consistent identification practices. In fact, only 29.5% ($n = 38$) of the respondents indicated that RtI would result in SLD identification practices that were more consistent across districts; 70.5% ($n = 91$) indicated that RtI would cause identification practices to become less consistent ($N = 129$, $M = 2.9$; $SD = 1.243$). Similarly, only 23.1% ($n = 28$) of the respondents indicated that RtI would result in SLD identification practices that were more consistent across states; 76.9% ($n = 93$) indicated that it would cause identification practices to become less consistent ($N = 121$, $M = 2.6$, $SD = 1.159$).

Overall, this study resulted in very few differences between demographic groups. There were no significant differences based upon the minority or poverty status of children. However, there were a few notable differences when respondents' answers were sorted by the age of students served (elementary or secondary), the school psychologists' experience level with RtI, and the model of RtI utilized. These differences are summarized below:

1. Overall, school psychologists who worked with elementary students ($M = 5.18$, $SD = 1.043$) indicated that RtI was more effective than school psychologists who worked with secondary students ($M = 4.83$, $SD = .887$). Elementary school psychologists indicated that RtI is moderately to highly

effective; whereas secondary school psychologists indicated that it was slightly to moderately effective. Although elementary and secondary school psychologists rated RtI's effectiveness at distinguishing between students with SLD and students with BD or MH similarly, there was a significant difference in their ratings of RtI's effectiveness at distinguishing between students with SLD and students who are "slow learners." School psychologists who worked in elementary schools ($M = 3.78$, $SD = 1.519$) indicated that RtI is an effective evaluation for distinguishing between students with SLD and students that are "slow learners" significantly more often than school psychologists who worked in secondary schools ($M = 2.95$, $SD = 1.495$). The difference between the two means is statistically significant at the .05 level ($t(94) = 2.255$, $p = .026$). Elementary school psychologists indicated that RtI is slightly ineffective to slightly effective at distinguishing between SLD and slow learners; whereas secondary school psychologists indicated that RtI is slightly to moderately ineffective at distinguishing between SLD and "slow learners."

2. There was a correlation between the school psychologist's level of experience with RtI and their perception of its effectiveness and consistency, as seen below:
 - a. There was a weak, but significant, relationship between the number of years the school had utilized RtI for identification of SLD students and school psychologists' perceptions of RtI as more effective than the traditional severe discrepancy model ($\chi^2 = .188$, $p = .047$).

- b. There was a moderate relationship between the number of years the school had used RtI for identification purposes and the school psychologist's perception of RtI's consistency across districts, ($\chi^2 = .28$, $p = .003$) and across states ($\chi^2 = .313$, $p = .002$).
 - c. There was a moderate relationship ($\chi^2 = .252$, $p = .007$) between the amount of time that the school psychologists had utilized RtI (for intervention and/or identification) and their perception of RtI's consistency in SLD identification across districts.
3. School psychologists who utilized a standard protocol model were less likely to indicate that RtI was sufficient to identify children as SLD (33.3%, $n = 2$) than school psychologists who utilized a problem solving or blended approach (43.5%, $n = 37$). School psychologists who utilized a standard protocol model ($n = 6$) were also more likely to indicate that RtI would increase the number of students incorrectly identified as SLD than school psychologist who were utilizing a problem solving model ($n = 19$) or blended model ($n = 50$). The difference is statistically significant at the .05 level for the Kruskal-Wallis ($\chi^2 (2) = 7.409$, $p = .025$); the .05 level for the Mann Whitney–problem solving ($U = 21$, $p = 0.21$); and the .01 level for the Mann Whitney-blended ($U = 52$, $p = 0.007$). However, these results must be interpreted with extreme caution due to the small sample size in the standard protocol model category.

Over half of respondents (55.6%, $n = 8$) indicated that RtI does not provide sufficient information about a child to serve as the comprehensive MDT evaluation for determining whether he/she has a SLD. These school psychologists provided comments

indicating that they needed more information in order to make a verification decision.

They indicated a belief that other factors and disabilities needed to be considered and that standardized testing was still needed in many cases. They also indicated that RtI needs to be implemented with more fidelity, and there needs to be consistency across districts and states before RtI can be considered a reliable method for identifying children as SLD. Even respondents who indicated that RtI did provide sufficient information to identify children as SLD stated that RtI must be implemented with fidelity and consistency in order to be effective. They also indicated that utilizing RtI may change the definition of SLD.

As hypothesized, the large majority (76%, $n = 81$) of respondents indicated that specific assessment tools that are individually chosen for each child in order to distinguish between SLD and other possible disabilities, and to answer specific questions that arose during the RtI process, should be included in the comprehensive MDT evaluation. Eight respondents (7.5%) indicated that specific assessment tools that are individually chosen for each child in order to distinguish between SLD and other disabilities should be included and 11 respondents (10.4%) indicated that specific assessment tools that are individually chosen to answer specific questions that arose during the RtI process should be included. Overall, 93.9% ($n = 100$) of respondents felt additional assessment tools should be individually chosen. Merely, 3.8% ($n = 4$) of respondents indicated that a standard battery of assessment tools that is consistent for all children should be included, and 1.9% ($n = 2$) felt that a comprehensive cognitive evaluation to determine whether a severe discrepancy exists between intellectual ability and academic achievement should be included.

A wide variety of assessment tools was recommended by school psychologists. In fact, all the evaluation tools listed received a mean score above 3.0 (sometimes needed). It is interesting to note that school psychologists indicated that evaluation tools traditionally used in the severe discrepancy model, such as a Full Battery IQ Test ($M = 3.22$, $SD = 1.058$) and a Full Battery Achievement Test ($M = 3.11$, $SD = 1.036$) were needed less frequently than Student Observations ($M = 4.64$, $SD = .698$), Interviews ($M = 4.61$, $SD = .757$), Professional Judgment ($M = 4.36$, $SD = .892$), Curriculum Based Measurements ($M = 4.35$, $.984$), State and Local Standards ($M = 4.19$, $SD = .950$), Specific Subtests of an Achievement Test ($M = 3.42$, $SD = .907$), and Speech Language evaluations ($M = 3.32$, $SD = .734$). In fact, only 33.1% of respondents indicated that a full battery IQ test is frequently or always needed, and only 29.85% indicated a full battery achievement test is frequently or always needed. In comparison, 93.3% of respondents indicated that student observations are frequently or always needed, and 89.4% of respondents indicated that parent, teacher, and/or child interviews are frequently or always needed.

School psychologists identified many benefits associated with the use of RtI; however, they also expressed concerns with its use. Benefits included:

- RtI provides early intervention, even allowing intervention to occur prior to special education identification.
- RtI is a more consistent pre-referral (or student assistance team) process.
- RtI is a data based decision making and problem solving process.
- RtI includes frequent progress monitoring and universal screening of all children

- RtI allows schools to assist more students.
- RtI eliminates the 20 point discrepancy and allows the “gap kid” or slow learner to receive intervention.
- RtI improves Tier 1 general education instruction and increases collaboration between special education and general education.
- RtI ties the assessment process to the curriculum, intervention, and IEP.

School psychologists also identified multiple concerns regarding the use of RtI:

- There is a lack of fidelity in the implementation of RtI.
- RtI causes inconsistencies in intervention and assessment procedures, as well as inconsistencies in identification practices across buildings, districts, and states.
- There is a lack of implementation guidelines and training.
- There is a lack of resources (time, money, staff, and intervention materials) to implement RtI.
- RtI could result in over-identification and/or misidentification of students (especially “slow-learners”).
- RtI could result in a change in the definition of SLD.
- There is uncertainty regarding how to conduct a re-evaluation.
- RtI lacks research support for implementation beyond elementary reading.
- There is a need for accountability and standardization.
- RtI provides an incomplete view of the child.
- Standardized assessments provide valuable information and still needs to be a part of the evaluation process.

School psychologists were most likely to indicate that RtI was sufficient as a comprehensive MDT evaluation for SLD identification under the following conditions:

- RtI was utilized in an elementary school setting.
- A Problem Solving Approach or Blended approach was utilized.
- The school and/or school psychologist was experienced in the utilization of RtI for SLD identification.
- RtI guidelines are followed with consistency and fidelity.

Discussion of the Results

Overall, the results of this study indicated that Nebraska school psychologists supported the use of RtI. A large majority of respondents (95.5%) perceived RtI to be an effective evaluation process, indicating that it is a more effective approach for identifying children with SLD than the traditional Severe Discrepancy model. However, the majority of school psychologists (55.6%) believed that RtI was not sufficient as a comprehensive MDT evaluation for SLD identification. They indicated that RtI should be paired with additional evaluation procedures individually chosen for each child, which may or may not include traditional IQ testing.

Results of this study supported five out of six of the researcher's hypothesis.

- Hypothesis 1: Nebraska school psychologists were more likely to indicate that RtI is sufficient as an MDT evaluation for SLD determination for elementary students than secondary students.
- Hypothesis 2: Nebraska school psychologists were more likely to indicate that RtI is sufficient as an MDT evaluation for SLD determination if they were utilizing a

problem solving model or blended approach to RtI, than if they were using a standard protocol model.

- Hypothesis 3: Nebraska school psychologists' beliefs regarding the sufficiency of RtI as a comprehensive MDT evaluation for SLD were positively correlated to their level of experience utilizing RtI.
- Hypothesis 4: Nebraska school psychologists recommended utilizing an evaluation approach that utilizes additional assessment and evaluation tools that are individually chosen to distinguish between SLD and other possible disabilities and answer specific questions that arose during the initial RtI process for the child being evaluated.
- Hypothesis 6: Nebraska school psychologists recommend utilizing a wide variety of additional assessment and evaluation tools.

Results of this study also indicated that Nebraska school psychologists had the following concerns:

- RtI may not distinguish between children with SLD and those with other disabilities or those who are "slow learners".
- RtI implementation may result in less consistent identification practices.

Hypothesis 5 (Nebraska school psychologists who work in schools with high percentages of minority students or students that live in poverty will be more likely to indicate that RtI is a more effective means to evaluate children for SLD than the severe discrepancy model.) was not supported by this study. The researcher found this interesting because one of the proposed benefits of RtI is that it will reduce the

overidentification of minority students. Additional research that focuses on the use of RtI in high minority and poverty schools is recommended.

Hypothesis 1. As noted previously, school psychologists who worked with elementary students indicated that RtI was more effective than school psychologists who worked with secondary students. This was especially true in regards to the effectiveness of RtI at distinguishing between students with SLD and students that are “slow learners.” School psychologists who worked in elementary schools indicated that RtI was slightly ineffective to slightly effective ($M = 3.78$) at distinguishing between students with SLD and those who were slow learners; whereas secondary school psychologists indicated that RtI was slightly to moderately ineffective ($M = 2.95$) at distinguishing between students with SLD and slow learners. One possible explanation for this difference is the amount of research available to support RtI at each of these levels. A great majority of the research has focused on the elementary level, leaving practitioners with multiple questions about implementation and effectiveness at higher grade levels. This is signified by one respondent’s comment, “What will it (RtI) look like at the high school level? Will it even work?” Additional research is needed regarding the implementation of RtI in secondary schools.

Hypothesis 2. This study indicated a difference between school psychologists’ perceptions of RtI and the specific model of RtI that they were utilizing. A majority of respondents indicated that they utilized a Problem Solving Approach or hybrid approach. In fact, 66.9% of respondents in this study indicated that they utilized a Problem Solving Approach or hybrid approach of RtI; whereas only 4.6% of respondents indicated that they utilized a Standard Protocol Model. Respondents who utilized a Standard Protocol

Model were less likely to indicate that RtI was sufficient as a comprehensive MDT evaluation to identify children with SLD, and they were more likely to indicate that RtI would increase the number of students incorrectly identified as SLD.

It is likely that the Problem Solving Approach and hybrid approach are utilized more frequently in schools due to their increased flexibility and responsiveness to individual students (NJCLD, 2005). These characteristics may also explain why school psychologists were more likely to indicate that RtI was sufficient as a comprehensive MDT if they were utilizing a Problem Solving Approach and why they were more likely to indicate that RtI would increase the number of students incorrectly identified as SLD. However, these same characteristics have made research on the Problem Solving Model more difficult (NJCLD, 2005). Currently, there is more research available to support the use of a Standard Protocol Model than the Problem Solving Approach (Fuchs et al., 2003). Therefore, it is critical that additional research is conducted, which focuses on the implementation and effectiveness of the Problem Solving Approach and hybrid approach within school settings.

Hypothesis 3. This research study also found a significant difference in school psychologists' perceptions of RtI and their level of experience utilizing RtI. There was a positive correlation between school psychologists' experience with RtI and their perception of it as a more effective MDT evaluation for SLD than the Severe Discrepancy model. School psychologists' experience level was also positively correlated to their perceptions of RtI's consistency across districts and states. Thus, it appears that school psychologists' perceptions of RtI's effectiveness and consistency improves as they gain experience utilizing the model.

Hypothesis 4. School psychologists in this study recommended that a comprehensive MDT evaluation should include additional assessment and evaluation tools that are individually chosen to distinguish between SLD and other possible disabilities and to answer specific questions that arose during the initial RtI process for the child being evaluated. The assessments utilized are determined by examining the information collected throughout the initial RtI process and deciding what additional assessment information is needed in order to rule out other causes for the child's academic difficulties and to answer any questions that team members voiced during the initial RtI process. This approach was supported by Fuchs and Fuchs (2007). However, in order to improve consistency, school districts should develop MDT protocols to assist the school psychologist and the MDT in determining what additional areas need to be assessed and which assessments to utilize. A consistent process will help insure that all other causes for the child's academic difficulties (including other disabilities) are excluded and all MDT questions are answered prior to the SLD verification, improving accuracy and effectiveness.

In addition, further research is needed in order for policy makers to provide guidance to educators regarding the components that are needed prior to this comprehensive MDT evaluation, for example: How many interventions must be tried and for how long? What constitutes adequate progress? When does a child move from Tier 1 to Tier 2 to Tier 3? When is a child referred to the MDT? Without these guidelines, schools will continue to be plagued by inconsistency in SLD identification.

Hypothesis 6. This research study indicated that Nebraska school psychologists recommended utilizing a wide variety of additional assessment and evaluation tools. This

may or may not include a full-battery IQ test, depending on the child's needs and situation. School psychologists recommended tailoring the comprehensive evaluation to meet the needs of the individual child and answer MDT members' questions about that child. This improves efficiency of the team by eliminating redundant or unnecessary assessment and focusing on the unique characteristics of the child.

SLD Distinction. School psychologists in this study indicated that additional evaluation is needed as part of the MDT evaluation in order to effectively distinguish between students with SLD and students with other disabilities, such as Mental Handicaps (MH) and Speech Language Impairments (SLI). Whereas, 82.0% of school psychologists perceived RtI to be effective at distinguishing between SLD and Behavioral Disability (BD); only 58.0% perceived RtI as effective at distinguishing between SLD and MH. Standardized intelligence testing would be required to identify the student with MH and standardized language assessments would be needed to determine if a child had SLI or Limited English Proficiency (LEP). Obtaining the correct diagnosis could result in the provision of additional educational services from a Speech Language Pathologist or LEP teacher, and could impact the community-based services the individual qualifies for upon graduation. Without these additional assessments, a distinction cannot be made between these disability categories, potentially resulting in a non-categorical approach to special education. Although there are some proponents for this approach, it has not been authorized by policymakers to date.

Similarly, only 55.1% of school psychologists indicated that RtI would be effective at distinguishing between students with SLD and students who were "slow learners." Multiple comments were made regarding this issue. Some school

psychologists provided comments that indicated they perceived this to be a benefit, because it would allow slow learners to receive special education assistance that they previously could not receive under the Severe Discrepancy model. Other school psychologists perceived this to be a concern, because these slow learners would be labeled as SLD, when they truly do not have a disability. As several school psychologists in this current study commented, the below-level performance identified through the RtI process could be caused by multiple factors, including low cognitive skills, poor language abilities, or environmental factors. Low cognitive skills would indicate a Mental Handicap, poor language abilities would indicate Speech Language Impairment, and environment factors would indicate that there is not a disability at all. However, RtI would classify all of these students as SLD; making SLD synonymous with “underachievement,” rather than “unexpected underachievement.”

It is important for educators and policy makers to consider RtI’s congruency with the legal definition of SLD; and the effect that its adoption could have on that definition. From the beginning, SLD was conceptualized as a form of “unexpected underachievement,” assuming intra-individual variability in the learner and excluding other causes of underachievement that would be “expected” (Fletcher et al., 2002). These characteristics were included in the legal definition of SLD, which was first developed by the National Advisory Committee on Handicapped Children in 1967, adopted by the U.S. Office of Education in 1969, scripted into PL 94-142 in 1975, and did not changed until 2004, in spite of considerable debate regarding its merits (Fletcher et al., 2002; Kavale, Holdnack, & Mostert, 2006). This federal definition states, “*Specific learning disability means a disorder in one or more of the basic psychological processes involved in*

understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.” 34 C.F.R. §300.8(c)(10) ; 20 U.S.C. §1401(30).

In 1977, recommendations for operationalizing this federal definition were provided to states, via U.S. Office of Education regulations, to help identify children with SLD. According to these regulations, SLD was defined as a heterogeneous group of disorders (1. oral expression; 2. listening comprehension; 3. written expression; 4. basic reading skill; 5. reading comprehension; 6. mathematics calculation; or 7. mathematics reasoning) with a common marker of intra-individual variability represented by a discrepancy between IQ and Achievement (i.e., unexpected underachievement). These regulations maintained the exclusionary criteria present in the statutory definition. In addition, other parts of the regulation emphasized the need to ensure that the child’s educational program provide adequate opportunity to learn. No recommendations were made concerning the assessment of psychological processes, likely due to the lack of reliable methods to assess these processes (Fletcher, Francis, et al., 2005).

These criteria suggested three important components: discrepancy, heterogeneity, and exclusion (Fletcher et al., 2002). The first criterion involved a discrepancy between achievement and intellectual ability, traditionally accessed via norm-referenced IQ and achievement tests. This criterion suggested that low achievers with a discrepancy are

different than low achievers without a discrepancy. The second criterion involved heterogeneity, which suggested that LD may manifest itself as a disorder involving speaking, listening, basic reading, reading comprehension, math calculation, math reasoning, and written expression, that is traditionally assessed via multiple achievement tests. The third and final criterion involved exclusion, which indicated that SLD is not identified when the “primary” cause of learning difficulties is mental deficiency, sensory disorder, emotional disturbance, cultural, social, or economic disadvantage, or inadequate instruction (Fletcher et al., 2002).

RtI has been criticized for ignoring the unexpected underachievement, discrepancy, and psychological processing criteria. Ignoring the discrepancy criterion allows a child who demonstrates low achievement that is commensurate with his IQ level (70-85) to be identified as SLD. This accounts for approximately 14% of the school population, which have never been included in a special education category and, according to many, never should. These slow learners provide a dilemma for schools, but do not demonstrate a true disability. RtI also eliminates the notion of SLD as “unexpected” learning failure in the presence of average or above average cognition; by eliminating cognitive testing. Similarly, it eliminates the notion of a psychological processing disorder, by eliminating this testing (Kavale et al., 2006). RtI does not identify intra-individual variabilities, nor does it assume average intelligence or inherent processing difficulties. Instead, RtI identifies all children as SLD if they perform below expected levels and do not respond to research based intervention.

The question to be debated by educators, researchers, and policy-makers is whether to change the definition of SLD, as suggested by researchers such as Flanagan,

Ortiz, Alfonso, and Dynda (2006) and Kavale et al. (2006) or to pair RtI with the traditional severe discrepancy approach (Scruggs & Mastropieri, 2002) or a low achievement model (Fletcher et al., 2005) so that it maintains these current definition criteria. Policy makers, in particular, need to give serious consideration to this issue, and answer these questions:

1. Should the SLD definition be changed to identify all below-level performers, regardless of cognitive/intellectual ability?
2. What impact would this have on students and schools?

It is important that further investigation is conducted in this area before we abandon or change our current definition and construct of SLD.

School psychologists in this current study indicated that RtI is not effective to distinguish between SLD and slow learners, because RtI does not require a discrepancy between IQ and achievement. Comments provided by respondents indicated that this could result in a change in the SLD definition. However, only 1.9% of school psychologists supported the use of the traditional Severe Discrepancy (IQ and achievement) assessment. They indicated that RtI is more effective than the Severe Discrepancy model, and they indicated that students should not be assessed to determine whether such a discrepancy exists.

A recent survey of 58 accomplished scholars in the field of Learning Disabilities also concluded that RtI is not sufficient for SLD identification. However, rather than following RtI with assessments to determine whether a severe discrepancy exists, these experts suggested that RtI should be followed by a comprehensive evaluation that identifies a pattern of psychological processing strengths and weaknesses, and

achievement deficits consistent with this pattern of processing weaknesses. These experts noted that an RtI model could be used to prevent learning problems, but comprehensive evaluations, including assessment of cognitive and neuropsychological processes, should occur for SLD identification purposes. These experts indicated that this integrated approach would ensure that a child identified as SLD meets IDEA statutory and regulatory requirements, and these requirements should not only be maintained, but the statutory requirements in SLD identification procedures should be strengthened (Hale et al., 2010).

Consistency and fidelity. A large majority, 70.5%, of the school psychologists in the current study, indicated that RtI would result in less consistency in SLD identification across districts and 76.9% indicated that it would result in less consistency across states. School psychologists provided a multitude of comments that indicated this was a concern and suggested that a standardized approach to RtI with consistent guidelines is needed. Similar comments were noted by Wiener and Soodak (2008). Without consistent guidelines, a child could qualify as SLD in one school district or state, but not in a neighboring school district or state. School psychologists also commented that accountability is needed to insure that schools are implementing best practice assessment and intervention procedures as part of the RtI process. If these are not implemented with fidelity, the effectiveness of RtI diminishes. State and federal agencies need to provide schools with more standardized, consistent guidelines for RtI implementation in order to improve consistency between schools and states. However, more research is needed to determine which elements are critical and what constitutes best practice.

Limitations. As stated in Chapter One, this study was limited to the assessment approaches and interventions known and available in Nebraska at the time that the study occurred. In addition, very few respondents indicated that they were utilizing a Standard Protocol Model of RtI, making comparisons between the three RtI models difficult and unreliable.

Further Research. Several research suggestions have been provided throughout this discussion, including research focused on the effectiveness of RtI in secondary schools, the use of problem solving models and hybrid models of RtI within in educational settings, the identification of critical components of RtI that must be included in states' guidelines in order to increase consistency and fidelity, and the potential impact of RtI on the definition of SLD.

In addition, the results of this study should be replicated in additional states. It would be particularly interesting to compare these results to results in states that have received a waiver, allowing them to utilize a non-categorical approach to special education identification. This study should also be replicated with other stakeholders, such as special education administrators and teachers, in order to determine if there is consensus among these stakeholders regarding the effectiveness of RtI and its sufficiency as a comprehensive MDT evaluation for SLD identification.

Conclusion

The results of this research study indicated that school psychologists supported the use of RtI. They perceived RtI to be a more effective approach for identifying children with SLD than the traditional Severe Discrepancy model. However they questioned RtI's ability to distinguish between students with SLD and those with other

disabilities (such as MH or SLI) and slow learners. The majority of school psychologists in this study indicated that RtI was not sufficient as a comprehensive MDT evaluation for SLD identification. They recommended the utilization of additional assessment and evaluation tools that are individually chosen to distinguish between SLD and other possible disabilities and answer specific questions that arose during the initial RtI process. They recommended that a variety of assessment tools may be utilized as part of this comprehensive MDT evaluation, depending on the individual child's needs and situation. They indicated that an IQ test should not be required as part of the MDT evaluation, but may be used in individual cases, when the MDT felt that it would provide valuable information to the team in making the verification decision.

School psychologists in this study also indicated that they had concerns regarding the consistency and fidelity of RtI implementation. They indicated a need for consistent guidelines regarding the components of RtI and its implementation in schools. They also questioned whether RtI fit within our current definition of SLD. These recommendations are timely, as Congress is about to embark in the reauthorization of the Elementary and Secondary Education Act and the Individuals with Disabilities Education Improvement Act. These key legislations need to address the concerns of school psychologists listed above, clarify the definition of SLD and RtI's role in SLD identification, and provide clear guidelines to educators to assist in consistent implementation of RtI and the identification of children with SLD.

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Appendix A
Prenotice Letter

Date: _____

Address

Dear _____,



In a few days, you will be receiving an important survey, entitled “A Survey of Nebraska School Psychologists’ and Special Education Directors’ Perceptions Regarding Response to Intervention (RtI).” Your participation in this survey is very important, because the voice of school psychologists and special education directors is currently missing in the research regarding RtI. I believe this is a huge oversight. School psychologists and special education directors have vast experience and knowledge regarding the evaluation of students with Specific Learning Disabilities. By completing this survey, you will help insure that your perceptions are considered as important decisions are made regarding the use of Response to Intervention as a Multi-Disciplinary Team evaluation for Specific Learning Disabilities.

I know that your time is valuable, so I thank you in advance for completing this short, but important survey. If you have any questions at any time, you can contact me at (402) 223-1512 or jthompson@bpsne.org.

Sincerely,

A handwritten signature in black ink that reads "Jami Jo Thompson".

Jami Jo Thompson, Ed.S.

Doctoral Candidate

University of Nebraska-Lincoln



Appendix B
Survey Cover Letter

Date _____

Address _____

Dear _____,

I am inviting you to participate in an important research study titled "A Survey of School Psychologists' Perceptions Regarding RtI." I have conducted an extensive review of research related to RTI as part of my doctoral studies, and I have found that the voice of school psychologists is missing. I believe this is a huge oversight, because you are the professionals who have evaluated students with learning disabilities for decades. With your help, I believe that we can insure that school psychologists' opinions are considered as important decisions are made regarding the use of Response to Intervention as a Multi-Disciplinary Team evaluation for Specific Learning Disabilities.

The results of this survey will be published as part of my dissertation research at the University of Nebraska-Lincoln, which will fulfill the final requirement for completion of my Doctoral Degree program. The results will also be used to inform my professional practices as a Director of Special Education, and may be shared with other professionals in the field via professional journals and/or conference presentations.

I understand that your time is valuable. This survey should only take about 20 minutes to complete, and it will provide essential information on this important topic.

Please be assured that your responses will be kept confidential. The identification numbers on the survey form and address label are for follow-up mailing purposes only and will be destroyed upon completion of the study. There are no other known risks associated with your participation in this study.

Thank you in advance for your willingness to share your opinions with me on this important topic. Completion and return of the enclosed survey will indicate your implied consent. However, your participation is completely voluntary. You are free to decide not to participate in this study. You can also withdraw at any time without harming your relationship with the researchers or the University of Nebraska-Lincoln.

You have the right to ask questions about this survey and related research. You can do this by contacting me personally at 402-223-1512 or jthompson@bpsne.org or by contacting my advisor, Dr. Jody Isernhagen at 402-472-1088. In addition, sometimes study participants have questions or concerns about their rights. In that case you should call the University of Nebraska-Lincoln Institutional Review Board at (402) 472-6965.

Sincerely,

Jami Jo Thompson, Ed.S.

Doctoral Candidate

University of Nebraska-Lincoln



Appendix C
Questionnaire

**A Survey of Nebraska School Psychologists
& Special Education Directors' Perceptions
Regarding
Response to Intervention (RtI)**

**Is RtI Sufficient as a Comprehensive Multi-Disciplinary Team
Evaluation for Specific Learning Disability Identification?**

**A Dissertation Research Study Conducted by:
Jami Jo Thompson, Ed.S.**

**Under Advisement of:
Dr. Jody Isernhagen, Ed.D.
University of Nebraska-Lincoln**

SECTION A- RtI Effectiveness:

*** DIRECTIONS: Please share your perceptions regarding the effectiveness of Response to Intervention (RtI) as a means to identify children with Specific Learning Disabilities (SLD).**

1. How effective is RtI as a Multi-Disciplinary Team (MDT) evaluation process for identifying children with Specific Learning Disabilities?

- Highly Effective
- Moderately Effective
- Slightly Effective
- Slightly Ineffective
- Moderately Ineffective
- Highly Ineffective

- Undecided/Not Sure/Not Applicable

2. How effective is RtI at distinguishing between students with SLD and those with Mental Handicaps?

- Highly Effective
- Moderately Effective
- Slightly Effective
- Slightly Ineffective
- Moderately Ineffective
- Highly Ineffective

- Undecided/Not Sure/Not Applicable

3. How effective is RtI at distinguishing between students with SLD and those with Behavioral Disabilities?

- Highly Effective
- Moderately Effective
- Slightly Effective
- Slightly Ineffective
- Moderately Ineffective
- Highly Ineffective

- Undecided/Not Sure/Not Applicable

4. How effective is RtI at distinguishing between students with SLD and students that are “slow learners”?

- Highly Effective
- Moderately Effective
- Slightly Effective
- Slightly Ineffective
- Moderately Ineffective
- Highly Ineffective

- Undecided/Not Sure/Not Applicable

5. Overall, how will RtI affect the number of students who are incorrectly identified as SLD? The number will:

- Increase Greatly
- Increase Moderately
- Increase Slightly
- Decrease Slightly
- Decrease Moderately
- Decrease Greatly

- Undecided/Not Sure/Not Applicable

6. How would you rate the effectiveness of RtI as compared to the traditional Ability/Achievement Severe Discrepancy Model as an MDT evaluation for identifying children with SLD? RtI is _____.

- Much More Effective
- Moderately More Effective
- Slightly More Effective
- Slightly Less Effective
- Moderately Less Effective
- Much Less Effective

- Undecided/Not Sure/Not Applicable

7. How will RtI affect consistency in SLD identification practices across districts? Identification practices will become _____.

- Totally Consistent
- Moderately More Consistent
- Slightly More Consistent
- Slightly Less Consistent
- Moderately Less Consistent
- Totally inconsistent

- Undecided/Not Sure/Not Applicable

8. How will RtI affect consistency in SLD identification practices across states? Identification practices will become _____.

- Totally Consistent
- Moderately More Consistent
- Slightly More Consistent
- Slightly Less Consistent
- Moderately Less Consistent
- Totally inconsistent

- Undecided/Not Sure/Not Applicable

9 a. Do you believe that RtI provides enough information about a child to serve as the comprehensive MDT evaluation for determining whether he/she has a Specific Learning Disability?

- Yes, RtI provides sufficient information.
- No, RtI does not provide sufficient information.

b. The reasons I believe this are:

SECTION B: Evaluation Approach & Components

***DIRECTIONS: If you answered "YES" to Question 9, please skip to Question 11.**

10. Which of the following assessment approaches should be included in the comprehensive MDT evaluation --following the RtI process-- in order to determine whether the child has a Specific Learning Disability? (PLEASE CHOOSE ONLY ONE ANSWER.)

- An additional standard battery of assessment tools that is consistent for all children.
- A comprehensive cognitive evaluation to determine whether a severe discrepancy exists between intellectual ability and academic achievement
- Specific assessment tools that are individually chosen for each child in order to distinguish between SLD and other possible disabilities,
- Specific assessment tools that are individually chosen for each child in order to answer specific questions that arose during the RtI process
- Specific assessment tools that are individually chosen for each child in order to BOTH distinguish between SLD and other possible disabilities, AND to answer specific questions that arose during the RtI process

DIRECTIONS: Please darken one circle for each question in order to indicate how often each assessment tool is needed following the RtI process—as part of the comprehensive MDT evaluation used to make an accurate SLD identification.

11. A Full Battery Individually-administered IQ test is:

- Always needed (76-100% of the time)
- Frequently needed (51-75% of the time)
- Sometimes needed (26-50% of the time)
- Rarely needed (1-25% of the time)
- Never needed (0% of the time)

12. A Full Battery Individually-administered Achievement Test is:

- Always needed (76-100% of the time)
- Frequently needed (51-75% of the time)
- Sometimes needed (26-50% of the time)
- Rarely needed (1-25% of the time)
- Never needed (0% of the time)

13. Progress on State and Local Standards is:

- Always needed (76-100% of the time)
- Frequently needed (51-75% of the time)
- Sometimes needed (26-50% of the time)
- Rarely needed (1-25% of the time)
- Never needed (0% of the time)

14. Parent, teacher, and/or child Interviews are:

- Always needed (76-100% of the time)
- Frequently needed (51-75% of the time)
- Sometimes needed (26-50% of the time)
- Rarely needed (1-25% of the time)
- Never needed (0% of the time)

15. Curriculum Based Measurements are:

- Always needed (76-100% of the time)
- Frequently needed (51-75% of the time)
- Sometimes needed (26-50% of the time)
- Rarely needed (1-25% of the time)
- Never needed (0% of the time)

16. Medical Information is:

- Always needed (76-100% of the time)
- Frequently needed (51-75% of the time)
- Sometimes needed (26-50% of the time)
- Rarely needed (1-25% of the time)
- Never needed (0% of the time)

17. Student Observation(s) are:

- Always needed (76-100% of the time)
- Frequently needed (51-75% of the time)
- Sometimes needed (26-50% of the time)
- Rarely needed (1-25% of the time)
- Never needed (0% of the time)

18. Specific subtests of an Achievement Test chosen individually for each child are:

- Always needed (76-100% of the time)
- Frequently needed (51-75% of the time)
- Sometimes needed (26-50% of the time)
- Rarely needed (1-25% of the time)
- Never needed (0% of the time)

19. Behavior Rating Scales are:

- Always needed (76-100% of the time)
- Frequently needed (51-75% of the time)
- Sometimes needed (26-50% of the time)
- Rarely needed (1-25% of the time)
- Never needed (0% of the time)

20. Speech/Language Evaluation:

- Always needed (76-100% of the time)
- Frequently needed (51-75% of the time)
- Sometimes needed (26-50% of the time)
- Rarely needed (1-25% of the time)
- Never needed (0% of the time)

21. Professional Judgment:

- Always needed (76-100% of the time)
- Frequently needed (51-75% of the time)
- Sometimes needed (26-50% of the time)
- Rarely needed (1-25% of the time)
- Never needed (0% of the time)

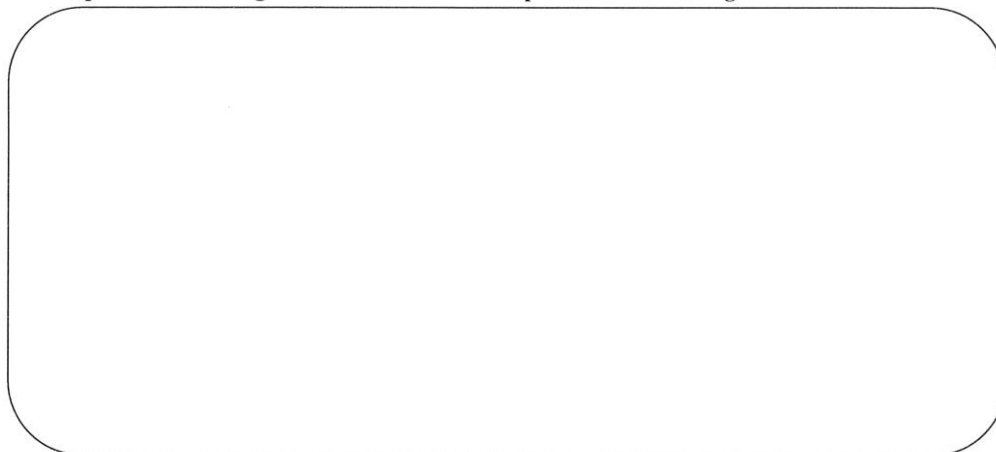
22. Other (Please list: _____)

- Always needed (76-100% of the time)
- Frequently needed (51-75% of the time)
- Sometimes needed (26-50% of the time)
- Rarely needed (1-25% of the time)
- Never needed (0% of the time)

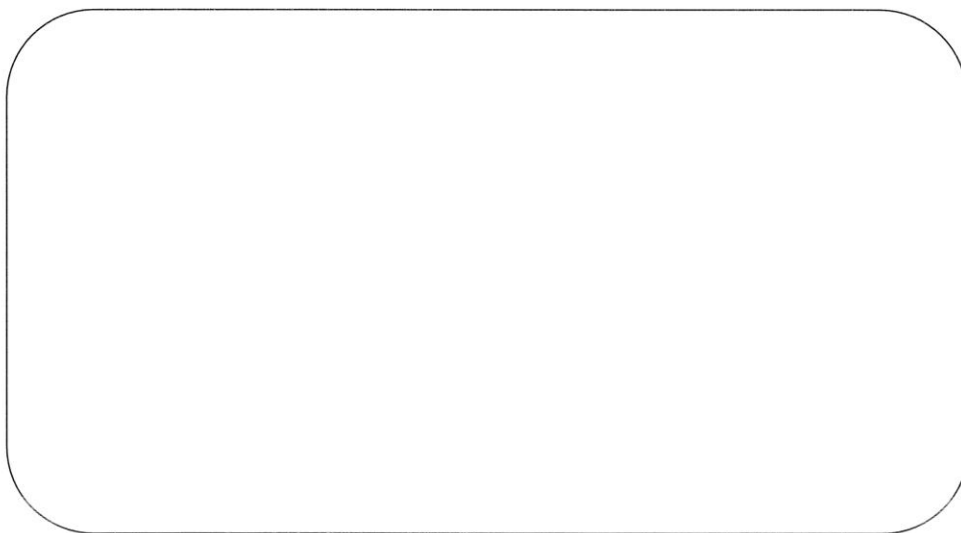
SECTION C- Open Ended Questions

DIRECTIONS: Please answer the following questions with as much detail as possible.

23. I perceive that using RtI for SLD identification provides the following benefits:



24. I have the following concerns or questions regarding the use of RtI for SLD identification:



SECTION D-Demographic Information

25. How many schools do you currently serve?
 _____ Elementary schools
 _____ Secondary (middle, junior high, and/or senior high) schools
26. How many of these schools use RtI?
 _____ Elementary schools
 _____ Secondary (middle, junior high, and/or senior high) schools

DIRECTIONS: Please answer the following questions based on the school that you serve which has utilized RtI for the greatest/longest period of time.

27. In this school, I spend the majority of my time in working with _____ age children.
 ○ Elementary
 ○ Secondary (middle school, junior high, and/or senior high)
 ○ Equally Elementary and Secondary
28. This school has utilized RtI for an intervention or SAT process for _____ years.
29. This school has utilized RtI for identification of SLD students for _____ years.
30. The percentage of minority students living in this school is approximately _____ percent.
31. The percentage of students living in poverty (as identified as students receiving Free or Reduced Lunch) in this school is approximately _____ percent.
32. The RtI process used at this school can be characterized as a: (CHOOSE ONLY ONE.)
 ○ Standard Protocol Model (We use the same standard intervention for all students within the same grade level/content area.)
 ○ Problem Solving Model (We choose interventions individually for each students based on his/her unique needs.)
 ○ Blended Approach (We choose between several standard interventions, based upon student need.- A combination of the Standard Protocol & Problem Solving Models)
 ○ We are not using RtI
 ○ Unsure
33. The amount of time that I have utilized RtI (for intervention and/or identification) is _____ years.
34. Have you received training on the implementation of RtI?
 ○ Yes
 ○ No.

Thank you for participating in this survey. I appreciate your time and effort.
 If you have questions or would like to receive a copy of my results, please feel free to contact me at:
 Jami Jo Thompson Beatrice Public Schools 320 North 5th Street Beatrice, NE 68310
jthompson@bpsne.org

Appendix D

Thank you Post Card

Front:

Thank you

for participating in the study:

**Nebraska School Psychologists' & Special Education
Directors' Perceptions Regarding the Sufficiency of
Response to Intervention (RtI)**

Back:

FROM:

Jami Jo Thompson

Beatrice Public Schools

320 North 5th Street

Beatrice, NE 68310

TO:

Address

Address

Address

I would like to thank you for completing my RtI survey. Your response is greatly appreciated. If you have not had an opportunity to complete the survey, it is NOT too late. Please complete and return it at your earliest convenience. If you have any questions regarding this study or you did not receive the questionnaire, please contact me at

(402) 223-1500 ext. 1033 or

jthompson@bpsne.org.

I appreciate your time & response.

Jami Jo Thompson, Ed.S.

Appendix E
Telephone Protocol

Phone Protocol: Survey Follow-Up

SAY: Hello, This is _____ calling in regards to the Response to Intervention Survey that was mailed to you recently.

SAY:

