Many teachers confront the challenges of an increasingly diverse class of students, greater accountability, and higher expectations for student learning. At least, that was the case in the high school in which I was teaching. For the past nine years, I taught English, American literature, and Advanced Placement Language and Composition. Last year, I also taught a computer-assisted instructional reading program called Read 180 (2008). Though I was increasingly comfortable with the depth of my content knowledge and teaching practices, I noticed that differentiating instruction so my students were increasingly successful in my classes was difficult due to the wide range of student abilities and behaviors in any given class. I realized I needed a different framework for meeting student needs, one that incorporated the new scientifically based research on screening students for potential academic or behavioral difficulties, monitoring students’ learning and achievement, and providing high-quality instruction. This framework is described as examining a student’s response to intervention. In the following pages, I will describe my understanding of RTI and how I learned to incorporate the framework with my classroom process.

**WHAT IS RTI?**

Response to intervention (RTI) integrates assessment and intervention within a multilevel prevention system to maximize student achievement and to reduce behavior problems. With RTI, schools identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions, adjust the intensity and nature of those interventions based on a student’s responsiveness, and identify students with learning disabilities (Mellard, 2007). If some students do not respond adequately to high-quality core instruction coupled with adaptations and differentiation strategies in the general education classroom, a framework of increasingly intense interventions is in place to help those students successfully master the benchmark skills in a given curriculum and the behavioral demands of schooling (Johnson, Mellard, Fuchs, & McKnight, 2006).

RTI has four main components: universal screening, progress monitoring, levels of research-based interventions, and fidelity of implementation. All students in general education are screened—usually three times a year—to determine which students need additional support. Teachers use the screening data to
choose specific instructional materials or methods to use with those students determined to be at risk and track their progress through frequent use of formative assessments (progress monitoring). Based on each student’s progress, school staff members collaboratively make data-driven decisions regarding the most appropriate level of intervention for the at-risk students. Interventions are then implemented with fidelity to meet the academic and behavior needs of the low-responding students (Johnson et al., 2006).

WHAT IS HIGH-QUALITY INSTRUCTION AT THE PRIMARY PREVENTION LEVEL OF RTI?

The classroom teacher provides the primary prevention level in the general education classroom. The teacher implements high-quality instruction based upon the state standards and district or school curriculum. Instructional strategies are implemented and data are used to make informed decisions regarding student outcomes. For me, this process is no different from what is expected in every classroom every day in schools throughout the nation. For example, at the beginning of each school year, my teaching colleagues and I review the results of summative national, state, and/or district assessments. We also use data from a “universal” or school-wide screening tool, such as the Measurement of Academic Progress (MAP), a computerized adaptive test (NWEA, 2004), to determine which students need extra help with a particular concept or set of skills. In my high school, screening was usually conducted at the beginning and end of the school year. The school’s staff reviewed the resulting data, and we used it to make decisions about content pacing and instructional strategies.

During instruction, my teaching colleagues and I administered formative assessments to determine whether or not students were responding adequately. This process of progress monitoring, which is synonymous with formative assessment, is the scientifically based practice of assessing, as frequently as is needed, students’ academic performance in order to (a) determine whether students are benefiting from the instructional program, (b) determine how to create instructional and curricular change so that all students meet the proficient level of the assessed skill(s), and (c) build more effective programs for students who are not benefiting appropriately (Mellard & Johnson, 2008). These formative assessments or progress monitoring measures should align with the standards and benchmarks, curriculum, grade level, and tiered intervention level and should be consistent across all grade levels. The progress monitoring assessments we used were administered weekly, and we met as a professional learning community (PLC; DuFour, 2004) on Thursday mornings before school for 45 minutes to go over the results. Data from progress monitoring allowed me to make adjustments to my practice by re-teaching, supplementing, or enhancing the material according to the needs of my students to ensure their learning.

Teachers might develop formative assessments (Black and Wiliam, 1998) such as common assessments, mastery assessments, and curriculum-based measures (CBM; Deno, 1985) as part of PLCs. A science PLC, as another example, may decide to focus instruction on developing the skill of interpreting data. Teachers could choose to administer a common assessment to determine the students’ level of proficiency in data interpretation and then decide which teaching strategies to use based on the results. If students are already proficient, the teachers might focus on applying the skill of interpreting data to real-world situations, whereas if the students are not proficient, the teacher may spend class time using direct instruction and guided practice. The teachers would then meet as a PLC to review the data and discuss what instructional strategies worked well and what did not, as well as which students appeared to need interventions in the given skill and should receive the next level of intervention.

WHAT DO WE DO WHEN STUDENTS DO NOT RESPOND ADEQUATELY TO HIGH-QUALITY GENERAL EDUCATION INSTRUCTION?

Traditionally, when a student was not academically or behaviorally successful in a general education setting after a teacher had made attempts to modify instruction, a student was referred to a team that decided whether special education services were needed to help the student. This model was used in my
school and most of the middle and high schools in my district. Unfortunately, it assumes that the problem lies inherently with the student and we need to do something to “fix” the student.

In contrast, RTI approaches the same student who is not successful with core instruction by assuming that factors in the student’s environment may affect the outcomes before concluding that something may be “wrong” with the student. The secondary prevention level of RTI, which involves interventions aligned with the general education standards and benchmarks, is delivered to small groups of three to five students in some models (Johnson et al., 2006). These interventions are in addition to the general education classroom instruction and do not replace it. The secondary prevention level is one means of reducing the number of students performing below benchmark or inappropriately referred for special education services. In my school, the intervention that took place at the secondary level involved all students who did not meet proficiency (80% or higher) in the assessed reading and literacy skills.

Small-group intervention in RTI is not tied to a particular location. The intervention may occur within the general education classroom (in a quiet corner of the room) or in a separate location delivered by a trained and supervised staff member and relies on targeting the area of need at the students’ skill level. Our English department decided to implement the secondary-level reading interventions in one of the larger rooms in our school during the common “seminar” period, which was basically a study hall for all of the students in the school. Our reading specialist, special education department chair, another English teacher with specialized training in SAT and ACT test-taking strategies, and I developed and delivered small-group instruction to students in this secondary-level intervention.

Progress monitoring at this secondary level should be regular and could occur multiple times during a week for a specified length of time. If a student successfully improves and reaches grade-level benchmarks, he or she returns to the primary prevention level. If the student has a poor response to the intervention, a qualified team of staff decides whether the student should be moved to the tertiary level and/or uses the information as one part of a disability determination for special education services (Mellard, McKnight, & Deshler, 2007). The team of teachers I worked with reviewed progress monitoring data every week, during which time we made decisions about which students would attend the reading intervention that week. It was certainly possible for a student to be referred to the secondary level of intervention for a week or two, and then, based on the progress-monitoring data, to recommend the student be returned to the primary level of intervention. By the same token, students who needed more intensive instruction were referred to the tertiary level of intervention.

The tertiary level of intervention consists of specifically designed intensive instruction to meet the unique needs of students (often those with disabilities). In some schools, the tertiary level is not synonymous with special education, but in other schools, placement in the tertiary level requires special education eligibility and an individualized education plan (IEP; Johnson et al., 2006). In my school, the tertiary level was not synonymous with special education, although many students who were referred to this level did receive special education services. For example, some students with significant deficits in reading were enrolled in a class called *Reading Strategies*, which used *Read 180* as the curriculum. Some of these students also may have had IEPs, but it was not a requirement to be eligible for the tertiary level of intervention. The intervention is a one-on-one interaction between a special education teacher or other specifically trained teacher and student, usually occurring in another room or setting apart from the general education classroom. Progress monitoring is conducted regularly and more frequently at this level, and the intervention typically lasts longer than 12 weeks, depending on the individual student’s needs. Instruction at this level combines direct instruction with strategy or skill instruction and, ideally, is a flexible service permitting student movement in and out of the intensive tier as students’ needs change (Johnson et al., 2006).

**HOW IMPORTANT IS COLLABORATION IN RTI?**

In my experience, for the RTI model to be successfully implemented, general
education teachers, special education and support staff (e.g., reading specialists, paraprofessionals, school psychologists), and administrators need to work collaboratively. Choosing the appropriate methods, programs, and interventions requires reviewing information from federal, state, and local district policy initiatives, research in relevant academic areas, literature on effective schools, system reform, and effective teaching for diverse students. The system of interventions for reading in my school required flexible scheduling that was facilitated by our administrators, significant input regarding reading and test-taking skills instruction from teachers who had expertise in those areas, as well as information from state and district assessments, access to standardized formative assessments, and a data-management system called Mastery Manager (Goldstar Learning, Inc., 2008) that was an integral part of the data collection and analysis process.

Regular communication between the general educator and the special educator, especially concerning modifications and instructional techniques within the primary prevention and secondary levels of intervention, is also essential. Progress monitoring data should be shared, as well, among educators and administrators to determine appropriate placement of students. Collaboration might occur during PLC time with a focus on designing and implementing secondary-level interventions.

Parents and students also need to be well informed of student progress and placement, so that all major stakeholders feel a shared responsibility for helping the student succeed. For example, our principal sent out a voicemail and letter to all parents informing them of the system of interventions, and all of the English teachers informed the students about the process for movement between the levels of intervention prior to its implementation in the classroom. This concrete display of communication and support by the school’s administration and teacher leaders helped develop buy-in among all students, parents, and teachers impacted by the interventions.

WHAT IS FIDELITY OF IMPLEMENTATION AND WHY IS IT NECESSARY?

Fidelity of implementation is ensuring that the process of RTI, screening, formative assessment, and the individual instruction at the levels of intervention are implemented and delivered as they were intended (Johnson et al., 2006). Because RTI relies heavily on common assessments and alignment of instruction across and between grade levels, it is essential that all staff members are consistent in their delivery of the interventions. Staff need to have a shared understanding of what is required and included in each of the RTI components. In my experience, this shared understanding is best facilitated through frequent collaboration and feedback among teachers, support staff, and administrators. Fidelity of implementation practices may include direct observations by trained administrators or mentor teachers, self-reports, samples of student work, frequent feedback, and professional development (Mellard & Johnson, 2008). Fidelity of implementation is crucial, but it cannot occur if teachers are threatened by the system of observation and evaluation inherent in the process. However, if proper consideration is given to consistent implementation of RTI, the benefits of high fidelity are increased program credibility, leading to more consistent student outcomes, and resulting in highly motivated staff dedicated to high fidelity; thus, the process is cyclical in nature.

WHAT ARE THE CHALLENGES TO IMPLEMENTING RTI IN SECONDARY SCHOOLS?

RTI can be viewed as a framework of system reform, and, as with all reforms, a number of issues arise due to its complexity, including collaboration, time, and underlying values related to responsibility.

Collaboration

One of the practical obstacles to implementing RTI in middle and high schools is the development and sustainability of collaboration among grade levels, content areas, support staff, Title I administrators, reading specialists, general education teachers, special education staff, and administrators. If educators are unwilling to share data and ways to help children learn better, interventions in the RTI process are stymied. In our school, collaboration required a significant amount of effort among key people on the staff.
Part of its success was due to having the right people (i.e., appropriately trained teachers, support staff, and administrators committed to the process) in the right positions to affect change (i.e., department chairs, intervention team members, administrators) under the right circumstances (i.e., the focus for improving student learning is eminent). A paradigm shift also needs to occur: from a focus on what the student is or is not doing to a focus on the effectiveness of the instruction.

**Time**

Another key factor that presents a challenge is the issue of time; teachers need to have enough time to work collaboratively, as well as to prepare formative assessments, review data, and implement interventions. Teachers need to have administrative support in developing workable solutions to this problem. Flexible and/or creative scheduling, a challenge particularly at the high school level, is a necessary component to implementing RTI.

The administration in my school was willing to provide substitute teachers for one day so that the teachers involved could meet to design the components of the intervention. Additionally, we had Thursday mornings built into the schedule as time for PLCs to meet. The administration also helped us find an appropriate time and space to deliver the secondary-level interventions to the students.

**Underlying Values**

Two key values underlie the framework of the RTI model: believing every child can learn, although the learning may be at a different rate than others, and believing every staff member has a responsibility to be responsive to student needs in order to help the student achieve success. If staff members do not share these two values, roadblocks to implementing RTI may seem insurmountable. However, when these two values undergird the structure of RTI, the challenges with implementing the process can be overcome by dedicated professionals working collaboratively toward the common goal of successful student learning for all.

**Conclusion**

General education teachers can take a lead on implementing RTI in their school, as I did in mine, by being part of a district or school-wide team developing guidelines and implementation processes. Teachers can take an active role in understanding the components of RTI and connecting each with everyday high-quality instruction. Finally, reaching out and building collaboration with other staff, particularly those special education teachers, can help build a culture that implements RTI with those underlying values so necessary for student success.

**REFERENCES**


**Document citation:**