RTI Implementation: Identifying the Barriers and Best Practices

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RTI IMPLEMENTATION: IDENTIFYING THE BARRIERS AND BEST PRACTICES

by

KATHLEEN LEAVER

(Under the Direction of Teri Melton)

ABSTRACT

Although the Individuals with Disabilities Improvement Act (IDEIA) was re-authorized in 2004 and permitted the use of RTI as part of the eligibility process, few states and districts have begun to implement it appropriately, let alone assess and ameliorate RTI processes effectively. RTI is basically a problem-solving process. As students move higher up the tiers, instruction and behavioral management techniques are tailored to suit their needs. The effective educator seeks appropriate instruction for all students. Effective RTI practices could remediate at-risk students’ difficulties, increase student scores on accountability tests, and improve identification of student with disabilities (SWD) Educators are responsible for ensuring that students are prepared for their lives within society. RTI could be one piece of the puzzle that helps students realize these goals. The purpose of this qualitative study is to examine educator’s perceptions of the barriers to and best practices of the implementation of RTI in one urban Georgia school district.

INDEX WORDS: At-risk, Eligibility report, Evidence/Research-based interventions, Processing skills, Pyramid of interventions, Response to intervention
RTI IMPLEMENTATION: IDENTIFYING THE BARRIERS AND BEST PRACTICES

by

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RTI IMPLEMENTATION: IDENTIFYING THE BARRIERS AND BEST PRACTICES

by

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DEDICATION

To my parents who put me on the road of life and a love of learning

To my husband who gave me the gift of time and his editorial skills

To my dachshund that sat beside me and reminded me when it was time to go outside and smell the roses.
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CHAPTER 1
INTRODUCTION

Educators customarily look for better means to instruct students; school psychologists constantly pursue better means to formally assess them. The tenets of No Child Left Behind (NCLB) rely on and are designed to further both of these objectives. NCLB has required all student instruction be research-based and designated that all students be assessed in similar ways to ascertain whether they are making Adequate Yearly Progress (AYP). Legislators who have supported NCLB have expected Local Education Authorities (LEA) to ensure all students, irrespective of their ethnicity, socio-economic status, and/or language/learning challenges, achieve at minimum competency levels (No Child Left Behind, 2002). The re-authorization of the Individuals with Disabilities Education Improvement Act-2004 (IDEIA) was predicated upon this NCLB mission.

IDEIA [20 U.S.C .1414§614(b)(6)] encouraged the use of new eligibility procedures for determining special education need in the area of Specific Learning Disabilities (SLD). Educators and psychologists, collaborating on eligibility decisions, can now use assessment procedures based upon a child’s responsiveness to Research- and Evidence-based Interventions (R/EBI). This may augment the school psychologist’s tools to include the traditional quest for individual students’ ability and achievement discrepancy through psychometric assessment, paired with curriculum-based measures of academic and behavioral functioning. With the advent of Response to Intervention (RTI) the traditional discrepancy model shall no longer be the sole means used to determine
eligibility for special education services (Individuals with Disabilities Education Improvement Act, 2004).

IDEIA encourages new procedures such as the Responsive to Intervention (RTI) for identifying students with disabilities (SWD), but it does not offer any particular model for realizing that goal. Two to three years after IDEIA’s RTI authorization, many advocacy, professional, and educational groups continue to debate the best conceptual RTI framework and operational definition. These groups have issued many policy papers on best implementation models (Council for Exceptional Children, 2007; International Reading Association, 2006; National Education Association, 2007). Their papers all describe tiered systems of intervention delivery; all identify early intervention as critical for student success; and, all advocate school districts implement local RTI processes and procedures as soon as possible. However, none of these papers explain how best to realize their various goals. To date, the federal government has not yet developed its own RTI processes and procedures. Even the Georgia Department of Education (GA-DOE), which mandated RTI in their special education rules and regulations, has offered limited guidance for developing specific processes and procedures. However, the GA-DOE does encourage districts to use its Pyramid of Interventions (POI) as an RTI framework (Georgia Department of Education, 2002).

Georgia’s POI offers a four-tiered model as an RTI framework. What follows are those tiers: Tier 1--Standards based instruction; Tier 2--Needs based instruction within small groups; Tier 3--Student Support Team based instruction; and, Tier 4--Specialized instruction. Many districts have developed their own RTI system based upon Georgia’s POI. Educators use data within a prescribed problem solving model to move students
experiencing academic and/or behavioral difficulties into small group settings where Researched/Evidence Based Interventions (R/EBI) can be used to target specific student difficulties. As students experience success, they move back down through the tiers. If they continue to experience difficulties, the R/EBI intensifies until a referral for a comprehensive psychological evaluation can be made to determine whether or not the students need special education services. Nevertheless, Georgia’s school districts continue to struggle to implement RTI. The most common parental complaint received by the GA-DOE concerns RTI. Many parents see the process as an obstacle to their children’s eligibility for special education services (D. Gay, personal communication, January 10, 2009).

The IDEIA reauthorization requires that a discrepancy model, alone, can no longer be used as the only means to identify SWD. In their study, Martinez, Nellis, and Prendergast (2006) described the ability-achievement discrepancy model and its implementation throughout the country. Heretofore, most states determined eligibility for Specific Learning Disabilities (SLD) by completing psychometric testing. In this process, school psychologists would complete Intelligence Quotient Tests (IQ), processing tests, and standardized academic achievement tests. The resulting standard scores or mental age scores would be compared. If there was a large enough difference or discrepancy between the scores, the students would qualify for SLD services. Discrepancies have differed from state-to-state; 1.0, 1.5, or 2.0 standard deviation scores have all been used to determine eligibility for special education services. Until recently, Georgia determined SLD eligibility by using a 20-point standard score deviation between IQ and achievement tests, which translates into a 1.33 standard deviation score. Now,
using RTI, eligibility teams can identify SLD students through RTI data, as well as other
data the team deems appropriate. Once a team determines that a student is failing, they
can employ R/EBI and move forward with the RTI process.

Nonetheless, implementation of RTI is not without its critics, largely due to the
debates that continue to rage on the best way to determine whether or not students are
eligible for special education services. The first barrier, then, to a better
conceptualization of how RTI will be used more effectively for students is to discover
how best to identify students with disabilities (SWD) and to share these processes with
those who must shape interventions and determine eligibility, educators, administrators,
psychologists, and parents.

Numerous researchers; (e.g., Fuchs & Fuchs, 2006; Garcia & Ortiz, 2008; Hale,
Kaufman, Naglieri, & Kavale, 2006; Martinez, Nellis, & Prendergast, 2006; Moores-
Abdool, Unzueta, Vazquez-Donet, & Bijlsma, 2008; Ysseldyke, Burns, Scholin, &
Parker, 2010) have considered whether RTI should be the sole means for identifying
SWD. Moreover, Garcia and Ortiz (2008), and Martinez, Nellis, and Prendergast (2006)
have maintained that using RTI levels the playing field for ethnically and linguistically
diverse learners. Using RTI data as a needs-based assessment may not be as biased as the
ability-achievement discrepancy model when identifying SWD. However, Hale,
Kaufman, Naglieri, and Kavale (2006) have recommended that RTI be used as a pre-
referral vehicle and psychometric data still be employed to establish eligibility for SLD.

Martinez, Nellis, and Prendergast (2006) have suggested a second barrier to
effective implementation of RTI: the lack of defined RTI frameworks at national and
state levels. Unlike Georgia’s four-tiered model, most other states use a three-tiered RTI
framework. Georgia’s Pyramid of Interventions (POI) has identified Tier 4 as specialized or special education services, a practice not found in other states’ model. Zirkel and Thomas (2010) have reviewed state laws governing RTI. They found only ten of fifty states have used RTI in their states’ eligibility formulas and only two of those ten have used RTI exclusively to identify SWD. In Georgia, state rules and regulations have mandated that SWD should be identified by using RTI data paired with standardized assessments that document demonstrable patterns of student processing strengths and weaknesses on standardized assessments. There are many types of processing skills a psychologist can assess: verbal, perceptual, visual-motor, memory, and phonological, to name but a few; however, it is not always apparent how these identifications can help improve student learning in the classroom.

The third barrier to effective RTI implementation appears within existing literature on a wide array of educational topics. Affective beliefs of educators and their institutional practices have been shown to be flawed. Mahdavi and Beebe-Frankenburger’s (2009) qualitative research has indicated that “social validity” may determine whether or not educators will employ the RTI process. Social validity refers to the acceptance, importance, and significance that educators consign to new programs. New initiatives must be supported and valued within the culture of the school for RTI implementation to become habituated. Similarly, Theoharis (2007), who contended that effective administrators should foster an environment of justice and equity when working with students, detected bias against any initiative encouraging educators to enhance educational opportunity for at-risk students. RTI has been idealized as a process that provides more instructional and behavioral support to students at-risk of failing. Often
educators maintain that all students should receive similar services despite the fact that some students need more help than others. Theoharis social justice model, maintains that those students with the greatest need receive more assistance; thereby providing appropriate instructional support. Theoharis has argued that educational leaders are charged with the responsibility to help teachers use more effective pedagogy when instructing students in order to ensure students receive equitable, not one-size-fits-all instruction.

Barriers to effective implementation continue to exist in many schools. Currently, in the participating district, RTI has been implemented with varying degrees of success. The researcher identified the barriers to and best practices of RTI implementation within the participating district. Merriam (2009) suggests that qualitative researchers may use existing quantitative data to help triangulate the direction of the research; therefore, surveys completed after professional develop and two needs assessments administered to district staff throughout implementation of the RTI process helped to direct development of the interview questions. This researcher believes participant perceptions obtained during interviews may more adequately identify RTI barriers and best practices, thereby illuminating routes to greater success with RTI implementation.

**Problem Statement**

RTI is a process authorized by the Individuals with Disabilities Education Improvement Act. IDEIA [20 U.S.C .1414§614(b) (6)] allows for the use of new eligibility procedures to determine special education needs. Districts must permit the use of a process based upon a child’s responsiveness to Research- and Evidence-based Interventions (R/EBI); an ability-achievement discrepancy model can no longer be the
only means of identifying students with a disability (SWD). In July 2007, Georgia’s DOE developed rules and regulations mandating use of RTI in all districts for students from preschool through high school. To comply with these new rules and regulations, Georgia’s school districts had to rapidly develop processes and procedures for implementing RTI.

Background information collected through a review of existing literature has identified barriers to effective implementation of RTI at national, state, and local levels. First, debates continue to rage among educators and researchers about the most effective assessment process to identify SWD. Nationally, IDEIA has allowed the use of RTI data as part of the eligibility process. Previously, all states were using processing and achievement discrepancy formulas as a means to diagnose rather than treat students. They have a discrepancy; therefore, they have a SLD. Now, when using RTI, educators can become prognosticators; they can prescribe certain R/EBI. If the treatment is successful, the students begin to learn effectively and never need special education services. Current researchers have made little attempt to determine what the most effective means to identify SWD should be and what the perceptions of educators and school psychologists have been as they work within the RTI mandate.

Second, although IDEIA has maintained that RTI must be used within the special education assessment process, it did not propose appropriate frameworks or models for use. Educators, LEA, and policymakers have not yet developed consistent RTI policies and procedures. Numerous models exist at national, state, and local levels. For consistency sake, there was a need to decide what policies and procedures constitute the best means to implement RTI. This researcher had some limited quantitative data linked
to district perceptions of the RTI process, but the information did not provide a rich
description of the perceptions that participants have in regard to the process.

Third, although many LEA and educators are attempting to implement RTI, barriers to implementation have been identified. Barriers to effective implementation of RTI have been delineated as follows: developing culture and climate within schools to implement large scale change; realizing socially just and equitable means for providing educational services and assessment to at-risk students; and, ensuring teacher efficacy at all levels of implementation through adequate professional development. Beyond limited empirical studies that identify the barriers to implementation of RTI, little research had been conducted on strategies that could overcome these barriers and perceptions of those implementing the strategies.

Improving RTI processes may lead to an increase in student performance and more appropriate identification of students with disabilities (SWD). The purpose of this descriptive case study sought to discover participants’ perceptions of the barriers to and best practices of Response to Interventions (RTI) implementation.

**Research Questions**

Response to Intervention (RTI) is authorized by the Individuals with Disability Education Improvement Act (IDEIA). Districts in Georgia must allow eligibility decisions for special education to include data from Research and Evidenced-based Interventions (R/EBI) as well as standardized data from a comprehensive psychological report. However, there are multiple barriers to the implementation of RTI, particularly, debate in regard to the most appropriate means to assess a student for special education,
limited agreement on a national and state level defining a framework for the RTI process, and issues arising from initial implementation of RTI.

Little agreement regarding the best RTI processes and procedures exists throughout the nation’s LEAs. It is vitally important, however, that effective RTI processes and procedures be identified so that at-risk students can receive appropriate education to meet Adequate Yearly Progress and so that educators can make appropriate special education eligibility decisions. Therefore, the purpose of this qualitative study was to identify the barriers to and the best practices of RTI. The following overarching research question served to guide this study: What are educators’ perceptions of the RTI process? In addition the following sub-questions added clarity to the research question:

1. What are educators’ perceptions of their role in the RTI process?
2. What are educators’ perceptions of the barriers to RTI implementation?
3. What are educators’ perceptions of the best practices of RTI implementation?

**Significance of Study**

The researcher has been a full participant in the development of the RTI process and procedures within the participating school district. District-, school-, and grade-level professional development and assessment of the RTI process have been completed by the researcher. Currently, outside of training opportunities, the researcher has been a participant-observer of the RTI process in multiple school locations within the participating district. The researcher has been charged with ensuring that the RTI process and procedures be used effectively to increase student achievement, increase behavior and classroom management, and appropriately identify SWD. The researcher has a
professional interest as the Program Manager in charge of the RTI process to make it effective at each and every tier throughout all schools within the participating district. Data collected during this qualitative case study will assist district personnel to eliminate the barriers for effective RTI implementation and identify exemplary implementation practices.

Current literature indicated that many researchers are seeking answers to the best implementation strategies of RTI. Researchers in the fields of psychology and education continue to debate the most effective means for identifying SWD. Professional organizations are grappling with the best framework for the RTI process and procedures. Implementation of the RTI process has been meeting with limited success according to existing research. Empirical studies investigating the various components of RTI are limited. Even fewer qualitative studies examine the perceptions of educators implementing RTI in the school environment. The results of this study will add to the limited body of literature that exists on the topic.

The qualitative data collected during this proposed study may help educators make important decisions for students within the participating district. Effective RTI implementation at Tiers 1, 2, and 3 may help at-risk students develop the academic skills needed to pass the Georgia accountability tests i.e., Criterion Referenced Competency Test (CRCT), Georgia Writing Tests (GWT), End of Course Tests (EOCT), and Georgia High School Graduation Test (GHSGT). When more students pass the basic competency tests and get a high school diploma, they will become more productive citizens. With appropriate data compiled during the RTI process, educators and school psychologists will be able to make better special education eligibility decisions. Since special
education services account for a large share of states’ educational budgets, more efficient means of identification may help save monies that can be used for other educational projects to better affect.

**Methodology**

The proposed qualitative study was completed in six elementary and middle schools within the participating district. The participants were chosen from the following groups: administrators (program managers, principals, or assistant principals), general education teachers, special education teachers, and support staff (guidance counselors, school psychologists, or academic coaches). In order to volunteer for the study, the participants must have participated in the RTI process with one student from Tiers 1 to 3.

Data for the study was collected through audio-taped, face-to-face interviews using questions gleaned from the research and pilot tested instrument. The audio-tapes were transcribed and salient themes and categories were identified and analyzed. To reduce any researcher subjectivity or bias, direct quotes and paraphrases of participant responses were used. Transcripts were sent to all participants via email so that each could confirm that the responses transcribed truly reflect what was reported.

**Limitations, Delimitations, and Assumptions**

The qualitative study was completed to determine specific educators’ perceptions of RTI implementation processes and procedures where these participants work. Research data was analyzed to identify salient themes, categories, and implications that may prove transferable to similar group situations. The factors limiting the general application of the resulting insights include the small participant sample and the nature of phenomena reported upon. Another study limitation was the absence of any standardized
interview questions available as an interview instrument. The researcher, used existing research as a guide and developed appropriate questions for a series of in-depth, audio-taped, face-to-face interviews (see Appendix A). Also, in order to establish content validity, the interview instrument was piloted with individuals steeped in the district’s RTI policy and procedures. Appropriate revisions were made to the instrument prior to completing the study (see Appendix B).

Certain essential delimitations ensured that the participant’s perceptions related to the topic under study. First, study participants were selected from the six schools in which the researcher has been a participant-observer. The researcher was heavily involved in RTI training and implementation at these six schools. The researcher “lived” the RTI “experience” at all of the school sites. Second, the participants chosen had to have used the RTI process and procedure with at least one student from Tier 1 to Tier 3. Accurate perceptions of a process can only occur when one has experienced the phenomenon to be studied (Merriam, 2009).

As with any study, researchers make assumptions about what they are studying (Merriam, 2009). First, it was assumed that the participants provided honest answers to the questions. Second, it was assumed that although the participants know the researcher they did not provide biased answers based upon the relationship that exists between them and the researcher. Third, it is assumed that, upon completion of the instrument pilot and after any suggested improvements, the instrument measured what it purports to measure—the barriers to and best practices of RTI. Finally, it is assumed that the researcher continued to monitor her biases throughout the entire process to ensure reliable findings and implications.
**Definition of Terms**

At-risk: Students at risk of academic failure or behavioral inappropriateness.

Eligibility Report: The Georgia Department of Education has a specific eligibility report format that must be used in determining eligibility for special education services. This report combines RTI data with psychological assessment data (GA-DOE, 2009).

Evidence-based Interventions: Evidence-based interventions are those where there is existing data sustaining their effective use with small student populations.

Processing Skills: For the purpose of this study, processing skills refer to the skills that school psychologists assess as part of the eligibility requirements of the state of Georgia. They include, but are not limited to the following: verbal, perceptual, visual-motor, memory, and phonological.

Pyramid of Interventions: The Georgia Department of Education developed a Pyramid of Interventions in 2001 with the following tiers: (1) Standards-based education; (2) Small group/Standard protocol instruction; (3) Student Support Team instruction, and (4) Specialized instruction (GA-DOE, 2002).

Research-based Interventions: Research-based interventions are those where empirical research sustains their effective use with large student populations.

Research/Evidence-Based Interventions (R/EBI): The use of both types of interventions can be used during the RTI process.

Response to Intervention (RTI): For the purpose of this study, Response to Intervention (RTI) is defined as the four-tiered process and procedure used within the researcher’s district to remediate academic and behavioral difficulties of at-risk
students and students with disabilities (SWD). It is also the process used, if necessary, to identify SWD.

Specific Learning Disability (SLD): SLD is one of the categories of special education exceptionality defined by IDEA and the Georgia Implementation manual. SLD, by Georgia’s definition, is a student who exhibits average intelligence paired with processing strengths and weaknesses on psychometric assessment and academic skills deficits when compared with typically developing peers (GA-DOE, 2007).

Treatment Fidelity: Treatment fidelity refers to delivering the interventions and monitoring progress as outlined in the RTI plan that was developed for the student (Kratochwill, et al., 2007).

Chapter Summary

Although IDEIA was re-authorized in 2004 and permitted the use of RTI as part of the eligibility process, few states and districts have begun to implement it appropriately, let alone assess and ameliorate RTI processes effectively. RTI is basically a problem-solving process. As students move higher up the tiers, instruction and behavioral management techniques are tailored to suit their needs. The effective educator seeks appropriate instruction for all students. Effective RTI practices could remediate at-risk students’ difficulties, increase student scores on accountability tests, and improve identification of student with disabilities. Educators are responsible for ensuring that students are prepared for their lives within society. RTI could be one piece of the puzzle that helps students realize these goals.

Of interest to this researcher are questions about RTI as part of the special education eligibility process, RTI models and frameworks, and effective RTI
implementation strategies. There is not, as yet, a common definition or framework for RTI in the existing literature. Despite this problem, RTI must be implemented within the researcher’s state and district. Greater awareness of educators’ perceptions of the implementation of the RTI process may help LEAs to improve it.
CHAPTER 2

REVIEW OF RESEARCH AND RELATED LITERATURE

The researcher completed an extensive review of the literature as it pertains to the current conceptualization, operational definition, and implementation of the Response to Intervention (RTI) process nationally, regionally, and locally. This review was conducted to ascertain what the barriers to and best practices of RTI are, as rooted in the current literature. This review of literature assisted the researcher to critically construct the qualitative case study. Although implementing RTI is a mandatory part of a comprehensive student evaluation in Georgia, limited direction in how to develop processes and procedures had been offered. Recommendations arising out of this study may serve to complement existing literature actively under review.

RTI, if implemented with fidelity, is a problem-solving process that can, purportedly, be used to remediate at-risk students’ academic and behavioral difficulties. It is also part of the process necessary to identify students with disabilities (SWD) in the state of Georgia. RTI is meant to be used as a problem-solving process using easily accessible data to make early identification decisions regarding students at-risk of failing academically or behaviorally. When students are identified as being at-risk, educators and their parents make decisions on whether or not students need more frequent and intense assistance. Research/evidence-based interventions (R/EBI) are provided in small groups and their effectiveness is monitored through progress monitoring assessments. When a student is again achieving or behaving similarly to their peers, the R/EBI are discontinued. However, if the student continues to struggle, R/EBI are either changed, qualitatively, or offered more frequently in smaller groups or on an individual basis. As
R/EBI become more frequent and intense, the RTI committee determines whether or not to refer a student for special education eligibility consideration.

Implementing RTI is in its infancy; re-authorization of IDEIA occurred in 2004 and only reached educators in Georgia by 2007 through the Georgia Department of Education-Department of Exceptional Children (GADOE-DEXC). Researchers and educators are now grappling with the repercussions of this mandate. Scholars have been identifying multiple barriers to RTI implementation. First, many researchers, educators, and school psychologists continue to debate the best means to identify SWD. Second, although many educational agencies have described RTI implementation models, no specific framework has been adopted at national, state, or local levels. Third, researchers are just beginning to study RTI implementations at schools around the country and there appear to be flaw in the roll-out of this new program, not least where existing staff are expected to implement new procedures without clear guidance, but with pressing mandate.

**Eligibility Debate**

The first barrier to effective RTI implementation has been the battle raging among educational researchers as to the best means of identifying SWD. Educators debate how to integrate the responsiveness to intervention mandate into current discrepancy models of special education eligibility. Proctor and Prevatt (2003) describe the types of discrepancy models that have been used to measure SLD: intra-individual, intellectual ability-achievement, simple discrepancy, and underachievement. Although all have strong psychometric characteristics and clearly established validity and reliability, individual variations on how school psychologists and educators apply these formulas
have led to many inconsistencies in eligibility identifications. Often grade-level discrepancy, standard score comparison, and regression discrepancy are not considered appropriately and students are misidentified with or not identified for SLD at all (Burns & Ysseldyke, 2005). Moreover, psychometric measures alone rarely offer fruitful approaches to remediate academic and behavioral difficulties (Fuchs & Fuchs, 2006).

Debate continues on whether or not there has ever been a consistent operational definition or conceptualization of SLD in the literature or practice (Burns & Ysseldyke, 2005). For thirty years, it has been reported, various educational groups and federal agencies have attempted to complete the task. Since the 2004 re-authorization of IDEIA, renewed attempts have been made to operationally and conceptually define an appropriate RTI framework to aide in the identification of SLD.

Acknowledged advantages of the RTI model include that it allows for the use of progress monitoring techniques for special education eligibility that are based upon student responsiveness to Research/Evidence-Based Interventions (R/EBI). It compares those R/EBI to the performance local grade-level peers or existing national norms. The establishment of need-based discrepancies between what educators expect for their charges and what those students are actually achieving is more efficient and transparent because of the advantages inherent in the RTI process (Fuchs & Fuchs, 2006).

Curriculum-Based Measurement (CBM), are valid and reliable assessments often used to collect data within the RTI model (Shinn, 2007).

Waiting to administer traditional ability-achievement measures often lead to late identification of SWD as educational teams wait for students to demonstrate the ability-achievement discrepancies needed to qualify for SLD qualifications (Berkeley, Bender,
Gregg-Peaster, & Saunders, 2009). Berkley et al. (2009) contend that it is this dissatisfaction with the ability-achievement discrepancy model that led researchers to examine other models to determine SLD eligibility; most specifically the RTI model.

Fuchs and Fuchs (2006) examined the meaning of RTI and how it could be implemented. They found that if implemented with fidelity, R/EBI could be a means to increase student performance and adequately assess specific skills. Fidelity of implementation has been described as completing the R/EBI as planned and described by those implementing them to the parent at an RTI meeting. Traditional discrepancy models measure differences between Intelligence Quotient (IQ) and standardized achievement tests by two, one and a half, or one standard deviation. According to Fuchs and Fuchs (2006) these discrepancy models, did not adequately identify SWD. Middle class Caucasian students often achieved the discrepancy even though their grade-level skills were appropriate and other students did not even though they were failing.

Research completed by Garcia and Ortiz (2008) has also argued that discrepancy models were inappropriate, but for a different reason. IQ and standardized testing instruments, they purported, were biased against ethnically, socio-economically, and linguistically diverse learners. These students’ IQ results have often been deflated; they do not achieve the discrepancy needed, within an ability-achievement discrepancy model, to qualify for special education services in a timely manner. Fuchs and Fuchs (2006) liken the traditional discrepancy model to a ‘wait to fail’ approach. Children from white, middle class homes often qualify sooner than those from diverse low socio-economic ones.
Shinn’s (2007) research has indicated that the ability-achievement discrepancy model has not been effective in identifying SLD. Its use has failed socially, politically, educationally and economically. The incidence rate of Specific Learning Disabilities (SLD) has more than doubled during the last 25 years, more valid and reliable methods of identifying SWD are needed. Kavale and Spaulding (2008) have reported that 50% of all SWD are identified as SLD and 5% of all students in school are identified as SLD. Significant concerns among researchers, federal agencies, and educators persist about over-identification of SLD. Not only has it become very expensive to educate SWD, but often the best means of instructing students has not been resolved prior to SLD identification. Shinn explained that RTI can be used as a dual discrepancy model identifying both educational needs and effective instruction which benefit students.

The research of Kavale and Spaulding has shown the dangers of using RTI data alone to make eligibility decisions. They have found that using RTI data, appropriately, may lead to better instruction at-risk students, but it is not sufficient to provide comprehensive data to determine special education eligibility. These authors have shared a different model to identify SWD. When students fail to improve academic and behavioral skills, after more intense instruction, they should be referred for psychometric assessment to pinpoint specific cognitive difficulties. Kavale and Spaulding argued that RTI procedures should be an instructional starting point prior to evaluation. Cognitive, academic, and behavioral assessments will ascertain whether the student has a SLD, an Intellectual Disability (ID), or a conduct or emotionally-based behavior disorder. RTI methods go part of the way toward identification of SWD, but psychological assessment data must help complete the picture.
Kavale, Kauffman, Bachmeier, and LeFever (2008) and Reynolds and Shaywitz (2009) assert that RTI has its place as a pre-referral or prevention model. They argue that entities such as the National Association for State Directors of Special Education (NASDE) and Council of Administrators of Special Education (CASE) originally conceived of RTI as a framework to increase dialogue and collaboration between general educators and special educators; a means to improve instruction not determine SLD eligibility. Kavale et al. (2008) had claimed that RTI has been more routed in the NCLB arena; looking for solutions to reduce and eliminate the achievement gap than to find a better means of identifying students for special education services. In the view of Kavale et al. (2008) psychometric assessments are still the only way to identify cognitive processing weaknesses, underachievement, and low achievement. There is little empirical evidence that RTI can be used as a model for determining SLD (Reynolds et al., 2009).

Other researchers (Flanagan, Ortiz, Afonso, & Dynda, 2006; Willis & Dumond, 2006) maintain that there is a place for both RTI and the ability-achievement discrepancy model in the instruction and assessment of students suspected as having a disability. IDEIA [20 U.S.C. §1414(614(b)(6))] allows for the use of a process other than the discrepancy model to be used in identifying RTI; it does not preclude the use of the ability-achievement model. RTI data, alone, may not yield the information necessary to make a thorough and complete diagnosis of a student’s abilities and processing skills. The use of RTI to address academic and behavioral deficits will help teams explore factors such as underachievement v. low achievement, use of adaptive skills in the educational environment, and elimination of any existing exclusionary factors to special
education placement (Flanagan, et al. 2006). Teachers and school psychologists can work together to review RTI and psychometric assessment data to make better informed decisions for their students.

Debates on the best means to identify students aside, the Georgia Department of Education-Department of Exceptional Children (GADOE-DEXC) has mandated how educators in Georgia must determine students eligible for special education services. Section 300.307 of the state rules and regulations indicates that SLD must be determined through use of both RTI data and a comprehensive evaluation which demonstrates patterns of processing strengths and weaknesses. Without either piece of data, a student cannot be identified as having SLD. The eligibility process in the participating district conforms to the DOE-DEXC’s mandate (DOE-DEXC, 2007).

Inconsistent RTI Models

The second barrier to effective RTI implementation identified in the literature is the variability of the processes and procedures that exist, not only at a national level, but also state, district, and school levels. While responsiveness to intervention is mandated through IDEIA, there is no direction on specific processes and procedures for its implementation. To consider direction, numerous educational agencies have tried to invent and define RTI procedures. One of the first to post a position paper was Martinez, Nellis, and Prendergast (2006) for the Center for Evaluation and Education Policy. These researchers identified RTI processes needing to be defined and trained. They argued for consistency sake that RTI should be defined at the state rather than local level. Martinez et al. (2006) insisted that since RTI processes deviate significantly from traditional discrepancy models, state departments of education should align old eligibility practices
with new RTI procedures. These researchers strongly advise close monitoring of local districts by state DOEs to ensure best practices are established.

The Council for Exceptional Children (2007) provided more detail in its RTI descriptions. They defined RTI as a tiered problem-solving process with increasing R/EBI intensity and duration culminating, if necessary, with the development of an Individualized Education Plan (IEP). The RTI process should be implemented school-wide with the participation of students, parents, administrators, general education teachers, special education teachers, and support staff. The CEC’s position concluded that all stakeholders should be trained to effectively implement RTI processes.

Samuels (2008) helped develop the National Educational Association’s (NEA) position on RTI. The NEA is the largest teachers union in the United States. Samuels used data collected by the RTI Action Network to investigate educators’ knowledge about RTI; 80% of 800 individuals who voluntarily took their survey rated their knowledge of RTI as “minimal to none.” Samuels also shared that in an NEA symposium on RTI, speakers indicated more RTI training is needed for teachers; especially general education teachers. RTI R/EBI strategies need to be placed into best practice. The NEA position, then, is RTI should not become just one more thing that teachers need to do; its implementation should become habitual. The final NEA recommendation was to ensure pre-service institutions begin training teaching candidates in RTI as soon as possible.

Authors of marketed educational publications have offered strategies to implement RTI effectively. Wright (2007), one such author, explained how school RTI teams can work together to develop effective procedures. His ideas include identifying
team members and assigning roles and responsibilities, cataloging available R/EBI resources by tier, ensuring all educators receive appropriate professional development, and working to recruit future team members to sustain the RTI process.

Even with input from all of these various sources, the United States Education Department, state Departments of Education, and Local Educational Agencies (LEA), have yet to identify cohesive RTI processes and procedures. Development and training of RTI processes and procedures, to a great extent are left up to state Departments of Education and LEAs. Literature continues to support the proposition that there is limited evidence of that these agencies will develop specific frameworks for RTI implementation.

From discussions of RTI definitions there is a need to operational define RTI frameworks more specifically. Most researchers (Bradley, 2006; Barnes & Harlacher, 2008; Berkley, et al, 2009; Burns & Ysseldyke, 2005; Fuchs, Fuchs, & Stecker, 2010; Gessler, Lambert, & Carpenter, 2009; Glover & DiPerna, 2007) have similarly conceptualized the RTI frameworks. Their conceptualizations have included multi-tiered models or frameworks starting with effective, research and standards based instruction for all students, universal screening and progress monitoring tools to determine at-risk students and their response to intervention, R/EBI delivered with increasing intensity and frequency, and treatment fidelity measures.

A consistent operational definition of RTI does not exist (Burns & Ysseldyke, 2005). Researchers and educators ask many questions in order to decide how best to implement consistent RTI frameworks. Zirkel and Thomas (2010) and Berkley et al. (2009) reported the differences that exist in the existing RTI frameworks. They found
differences in the timelines for implementing RTI, the choices that state Departments of Education allow their LEA, and the levels of support offered to the LEA in exploring and operationally defining RTI. Therefore, researchers continue to pose questions on how best to identify consistent RTI practices.

Fuchs, Fuchs, and Stecker (2010) argued that there are two conceptualizations of the RTI process; one which is routed in IDEIA and one in NCLB. The IDEIA group seeks early intervention for students, better identification of SLD, student decision making using curriculum-based measurement systems, and R/EBI being delivered through application of standard protocol interventions. Standard protocol interventions exist and are provided when students experience similar academic or behavioral difficulties. They are thoroughly researched and, purportedly, can be delivered with more fidelity. The NCLB group seeks early intervention for students, but does so to eliminate or begin to reduce the achievement gap as soon as possible so students stand a better chance of making AYP. Educators within the NCLB group use problem solving models to determine which R/EBI should be delivered to students. School staff—general educators, special educators, school psychologists, guidance counselors, and administrators hold the responsibility of analyzing existing data to make decisions on the appropriate interventions to use. Kavale et al. (2008) have maintained that IDEIA supporters focus upon individual children throughout the RTI process; while NCLB sympathizers focus upon the entire group of students. Since general education students and special education students gain benefit from multi-tiered instructional frameworks, the federal government allows for the use of 15% of special education funds be redirected to support the delivery of R/EBI (Johnston, 2010). Berkley et al. (2009) argued that
LEA often use both standard protocol and problem solving models to decide which R/EBI should be used with students. Problem solving models need to conform to a specific process: problem identification using data, appropriate hypothesis in identifying the R/EBI, treatment fidelity, and evaluation of the student’s response to the interventions.

Researchers are narrowing their definitions of RTI in the literature reviewed; however, many more questions still need to be answered before there is an effective and appropriate definition of RTI. It is presumed by school educators that the core or standards-based curriculum offered at Tier 1 is sufficient; researchers such as Berkley et al. (2009) and Kavale et al. (2008) have their doubts. If Tier 1 instruction is flawed then the bedrock of the RTI system is unstable. Researchers also assert that there is limited agreement on what interventions should be chosen, how long they should be implemented, and what determines the student’s positive response or lack of response to intervention delivery (Berkley, et al, 2009; Burns & Yssledyke, 2005; Fuchs et al. 2010). All researchers and most educators are concerned with the issues raised by treatment fidelity. Often, there are no specific designs or plans to implement treatment fidelity measures. In small, empirical studies, treatment fidelity can be maintained and assessed; however, often in large school-based RTI implementations, it is difficult to measure treatment fidelity. Researchers argue that measuring treatment fidelity is a responsibility that ought to fall upon the shoulders of educational administrators (Reynolds & Shaywitz, 2009).

The current status of RTI conceptualization is vague at best; however, this researcher and many educators across the nation and state must implement RTI. The
current model of RTI used in the participating district is described in Figure 1. It has four tiers.

Figure 2.1. Model of Participating District’s Response to Intervention Framework

![Figure 2.1](image)

*Figure 2.1* is a model which briefly illustrates the RTI process used within the participating district; to include the Tiers and minimum amount of time prescribed at each level.

Very specific processes and procedures have been established in the participating district. Data from the RTI process and comprehensive psychological assessments are combined to determine eligibility for SLD and other eligibility areas. Problem solving or standard protocol options are available to educators in the participating district. The
problem solving model includes the following five steps: problem identification, problem analysis (data driven), hypothesis for intervention choice, implementation of interventions, and assessment of interventions. Standard protocol interventions have been researched and there is an existing, intervention library which can be accessed by all district educators. Because one of the primary complaints reaching the GADOE-DEXC is that parents are concerned with the amount of time it takes for their children to be referred for an evaluation; a fast tracking procedure exists for targeted groups of children. These groups include students experiencing moderate to severe cognitive, academic, behavioral or communication difficulties; students experiencing neurological, sensory, or physical/medical difficulties; and/or students whose parents make direct requests for psychological or other educational assessments.

**Implementation Concerns**

The third barrier to the RTI process noted in the literature arises when implementation of the change breaks down in educational settings. House’s (1971) seminal research on Path-Goal theory remains relevant to today’s educational leaders. Leaders are charged with motivating their staff to accomplish organizational goals and to lead change. Gessler-Werts, Lambert, and Carpenter (2009) encouraged the use of surveys to help administrators reflect upon their personal beliefs and understanding of the RTI process. They surveyed special education directors in North Carolina and found that just 77% of them had received some level of professional development themselves, but were expected to lead the RTI change process in their districts. When large scale changes are necessary, extrinsic rewards become necessary until intrinsic rewards become apparent to the educators implementing those changes. Better informed and prepared
educators make central office administrators happy and better rewarded staffs make
teachers more to ready to continue use of effective strategies (House, 1971). Switching
from the ability-achievement discrepancy model to the use of RTI is a significant
paradigm shift for scholars and educators alike.

Success for significant change begins at the individual-educators level.
Educational leaders sponsoring change must understand RTI concepts before they can
support their teachers and staff (LaRocco & Merdica, 2009). Treatment fidelity, the
practice of delivering the interventions and monitoring progress as outlined in the RTI
plan that was developed for the student, must be assured, if it is to be effective and
legally defensible. Central office and site-based administrators are vital for keeping their
junior colleagues on defined paths to effective implementation (Kovaleski, 2007).
LaRocco and Merdica (2009) assert that change often elicits anxiety, conflict, and
disagreements among those who must implement it. Teachers’ concerns were often
related to how the change would affect them personally, how much time it would take to
master the new processes and procedures, and how much anxiety they would feel
implementing said change. Administrative support should include specific and relevant
professional development, ongoing in-service training, coaching support, and assurances
that all change takes time; often three to five years to effective implementation.

Prior to implementing large scale changes, professional development is required.
No overarching theory of adult learning exists; however, there are effective models, sets
of principles, and explanations (Merriam, 2001). Knowles (1973) early research in adult
learning expanded upon the early Greek and European idea of androgogy (man-learning).
Prior to the 1950’s, American researchers presumed that adults learned in a similar way
to children. Early androgogy built upon Freudian psycho-analysis. Knowles conjectured that adults learn differently from children because their self-concept had improved with age and they had become more self-directed in their thinking and actions. Knowles research also indicated that adults brought more experiences to their learning, sought learning relevant to changing societal or vocational roles, and sought new knowledge to help them solve problems with unfamiliar parameters. Instruction for adults is more appropriate if it is a facilitated process of self-discovery. Principles for teaching and learning that Knowles began to derive were: providing active learning activities, repeating the practice of new skills, providing a schedule of reinforcement and motivation, providing relevant instruction, and including the goals of learners into instruction. Today’s adult instructors and facilitators need to keep these principles in mind as they develop RTI trainings (Lawler, 1991).

Professional development opportunities should be offered not only to teachers, but also to educational administrators. Training on RTI processes and procedures is not only the purview of school-based educators, some of the responsibility should fall upon pre-service institutions (colleges and universities), state departments of education, and federal agencies. Professional development for RTI should incorporate pre-service and in-service (Kratochwill, Volpiansky, Clements, & Ball, 2007). The amount and quality of training by these entities is poor; therefore, most of the responsibility of training falls to in-service professional development provided by individuals within the LEA (Hilton, 2007).

There are multiple areas that researchers have identified as areas of in need of training. Danielson, Doolittle, and Bradley (2007), researchers studying professional
development for RTI, argued that high quality, sustained professional development is needed to identify appropriate R/EBI strategies, define appropriate universal benchmark and progress monitoring tools, and assess processes to see if they are meeting all students’ needs; including culturally and linguistically diverse students. Ultimately, the goal is to decide whether R/EBI strategies provide good instructional and behavioral outcomes and assess progress with fidelity. Focus areas for greater professional development include more strategies which address math deficits as well as other content areas (Fuchs et al., 2010). Educators who have received thorough, direct training are more likely to implement changes with higher fidelity than those with limited training. High quality professional development can be the difference between sustaining good practices and tolerating ineffectual implementation. Strong fidelity in outcome as well as intention will increase student success (Kratochwill et al., 2007).

Along with RTI professional development, teachers need to develop a clearer understanding of why RTI is being implemented so that it can grow and be sustained. Professional development needs to incorporate discussions of existing beliefs and attitudes of the educators who must implement RTI (Barnes & Harlacher, 2008). While individuals can make a difference as a part of a larger effort, groups can collaborative define a mission to achieve the goals they have set. In order to promote justice, professional development should be a collaborative practice which is embedded in the change process (Theoharis, 2007).

Mahdavi and Beebe-Frankenberg’s (2009) research has highlighted concerns regarding culture and climate support for RTI implementation. Teachers are more likely to implement large scale change when social validity supports said change. Social
validity is the construct that individuals will support change only if there is a socially valid reason for doing so. Teachers included in the study noted that they supported RTI because they received appropriate professional development, had supportive administrators, and observed successful student outcomes. Educators buy-in and use new processes and procedures when the vision and commitment are encouraged by organizational leaders. School culture and climate changes occur collaboratively; however, individual change occurs when teachers reflect upon instruction and professional development offered to them (Burns & Ysseldyke, 2005). Shinn’s (2007) research indicated that new process and procedures, specifically changing the eligibility process for SLD, may threaten some educational stakeholders. When belief systems are challenged, change may take longer or roadblocks may be thrown up. Not all educators embrace an RTI system which when effectively implemented requires a paradigm shift away from labeling SWD toward addressing student needs more appropriately.

Bogotch’s (2000) research on social justice theory should be included in any implementation of change. Social justice requires the “moral use of power” (p. 2) when asserting it over subordinates. “Heroic” leaders share their vision of justice to help establish a culture of change within their schools. While individuals can make a difference as a part of a larger effort, groups can collaborative define a mission to achieve goals. Theoharis (2007) contended that leaders are the facilitators of change. Just leaders do not allow marginalization of any group of students; they respect diversity in all of its forms and end segregation.

instruction, provide instructional rigor and relevance to all students, promote a climate where social justice ideals can thrive, allow educators to ask hard questions about just behaviors. Social justice is [re]constructed based upon changes within the school and wider society itself (Bogotch, 2000). The research of Theoharris (2010) studied the impact upon leaders who took on the challenges of eliminating unjust practices. Strategies found to be effective in turning around the culture, climate, and performance of these schools were numerous. First, it is useful to increase the equity of opportunities for all, increase student learning time, and enhance teacher accountability for all their students’ achievement. Second, it is appropriate to hire and supervise teachers for just practices, to empower the staff knowledge upon which they can act, and to create a warm and welcoming environment. Third, this welcome should extend to marginalized students and their families, by incorporating social responsibility behaviors within the academic curriculum and school policies. Socially just practices have their place, as everywhere else in the school’s environment, in the implementation of RTI.

Study Context

The researcher’s district has had a student population that ranged anywhere from 28,000 to 32,000 between SY 07 to SY 11. All students have yet to make Adequate Yearly Progress (AYP) at a district level. Of the six schools chosen to be part of the case study, five out of six qualified for Title 1 monies, five out of six had an Economically Disadvantaged (ED) subgroup, and two out of six had a Students With Disability (SWD) subgroup. The district is considered urban rather than rural.
The RTI process and procedures were developed during the Summer of SY 07 and presented, in a train-the-trainers model, during the Fall semester of SY 07. A needs assessment was provided to all of the schools who attended. Fifty surveys were returned and analyzed by Department for Exceptional Children personnel. The results have been provided in Table 2.1. After reviewing the results of the survey, more professional development was offered in the following areas: site-based re-delivery assistance, universal screening measures, progress monitoring measures, academic interventions, behavior interventions, mock case studies, real student case studies, and re-trainings of basic process/procedures/forms. These site-based and large group trainings continued through SY 08 and SY 09.

During SY 10 the Department for Exceptional Children (DEXC) completed a second needs assessment survey. The survey was sent to the following staff: administrators, support staff, general education teachers, and special education teachers. Over 1,225 surveys were returned and data were analyzed by staff members within the DEXC. Two more staff, RTI Specialists, were hired to assist with professional develop within the participating district’s schools. The results of the staff needs-assessment survey have been provided in Table 2.2. Knowledge of the RTI process and procedures was rated with high approval; however, the ability to find assessment tools and interventions was rated with lower approval. As a result of analyzing the survey, the RTI Specialists have developed a more comprehensive intervention library for academic and behavioral assessment tools and interventions. Hundreds of R/EBI have been added to the library located on the district’s intranet for the staff to use.
Table 2.1.

*Initial Response to Intervention Needs Assessment*

<table>
<thead>
<tr>
<th>Questions</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Our administration and school staff support RTI as a model for identifying students with difficulties</td>
<td>72%</td>
<td>23%</td>
</tr>
<tr>
<td>2. School resources are inventoried and organized into appropriate tiers</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>3. Our school has a multi-disciplinary RTI team</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>4. Administrators and school staff have a basic understanding of RTI</td>
<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>5. Benchmark assessments have been completed to determine school norms</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>6. Staff members are trained in appropriate progress monitoring instruments in all academic areas</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>7. The RTI committee would like assistance from their program manager to assist with the redeliver of RTI</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>8. All teachers are trained in implementing the GPS at their grade level or content area</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>9. Teachers have a thorough understanding and knowledge of the principles and strategies of differentiated instruction</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>10. Teachers have been trained in the use of curriculum-based and progress monitoring strategies</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>11. Teachers/data teams understand how to analyze, interpret, and chart data</td>
<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>12. Teachers use data and the problem solving model to drive RTI decisions</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>13. Staff implements research-based strategies with integrity</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>14. The school has small group/standard protocols designed to specifically address student needs</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>15. Teachers are knowledgeable about or have resources available to them to provide interventions</td>
<td>58%</td>
<td>42%</td>
</tr>
</tbody>
</table>
Table 2.2.

*Staff Needs Assessment Survey*

<table>
<thead>
<tr>
<th>Questions</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My school has provided adequate training in the RTI process</td>
<td>62%</td>
<td>38%</td>
</tr>
<tr>
<td>2. I feel that I need more professional development in order to adequately implement the RTI process.</td>
<td>64%</td>
<td>36%</td>
</tr>
<tr>
<td>3. I know how to initiate the RTI process for a student having difficulty.</td>
<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>4. I understand the fast-tracking process and procedures.</td>
<td>42%</td>
<td>58%</td>
</tr>
<tr>
<td>5. I am aware of who serves on our school’s RTI committee.</td>
<td>74%</td>
<td>26%</td>
</tr>
<tr>
<td>6. School personnel use assessment and progress monitoring data to guide the academic RTI process.</td>
<td>78%</td>
<td>22%</td>
</tr>
<tr>
<td>7. The school uses a system for collecting school-wide behavioral and disciplinary data to inform the behavioral RTI process.</td>
<td>68%</td>
<td>32%</td>
</tr>
<tr>
<td>8. I know where to locate sufficient Tier 2 or Tier 3 resources and intervention strategies for academic difficulties.</td>
<td>44%</td>
<td>56%</td>
</tr>
<tr>
<td>9. I have successfully implemented Tier 2 or Tier 3 interventions for academic difficulties.</td>
<td>68%</td>
<td>32%</td>
</tr>
<tr>
<td>10. I have used data collection to evaluate the effectiveness of academic interventions.</td>
<td>66%</td>
<td>34%</td>
</tr>
<tr>
<td>11. I know where to locate sufficient Tier 2 or Tier 3 resources and intervention strategies for behavioral difficulties.</td>
<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>12. I know where to locate sufficient Tier 2 or Tier 3 resources and intervention strategies for communicative difficulties.</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>13. I understand the procedures for moving a student from one tier to another in the RTI process.</td>
<td>48%</td>
<td>52%</td>
</tr>
</tbody>
</table>
Although many staff reported that they understood the RTI process and procedures, many schools did not implement, as evidenced by district scores on the Georgia accountability tests (CRCT, GHSGT, etc.) and the significant drop in referrals for special education evaluations. After the review of data, during SY 11, the Executive Director of Exceptional Children asked the site-based administrators to complete a Response to Intervention Implementation Survey to determine how RTI was being implemented in all district schools. The results have been cataloged in Table 2.3.

Of concern to this researcher was the information that 72% of the staff respondents reported, on the Staff Needs-Assessment Survey, that they know how to implement RTI; however, administrators reported, on the Administrator’s Response to Intervention Implementation Survey, that RTI is only used for students experiencing academic or behavioral difficulties 45% of the time. The Executive Director of Exceptional Children as well as the Executive Director of Elementary Schools imparted their dis-satisfaction with the results of the survey to central office and site-based administrators.

Inconsistencies within the quantitative data do not effectively measure the barriers to and best practices of RTI implementation. The researcher resolved to complete a more in-depth examination of the RTI phenomenon through qualitative means. Perhaps staff perceptions, qualitative data, will help to illuminate the barrier and best practices of RTI implementation; so that the barriers can be reduced and best practices encouraged.
Table 2.3.

*Administrator's Response to Intervention Implementation Survey*

<table>
<thead>
<tr>
<th>Questions</th>
<th>Percentage Yes</th>
<th>Percentage No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. We have a designated RTI Coordinator who understands and can answer</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>staff questions regarding the RTI process and/or knows how to request assistance from the RTI Specialist.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The RTI Committee meets frequently to problem solve academic concerns.</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>3. The RTI Committee meets frequently to problem solve behavioral concerns.</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>4. The RTI Committee meets frequently to problem solve communicative concerns</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>5. The RTI Coordinator and RTI Committee understands and can explain how to use the fast-tracking process.</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>6. All staff members have an understanding of our school’s RTI process.</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>7. All staff members use the RTI process to support students’ academic, behavioral, and/or communicative remedial needs.</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>8. Grade level data teams meet, at least monthly, to develop appropriate academic and behavioral interventions for our students.</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>9. All staff members know how to access and have visited the district’s RTI website on acorn2 to find appropriate RTI resources.</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>10. All staff members encourage the use of the RTI process rather than request parents write a letter to request a special education assessment.</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>11. Based upon data, the RTI teams move students through the process and make appropriate referrals for special education assessment in a timely manner.</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>12. There is a specific plan of where to keep students’ RTI data/folders.</td>
<td>90%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Chapter Summary

The state of existing literature indicates that there still remain widely differing practices on identifying students with disabilities, SLD more specifically. Several researchers support the use of RTI data as the only means necessary to determine SLD eligibility. Others see ability-achievement discrepancy and psychometric assessment as the only means necessary to determine SLD eligibilities. Still others support the use of RTI combined with psychometric assessment as the best means of determining SLD eligibility. All agree that there is not, currently, an appropriate operational definition of SLD. Although this topic is one of continued debate, Georgia’s Department of Education-Division of Exceptional Children has determined that RTI data and comprehensive psychological assessment information will be used to determine SLD eligibility for its students.

There is no accepted RTI framework nationally, regionally, or locally. There are some conceptual characteristics of RTI. The characteristics are: multi-tiers, effective standards-based instruction, appropriate provision of R/EBI, effective assessment, and high treatment fidelity. The dearth in research on RTI frameworks continues.

Finally, scholars indicate that a just and equitable school culture and climate must exist before any large scale change is appropriately implemented. Not only must equity be stressed, but teachers must reconcile pre-existing beliefs, as a group, in order to establish socially validity. Often, changes are too distant from existing values to be successfully consolidated. Professional development, a collaborative culture, and administrative support remain bedrocks of change.
Multiple barriers to the effective implementation of RTI have been identified within the existing literature. The most significant barrier defined by the existing research is that there is too much variability at all levels of RTI. Where there remains a scarcity of research is in the best practices of RTI implementation. It is hoped that data drawn from this proposed qualitative study will shed light not just upon barriers to RTI, but also best practices within the participating district.
CHAPTER 3
METHODOLOGY

Introduction

The researcher has been a full-participant in the development of the Response to Intervention (RTI) process and procedures in the participating district. Quantitative data drawn from needs assessments and district-level surveys provided to administrators, teachers, and support staff have provided an insufficient picture of the barriers to and best practices of its implementation. The researcher has sought a deeper understanding of the phenomenon of RTI by completing a qualitative case study to garner the perceptions of educators within the participating district.

Research Questions

Response to Intervention (RTI) is authorized by the Individuals with Disability Education Improvement Act (IDEIA). Districts in Georgia must allow eligibility decisions for special education to include data from Research and Evidenced-based Interventions (R/EBI) as well as standardized data from a comprehensive psychological report. However, there are multiple barriers to the implementation of RTI, such as, debate in regard to the most appropriate means to assess a student for special education, limited agreement on a national and state level defining a framework for the RTI process, and issues arising from initial implementation of RTI.

Little agreement regarding the best RTI processes and procedures exists throughout the nation’s LEAs. It is vitally important, however, that effective RTI processes and procedures are identified so that at-risk students can receive appropriate education to meet Adequate Yearly Progress and so that educators can make appropriate
special education eligibility decisions. Therefore, the purpose of this qualitative study was to identify the barriers to and the best practices of RTI. The following overarching research question served to guide this study: What are educators’ perceptions of the RTI process? In addition the following sub-questions added clarity to the research question:

1. What are educators’ perceptions of their role in the RTI process?
2. What are educators’ perceptions of the barriers to RTI implementation?
3. What are educators’ perceptions of the best practices of RTI implementation?

**Rationale for a Qualitative Study**

This researcher has had extensive experience planning, training, and evaluating district RTI processes and procedures. Quantitative opportunities to evaluate RTI over a four-year implementation process have engaged central office administrators, site administrators, and school staff through various training surveys and need assessments. However, even with the existing data it has been difficult to ascertain what the barriers to and best practices of the RTI process have been. Overall, the existing quantitative data has determined that district staffs have found the professional development opportunities and RTI process and procedures to be satisfactory.

Nonetheless, signs of ineffective RTI implementation continue to arise. Students referred for comprehensive evaluations do not qualify for special education services, parents or guardians make requests for evaluation because the RTI process has not been initiated for their child quickly enough, students continue to fail to make AYP, and significant rates of Out Of School suspensions continue to exist due to poor management of student behavior. Quantitative data may have provided an indication of staff satisfaction with RTI, but have concealed, rather the illuminated, RTI implementation
concerns. Qualitative means of analysis had not been attempted to measure the current RTI implementation concerns. Challenges that need to be met are as follows: to provide professional development to new and existing staff, to develop a culture and climate within the district to support RTI implementation, and to facilitate the growth of effective RTI implementation strategies to all district schools.

Qualitative studies yield information on how individuals sense phenomenological experiences; they also offer researchers data from which to construct meaning from informants’ perceptions (Merriam, 2009). Participants chosen for this qualitative study have been immersed in the phenomenon of the RTI process. It is believed that by analyzing their experiences this researcher has been able to provide rich descriptive narratives shedding light upon implementation strategies that are both effective and ineffective. Salient themes identified within the collected data underpin conclusions the researcher can use to improve district RTI processes and procedures.

The state of Georgia has defined RTI in broad strokes using the Pyramid of Interventions, but its definition in the participating district has added nuance, detail, and specificity. Broader exploration of the phenomenon of RTI, drawn from descriptive participant insights and perceptions, were gathered and analyzed to expand effective RTI practices (Gay, Mills, & Airasian, 2006). It was important to collect perceptions from educators involved in the RTI processes at the grass-roots level so as to compare national perceptions against actual experiences in this particular district; thereby, deepening and grounding existing RTI literature (Merriam, 2009).

A review of the literature has highlighted problems implementing RTI country-wide; Georgia is no exception. Problems implementing RTI appear, inevitably, in the
participating district. Using a case study format to collect the qualitative data to answer the research questions has allowed the researcher to gather the descriptions of the RTI phenomenon and use participant responses to identify barriers and best practices (Gall, Gall, & Borg, 2007). As with all qualitative studies, one is investigating participants’ perceptions of specific phenomenon. This research has been bound by a particular time frame and investigate a specific process; therefore, a case study investigation was the most appropriate qualitative strategy to employ for this study (Creswell, 2009).

Role of the Researcher

The researcher is currently a Program Manager in the Department for Exceptional Children who was hired, primarily, to develop district RTI processes and procedures. The researcher also piloted an intervention-based assessment program in Ohio. Student benefits of this program included: higher academic achievement, better behavior, and more appropriate eligibility decisions about students suspected of having a learning disability. This researcher has always been interested in developing alternative problem solving models for students at-risk of developing academic, behavioral, and/or communicative difficulties. During the last four years, the researcher has been a participant-observer of the RTI process in six out of the participating district’s elementary and middle schools. Participants of the study have been chosen from this group of district staff with whom the researcher has worked. Identifying the barriers to and effective practices of the RTI process and procedures was the quest of this researcher. Knowing this information may lead to better decision-making in order to increase student achievement for at-risk students and better identify SWD; thereby, increasing test scores and saving some taxpayer monies budgeted for SWD. Knowing the barriers to effective
RTI practices may help staff reduce or eliminate these barriers. Since the success of the RTI process is important to students who derive benefits from it and is a personal, “lived experience” of the researcher, a qualitative analysis of data occurred (Gay, et al, 2006).

**Ethics and Researcher Subjectivities**

Gall et al., (2007) have indicated, in their research, that it is important to consider ethical imperatives when completing any type of research, but especially when completing qualitative studies. Sensitivity to possible biases is important throughout the different phases of this study. The researcher has examined personal subjectivities pursuant to this study. First, it is part of the researcher’s job to facilitate effective RTI implementation strategies no matter who suggests them; therefore, it is imperative to her job performance to increase the effectiveness of its implementation. Second, the researcher believes that RTI processes and procedures can lead to better instruction for all students; it is a problem solving process that can help teachers and educators differentiate instruction to remediate skills as well as enhance skills-academically, behaviorally, and communicatively. Third, it is an important facet of any educational change to find processes and procedures that work for all educators, all children, and all stakeholders within the culture and climate of the institution; variances of RTI implementation strategies must be taken into account. Keeping these subjectivities in mind, the researcher believes that only open-minded exploration of the perceptions gained from participants will increase RTI effectiveness.

The researcher has identified certain subjectivities that relate to her beliefs and values about the effective implementation of RTI. In order to establish appropriate credibility, the researcher continued to review biases throughout every stage of the study.
Reliability was established by reporting the data, as much as possible, via direct quotes and paraphrases of the participants’ responses. Interview questions were identified and chosen from existing literature and pilot study (see Appendix A for all of the structured interview questions). Transferability of the data can occur at a district level since the participant schools have had similar professional learning and training experiences.

**Instrument**

Since the interview questions have not been taken from a published assessment, the researcher had completed a pilot study to determine contextual validity (Merriam, 2009). The instrument used for primary data collection is a researcher-developed and piloted list of questions that were administered in audio-taped, face-to-face interviews. Two educators steeped in the district’s RTI process had taken the interview and evaluated its effectiveness using a four-point Likert scale on three characteristics (see Appendix B for the pilot rubric). First, the educators determined, positively, that the questions related to the content to be studied; second, they determined, positively, that the questions were understandable; third, they corrected convention/style mistakes; and, fourth they determined, positively, that the questions were written appropriately. The researcher timed the interviews to ascertain the length its administration took; forty-five to sixty minutes in length. Finally, the researcher examined the pilot data collected to determine if it the individual perceptions and narratives answered the intended research questions adequately (see Appendix A).

Upon transcription of the pilot interviews, the researcher was able to identify salient themes and patterns in the participants’ responses. The pilot participants offered suggestions regarding additional questions that may have allowed them to expand upon
their perceptions of the RTI phenomenon. Revisions were made to the original questions based upon input received during the pilot study. Questions were added to better address the research questions.

**Sample and Sampling**

The quality of data, rather than quantity of the data matter when completing a qualitative research design; therefore, the participants for the study were drawn from individuals who have participated in the RTI process (Meloy, 2002). The participants were chosen from the six schools in which the researcher has worked; Gay et al. 2006 defined this as a purposive sample. The researcher has been a participant-observer (Merriam, 2009) throughout the planning, implementation, and evaluation of the RTI process at all of the schools involved in the case study. The quantitative data collected from a recently administered district-faculty needs-assessment of the RTI process had indicated that the educators’ responses at the participating elementary and middles schools are typical of responses across the entire district faculty.

The data from the needs assessment was analyzed for the four elementary schools’ which participated in the study. Their data indicated that over 70% of the educators surveyed believed that the RTI process was satisfactory. The needs assessment data for the two participating middle schools’ indicated that over 55% of the educators surveyed believed that the RTI process was satisfactory. These results were similar to all of the other school educators’ responses on the needs assessment; overall, the satisfaction of the current RTI process was at 73% for elementary schools and 55% at middle schools. By analyzing the qualitative responses of a purposive sample of the district’s educational
staff, a more thorough picture and more practical options for improving the RTI process should emerge.

The researcher gained informal consent to discuss sampling procedures with the principals at all six schools who participated in the case study. During faculty meetings held at each site, the researcher asked for participants. Interested educators signed a Participant Verification Form, which were placed in an appropriate receptacle (see Appendix C for a sample of the participant verification). Once approval from the dissertation committee and Georgia Southern Institutional Review Board (IRB) were obtained, the researcher randomly selected cards from the receptacles and arranged to complete audio-taped, face-to-face interviews.

Participants from each of the following stakeholder groups were chosen to complete individual interviews with the researcher: (3) administrators, (3) general education teachers, (3) special education teachers, and (3) support staff [guidance counselor, academic coach, or school psychologist]. For the purposes of this study, an administrator was defined as a principal, assistant principal, or program manager. A general education teacher was defined as an individual who was teaching in a general education classroom--the teacher of record for a particular grade level or content area. A special education teacher was defined as a case manager of SWD who are instructed within the inclusion setting or pull-out resource setting. Support staff were defined as certified staff members who work closely with teachers and administrators to effectively support student instruction and behavior management; guidance counselors and academic coaches. Each school participating had been assigned at least one of these personnel per site. Twelve individuals completed an interview with the researcher.
Prior to completing the interviews, informed consent from each participant was obtained. In accordance to IRB rules, all participants’ identifies were kept confidential. Pseudonyms were developed for the district, the schools, and the participants of this study to protect their identities.

Data Collection Procedures

The researcher interviewed twelve individuals, three from each group sampled (administrators, support staff, general education teachers, and general education teachers), to determine their perceptions of the barriers to and best practices of the RTI process and procedures. Gall, Gall, and Borg (2007) share that qualitative samples, by necessity, are quite small; therefore, if attrition can be limited and a large volunteer pool is generated, twelve participants should be sufficient to garner appropriate perceptions for this case study. There was no attrition of respondents throughout the study period.

A piloted, researcher-constructed list of questions was developed to collect the study’s data. Audio-taped, face-to-face interviews were completed with each participant. These interviews were audio-taped and then transcribed, verbatim, for analyses by the researcher. A small extrinsic reward, a $25.00 gift card, was offered to each participant to compensate them for their time. The compensation was provided to the participants after the interview and placed within a thank you card.

Data Analysis Procedures and Reporting of Data

All data were analyzed using Moustakas’ Modification of the Stevick-Colaizzi-Keen method of data analysis (Moustaka, 1994) (see Appendix D) to include within group and across group analysis (Yin, 2003). Verbatim transcriptions of the interviews of all participants were completed. Participants’ perceptions were coded to reduce the
data to salient themes and categories as related to the overarching research question and subquestions. Reducing the data into small thematic groups and categories helped emphasize key data. The researcher synthesized participant perceptions into relevant narratives describing their identification of barriers to and best RTI practices. The researcher also attempted to develop a visual model to better illustrate the themes and ideas that emerged (Merriam, 2009). The researcher also relied on direct quotes from the participants to describe the RTI phenomenon through their own words.

**Materials**

The researcher used interview questions that have been assessed via a pilot study (see Appendices A and B). An audio tape recorder was used to record all interview sessions. Participants were allowed to view their transcribed interview and comment upon its contents. The transcript was sent via the district’s PONY mail for any comments, additions, or changes. A written transcript was developed so that the data could be analyzed by coding all information to determine significant themes and findings. The tapes were transcribed and analyzed by the researcher; apart from the participant, no other individuals have had access to the data. Materials will be kept, in a locked cabinet, in the researcher’s private home office for five years after the study (Gay et al., 2006).

**Chapter Summary**

The researcher completed a qualitative case study to determine the sample population’s perceptions of the barriers to and the effective practices of the RTI process and procedures. Three individuals from the following groups were randomly selected to complete the interviews: administrators, support staff, general educators, and special educators. Data were analyzed and findings are presenting in the ensuing chapters.
CHAPTER 4

REPORT OF DATA AND DATA ANALYSIS

The purpose of this study was to identify the best practices and barriers to implementing the Response to Intervention (RTI) process and procedures within a large Georgia school district. Although RTI has been in place for four years and quantitative needs assessments have been completed with excellent results, AYP results and the numbers of students being unsuccessfully identified with SLD indicate that RTI has not yet been implemented at all school sites consistently or effectively.

Based on the needs assessment date, the researcher anticipates that findings generated from qualitative data collected during this study may help educators make important decisions for students within the participating district. As a result, effective RTI implementation at Tiers 1, 2, and 3 may help at-risk students develop academic skills essential for success on Georgia accountability tests (i.e.) Criterion Referenced Competency Test (CRCT), Georgia Writing Tests (GWT), End of Course Tests (EOCT), and Georgia High School Graduation Test (GHSGT). When more students pass these basic competency tests to earn a high school diploma, it is anticipated that they will compete more effectively in the labor market, become more productive citizens, and lead more fulfilled lives. More efficient means of identifying students in need of these services may help save state and federal monies that can be used for other educational projects.

Research Questions

Response to Intervention (RTI) is authorized by the Individuals with Disability Education Improvement Act (IDEIA). Districts in Georgia must allow eligibility
decisions for special education to include data from Research and Evidenced-based Interventions (R/EBI), as well as standardized data from a comprehensive psychological report. However, there are multiple barriers to the implementation of RTI, such as debate in regard to the most appropriate means to assess a student for special education, limited agreement on a national and state level defining a framework for the RTI process, and issues arising from initial implementation of RTI.

Little agreement regarding the best RTI processes and procedures exists throughout the nation’s LEAs. It is vitally important, however, that effective RTI processes and procedures are identified so that at-risk students can receive appropriate education to meet Adequate Yearly Progress and so that educators can make appropriate special education eligibility decisions. Therefore, the purpose of this qualitative study was to identify the barriers to and the best practices of RTI. The following overarching research question served to guide this study: What are educators’ perceptions of the RTI process? In addition the following sub-questions added clarity to the research question:

1. What are educators’ perceptions of their role in the RTI process?
2. What are educators’ perceptions of the barriers to RTI implementation?
3. What are educators’ perceptions of the best practices of RTI implementation?

**Research Design**

The research design for this study was a qualitative case study. A purposive sample of 12 administrators, general education teachers, special education teachers, and support staff members employed in six school in the researcher’s district was drawn from the seventy-six educators who volunteered for the study. The researcher was a partial
participant in the RTI process at all six schools. The “lived experience” included the following activities: professional development at a district-, site-, and grade-level, observations of students’ academic and/or behavioral skills, modeling/completion of RTI staff and parent meetings, R/EBI selection, universal and progress monitoring selections, paperwork fidelity checks, and data driven decision making. Quantitative data previously collected from completed needs assessment started the impetus to garner qualitative data from participants’ perceptions of the RTI process. The quantitative data indicated that there was significant support for the existing RTI process; however, many survey respondents reported that they were not implementing RTI when it was needed for students at their schools.

Data for this study were collected through audio-taped, face-to-face interviews using questions gleaned from the research and a pilot tested instrument. The audio-tapes were transcribed, and salient themes and categories were identified and analyzed. To reduce any researcher subjectivity or bias, direct quotes and paraphrases of participant responses were used as the data was described and disseminated. The transcripts were sent to all participants via the district’s PONY mail. They confirmed that the responses transcribed truly reflected what they reported.

**Description of Participants**

The two criteria for participation in the study were as follows: the respondents had to be administrators, general education teachers, special education teachers, or support staff members, and, they must have followed at least one of their students through tiers 1 to 3 of the RTI process. Seventy-six individuals who met the study’s criterion completed the Participant Verification Form (see Appendix C).
The researcher then separated the forms into four categories: administrators, general education teachers, special education teachers, and support staff. Three individuals were randomly drawn, from each category, to become respondents in the study. Once their names were drawn, the researcher contacted the individuals, reminded them of the study criteria, and asked if they wanted to become respondents. No one contacted turned down the opportunity to participate in the study.

**Findings**

The purpose of data analysis is to understand answers to the research questions in ways that help to overcome the barriers to RTI and increase its best practices. The overarching research question was to determine participants’ perceptions of the district’s existing RTI process and procedures as they relate to barriers and best practices. To answer this question, the researcher analyzed data collected from the interview questions using Moustakas’ Modification of the Stevick-Colaizzi-Keen method as well as employing within group and across group analysis. Themes that were identified for each of the instrument’s questions were used to better inform the answers to the study’s research questions. These themes have been shared, in outline form, in Appendix F and illuminated further in the narrative portion of the findings

**Educators’ Roles in the RTI Process**

The first subquestion in the study sought to determine educators’ perceptions of their roles in the RTI process. All participant groups responded that they assumed numerous roles within the RTI process. They ranged among the following: part of the school’s RTI team, RTI Coordinator, trainer, implementer, assessor, complaints department, and measurer of accountability/fidelity. Lee, a special education teacher,
stated that the most important role he assumes is to help the general education teacher identify appropriate Research and Evidenced-based Interventions (R/EBI) for the students and help the teacher learn to implement and assess them for the students still at Tier 1, 2, and 3. He believed instruction can and should be a collaborative effort between his co-teacher and himself. When the RTI process facilitates the co-teaching process, it was a “good thing.” Teachers can become less resistant to both the RTI process as well as the presence of another teacher in the classroom.

Merritt, a support staff member, stated that she was the first point of contact for teachers who want to start the process. She stated that her school-site has made great gains in understanding the RTI process. Her role has been to make sure all teachers “become knowledgeable and begin to feel comfortable with the RTI process.” She is working hard to develop a site-based process that meets the integrity of the district process, yet is easy to implement within the culture and climate of her school. Other support staff and administrators also responded that the most important role that they assume is to garner buy-in from all staff. Frustration of the staff employing RTI rises when they see their colleagues refuse to implement it with their students. Being a positive role model for others is the reason Claire, a veteran administrator, has assumed a leadership role in the RTI process at her school.

All participant groups have attempted to assume the role as implementation/fidelity monitor of the RTI process. Claire and Francis, administrators, feel the pressure of accountability. Both are accountable for the fidelity of RTI implementation at different levels. Claire is accountable for the fidelity of her school’s RTI process, and Francis is responsible for the fidelity of her schools’ referral to special
education. One gives suggestions for R/EBI and assessment strategies, while the other offers suggestions on fast-tracking solutions, fields parent questions, and decides the point at which data is sufficient to justify a referral for special education services.

Most participants reported that they enjoyed their roles as facilitators of the problem-solving process. They feel the camaraderie while brainstorming with their colleagues to identify successful R/EBI for students with both academic and behavioral problems. Merritt, a veteran general educator and RTI Coordinator, reported that after brainstorming R/EBI for a group of English Language Learners, one teacher “by the end of the school year, was ecstatic to see the gains that the children had made through the school year.” Merritt shared, “if I had not allowed or helped her to go ahead and to begin the RTI process…she may have not seen the true gains that [the students] had made” and now the teacher may be more likely to continue to use the RTI process and share her success story with her more resistant peers. Since this experience, Merritt is a “firm believer in the [RTI] process.”

Other participants’ roles are newly assumed. Two new educators, one a general education teacher and one a special education teacher, have assumed the additional role of RTI Coordinator at their schools. Their role has been to learn the districts’ RTI process and procedures so that they can help them become successful at their school sites. They are working hard to provide effective professional learning. To accomplish this training, these new RTI Coordinators have involved central office employees—their Program Manager and RTI Specialist. They are supporting the fledgling efforts to restart RTI in their buildings. Robyn shares that she is “meeting with all grade-levels on Thursdays [and that] teachers are actually attending the meetings, bringing reports on
children, and implementing R/EBI.” Although compliance has been slow, Robyn’s site administrators are supporting the fidelity of this new effort to re-start RTI.

Most participants responded that their role in the RTI process was to implement and assess R/EBI. Most implement the R/EBI to the students within their classrooms, rather than at grade-level or vertical team levels. It takes a lot of time within the traditional school day to implement and assess the R/EBI. Carson, a support staff member, stated that there needs to be a reduction in the caseload size of her group as well as additional compensation for those both implementing and assessing the R/EBI. Kelly and Dakota, general educators, relayed that there should be a reduction in class size for educators implementing RTI. All participants who implement and assess R/EBI stated that there needs to be more human and material resources given to help with its implementation.

Across groups participant differences were quite minimal. Special education teachers shared that their roles are to ensure that their general education co-teachers have a list of interventions, accommodations, and modifications that are appropriate for general education students, as well as the special education students on their caseloads within the classrooms that they support. General education teachers, as teachers of record, perceived a stronger sense of accountability for their students to make AYP. They reported that they often believed that RTI slows their ability to teach all of the standards to the depth necessary for accountability tests (e.g.) CRCT, (etc.) The general educators also indicated that the greatest responsibility for delivering and assessing the R/EBI rested on their shoulders, which in turn created greater anxiety than other groups reported. Support staff reported that they were either over-involved or under-involved in
the process. If they were assigned to be the school’s RTI Coordinator, their role in the process often consumed the majority of their time set aside for other assigned tasks. If they were not RTI Coordinators and were also not part of any grade- or vertical-level team, they reported feeling detached or isolated from the process. Finally, both central- and site-based administrators experienced their role as accountability/fidelity measurers very keenly. Little guidance is offered by national, state, or local agencies to measure the fidelity of RTI.

**Barriers to RTI Implementation**

The second subquestion related to the participants’ perceptions of the barriers to RTI implementation. The responses of study participants highlighted very specific barriers to RTI implementation which resulted in the emergence of four themes which were: professional learning, buy-in/social validity, time constraints, and administrative support for treatment fidelity. The first of these was a lack of professional development opportunities among all of the groups interviewed. Lee, a veteran educator, but new educator to the district, reported that he did not receive any “official” training in the district’s RTI process. He knew what questions to ask his colleagues because he had used the Student Support Team process in other districts where he had worked. Brand new teachers, such as Kelly, struggled with learning how to be teachers, and RTI is one more additional burden. Kelly received no training, yet was still asked to implement RTI. Kelly was “traumatized… I was stressed and I had all these little children that I was trying to [teach]… I felt like a miserable failure” because she could not complete classroom instruction and RTI. Even veteran teachers such as Merritt who was asked to
take on the role of RTI Coordinator, indicated that when the RTI process and procedures were first trained they seemed like “a foreign language.”

Other participants reported that at the beginning the only training that they received was from the central office staff (Program Managers). The original train-the-trainers model of professional development proved ineffective, as it was not re-delivered. Carson said original teacher training “went in one ear and out the other…the [training packet] got put up and forgotten about.” Initially trained school-site RTI teams felt ill-equipped to re-deliver and assist their educational colleagues. Two participants, Robyn and Tamera, reported that they are attempting to re-start RTI within their schools because training has been inconsistent or non-existent. When you never get the same answer, reported Tamera, “it’s like [administrators] are making things up as they go along.” The staff at both school sites are just beginning to learn what the RTI is and how it should be implemented.

Administrators, like Francis and Claire, stated that they wanted more professional development to measure fidelity of implementation and to increase the accountability of all stakeholders. Both indicated the need for assistance to monitor fidelity of RTI implementation, to monitor fidelity of individuals who record progress monitoring, and to monitor fidelity of teachers implementing R/EBI. Other participants were concerned with these professional learning topics: how to complete the forms correctly; where to find the appropriate forms; how to run an effective RTI meeting; how to manage annual changes in forms or processes; and what parent training is necessary. Conspicuous by its absence; was discussion of the fast-tracking procedure. This procedure was developed to address the GA-DOE concerns around FAPE, specifically “child find.” Fast-tracking is
intended to increase the speed of referrals for students whose parents want to refer immediately or children who were suspected of having a moderate to severe disability. None of the respondents described an understanding of the fast-tracking procedure.

While there is an R/EBI library located on the district’s intranet site, participants reported that they want more training on how to use it effectively. Specifically, participants want information on which R/EBI have proven most effective for other students, where to find the materials to implement them, and advice to employ behavioral interventions. Participants also seek universal screening and progress monitoring tools, so they have baseline and monitoring data to make appropriate educational decisions for their students. Unequivocally, participants asked that the professional learning opportunities should be site- or web-based rather than centrally located. Staff trained at large, district-level trainings or conferences rarely bring information back to their school sites. Trainees at such meetings may benefit, but site-based employees do not.

The next significant barrier to implementing RTI identified by participants was buy-in. Many aspects of buy-in proved problematic for the study’s respondents. The most detrimental to the effective RTI was identified as the inconsistency with the fidelity of implementation within the district and the school sites themselves. Respondents who use the RTI process and procedures reported frustration with colleagues who have decided not to implement it. What exacerbates this frustration is when administrators do not rebuke those who choose not to implement RTI. Freddie, a special education teacher, leads by example; however, she does not think that there will ever be more than 30% of her schools’ teachers who will buy into the program no matter what incentives or
penalties are imposed by administrators. She did relate, however, that even with only 30% buy-in, RTI can still be effective for students.

Some participants believed that buy-in is difficult because of all the work that is associated with RTI. This sentiment was supported by Kelly’s response: “no teachers that I talk with support RTI…RTI is dumped on them…[we] hate it.” Freddie and Lee, special educators, perceptions mirrored Kelly’s answer: implementation of RTI will require a paradigm shift in the beliefs surrounding the service delivery model and identification of students with disabilities (SWD). Implementers need to learn to differentiate instruction in multiple ways: content, environment, and process. They must find ways to offer lower functioning students more instructional time, yet still teach all of the core curriculum and standards to their higher performing students. Lee summed up the paradigm shift well: “people are generally resistant to change.” While on the road to make an eligibility decision for a student suspected of having a disability, Cary, a site administrator, reported something that occurred at her school. Even though the RTI team did “everything right…the paperwork was in…all the RTI strategies were used…[they got to the eligibility meeting and they did not qualify for special education] the students don’t get the extra help [teachers] want.” When students do not qualify for special education services; even though RTI has been used; staff buy-in diminishes.

Another barrier the participants identified was time constraints. Lack of time effected participants in various ways depending upon their roles and experiences. First, completing the necessary forms became a barrier. Some schools helped by having administration, support staff, or teachers complete the paperwork. All listed time as a factor in the fidelity of form completion and storage. Kelly, a new teacher, reported that
fidelity suffered when she did not have time to complete the paperwork. “I waited until
the last minute at the end of the school year and I was pulling my hair out trying to write
what went on during the school year with those kids.”

Many of the participants believed that they were the sole provider for RTI. They
lacked the time to complete everything they were responsible for: completing the forms,
providing the R/EBI, collecting the data, documenting the data, scheduling the meetings,
and holding the meetings. All of these responsibilities added to their traditional roles and
kept them from feeling effective. Merritt, an RTI Coordinator, shared that she felt the
need to organize the whole process including the paperwork, collecting the data, finding
the R/EBI, and recording the data. These responsibilities were very important to her;
however, they still impinged upon her other job responsibilities.

There was significant agreement among all participants regarding the length of
time R/EBI had to be put in place prior to a referral for special education services. Some
respondents related that it often took up to 21 weeks to refer a child. Dakota reported
that, “there’s a child that I saw that had a problem during the first week of school; we’re
starting the second semester now and she still is in the RTI data gathering process.”
Other participants reported that they know their students are not “getting it,” however;
they cannot refer to special education until they have the data. Carson stated that we
need “to find a way to make [RTI] shorter…you just hate that a child has already lost that
time and could maybe had some help before [the end of the process].”

The final barrier that participants identified was the level of support that they
received from administration at a state, district, and site-based level. A few of the local
administrators shared that they received no help to implement RTI from the GA-DOE or
any federal agency. A few teachers reported that they had limited administrative support. This lack of support was felt most keenly when they believed that there was enough data to support a referral to special education, but the referral was held up by an administrative decision. Generally, participants believed that the consistency of RTI implementation was not supported with financial resources. There is no money available to support consistent implementation of universal screeners and progress monitoring tools for our districts’ student. When students move from one school to another school in the district, reported Freddie, there is not a universal screening measure or progress monitoring tool that remains consistent. It is difficult to compare student performance every time a student moves and the assessment measures themselves change. This inconsistency makes data driven decisions making very challenging.

One administrator did shared that it is her hope that RTI will be used effectively as a tool to remediate student difficulties, before determining that the student has a disability; therefore, not as much money will need to be spent for special education. If fewer students qualify for special education services, the state may have more financial resources to put into RTI implementation. If this occurs, many of the participants know where the monies should be placed. One option shared would be to hire one staff member at each school site to be an RTI implementer. Another option for RTI funding would be to purchase a universal screener and progress monitoring tool to be used across the district and money to purchase research-based standard protocol materials for reading and math.

Across all participant groups, the main barriers to RTI were as follows: lack of certain types of professional learning, lack of educator buy-in, lack of time, and, lack of
administrative support. Within participant groups, administrators wanted more training on accountability/fidelity strategies and teachers wanted more training in all aspects of the RTI process and procedures-including changes. Buy-in affected the fidelity of RTI implementation in that if those doing it consistently saw those that did not avoid any consequences, they became frustrated. Buy-in from those whose efforts of implementing RTI went unremarked went down, especially when the second group’s lack of implementation went unsanctioned. All administrative respondents shared their concern with fidelity and how to encourage resisters to increase their participation. None imparted a solution.

**Best Practices of RTI Implementation**

Subquestion three sought participant perceptions of the best practices of RTI implementation. They were: knowledge of the district’s RTI procedures, site-based professional learning provided by central office staff, identification of a site-based process, camaraderie and collaboration, simplified paperwork procedures, and reflective practice. There was evidence of effective professional learning among the study’s participants. All 12 related that RTI was a multi-tiered process. Eleven of the twelve reported the process had four tiers and could describe what occurred at every level. All respondents referred to the RTI as a problem-solving process which used data to make decisions. The administrators, special education teachers, support staff, and two of the general educators knew that they could ask individuals from central office (RTI Specialists) to come to the school site to answer questions and provide site-based training. During the past three years, the Department for Exceptional Students has hired two RTI Specialists to help staff at various school sites implement RTI. Evidence of their
support was noted by many participants. RTI Specialists have helped individual site-based administrators, RTI Coordinators, RTI teams, and grade-level teacher teams learn how to implement RTI. Special education teachers and general education teachers claimed that the RTI Specialist assigned to their school helped the team to identify R/EBI that would be effective as standard protocols or as strategies for individual students. Robyn received assistance from one of the RTI Specialists as she re-started RTI at her school. The RTI Specialist has been meeting with her and her school’s RTI team monthly during grade-level RTI meetings. Merritt reported that she met with her school’s RTI Specialist on a weekly basis during most of SY 11. Now she is better able to help the staff at her school. Merritt continues to email questions to the RTI Specialist. Other participants reported that they receive training or answers to questions from many other staff; including Program Managers, District Staffing Specialists, and School Psychologists. Most support staff, administrators, and teachers know who to contact on their staff and at central office if they need information about RTI.

In RTI’s infancy, most participants shared that they did not have an effective process in place. Teams have worked hard; however, to structure RTI to fit the culture of their schools. Fledgling efforts started with individuals meeting to help individual students; now 10 out of the 12 participants shared that their schools have relatively effective RTI systems in place that meet on a regular basis. Most meetings held are reportedly grade-level data team meetings. One school will be starting to meet with vertical-teams at the end of this school year and the beginning of the next so that no student’s RTI plan “falls through the cracks.” Respondents shared that RTI team meetings began to occur when their site administrators built some type of common
planning time into the school day. Claire, an administrator, shared that data is required at most meetings in order to determine educational and behavioral decisions for students and it was “remarkable how quickly teachers began to bring data to the team meetings when it was required of them.” The general education teachers shared that Tier 1 and Tier 2 instruction was the easiest part for them to implement. As Dakota relayed, “strategies and differentiation are things we do all the time…We individualize instruction daily.”

Participants agreed that acquiring special education services for students was not the primary goal of RTI; instead, it should be used so all students make progress academically and behaviorally. “[The reason why] RTI is so important is to make the kids successful behaviorally or academically,” stated Robyn. The traditional Student Support Team (SST) process used in the 1980’s through 2004 had often become a referral instrument, stated Lee. General education teachers used the SST process to have a student referred for special education services and then the “students became special education’s problem.” Lee reported that his “idea of success for RTI is for the child not to be referred. Because what that means…we have done our jobs right…identified the child’s weaknesses that are impacting the education, academically or otherwise.” Lee believes that student instruction and behavior will improve only through shared accountability among all educators.

RTI is “response to instruction,” reported Freddie. Teachers need to reflect upon their actions-their instruction. Respondents from all groups claimed one of the best practices of RTI is that it is a reflective process. Merritt explained, “The whole process guides our instruction. It helps us to become better teachers because it makes us more
cognizant and aware of what we are doing. It helps us to reflect more… How can I improve?” Cary, an administrator, reported that her team “found the strategies and motivation to learn what’s a success for [their students]” and that has made all the difference for their RTI team.

Most participants shared that buy-in for the RTI processing is growing. It may be growing slowly, but there are signs that RTI may yet be effectively implemented at all schools. “At the beginning [a co-teacher] would do [RTI] with Freddie’s assistance. But now she’s like the beautiful butterfly who does all of her own [RTI].” Claire, a site-administrator, shared that she observed more camaraderie and collaboration in the RTI meetings. Site administrators, at most participants’ schools, actively supported RTI implementation and expected all teachers to participate. Teachers will continue to be held accountable, voiced Claire. Both she and her principal assure fidelity of the process by splitting grade-levels and attending all weekly RTI meetings. That accountability, participants say, is what will continue to drive buy-in and fidelity.

Overall, participants reported, the district RTI process and procedures have become more “user friendly” during the past four years. The paperwork has been “streamlined” and central office staff (Program Managers, RTI Specialists, School Psychologists, and District Staffing Specialists) have continued to answer questions at all of the school sites. All necessary forms, assessment tools, R/EBI, and website links are housed in one spot on the intranet site. Merritt related her happiness that behavioral tools and interventions were added to the academic information. Teachers have a much better grasp on student instruction than behavioral accommodations. Freddie, a special education teacher and RTI Coordinator at her school communicated that she and most of
the districts’ educators had been aware of RTI for the past four years. Just by virtue of the fact that RTI has not gone away and continues to be supported by central office makes it more sustainable and viable.

**Respondent Perceptions of the Barriers and Best Practices of RTI Implementation**

The overarching research question that guided this study was: What are educators’ perceptions of the RTI process? The data collected demonstrated that the respondents readily identified barriers to RTI implementation within their school sites and the district. The means in which professional development and training was first propagated left much to be desired. Due to the size of the district, the RTI planning team determined that the best way to disseminate the training was through a train-the-trainers model. Each school was supposed to send a team of four to five individuals to the training. However, many participants shared two scenarios that occurred: first, the re-training was never delivered; or second, the re-training was delivered, but implementation was ignored.

Certain topics for professional development have been ignored; new staff are not trained, but expected to implement RTI nonetheless. Although small changes to the RTI procedures, when they occur, are posted via email newsletters to all district staff and posted to the RTI intranet site they often go unnoticed. Some participants would like individual-site professional development at the start of each year for new teachers and information on changes. It was also obvious the participants did not understand the *fast-tracking* procedure that can be used to expedite access to Free Appropriate Public Education (FAPE) for Child Find purposes; none mentioned the process when describing their understanding of RTI.
While the general conceptualization of the RTI process has not changed (a data driven problem solving process for students at-risk of failing), the procedures have. Many participants responded that changes in the procedures and organization of the intranet website have slowed the efficiency of implementation. Each year the RTI planning team must adjust to state and district directives and sometimes it has been necessary to change RTI procedures to address them.

Buy-in to RTI has been difficult to achieve for many reasons identified by the respondents. First there was not time to achieve buy-in; RTI had to be implemented with very little preparation time. It was, as both Carson and Kelly stated, forced upon them. Others share lack of administrative support as a roadblock to buy-in. The lack of support is felt when those not using RTI are not admonished to use it. While the administrators stated that they support RTI; they do not know how to endorse and encourage its use. There has been no guidance at the federal, state, or district-level on how to increase buy-in.

All participants communicated the purpose of RTI implementation was to increase student success academically and/or behaviorally. However, many participants shared their frustration when students were referred for a comprehensive psychological evaluation and did not qualify for special education services. Reportedly when this result was experienced; buy-in for RTI diminished.

Time constraints were also reported as being detrimental to the implementation of RTI. Extra time needs to be allotted by all educators to meet and analyze data. Although much data are available to educators, it takes time to disaggregate the information. Once data are analyzed and problem solving occurs for groups or individual students, it takes
more time to provide the R/EBI and to assess and monitor the progressing. Complaints of respondents were based upon finding time, within the traditional school day, to generate the time needed. Many of the participants also shared that extra time was needed to complete the paperwork and parent meetings necessitated by instructional and behavioral changes. The burden of time is great when RTI has been only one of the process changes that must be implemented.

Existing research of Fuchs & Fuchs, 2006; Ysseldyke, Burns, Scholin, & Parker, 2010; and Hale, Kaufman, Naglieri, and Kavale, 2006; indicated that treatment fidelity is a significant concern throughout the implementation of RTI. The final barrier all of the participant groups identified as a barrier to RTI is implementation fidelity. Administrators were concerned by the lack of a system to measure fidelity and the process of how to complete fidelity checks. Once the door closes on the classroom, it is hard to measure what is being implemented with fidelity on a daily basis. At risk students fail when teachers do not implement RTI effectively. Respondents shared their frustration that resistant colleagues continue to ignore RTI. RTI data has now become part of the eligibility decision, a legal document. One central office administrator raised the concern if the fidelity of the RTI data cannot be trusted; then the validity of the decision is suspect.

While barriers to RTI implementation were identified, so too were best practices illuminated. The respondents all identified and described the RTI process and procedures correctly. It was described as a multi-tiered data driven problem solving process with four Tiers. All but one participant accurately described the procedures at each level of the process; with the exception of the fast-tracking procedure. Most respondents
concurred that RTI was used not only as a vehicle to request special education assessment, but should be used as a medium to seek success for their students academically and behaviorally.

Most respondents shared the numerous avenues used to seek support and answers to questions. They could contact the following human resources: RTI Specialists, School Psychologists, District Staffing Specialists, and Program Managers. All of these individuals, reportedly, were extremely helpful in answering respondents’ questions. As the years of RTI implementation continued, participants reported that there were also more places they could go to receive information about RTI. For example, they could use the district’s RTI intranet site which included progress monitoring tools, R/EBI strategies, links to effective websites, and links to all of the district’s RTI forms. Participants also noted that the number of the district’s mandatory RTI forms had decreased and were streamlined for ease in use.

Most participants communicated that their school-site RTI process had improved. Most had administrative support to hold the meetings and most team meetings included the presence of one of their administrators. Scheduling common planning time became the priority at school-sites where RTI was being implemented with success. Bringing data to the meetings became an imperative part of the decision making process. Teams that shared success stories created more collegiality among the staff and buy-in improved.

Some respondents from all four groups--administrators, general education teachers, special education teachers, and support staff--reported an added benefit to implementing RTI. They began to find using RTI helped them not only to focus upon
their students’ abilities, but also helped them focus on their own instruction and behavior management. Instead of finding shortcomings with their students, they began to explore their own actions in the classroom. Often, based upon further reflection, the respondents changed their behaviors to improve effective educational practices. RTI implementation became the impetus for this change.

**Chapter Summary**

Participant data were analyzed to answer the overarching research question; What are educators’ perceptions of the RTI process? The sub-questions regarding roles of respondents, and barriers to and effective practices of RTI implementation were addressed in order to answer the overarching research question. Multiple roles were identified during the study. Descriptions of these roles brought either perceptions of barriers and best practices to the forefront depending upon the burden of responsibility or the fulfillment of the task in the minds of the respondents.

Both barriers and best practices were identified by the participants. Barriers to RTI implementation were: lack of appropriate professional development; lack of buy-in/social validity; time constraints; and, lack of administrative support for fidelity. Best practices to RTI included: knowledge of the district’s RTI procedures, site-based professional learning provided by central office staff, identification of a site-based process, camaraderie and collaboration, simplified paperwork procedures, and reflective practice. These perceptions will begin to afford the researcher the opportunity for further improvement of the RTI process and procedures within the district the project was completed.
CHAPTER 5
SUMMARY, CONCLUSIONS, AND IMPLICATIONS

Summary of the Study

Educators have legitimate questions about how best to instruct students and assess their learning. The tenets of No Child Left Behind (NCLB) rely on and are designed to further both objectives. NCLB has required all student instruction be research-based and mandated all students be assessed similarly to ascertain whether they are making Adequate Yearly Progress (AYP). Legislators who have supported NCLB have expected Local Education Authorities (LEA) to ensure all students, irrespective of their ethnicity, socio-economic status, and/or language/learning challenges, achieve at minimum competency levels (NCLB, 2002). The re-authorization of the Individuals with Disabilities Education Improvement Act-2004 (IDEIA) was predicated upon this NCLB mission.

IDEIA [20 U.S.C .1414§614(b)(6)] encouraged the use of new eligibility procedures for determining special education need in the area of Specific Learning Disabilities (SLD). Educators and psychologists, collaborating on eligibility decisions, can now use assessment procedures based upon a child’s responsiveness to Research- and Evidence-based Interventions (R/EBI). This may augment the school psychologist’s tools to include the traditional quest for individual students’ ability and achievement discrepancy through psychometric assessment, paired with curriculum-based measures of academic and behavioral functioning. With the advent of Response to Intervention (RTI), the traditional discrepancy model shall no longer be the sole means used to
determine eligibility for special education services (Individuals with Disabilities Education Improvement Act, 2004).

The literature identified multiple barriers to implementing RTI effectively. First, there is debate on the best use of RTI in determining whether or not a student qualifies for special education, SLD particularly. Numerous researchers; (e.g., Fuchs & Fuchs, 2006; Garcia & Ortiz, 2008; Hale, Kaufman, Naglieri, & Kavale, 2006; Martinez, Nellis, & Prendergast, 2006; Moores-Abdool, Unzueta, Vazquez-Donet, & Bijlsma, 2008; Ysseldyke, Burns, Scholin, & Parker, 2010) have considered whether RTI should be the sole means for identifying SWD. However, Hale, Kaufman, Naglieri, and Kavale (2006) have recommended RTI as a pre-referral vehicle only; with psychometric data to continue as the best means for establishing SLD eligibility. Other researchers (Flanagan, Ortiz, Afonso, & Dynda, 2006; Willis & Dumond, 2006) maintain that there can be a place for both RTI and the ability-achievement discrepancy model in the instruction and assessment of students suspected as having a disability. Zirkel and Thomas (2010) have reviewed state laws governing RTI. They found only 10 of 50 states have used RTI in their states’ eligibility formulas. In Georgia, the state mandated SWD shall be identified using RTI data paired with standardized assessments to document demonstrable patterns of student processing strengths and weaknesses on standardized assessments.

Martinez, Nellis, and Prendergast (2006) have suggested a second barrier to effective implementation of RTI: the lack of defined RTI frameworks at national and state levels. While responsiveness to intervention is mandated through IDEIA, there is no guidance available on specific processes and procedures for its implementation. Two to three years after IDEIA’s RTI authorization, many advocacy, professional, and
educational groups continue to debate the best conceptual RTI framework and
operational definition.

The third barrier to effective RTI implementation appears within existing
literature across a wide array of educational topics. Mahdavi and Beebe-Frankenburger’s
(2009) qualitative research has indicated that “social validity” may determine whether or
not educators will employ the RTI process. House’s (1971) seminal research on Path-
Goal theory continues to support the construct that educational leaders are charged with
motivating their staff to meet organizational targets and to help their staff realize
necessary change. Bogotch (2000) and Theoharis (2007) contended that effective
educational administrators foster an environment of justice and equity. Finally, prior to
implementing large scale changes, professional development is required. No overarching
theory of adult learning exists; however, there are effective models, sets of principles, and
explanations (Merriam, 2001). Knowles (1973) research indicated that adults brought
more experiences to learning, sought learning relevant to changing societal or vocational
roles, and sought new knowledge help them solve problems with unfamiliar parameters.
Instruction for adults should be more appropriate if it is a facilitated process of self-
discovery. These ideas are important to remember when delivering adult professional
learning in innovative areas like RTI.

Data for the study were collected through audio-taped, face-to-face interviews
using questions gleaned from the research and a pilot tested instrument. The audio-tapes
were transcribed and salient themes and categories were identified and analyzed
according to Moustakas’ modification of the Stevick-Colaizzi-Keen method of data
analysis. To reduce any research subjectivity or bias, direct quotes and paraphrases of participant responses were used.

**Discussion of the Findings**

The findings collected are rooted in the existing literature. Some of the participant perceptions have supported the arguments identified within the literature. Some of the perceptions have refuted them.

**Roles**

In the position paper for the National Education Association, Samuels (2008) contended that the roles of educators in the RTI process must be delineated. Gessler-Werts, Lambert, and Carpenter’s (2009) research purported that special education directors had experienced difficulties defining their roles as RTI implementer leaders. The participants in the study, however, identified multiple roles. Site administrators identified their role to be one of general support of RTI implementation. They also bore the additional burden to measure the fidelity of its implementation. Central office administrators identified their role as mediating special education referral concerns; weighing the fidelity of data collected as sufficient to make such referrals measured against a real need for more or better RTI data. All administrators reported they fielded educators and parents complaints stemming from the RTI process.

Special education teachers reported that their role was to help the RTI team identify and implement effective R/EBI. Often, they were part of the RTI team at Tier 3 or were RTI Coordinators for the school. They did not want RTI to be perceived as a special education process and encouraged general educators to assume major responsibility for RTI. General educators believed they had the most difficult role. They
were responsible for preparing and providing the R/EBI, assessing the strategies, maintaining the data, and holding RTI meetings. All of these expectations, on top of their traditional responsibilities were very onerous.

Support staff roles were either extensive or limited. If they were part of the RTI team; they usually assisted with meetings, completed forms, and assessed student achievement. If they were not part of the RTI team, they often were detached from the process; apart from the other educators at the school site.

**Barriers and Best Practices**

Educators have legitimate questions about how best to instruct students and assess their learning. The tenets of No Child Left Behind (NCLB) rely on and are designed to further both objectives. IDEIA [20 U.S.C. 1414§614(b)(6)] encouraged the use of new eligibility procedures for determining special education need in the area of Specific Learning Disabilities (SLD). Educators and psychologists, collaborating on eligibility decisions, can now use assessment procedures based upon a child’s responsiveness to Research- and Evidence-based Interventions (R/EBI). The Georgia Department for Education-Department of Exceptional Children (GA-DOE-DEX) rules and regulations have stated since 2007 that RTI data paired with psychometric assessment results must be used when making special education eligibility decisions. Numerous researchers (e.g., Fuchs & Fuchs, 2006; Garcia & Ortiz, 2008; Martinez, Nellis, & Prendergast, 2006; Moores-Abdool, Unzueta, Vazquez-Donet, & Bijlsma, 2008; Ysseldyke, Burns, Scholin, & Parker, 2010) have contended that RTI data is the best means to identify students with a Specific Learning Disability. Hale, Kaufman, Naglieri, and Kavale (2006) have recommended RTI as a pre-referral vehicle only, with psychometric data to continue as
best means for establishing SLD eligibility. Other researchers (e.g., Flanagan, Ortiz, Afonso, & Dynda, 2006; Willis & Dumond, 2006) maintained that there is a place for both RTI and the ability-achievement discrepancy model in the instruction and assessment of students suspected as having a disability. In the state of Georgia, researchers’ arguments are moot; educators making eligibility decisions must adhere to the GA-DOE-DEC mandate of using both RTI data and psychometric assessment. What this means is that data collected during the RTI process must have great fidelity. The eligibility is a legally defensible document; eligibility teams must ensure that RTI implementation has been completed with appropriate fidelity. The researcher found respondents remain concerned regarding the lack of fidelity measures associated with the current RTI process and procedures. Once behind the closed door of the classroom, little is going on to ascertain that staff are completing the R/EBI and weekly progress monitoring assessments.

Martinez, Nellis, and Prendergast (2006) suggested a second barrier to effective implementation of RTI: the lack of defined RTI frameworks at national and state levels. A consistent operational definition of RTI does not exist (Burns & Ysseldyke, 2005). Data collected in this study indicated that all respondents conceptualize and describe RTI as a multi-tiered problem-solving process. The descriptions for each tier follows. Tier 1 includes all standards-based instruction including differentiation of instruction, presentation of core curriculum, data collection-benchmarks, and completion of academic/behavioral/communicative checklists. Tier 2 includes hearing/vision screening, data-driven small group instruction, weekly progress monitoring, monthly meetings, notification to parents, and referral to Tier 3 if necessary. Tier 3 or the Student Support
team level includes data-driven small group instruction, weekly progress monitoring, monthly meetings with parent and administrative input, and possible referral for comprehensive psychological assessment for special education eligibility decisions. The only procedure within the process that none of the respondents described was the fast-tracking procedure. This procedure has been included since the district’s inception of RTI; however, it is obvious from the lack of discussion; that has not been conceptualized or understood.

The third barrier to effective RTI implementation appears within existing literature across a wide array of educational topics. First of these implementation topics is buy-in. Mahdavi and Beebe-Frankenburger’s (2009) qualitative research has indicated that “social validity” may determine whether or not educators will employ the RTI process. Social validity refers to the acceptance, importance, and significance that educators consign to new programs. New initiatives must be supported and valued within the culture of the school for RTI implementation to become habituated. Buy-in is important in any change process. Participants in the study identified buy-in by all staff important to implement RTI. It will be important for administrators to support buy-in by expecting that all staff members will implement it. The most frustrating component of buy-in was when a peer chose not to implement RTI for their students. As resistance to RTI buy-in improves, it is anticipated that more students will realize success. Respondents reported when more staff implemented RTI and shared their success stories, buy-in increased.

LaRocco and Merdica (2009) asserted that change often elicits anxiety, conflict, and disagreements among those who must implement it. One participant, an individual
new to the teaching profession, shared that she was traumatized by all of her responsibilities and RTI was just one more process to complete. Participants who have been adjusting to the implementation of RTI for the past four years report it has become easier to implement due to increased knowledge, support, and the passage of time.

A fourth implementation barrier identified in the literature was administrator support. House’s (1971) seminal research on Path-Goal theory has indicated administrators be charged with motivating their staff to meet organizational targets and to realize necessary changes. Central office and site-based administrators are vital for keeping their junior colleagues on defined paths to effective implementation (Kovaleski, 2007). Bogotch’s (2000) research on social justice theory offers insights on implementing any change. Social justice requires the “moral use of power” (p. 2) over subordinates. “Heroic” leaders share their vision of justice to establish a culture of change in a school. Theoharis (2007) contended that effective administrators should foster an environment of justice and equity. In this study, very few administrators were cited as being none-supportive of the RTI process. The actions that were considered non-supportive were when administrators sent back RTI data packets because they were deemed insufficient for referral to special education and when RTI resisters were not punished. Responses indicated that most administrators are taking a more active role in the implementation of RTI at their school-sites. They build common planning time into the master schedule, they search for consistent means to assess students, and they attend weekly and monthly RTI meeting. Central office administrators also continue to support RTI implementation by providing site-based professional training, constructing an RTI
intranet resource site and sending out a newsletter to all district staff on best practices of RTI.

Professional development opportunities, a fifth barrier, should be offered to not only teachers, but also to educational administrators. The research of Danielson, Doolittle, and Bradley (2007) on RTI demonstrated that high quality, sustained professional development is needed to identify appropriate R/EBI strategies, define appropriate universal benchmark, and deploy progress monitoring tools. Professional development is the best way to grow and sustain RTI. Improving professional learning was also identified as a barrier to effective RTI implementation by the participants in the interviews. Initial professional development methods were unsuccessful in training all staff appropriately. Since adding site-based training, twice monthly RTI newsletters sent via email and developing a district RTI intranet site, respondents reported more constant professional learning.

Treatment fidelity is the final barrier to effective RTI implementation. Treatment fidelity, the practice of delivering interventions and monitoring progress as outlined in a particular student’s RTI plan, must be assured, if it is to be effective and legally defensible. Central office and site-based administrators are vital for keeping their junior colleagues on defined paths to effective implementation (Kovaleski, 2007). All participants in the study referenced the lack of fidelity measures. Administrators responded that they felt the accountability of treatment fidelity the most keenly. At this time, there are few treatment fidelity measures in place within the researcher’s district. The R/EBI strategies and progress monitoring data is reported on the RTI forms. It is only the integrity of each teacher implementing RTI that measures treatment and
assessment fidelity. Reported RTI data are reviewed prior to any special education referral by site administrators, central office administrators, and school psychologists. If deemed insufficient, the RTI packets may be sent back to the team so that more effective R/EBI strategies can be employed at Tier 3. At this time, there is not a structure for formal observations of the implementation of instructional or behavioral strategies within the classroom outside of the formal teacher evaluation system or measurement of office behavioral referrals.

Other than materials marketed by education publishers, there was a scarcity of best practices within existing research. Therefore, best practices identified within this project were included to address the barriers of effective RTI implementation. Another best practices of note was the central office administrator’s willingness to investigate and pilot universal screening and progress monitoring tools. To date various schools have piloted the use of GRASP; a tool developed by western-RESA. It can be used as a universal screener from Kindergarten through ninth grade to measure reading and math skills. The math assessment aligns with essential Georgia math standards. For a minimal cost per student, graphs measuring progress can be created. DIBELS Next has also been employed at various elementary sites to screen and progress monitor reading skills. Finally, some grant funds have also been spent to pilot the Aimsweb universal screener and progress monitoring tool. Administrators at sites piloting the use of these systems have been reporting their effectiveness to central office administrators in the Department of Exceptional Children and Department of Curriculum and Instruction.

Monies continue to be earmarked for support of RTI implementation from both central office and school sites. Central office supports providing district-level human
resources above and beyond what school sites can provide. These individuals work to support professional learning, development of the RTI intranet site, and publication of the RTI newsletters.

Finally, collegiality and collaboration have improved. Respondents reported the need to work together. When all educators share the work, it becomes easier to bear. Beyond collaboration, RTI has helped teachers become more reflective upon their own practices. Some educators have found the student is not to blame for their learning deficits; instead, the teacher bears some of the responsibility for performance. Now, some educators share, and they look to change their own educational and behavioral management techniques to increase their students’ performance. RTI best practices have increased during the four brief years of its implementation.

**Conclusions**

There remain barriers to RTI implementation. Respondents identified them as the following: professional learning, buy-in/social validity, time constraints, and administrative support for treatment fidelity. Recommendations to reduce and eliminate these barriers have been suggested, including further research. Best practices have also been identified and include: knowledge of the district’s RTI procedures, site-based professional learning provided by central office staff, identification of a site-based process, camaraderie and collaboration, simplified paperwork procedures, and reflective practice. Most importantly, participants shared RTI is a data driven problem-solving process; even if the name changes, the process will remain because it helps educators make appropriate academic and behavioral decisions for their students. Data will still
determine educational decisions irrespective of changes in the federal laws which guide education, NCLB, or IDEIA.

This is an age where information, statistics, and data are readily available in many environments. The same holds true for data collected and generated in the educational setting for students. Data becomes like so much white noise it begins to fade into the background or masks appropriate educational decisions. Effective implementation of RTI gives educators the ability to focus their attention and tune into the data that will help them program instructionally, behaviorally, and communicatively for their students. If used effectively, RTI, a problem solving system driven by “focused” data collection, will help educators facilitate best practice for all students. Educators are not creating widgets, but fostering human capital. It behooves all educators to find and use effective tools in the educational process, no matter the tier of instruction.

**Recommendations**

The district originally provided professional learning in a train-the-trainers model which was found to be ineffective since the trained teams did not re-train at their school sites. Eventually, training was provided at school sites and needs assessment information shared earlier in this study indicated that the RTI tiered process was understood by all of the participants. However, the data collected throughout this qualitative study indicated the need to make some changes to the RTI procedures. First, professional development on the following topics needs to be completed: fast-tracking process, new staff training, completion of forms, completion of meetings, and parent training. The fast-tracking procedure is extremely important to support FAPE and Child Find practices for students. All educational staff need to know that the RTI process can be shortened for those
students who have moderate to severe cognitive problems, sensory impairments, neurological impairments, or a parent who request assessments for their children. In all cases, R/EBI will be put into place; however, the referral for special education assessment will be made while the interventions are put into place. This training is so important; it will need to be imparted in face-to-face trainings. Other training subjects can be trained via webinars. Videos of teachers relating positive RTI stories may also be employed to boost buy-in/social validity. The RTI planning team had already determined that webinars posted to Teacher Tube and linked with the district’s intranet site would be appropriate for some training. After results of the study, the list of training will also include the following: paperwork preparation, model RTI meetings, annual RTI changes, and general description of the RTI process. The district offers a teacher induction program for its first and second year teachers. The Department for Exceptional Children will offer a session during the first week of induction to include RTI training. There is already an RTI training component for second year teachers within the induction program. Each year individuals knowledgeable in the RTI process and procedures will continue to provide training to principals through their cluster meetings and to assistant principals via their leadership meetings. Finally, the district offers Parent University training tri-annually. It is time to provide training on the RTI process and procedures to parents who attend. For those who are unable to do so, a pamphlet will be drafted and sent to all school-sites to be given to parents to answer questions about RTI.

A second recommendation would be to reduce the time constraints of RTI implementation by effective planning. Implementation should be a team process. Administrators could support facilitation of a team process by developing a master
schedule that includes common planning time for teachers to meet and discuss data; it should also include grade-level or school-level RTI instruction periods on a daily basis. Each teacher does not have time during the instructional day to provide multiple interventions to individual students; however, if students with similar deficits can be paired together during common instruction time, all students can receive the instructional and behavioral support they need. School teams could use data to identify the most prevalent problem their at-risk students have and target their limited human and material resources to remediate them.

A third recommendation would be to continue to promote the culture and climate within the district and the school sites to foster and sustain best RTI practices. The Department for Exceptional Children will continue to support RTI with the following staff members: Program Managers, RTI Specialists, District Staffing Specialists, and School Psychologists. Needs assessments targeting specific educator populations and RTI topics will be completed annually and suggested may be made. The district’s RTI intranet website will be better organized to include more resources for the R/EBI and a better framework for finding information needed by teachers. It is also recommended to advertise teacher/student successes with RTI in order to increase buy-in. Perhaps these practices or events could be shared during faculty meetings, team meetings, and/or vertical team meetings.

Finally, treatment fidelity continues to be a concern for all researchers. It is recommended that the RTI planning team and other interested participants be invited to develop fidelity measures. At this time, the state is piloting a new teacher evaluation system that has constructs of RTI imbedded within the assessment. If these measures
remain, then site-administrators will have a comprehensive summative and formative system to help their subordinates implement RTI. Central office administrators are also exploring options to implement a consistent universal screener and progress monitoring tool which will help the fidelity of benchmarking students and monitoring progress of R/EBI.

**Implications for Future Research**

There continue to be multiple areas of RTI implementation open to researchers from an educational leadership perspective. Many states have yet to implement RTI; perhaps RTI planners within these states could build buy in for its implementation during the planning process. Georgia’s educators were not afforded the time to plan for implementation; it was thrust upon them when the rules and regulations changed in 2007. Educators have been playing catch up since then in order to identify appropriate RTI process and procedures and get buy-in after the fact. Roll out of the RTI process in states beginning to explore its implementation can move more slowly and deliberately. They can afford to investigate appropriate means of employing RTI and implementing it with greater buy-in.

All of the participants in this study indicated that there is a lack of fidelity instruments to measure effective implementation of RTI. Educational leaders need to focus on the following areas for fidelity of implementation: applying standards-based instruction; implementing the of RTI paperwork; employing the R/EBI; using universal screening and progress monitoring tools, and providing effective special education services in Tier 4. All of these areas are rife for further research, both quantitatively and qualitatively.
**Dissemination**

Data collected during this qualitative study yielded very specific information in participant perceptions. These perceptions may be generalized outside of the participating district. The data will be shared with relevant personnel within the central office. A framework of best practices will be generated and a timeline for implementation will be developed to begin their implementation.
REFERENCES


*Georgia Department of Education-Division of Exceptional Children’s Eligibility form*. (October, 2009).


*Georgia Department of Education’s Pyramid of Interventions*. (July 1, 2002).
http://www.doe.k12.ga.us/ci_exceptional.aspx


Individuals with Disabilities Education Improvement Act. (October 13, 2004), http://www.wrightslaw.com/


recommendations. *Indiana institute on disability and community, 4*(8), 1-6.


*No Child Left Behind.* (2002).

http://www.wrightslaw.com/


Shinn, M. R. (2007). Identifying students at risk, monitoring performance, and


# APPENDIX A

## INTERVIEW INSTRUMENT

<table>
<thead>
<tr>
<th>Question</th>
<th>Literature</th>
<th>Research Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Describe your school’s RTI process.</td>
<td>Pilot study review</td>
<td>1c.</td>
</tr>
<tr>
<td>4. Describe your role in the RTI process.</td>
<td>Pilot study review</td>
<td>1c.</td>
</tr>
<tr>
<td>12. What support has been provided to help you implement RTI?</td>
<td>Pilot study review</td>
<td>1b.</td>
</tr>
<tr>
<td>13. How would you change the RTI process?</td>
<td>Pilot study review</td>
<td>1b.</td>
</tr>
<tr>
<td>14. Is there anything else that I have not asked that you would like to tell me about the RTI process and procedure?</td>
<td></td>
<td>1a, 1b, and 1c.</td>
</tr>
</tbody>
</table>
APPENDIX B

PILOT RUBRIC

Directions: Please read the attached list of interview questions and address the following characteristics on the rubric provided. Offer any suggestions needed to improve the quality of the questions in the space provided. Please return the rubric to Ms. Kathleen Leaver. All information collected will be kept confidential and is only for the use of the researcher as part of a proposed dissertation project. Thank you for your input.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Relationship of question to research topic</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Question are clearly formatted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Questions follow appropriate conventions/style</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

The following questions need language revisions:

Comments:

________________________________________________________________________
APPENDIX C

PARTICIPANT VERIFICATION FORM

Name: ____________________________

Position: __________________________

Contact Information: __________________________

__________ Yes, I am currently interested in participating in an interview to determine my perceptions of the RTI process and procedure.
APPENDIX D

METHOD OF DATA ANALYSIS

Moustakas’ Modification of the Stevick-Colaizzi-Keen Method of Data Analysis

Moustakas presents his version of the Stevick-Colaizzi-Keen method, which is constructed from his modification to methods of analysis used by the three authors.

The steps for this are given as follows:

1. Using a phenomenological approach, obtain a full description of your own experience of the phenomenon.
2. From the verbatim transcript of your experience complete the following steps:
   a. Consider each statement with respect to significance for description of the experience.
   b. Record all relevant statements.
   c. List each nonrepetitive, nonoverlapping statement. These are the invariant horizons or meaning units of the experience.
   d. Relate and cluster the invariant meaning units into themes.
   e. Synthesize the invariant meaning units and themes into a description of the textures of the experience. Include verbatim examples.
   f. Reflect on your own textural description. Through imaginative variation, construct a description of the structures of your experience.
   g. Construct a textural-structural description of the meanings and essences of your experience.
3. From the verbatim transcript of the experience of each of the co-researchers complete the above steps a to g.
4. From the individual textural-structural descriptions of all co-researchers' experiences, construct a composite textural-structural description of the meanings and essences of the experience, integrating all individual textural-structural descriptions into a universal description of the experience representing the group as a whole.

You will see from this how crucial the idea of intersubjectivity is both as a finding of phenomenological research and as a means to the application of phenomenological ideas to social science - or practically any - research question (Moustakas, 1994).