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Describing The Phenomena Of Principals' Experiences With Implementation Of Response To Intervention

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DESCRIBING THE PHENOMENA OF PRINCIPALS' EXPERIENCES WITH IMPLEMENTATION OF RESPONSE TO INTERVENTION

by

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ABSTRACT

The traditional method of identifying students with disabilities has led to a new innovation being implemented at the school level. Response to Intervention (RTI) is an alternative approach that received federal approval with the passage of Individuals with Disabilities Educational Improvement Act (IDEIA) 2004. On July 1, 2010, RTI became the required process for determining identification of students with learning disabilities for all schools in the state of Florida. Implementation of this approach requires significant changes in how schools operate. Using a phenomenological study design, the purpose of this study was to gain an understanding of the experiences of elementary school principals implementing RTI in their schools. After gaining the individual viewpoints of 16 principals through an interview process, the data was analyzed using Fullan's nine critical factors affecting implementation of a change project. Results indicate that principals found RTI implementation to be a difficult, but worthwhile experience.

This dissertation is dedicated to my family.

To my late father, Jerry Belk, and to my mother, Ceola Orr Belk, thank you for your constant belief in me throughout my life time. You provided the roots that allowed me to have wings.

To my husband, Gary, thank you for your love and support during this journey and all the other journeys over the last 27 years. I am looking forward to the journeys yet to come.

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CHAPTER 1: INTRODUCTION

The traditional method of identifying students with disabilities has led to a new innovation being implemented at the school level. Response to Intervention (RTI) is an alternative approach that received federal approval with the passage of Individuals with Disabilities Educational Improvement Act (IDEIA) 2004. Implementation of this approach will require significant changes in how schools operate.

Statement of the Problem

The rise in the number of students classified as learning disabled has increased exponentially over the last thirty years. In the 1976 – 77 school year, 1.8% of the total population of students were identified as learning disabled; in the 2005 – 06 school year, 5.6% of the total school population were identified as learning disabled (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2006). Traditionally, students have been identified as having a learning disability by using an IQ/achievement discrepancy model of identification (Elksin, 2002; Fuchs & Fuchs, 2006). This model of identification measures the student's cognitive ability (IQ) and compares the student's IQ to the student's current level of achievement (Fuchs & Fuchs; Vellutino, Scanlon & Lyon, 2000). If there is a severe discrepancy, as determined by the individual's state education agency (SEA), the student is identified as having learning disabilities and is entitled to additional academic help through special education services (Bradley, Danielson & Doolittle, 2005) . The SEA of Florida defined severe discrepancy as 1-1.5 standard deviations between the student's IQ and the score on the achievement test (FAC 6A.6.03018, 1994).

The IQ/achievement discrepancy model is commonly referred to as "the wait to fail" model because the student has to wait until second or third grade to show enough of a difference between ability and achievement in order to receive help (Bradley, Danielson, & Doolittle, 2005; Torgeson, 1998; Fuchs, Mocks, Morgan, & Young, 2003; Vaughn, Linan-Thompson, & Hickman 2003). The problem of the wait to fail model was addressed by IDEIA 2004 (Burns, Jacob, & Wagner, 2008). States are no longer required to use the IQ-achievement discrepancy model and are given the option to use an RTI model to determine if a student has learning disabilities (Burns et al.). Batsche et al. (2006) provided the following definition of response to intervention: "RtI is the practice of providing high-quality instruction/intervention matched to student needs and using learning rate over time and level of performance to make important educational decisions" (p.5). Tier 1 is the basic instruction using a scientifically based core program that all students receive (Denton, Fletcher, Anthony, & Frances, 2006; Fuchs & Fuchs, 2006). In Tier 2, interventions and supplemental instruction are systematically provided to students identified as not making adequate progress in Tier 1 instruction (Fuchs & Fuchs; Fuchs, Compton, Fuchs, Bryant, & Davis, 2008; Rathvon, 2008). Students who do not make adequate progress in Tier 2 move to Tier 3 instruction where qualification for inclusion in a program for students with learning disabilities can occur (Davis, Lindo, & Compton, 2007; Fuchs, Mocks, Morgan, & Young, 2003; Reschly, 2005).

RTI is a school reform initiative that will require "a seismic shift in beliefs, attitudes and practice" (Fuchs, Fuchs & Speece, 2002, p.40). As the instructional leader of the school, the principal is a key player in bringing reform into the building and is responsible for monitoring

the implementation and progress of the reform (Camburn, Rowan, & Taylor, 2003; Gantner, Newsom, & Dunlap, 2000). Principals need to understand RTI in order to provide leadership during implementation at their school site (Datnow & Springfield, 2000).

Because RTI is also being mandated by governmental policy, principals not only have to understand RTI, they must transform RTI from policy to practice (Hope, 2002). The transformation from policy to practice is expedited in Florida due to legislation at the state level over the last two years. Bambi Lockman, Chief, Bureau of Exceptional Education and Student Service, in a March 2008 memorandum to Exceptional Student Education Directors, advised districts "to actively develop and implement steps and procedures to transition to the RtI method" (p.1). On July 1, 2008, Margaret Spellings, Secretary of Education, announced that Florida was one of six states approved to pilot a differentiated accountability program for schools receiving Title 1 funds that have not achieved adequate yearly progress (AYP). Florida's plan required schools identified as a School in Need of Improvement (SINI) to implement RTI with problem solving (Differentiated accountability pilot program: Florida's proposal, 2008). While the pilot program in 2008-2009 impacted only Title 1 schools, the passage of Florida House Bill 991 in July 2009 expanded the program to all schools in the state of Florida that had not meet AYP for two or more years (School Improvement and Accountability, 2009). The Florida Department of Education (2009) reported that 77% of schools did not make AYP in 2009. This report indicated that a majority of schools would find it necessary to implement RTI at the beginning of the 2009-2010 school year. On July 1, 2010, RTI became the required process for

determining identification of students with learning disabilities for all schools in Florida (FAC 6A.6.03018).

However, implementing educational reform requires more than putting a policy in place; it requires changes in classroom and school cultures (Fullan, 2007). Changing the culture of the school falls to the school principal (Fullan, 1991).

Conceptual/Theoretical Framework

The framework this study will use is Michael Fullan's model of the change process. The study will specifically focus on the factors affecting implementation and the role of the principal in the process.

Overview of model of change process. Fullan (2007) identified three phases in the change process: initiation, implementation, and continuation. In the initiation phase, the change is being considered for adoption and the decision to adopt or not is made. In the implementation phase, the change is in the first few years of being used and in the continuation phase, the change is either institutionalized or disappears either by conscious decision or through lack of use.

Fullan provides the following definition of implementation: "the process of putting into place an idea, program, or set of activities and structures new to the people attempting or expected to change" (p. 84). Fullan identified nine critical factors that influence implementation and organized the factors into three categories relating to "(1) the characteristics of the innovation or change project (2) local roles, and (3) external factors" (p. 87).

Four factors in the characteristics of the change project were identified by Fullan: need, clarity, complexity, and quality/practicality. People implementing the change should see a need

for the change . The change should be clear about what people need to do differently. Complexity refers to how difficult and how extensively the change will affect the individual's responsibilities. Quality/Practicality of the change is related to the availability of the materials and resources required to facilitate the change.

Fullan (2007) explained that the local roles or characteristics refers to "the social conditions of change; the organization or setting in which people work; and the planned an unplanned events and activities that influence whether or not given change attempts will be productive" (p. 93). The school district, the school board and community, the principal and the teachers are part of the local roles. Individual school change can occur without the support of the administrators at district level; however, change beyond the school level must include district participation.

The school board and the community playing a local role have a great variability in effect on change ranging from complete indifference to implementation to active involvement to support or oppose it. The principal plays a key role in the acceptance of the change at the school level because teachers look to the principal for validation that the change is important and how far they must go with the implementation. Teachers affect implementation as a group as well as individually. Influenced by their experiences with prior change efforts, teachers can be open or closed to a new change and the teacher's attitude toward the change will affect the success of the implementation.

Fullan (2007) labeled the third category of characteristics affecting implementation as external factors. State departments of education and federal agencies are external factors. State

departments and federal agencies are more concerned with policies and initiation of change then with implementation. However, Fullan does point out that governmental agencies are becoming more aware "importance and difficulty of implementation" (p. 100) and are focusing resources to help meet the challenges.

Implementation does not guarantee continuation of the change or reform. Berman and McLaughlin (as cited in Fullan, 2007), stated not only were poorly implemented federally funded projects terminated but also the majority of successfully implemented projects were dropped once the funding stopped. Factors that affected continuation include the lack of interest and support in the form of funds and professional development at the district level. At the school level, the principal's support of the reform was the determining factor for continuation.

Principal's role. The principal is a key person in the acceptance and implementation of change at the school level and is a change agent who is "crucial for success" (Fullan, 2007, p.160). While it is the teacher who implements the change within the classroom, it is the principal who indicates the importance of the change and provides the necessary support and resources the teacher needs (Hope, 2002). The principal is "the person most likely to shape the organizational conditions necessary for success, such as the development of shared goals, collaborative work structures and climates and procedures for monitoring results" (Fullan, p. 96).

The impact on student learning comes from the development of shared meaning (Fullan, 2007). However, each person experiences educational change at a personal level first. Because the principal is responsible during implementation of leading the staff to the shared meaning, it is important that the principal develop a deep understanding of the change initiative. The success of

the change depends upon the principal's ability to convey his or her own meaning to the other stakeholders.

Purpose of the Study

"An understanding of what reality is from the viewpoint of people within the role is an essential starting point for constructing a practical theory of the meaning and results of change attempts" (Fullan, 2007, p. 155). This purpose of this study was to gain an understanding of the experiences of elementary school principals implementing RTI in their schools. After gaining the individual viewpoints, the information from the principals was analyzed and placed into categories (Ari, Jacob & Razavieh, 2002; Merriam, 2009) based upon Fullan's nine critical factors affecting implementation of a change project. Each category had a different code; to facilitate analysis, each piece of similar data was labeled with the same category code. Once all the data had been categorized, it was "clustered into themes" (Merriam, 2002, p.94).

Research Question

This study focused on the following research question: What are the experiences of elementary school principals in implementing RTI?

Research Design

The purpose of this study was to gain an understanding of the experiences of elementary school principals implementing RTI in their schools. After gaining the individual viewpoints through an interview process, the data were analyzed using Fullan's nine critical factors affecting implementation of a change project. Because the focus of the research was on constructing

meaning from the individuals' lived experiences, a qualitative research study with a phenomenological design was used (Ari, Jacobs, & Razavieh, 2002; Merriam, 2002).

Definition of Terms

Implementation – "the process of putting into place an idea, program, or set of activities and structures new to the people attempting or expected to change" (Fullan, 2007, p. 84).

Specific learning disability - (A) In general.--The term `specific learning disability' means a disorder in 1 or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. (B) Disorders included.--Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. (C) Disorders not included.--Such term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage. (Individuals with Disabilities Education Improvement Act of 2004).

Operational Definition – a definition that states "the operations required to test for the presence of the phenomenon" described in the formal definition (Bergman, 1961, cited by Kavale & Forness, 2000, p. 247).

Response to Intervention (RTI) – "the practice of providing high-quality instruction/intervention matched to student needs and using learning rate over time and level of performance to make important educational decisions" (Batsche et al., 2006, p.5).

Fidelity of Implementation – the extent to which a program is taught as designed when validated through research (Smith, Daunic, & Taylor, 2007)

Phenomenological research – "a type of qualitative research designed to gain an understanding of how participants experience and give meaning to an event, concept or phenomenon" (Ary, Jacobs, & Razavieh, 2002, p. 565).

Limitations

Study Limitations:

1. A small number of principals are included in the sample population. A purposeful sampling of principals who had participated in a specific training and were recommended by their area superintendents as either exemplary with RTI implementation or as resistant to RTI implementation was obtained for this study. Principals who did not receive the same training may not have similar experiences.
2. The only data collected were from a standardized open-ended interview and a short questionnaire. As a result, the data is only as valid as the answers the participants gave at that particular point in time. The researcher had to rely upon the truthfulness of the participant's answers.
3. The study was conducted in one district in one state.
4. A qualitative phenomenological research design was used. This limits the ability to generalize the findings beyond this study. The experiences of the sample population for this study would probably not be the same experiences for a different sample population.

CHAPTER 2: LITERATURE REVIEW

This literature review will address the following areas that are pertinent to the study: the history of learning disabilities, RTI, the role of the principal in RTI implementation and the change process.

History of Learning Disabilities

Hallahan and Mercer (2002) divided the history of learning disabilities into five periods: the European Foundational Period; the United States Foundational Period; the Emergent Period; the Solidification Period and the Turbulent Period.

European foundational period 1800-1920. The first report of a reading disability was made by William Broadbent (1872) of an adult who lost his ability to read after suffering a brain injury. Adolph Kussmaul (1877) introduced the concept of a specific reading disability when discussing the case of an adult male whose only disability was the inability to read text. He identified the disability as word blindness. Building upon the work of Broadbent and Kussmaul, John Hinshelwood (1917) studied an adult patient with acquired word blindness from 1894 until 1907. When the patient died, an autopsy was conducted and it was determined that an area of the brain behind Wernicke'a area, the left angular gyrus, had been affected.

Expanding upon Hinshelwood's study, John Morgan (1896) introduced the concept of congenital word blindness in his study of a 14 year old boy with word blindness. Morgan hypothesized that since his patient had not suffered a brain injury, the left angular gyrus must have been defective at birth. As a result of reading Morgan's study, Hinshelwood started researching congenital

word blindness. His research indicated that males more than females were identified as having word blindness and there seemed to be a heredity factor involved.

In Hinshelwood's 1917 book, *Congenital Word Blindness,* he provided recommendations for instructional methods for educators to use when teaching children with word blindness to read. He advocated teaching individual letters and building upon the auditory memory of the students. He was adamant that "…the child must have personal instruction and be taught alone" (p. 99). He also addressed two issues that continue to be debated today: prevalence of reading disabilities and the identification of reading disabilities.

U.S. foundational period 1920-1960. By the 1920's, researchers in the United States were using information gained from European studies to work with children in the areas of reading and language (Gallego, Duran & Reyes, 2006; Hallahan & Mercer, 2002). Hallahan and Mercer identified Samuel Orton, Grace Fernald, Marion Monroe and Samuel Kirk as major forces in shaping the history of learning disabilities during the U.S. Foundational Period.

Samuel Orton (1925) preferred to the use the term "strephosymbolia" instead of word blindness. Using the newly developed Stanford-Binet intelligence tests, he found many students referred to him for difficulty in learning to read had intelligent quotients (IQ) in the average to above average range. Though he found the information useful, Orton believed IQ tests did not always accurately measure the intelligence of children with reading disabilities. Orton (1937) agreed with Hinshelwood's theory of heredity but disagreed that word blindness was the result of a defect in just one area of the brain and asserted the disability was due to mixed cerebral

dominance. He developed phonics based reading remediation programs and was a pioneer in developing a multisensory approach to help students learn to read .

Grace Fernald had developed multisensory approaches to teaching students with reading disabilities even before Samuel Orton's developed his program (Fernald & Keller, 1921). However, while Orton and previous researchers advocated a phonics based approach for students with reading disabilities, Fernald (1943) disagreed and developed a program based upon reading and writing whole words.

Marion Monroe was a student of Samuel Orton. She built upon his theory that a phonics based approach worked best for children with reading disabilities (Monroe, 1928). She was the first researcher who used a discrepancy method to identify students with reading disabilities, comparing the student's test scores on reading assessments to chronological and mental age. She also contributed the practice of using diagnostic tests to determine the specific area of the child's reading weakness and using the results to guide instruction (Monroe, 1932).

Samuel Kirk (1993) worked in the same facility as Marion Monroe and was influenced by her work as well as the work of Orton and Fernald. His method of teaching students to read relied on using phonics and kinesthetic methods (Kirk, 1940). Another contribution Kirk made to the field during the U.S. Foundational period was the development of a test that could be used to identify the specific learning disability of the student, the Illinois Test of Psycholinguistic Abilities (ITPA).

Emergent period 1960-1975. During the emergent period, the term learning disabilities was developed and adopted by educators (Hallahan & Mercer, 2002). It was also during this

period that the federal government became interested in the education of children with learning disabilities (Senf, 1973).

While the terms word blindness and strephosymbolia had been used in earlier periods to describe reading disabilities, the term learning disabilities was developed during the emergent period. Samuel Kirk is credited as the originator of the term (Kirk & Kirk, 1983). Kirk (1962) provided the following definition:

> A learning disability refers to a retardation, disorder, or delayed development in one or more of the processes of speech, language, reading, writing, arithmetic, or other school subject resulting from a psychological handicap caused by a possible cerebral dysfunction and/or emotional or behavioral disturbances. It is not the result of mental retardation, sensory deprivation, or cultural and instructional factors (p.263).

Barbara Bateman (1965) brought Marion Monroe's idea of discrepancy back into play with the following definition:

> Children who have learning disorders are those who manifest an educationally significant discrepancy between their estimated potential and actual level of performance related to basic disorders in the learning process, which may or may not be accompanied by demonstrable central nervous system dysfunction, and which are not secondary to generalized mental retardation, educational or cultural deprivation, severe emotional disturbance, or sensory loss (p. 220).

In 1968, the National Advisory Committee on Handicapped Children (NACHC) designated special learning disabilities as a handicapping condition needing research related to

causes, diagnosis, assessment and remediation (Kirk, 1968). Aware of a federal study in progress on learning disabilities, the NACHC advised the Bureau for the Education of the Handicapped (BEH) in the Office of Education to develop a definition before the study was completed. The committee urged the BEH to adopt the following definition:

> Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken and written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems that are due primarily to visual, hearing or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage (p. 34).

The federal study referred to by the NACHC, the Minimal Brain Dysfunction in Children project, originated in 1963 as the result of pressure brought on by parent advocate groups and educators to improve the education of children with learning disabilities (Chalfant & Scheffelin, 1969; Clements, 1966). Funded in cooperation with the Easter Seals Research Foundation of the National Society for Crippled Children and Adults, Inc. and the National Institute of Neurological Diseases and Blindness Public Health Service, the project was composed of three task forces (Clements). Task Force I's assignment was to develop terminology and method of identification of children with minimal brain dysfunction. Task Force II's assignment was to address educational identification, assessment and evaluation. Task Force II was also to address

educational techniques and methods to be used to teach children identified with minimal brain dysfunction (Haring & Bateman, 1969). Task Force III's mission was to detail "present status of knowledge in and the future research needs for identifying, addressing and treating children with central processing disorders arising from minimal brain dysfunction" (Chalfant & Schefflin, p. 2-3).

The majority of the members of Task Force I were medical doctors (Clements, 1966) and the definition developed reflected the medical background of the members:

> The term "minimal brain dysfunction syndrome" refers in this paper to children of near average, average or above average general intelligence with certain learning or behavior disabilities ranging from mild to severe, which are associated with deviations of function of the central nervous system These deviations may manifest themselves by various combinations of impairment in perception, conceptualization, language, memory and control of attention, impulse or motor function.
>
> Similar symptoms may or may not complicate the problems of children with cerebral palsy, epilepsy, mental retardation, blindness, or deafness.
>
> These aberrations may arise from genetic variations, biochemical irregularities, perinatal brain insults or other illnesses or injuries sustained during the years which are critical for the development and maturation of the central nervous system, or from unknown causes.
>
> The definition also allows for the possibility that early severe sensory deprivation could result in central nervous system alterations which may be permanent.

During the school years, a variety of learning disabilities is the most prominent manifestation of the condition which can be designated by this term. (p. 9-10).

In reference to identification, Task Force 1 stated "A child has not had the benefit of a complete diagnostic evaluation unless he has both a medical and a behavioral assessment" (p. 15). The purpose of the medical evaluation would be "to demonstrate the existence of any causative factors of disease or injury capable of amelioration or prevention" (p. 14). The medical evaluation would consist of obtaining the medical, developmental and family social history of the child; a physical and neurological examination, vision and hearing examination, and routine laboratory tests as well as any special laboratory tests as needed.

The behavioral assessment would be used "to make possible the establishment of appropriate remedial programs of management and education" (Clements, 1966, p. 14). The behavioral assessment would consist of examining the child's academic history with his or her teachers and principal to determine his academic progress, academic achievement and behavior; a psychological evaluation and a language evaluation. Additionally, the task force recommended an educational evaluation completed by an educational diagnostician in order to analyze the child's achievement level in reference to specific skills.

Educators formed the majority of Task Force II's committee. While the committee in Task Force I chose to use the term minimal brain dysfunction syndrome, Task Force II chose to use the term learning disability (Haring & Bateman, 1969). The educators thought learning disability more appropriate because a brain dysfunction could not always be proven in the children needing educational services. Though not given the assignment of developing a

definition, the members felt it was important to develop a more educationally relevant definition than the one provided by Task Force 1. Building upon Kirk's 1967 definition and the NACHC definition, Task Force II offered the following definition:

> Children with learning disabilities are those (1) who have educationally significant discrepancies among their sensory-motor, perceptual, cognitive, academic, or related developmental levels which interfere with the performance of educational tasks; (2) who may or may not show demonstrable deviation in central nervous system functioning; and (3) whose disabilities are not secondary to general mental retardation, sensory deprivation or serious emotional disturbance.
>
> Children with learning disabilities are those (1) who manifest an educationally significant discrepancy between estimated academic potential and actual level of academic functioning as related to dysfunctioning in the learning process; (2) may or may not show demonstrable deviation in central nervous system functioning; and (3) whose disabilities are not secondary to general mental retardation, cultural, sensory and/or educational deprivation or environmentally produced serious emotional disturbance. (Haring & Bateman, p.2-3).

In relation to identification of a child with learning disabilities, Task Force II stated the child must exhibit a discrepancy between potential and achievement level (Bateman & Schiefelbusch, 1969). The committee acknowledged that although an IQ test was the best instrument available for determining the child's potential, the results of the test could be affected by the presence of a learning disability. The report from Task Force II expressed concern that

the amount of discrepancy required to qualify for services differed from state to state; some students had to exhibit a two year difference in ability as compared to potential while other states allowed students with only a few months difference to qualify for services. The task force recommended having the achievement level of the referred child's peer group examined. This could highlight potential issues such as the child being referred due to his average performance when compared to a class of high achieving students. A recommendation was also made to use a team approach in determining the presence of a learning disability, specifically to determine if any exclusionary factors outside of IQ existed.

The Task Force recommended referrals for testing be stated in the form of a question (Bateman & Schiefelbusch, 1969). The purpose of diagnostic testing is to use the results in planning for instruction. Therefore, the question should be framed to help the diagnostician select the best test to illicit specific information needed to help the child.

It was suggested by Task Force II that functional analysis of behavior be used as a technique for teaching children with learning disabilities. Functional analysis of behavior was recommended due to the systematic, scientific approach it provided for planning instruction and evaluating the results of instruction. Another approach recommended by the task force was diagnostic teaching.

Task Force III's task of reviewing the current research resulted in an initial compilation of around 5,000 studies (Chalfant & Schefflin, 1969). To make the task more manageable to meet time constraints, the following guidelines were used to select literature to include in the review:

The first guideline was to focus on behavioral problems which have particular relevance for educators.

The second guideline was to report research on children, as much as possible. It should be noted, however that in the absence of research on children, studies on adult subjects and animals have been included.

The third guideline was to report research and generally exclude literature which reflected opinion. In the event that research data were not available, unsupported theoretical hypotheses occasionally have been included.

The fourth guideline was to exclude the large mass of research with respect to emotional disturbance and social maladjustment. (p. 4).

Using the above criteria, the committee substantially narrowed down the literature from 5000 to around 3000 articles and the final report included 848 references.

According to Masland (1969), the report indicated a "chaotic state of our current efforts" (p. iv). Chalfant and Schefflin (1969) indicated the review revealed a lack of consistency among and between professions in the definition of a child with learning disabilities. The practices in place for identifying and providing remedial instruction for students with learning disabilities were inadequate. Research was recommended in the areas of:

(1) Precise descriptions of specific observable behaviors related to dysfunctions in learning

(2) Procedures for recording behaviors

(3) Procedures for educational assessment and diagnosis

(4) Prevalence and incidence

(5) Effective remedial or compensatory methods of intervention

(6) The efficient delivery of services to children

(7) Prevention

(8) The nature of learning (p. 135)

The results of the task force findings were influential in guiding federal policy (Kirk, 1993). Recommendations of the NACHC regarding children with learning disabilities resulted in the federal government passing the first legislation on learning disabilities in 1969. The Children with Specific Learning Disabilities Act of 1969 incorporated the 1968 definition suggested by the NACHC. Recognizing the application of the NACHC definition of a child with learning disabilities had been widely interpreted to include any student who was experiencing learning difficulties led the NACHC to advise that children with specific learning disabilities should include only 1% to 3% of the total school population (Kirk, 1969). While the Children with Specific Learning Disabilities Act did not provide direct funding for the education of children with specific learning disabilities, the Act did provide funding for professional development, research and service to children with learning disabilities through Child Service Demonstration Programs (Kirk; Senf, 1973).

The Children with Specific Learning Disabilities Act was incorporated into Title VI of PL 91-230, the Elementary and Secondary Education Act Amendments of 1969 (ESEA; Hallahan & Mercer). Although the act was included in PL 91-230, learning disabilities was still

not listed as a category of children with handicaps (PL 91-230). However, the law did include specific learning disability as a defined term (PL 91-230).

Because specific learning disabilities were left out of the definition of handicapped children, support for research and innovation was not allowable under Part B - Grants to States (Hallahan & Mercer). However, funding was provided under Part G – Special Programs for Children with Specific Learning Disabilities (PL-230). Money was appropriated for research relating to the education of children with specific learning disabilities, professional training and for the establishment of model centers (PL-230).

Two significant outcomes of funding received in Part G of PL-230 was the establishment of the Child Service Demonstration Projects (CSDP) and the Leadership Training Institute in Learning Disabilities (LTI LD). The CSDPs were 43 child service centers in different states developed to serve as models for effective procedures in providing teacher training, identifying, and serving students with learning disabilities (Rodabuagh et al., 1976). The LTI LD provided assistance to the CSDP's in the form of consultation and providing up to date information on the field (Bryant & Kass, 1972).

Solidification period 1975-1985. Hallahan and Mercer (2002) described this period in the history of learning disabilities as a time of "relative stability" (p. 31). There was a movement toward agreement on the definition of learning disabilities and identification methods. New educational techniques and instructional methods were developed through research to benefit students with learning disabilities..

In the solidification period, learning disabilities was added to the recognized categories defining handicapped children by the passage of The Education of All Handicapped Children Act, PL 94-142 in 1975. The definition adopted in the law was the definition originally suggested by the NACHD:

> The term "specific learning disability" means a disorder in one or more of the psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include children who have learning disabilities which are primarily the result of visual, hearing, or motor handicaps, or mental retardation, or emotional disturbance, or of environmental, cultural, or economic disadvantage. (PL 94-142)

PL 94-142 also directed the Commissioner of Education to provide guidance to the states regarding identification of students with learning disabilities within a year of the law's passage. The Commission was to provide regulations establishing specific criteria for disorders or conditions that are specific learning disabilities and procedures to determine if a student has specific learning disabilities. Additionally, there were to be monitoring procedures established to ensure states were using the specific criteria and procedures developed to identify students with learning disabilities.

When released for review, the proposed regulations contained two requirements that received extremely negative comments (Danielson & Bauer, 1978). One requirement dictated the

employment of a formula using IQ scores and chronological age for determining discrepancy in ability versus achievement. The other requirement specified a severe discrepancy was defined as an achievement level 50% or below expected achievement. The reviewers voiced concern over using IQ scores because of issues with reliability, validity and appropriateness of IQ tests for particular groups of students, including students with learning disabilities and students from low socio-economic backgrounds. The discrepancy level of 50% was criticized for being a random selection and too restrictive in identification. Due to the amount of opposition to the formula and specified severity percentage, they were left out of the final regulations.

While the formula and the severe discrepancy of 50% were left out of the final regulations for determining a specific learning disability, the concepts were included. The regulations enacted in 1979 resulted in the following operational definition:

(a) A team may determine that a child has a specific learning disability if:

(1) The child does not achieve commensurate with his or her age and ability levels in one or more of the areas listed in paragraph (a) (2) of this section, when provided with learning experiences appropriate for the child's age and ability levels; and

(2) The team finds that the child has a severe discrepancy between achievement and intellectual ability in one or more of the following areas:

(i) Oral expression;

(ii) Listening comprehension;

(iii) Written expression;

(iv) Basic reading skill;

(v) Reading comprehension;

(vi) Mathematics calculation; or

(vii) Mathematics reasoning

Although federal regulations delegated procedures and methods for determining severe discrepancy to the states, 33% of states were using an IQ/achievement discrepancy formula by 1981-82 (Frankenberger & Harper, 1987). The percentage of states using an IQ/achievement discrepancy increased to 57% by 1985-86. According to Cone and Wilson (1981), states choosing to use the IQ/achievement discrepancy were using one of four models: deviation from grade level; expectancy formula; standard score comparison or regression analysis.

During the solidification period, federal money was provided for five research institutes to develop educational methods for students with learning disabilities (McKinney, 1983). Funded from 1977 until 1982 by the United States Office of Education, the institutes were located on the campuses of Columbia University, the University of Illinois at Chicago, the University of Minnesota and the University of Virginia. Each institute conducted research in a different area of learning disabilities. Columbia University conducted research in the areas of information processing difficulty, memory and study skills, arithmetic, basic reading and spelling, reading comprehension and interaction of text and the reader (Connor, 1983). The University of Illinois at Chicago researched social competence and how children with learning disabilities attributed their successes and failures (Bryan, Pearl, Donahue, Bryan & Pflaum, 1983). Educational interventions for teenagers with learning disabilities were researched at the University of Kansas

(Schumaker, Deshler, Alley & Warner, 1983). Identification of students with learning disabilities and curriculum based assessment was the focus of the University of Minnesota (Ysseldyke et al., 1983). The institute at the University of Virginia researched educational methods for students who were learning disabled and had attention deficit issues (Hallahan et al., 1983).

Turbulent period 1985-2000. Hallahan and Mercer describe the turbulent period as a time when the field of learning disabilities was coming together in some areas and falling apart in others (2002). Progress was made in research based practices, assessment and remediation of reading disabilities and identification of biological causes of learning disabilities. In contrast, disagreement among professionals regarding the procedures required by federal law to identify students with specific learning disabilities was causing turmoil.

On the solidification side, there were increases in research based practices as a result of the work of the research institutes (Lyon, 1998). Research in the area of phonological processing looked promising for use in the assessment and remediation of reading disabilities. Advances were made in the identification of biological causes of learning disabilities through the use of postmortem studies (Galaburda, Menard & Rosen, 1994), neuroimaging studies (Flowers, 1993) and the impact of heredity (Pennington, 1990).

While the field was being strengthened by gains in the areas listed above, the overwhelming increase in the number of students identified with learning disabilities was also causing concern and discord among professionals. In the 1976 – 77 school year, 1.8% of the total population of students were identified as learning disabled while by the 1998-1999 school year,

6% of the population were identified as learning disabled (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2006).

Hallahan (1992) contributed the increase to factors such as a better understanding and recognition of learning disabilities by professionals and parents. Societal changes, including increases in the number of children living in poverty and increased maternal substance abuse, were also possible reasons leading to more students with learning disabilities. Gelzheiser (1988) attributed the increase to the fact that LD was more socially accepted than other special education labels. There was also consensus that the increase was related to multidisciplinary teams at the school level misdiagnosing students as learning disabled because it was an available avenue for getting struggling students academic help (Graham & Harris, 1989; Gresham & Witt, 1997; Shepard & Smith, 1983; Macmillian, Gresham & Bocian, 1998).

As reasons for the increase in the prevalence rates were being debated, the efficacy of the IQ/achievement discrepancy method of identifying students with LD was being questioned (Siegel, 1989, 1992). According to Fletcher et al. (2002) learning disability identification using IQ/achievement discrepancy is based upon "a hypothesis that children with poor achievement below a level predicted by an IQ score (IQ discrepant) are different from children with poor achievement consistent with the IQ score (low achievement)" (p. 190).

Support for the hypothesis behind the IQ/achievement discrepancy method had been provided through a landmark series of studies, The Isle of Wight studies (Aaron, 1991). The Isle of Wight studies supported the concept of learning disabilities, specifically reading disabilities, when a set of reading achievement scores not consistent with IQ scores was found in the lower

end of the distribution of scores for a population of elementary school children (Rutter & Yale, 1975). Using the data from five epidemiological Isle of Wight studies, Rutter and Yale examined students with general reading backwardness (low achievement) and students with specific reading retardation (IQ discrepant) to determine if there were other differences between the two groups beyond test results. They summarized their findings:

> Reading retardation is shown to differ significantly from reading backwardness in terms of sex ratio, neurological disorder, pattern of neurodevelopmental deficits and educational prognosis. It is concluded that the concept of reading retardation is validated (p. 195).

Although Rutter and Yale's results were influential during the passage of PL 94-142, the validity of the findings came under scrutiny as researchers attempted to replicate the authors' studies (Aaron, 1997; Fletcher, Francis, Rourke, Shaywitz & Shaywitz,, 1992). Epidemiological research by Rodgers (1983) and Shaywitz, Escobar, Shaywitz, Fletcher and Maknuch (1992), failed to find a hump in the scores of the populations in their respective studies. Wissel and Zegers (as cited in Aaron) theorized the hump was actually created by ceiling and floor effects of the reading tests used in the Isle of Wight studies. Subsequent studies attempting to replicate the Yale and Rutter (1979) study failed to find differences in sex ratio or differences in educational prognosis between students with low achievement and students with learning disabilities (Aaron). Researchers were also unable to identify significant psychometric differences between students with low achievement and students with learning disabilities

identified by the IQ/achievement discrepancy method (Fletcher et al, 1992; Macmillan, Gresham & Bocian, 1998; Siegel, 1992; Ysseldyke, Algozzine, Shinn, & McGue, 1982).

The IQ/achievement discrepancy model was also criticized for the inability of the model to identify students with learning disabilities until the student was around age nine (Fletcher et al, 1998). Research, particularly in the content area of reading, had established the importance of early intervention for struggling students (Stanovich, 1986; Torgeson, 1998; Snow, Burns & Griffin, 1998; Vellutino, et al., 1996). Identifying a student for special education services at age nine (third or fourth grade) was especially problematic given that reading problems identified after second grade have been found to be resistant to remediation (Fletcher et al.). Additionally, the IQ/achievement discrepancy method was criticized because while it enabled school teams to label students as LD, it did not provide any guidance on determining remediation strategies (Aaron, 1991).

The Individuals with Disabilities Education Act (IDEA) of 1997 (the reauthorization of PL 94-142) did not change the federal definition of learning disabilities:

(A) IN GENERAL- The term 'specific learning disability' means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

(B) DISORDERS INCLUDED- Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(C) DISORDERS NOT INCLUDED- Such term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

The operational definition in the IDEA regulations also remained the same with the addition of b):

(a) A team may determine that a child has a specific learning disability if:

(1) The child does not achieve commensurate with his or her age and ability levels in one or more of the areas listed in paragraph (a) (2) of this section, when provided with learning experiences appropriate for the child's age and ability levels; and

(2) The team finds that the child has a severe discrepancy between achievement and intellectual ability in one or more of the following areas:

(i) Oral expression;

(ii) Listening comprehension;

(iii) Written expression;

(iv) Basic reading skill;

(v) Reading comprehension;

(vi) Mathematics calculation;

(vii) Mathematics reasoning

b) the team may not identify a child as having a specific learning disability if the severe discrepancy between ability and achievement is primarily the result of –

1) A visual, hearing, or motor impairment

2) Mental retardation

3) Emotional disturbance

4) Environmental, cultural, or economic disadvantage

While PL 94-142 had focused on giving students with disabilities access to public education, IDEA 1997 moved toward improving results for those students (IDEA Overview, 1997) and increased accountability for outcomes for students in exceptional education programs (Yell & Shriner, 1997). The general education teacher was now required to be a part of the Individual Education Plan (IEP) team and provisions were made in the law requiring students with disabilities to participate in state and district assessments (Council for Exceptional Children, 1998).

During the comment period for IDEA 1997 concerns over the increase in identification, as well as the lack of early and accurate identification of children with learning disabilities, led the NCJLD to send a letter to the Office of Special Education Programs (OSEP) urging them to focus attention on learning disability identification (Bradley & Danielson, 2004; Bradley, Danielson & Doolittle, 2005). OSEP responded by asking the NJCLD to wait until after the reauthorization of IDEA for discussion; in return OSEP would develop a comprehensive plan that would bring experts and laypersons in the field together for a full examination of the concerns that had been expressed.

As promised by OSEP, in the year 2000, a multiyear process known as the LD Initiative began (Bradley & Danielson, 2004). Bringing together researchers, policymakers, parents, members of professional organizations, and advocacy groups, the task of the LD Initiative was to bring the stakeholders to a "consensus regarding the identification and implementation of improved procedures for LD identification" (Bradley, Danielson, & Doolittle, p. 485). Bradley, Danielson and Hallahan (2002) stated the outcome of the process yielded eight consensus statements. The statements pertinent to this study are the following:

(a) Strong converging evidence supports the validity of the concept of specific learning disabilities (SLD). This evidence is particularly impressive because it converges across different indicators and methodologies. The central concept of SLD involve disorders of learning and cognition that are intrinsic to the individual SLD are specific in the sense that these disorders each significantly affect a relatively narrow range of academic and performance outcomes. SLD may occur in combination with other disabling conditions, but they are not due primarily to other conditions, such as mental retardation, behavioral disturbance, lack of opportunities to learn, or primary sensory deficits (p.792).

(b) Majority: IQ/achievement discrepancy is neither necessary nor sufficient for identifying individuals with SLD. IQ tests do not need to be given in most evaluations of children with SLD.

There should be some evidence that an individual with SLD is performing outside the ranges associated with mental retardation, either by performance on achievement tests

or by performance on a screening measure of intellectual aptitude or adaptive behavior.

Minority: Aptitude/achievement discrepancy is an appropriate marker of SLD, but is not sufficient to document the presence or absence of underachievement, with is a critical aspect of the concept of SLD (p. 796).

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

The concerns discussed and the consensus reached by the LD Initiative were recognized in the Individuals with Disabilities Education Improvement Act (IDEIA) 2004 (Bradley, Danielson & Doolittle, 2007). The formal definition for specific learning disabilities remained the same as IDEA 1997, but the operational definition changed significantly. The language in the regulations changed the criteria from "severe discrepancy between ability and achievement" to "does not make sufficient progress adequate for the child's age or to meet State-approved grade-level standards" (IDEIA 2004). The revised operational definition authorized states to use the

alternative method of response to intervention (RTI) to identify students with learning disabilities (Burns, Jacob & Wagner, 2008).

Specifically, IDEIA 2004 dictated that states:

- Must not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has a specific learning disability, as defined in 34 CFR 300.8(c)(10);
- Must permit the use of a process based on the child's response to scientific, research-based intervention; and
- May permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability, as defined in 34 CFR 300.8(c)(10). (IDEIA 2004).

While IDEIA 2004 did not prohibit the IQ/achievement discrepancy method or mandate states to use an RTI method, it did stipulate the following RTI concepts:

To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in 34 CFR 300.304 through 300.306:

- Data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and

- Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents. (IDEIA 2004).

Response to Intervention

An alternative approach to the IQ/achievement discrepancy model for identifying specific learning disabilities is response to intervention (Burns, Jacob & Wagner, 2008). Vaughn and Fuchs (2003) credit the origin of the response to intervention method to a 1982 National Research Council Study. In the study, Heller, Holtzman and Messick (1982) stated assessment should be a two part process: assessment of the student's learning environment and then an assessment of the individual student only after it has been proven that the student did not respond to different instructional strategies in a variety of settings. The learning environment assessment would include: an examination of the curriculum being used to determine if the curriculum had been used effectively with similar populations; evidence that the curriculum has been implemented with fidelity for the child being studied; objective evidence that the student did not learn what was taught; and evidence that early systematic intervention was provided to the student. The process was operationalized by Lynn Fuchs in 1995 as an assessment system using curriculum based measures (CBM) to access the student's response to intervention to determine eligibility for specific learning disabilities (Fuchs, Fuchs & Speece, 2002; Vaughn & Fuchs, 2003).

In 2004, IDEIA authorized the use of RTI to determine eligibility for specific learning disabilities. States are no longer required to use the IQ-achievement discrepancy model. Instead,

the state may choose to use an RTI model to determine if a student has learning disabilities. RTI can be used for all academic areas, but is most frequently used for reading (Fuchs & Fuchs, 2006). Batsche et al. (2006) provided the following definition of response to intervention: "RtI is the practice of providing high-quality instruction/intervention matched to student needs and using learning rate over time and level of performance to make important educational decisions" (p.5).

In an RTI model, instruction for students is divided into tiers. Tier 1 is the basic instruction using a scientifically based core program that all students receive. The first step in RTI is to select a performance based or other testing measure to identify students performing below grade level expectations (Fuchs & Fuchs, 2006). All students are progress monitored and students who are not meeting grade level expectations are monitored more frequently to determine if they respond to the regular classroom instruction. If not, then an intervention is selected and implemented, which moves the student into Tier 2 instruction.

The process to develop the intervention and implementation plan can be accomplished using a problem solving method or a standard protocol treatment (Batsche et al. 2006). A standard protocol treatment is an intervention that has been selected to use for groups of students exhibiting similar issues. A problem solving treatment occurs when a problem solving team meets and applies a problem solving process to develop interventions for individual students. There are four steps in this process. At each step there is a question that needs to be answered. The first question is: What is the problem? According to Batsche et al, a problem exists when there is a "…discrepancy between a desired state and what is occurring" (p.47). The next

question is: “Why is this happening?” (p. 48). The third question is asked: “What we are going to do about it?” (pg. 49). The team develops a plan that provides a targeted intervention for the specific skill. The plan identifies the intervention that the student will receive, who will be responsible for giving the instruction, how often progress monitoring will occur and what instrument will be used for progress monitoring. The plan is implemented and the student receives the Tier 2 instruction identified in the plan. The final step is for the team to meet again about the student to answer the question: “Did it (the plan) work?” (pg. 50). The students are progress monitored and if adequate progress is not made, then the team meets again to make decisions regarding intervention; which is adjusted or changed (Fuchs & Fuchs). Tier 3 instruction occurs for those students who are identified as not making progress in Tier 2. The process repeats until either the student’s achievement meets the norm for the class or the student is placed in special education. The lack of having to fail in order to receive an intervention and the immediacy of changing interventions when progress is halted results in a better opportunity for the child to progress.

In the following explanation of each of the components in a three tier RTI model, clarification examples are provided for when the model is used in the content area of reading in a K- 3 setting.

Components of Tier 1 instruction.

Tier 1 instruction is the general education program students in the school receive (Fuchs & Fuchs, 2007; NJCLD, 2005). In Tier 1, a universal core research based program is used for all students (Bradley, Danielson, Doolittle, 2007; NJCLD). Curriculum based measures are used for

screening and progress monitoring. Differentiated instruction is delivered using a variety of research supported teaching strategies.

Research supported strategies, approaches and core programs. A scientifically based core program is the primary instructional tool used by all teachers for all students in the grade level (Al Otaiba et al., 2005; Foorman, 2007; Simmons & Kame'enui, 2003). The core program for K-3 reading selected should address the five components of effective reading instruction: phonemic awareness, phonics, fluency, vocabulary, and reading comprehension (National Reading Panel, 2000; Foorman). In selecting a core program, Simmons & Kame'enui (2003) stated the selected reading program should have evidence of efficacy through experimental studies in schools with student populations similar to the targeted population; reflect current and confirmed research and provide explicit, systematic instruction in phonemic awareness, phonics/decoding, vocabulary and comprehension.

Universal screening and progress monitoring. All students are screened for academic progress at the beginning of the year using a curriculum based measure (Davis, Lindo & Compton, 2007; Fuchs & Fuchs, 2007). Curriculum based measures (CBM) were originally developed for use by special education teachers to evaluate the effectiveness of instructional programs (Deno, 2003). A core component of response to intervention, CBM is used because of the formative information it provides about student progress toward academic goals over time (Hosp, Hosp & Howell, 2007; Marston et al., 2007; Rahn-Blakeslee, Ikeda, & Gustafson, 2005). Students who are identified as at risk during the universal screening process are monitored on a

weekly basis for approximately five weeks to determine if the instruction within the core program provides the necessary instructional support (Fuchs & Fuchs, 2007).

Selection of the reading CBM (R-CBM) depends upon the grade of the student and the skill that the student needs to acquire (Davis, Lindo & Compton, 2007; Jenkins, Hudson & Johnson, 2007). Students in kindergarten and first grade are acquiring phonemic awareness skills and letter sound association (Coyne & Harn, 2006; Jenkins et al.). First grade students continue to build upon skills learned in kindergarten, develop the ability to decode words and begin reading text. Second and third grade students continue to build fluency in decoding words, as well as expand vocabulary and reading comprehension strategies (Torgesen, 2002).

Differentiated instruction. Differentiated instruction occurs when teachers match instruction to the needs of the individual learner **(**Kosanovich, Ladinsky, Nelson & Torgesen, nd). Differentiated instruction in the primary reading classroom is accomplished by organizing small homogenous groups based upon student data and teacher observation. The small groups receive the differentiated instruction during the reading block.

In Tier 1, teachers must modify the type and frequency of instruction to provide differentiated instruction for struggling learners (Denton, Vaughn & Fletcher, 2003). It is recommended that the instruction be explicit. Explicit instruction is preferred because the modeling and direct instruction of skills and concepts by the teacher prevents the student from having "to make inferences that may lead to confusion in less-proficient learners" (Denton et al., p. 202). Students who continue to perform below the peer group after receiving differentiated instruction move to Tier 2 (Davis et al., 2007).

Components of Tier 2

The goal of Tier 2 instruction in a Response to Intervention (RTI) model is to provide students with the necessary skills and strategies to accelerate their achievement equal to their grade level peers (Chard & Harn, 2008; Davis et al., 2007; Fuchs, Compton, Fuchs, Bryant & Davis, 2007; NJCLD, 2005; Reschly, 2005; Vaughn & Roberts, 2007). Research indicates successful Tier 2 implementation includes the following components (a) the use of curriculum-based measures, (b) collaborative problem solving, (c) intensive research-based instruction/intervention (d) progress monitoring, (e) assessment to ensure fidelity of implementation of interventions/instruction, (f) parent inclusion, and (g) support for general education teachers (Bradley et al., 2005; Fuchs & Fuchs, 2006; Glover & DiPerna, 2007; Hollenbeck, 2007; NJCLD).

Collaborative problem solving. Interventions for students in Tier 2 can be developed using a problem solving method (PSM) or a standard treatment protocol method (STP, Batsche et al., 2006; Fuchs & Fuchs, 2007; NCJLD 2005; Rathvon, 2008; Vaughn et. al 2008). When PSM is used for determining interventions, a school based team meets to develop an individualized plan for increasing the student's achievement (Batsche et al.; Fuchs & Fuchs; Vaughn et al.). In STP, the school based team selects evidence based interventions that can be used for all students who are at risk (Batsche et al., 2006; Fuchs & Fuchs, 2006; Rathvon, 2008). The difference in the two methods is that in the PSM, the team looks to analyze the student's specific data to determine why the student is not progressing (Jenkins, Hudson & Johnson,

2007). The STP method assumes that the selected intervention will meet the needs of all students who are experiencing similar difficulties (Fuchs & Fuchs).

The school based team in RTI is referred to as the problem solving team (Batsche et al., 2006). Research suggests that the team consist of the student's general education teacher, the building principal, content specialists and support personnel such as a special education teacher, school counselor and/or school psychologist (Kovaleski, 2007; Kovaleski & Glew, 2006; Kurns & Tilly, 2008). The problem solving team identifies the intervention, how often and how long the intervention will occur and how often the student will be progressed monitored (Batsche et al.). The team also decides who will provide the instruction.

It is recommended that schools use a combination of the two methods (Batsche et al., 2006; NJCLD, 2005). The National Joint Committee on Learning Disabilities recommended using a standard treatment protocol for all students entering Tier 2. Students who fail to progress with the intervention identified by the standard treatment protocol would then have an individualized intervention plan developed by the problem solving team.

Curriculum based measures and research-based interventions. Used as a screening instrument in Tier 1, CBM continues to be used in Tier 2 as a progress monitoring tool for at risk students (Shinn, 2007). Differentiated explicit instruction is provided using scientific research-based interventions (Denton, Vaughn & Fletcher, 2003; Kamps & Greenwood, 2005; Reschly, 2005; Torgesen, 2002). The instruction used in Tier 2 is more intense and provides students with more practice and feedback than the differentiated instruction provided in Tier 1 (Reschly).

Many studies have shown that students in Tier 2 benefit from the use of a supplemental reading intervention program. Denton, Fletcher, Anthony and Francis (2006) found that using the supplemental program Read Naturally increased the achievement of Tier 2 students. The direct instruction program Reading Mastery was also successful (Foorman & Ciancio, 2005). Kamps and Greenwood (2005) stated that Proactive Reading, Programmed Reading and Read Well were effective as well.

One way to increase intensity is to increase the amount of time the student receives instruction (Reschly, 2005). This can be accomplished by increasing the number of minutes, the number of days or the number of weeks the student receives the intervention instruction (Kamps & Greenwood, 2005; Fuchs & Fuchs, 2007; Vaughn & Roberts, 2007). The additional instructional time should occur over and above the instructional time that students receive in the core program (Vaughn & Roberts).

Another technique to increase intensity is to decrease the number of students in the instructional group (Reschly, 2005; Vaughn & Roberts, 2007). By decreasing the number of students, each student can receive more individualized attention from the teacher. To provide the intensity needed, groups in Tier 2 instruction should have no more than three to six students.

Progress monitoring. To determine how well the student is responding to the intervention, progress monitoring is conducted. Decisions involved in progress monitoring include selecting an R-CBM to assess the targeted skill for the student and a method of determining if the student is making adequate progress in achievement (Fuchs, Compton, Fuchs, Bryant & Davis, 2008).

The R-CBM is selected based upon the reading skill targeted for the student (Vaughn & Fuchs, 2003). Students identified as needing interventions in phonemic awareness could be monitored using a measure for initial sound fluency or phoneme segmentation fluency (Hosp, Hosp & Howell, 2007; Marston et al., 2007). Interventions targeted at increasing the student's ability to decode words could be measured using a test of nonsense word fluency, letter-sound fluency or word identification fluency (Hosp, Hosp & Howell). Oral reading fluency measures are appropriate assessments for fluency and comprehension skills (Wayman, Wallace, Wiley, Ticha & Espin, 2007). R-CBM scores are collected for students in Tier 2 on a bimonthly basis to evaluate progress (Vaughn & Roberts, 2007).

The information collected as a result of progress monitoring is used to determine if the student is responding adequately to the intervention (Vaughn & Roberts). Fuchs et al. (2008) identified five ways researchers have used to determine responsiveness: end of treatment scores at or above a predetermined percentile, end of treatment scores that meet benchmark levels for the grade, rate of improvement during intervention above the median score of all students in the intervention; a combination of rate of improvement and end of treatment scores less than one standard deviation below peers; and slope of improvement above a level determined by peer norms. While there is no consensus among researchers identifying the most appropriate method, Fuchs et al. recommend the slope of improvement as showing most promise. Students meeting the criteria for responsiveness and are no longer at risk may be exited from Tier 2 instruction (Vaughn & Roberts). Students who have met the criteria for progression but have not achieved at benchmark levels may continue in Tier 2.

Assessment for fidelity of implementation. Fidelity of implementation refers to the extent to which a program is taught as designed when it was validated through research (Smith, Daunic, & Taylor, 2007). The benefits for students through instruction using the intervention could be negated if the program is not implemented as intended.

The research based interventions selected in Tier 2 must be implemented with a high level of fidelity (Reschly, 2005). Implementation with fidelity is important in order to accurately assess the impact of the intervention on student progress (Rathvon, 2008). It is also important because a lack of fidelity in implementation could result in invalid decisions being made for students (Shinn, 2007).

Fidelity can be assessed through self reports by instructors, direct observations, the use of rating scales, rubrics or checklists (Kurns & Tilly, 2008; Rathvon, 2008). Assessment needs to occur at the beginning and throughout intervention implementation to ensure continuation of fidelity (Rathvon).

Parent involvement. According to IDEIA 2004, progress monitoring procedures and participation in an intervention group in Tier 2 instruction do not constitute an evaluation. Therefore, parental consent is not required (Burns et al., 2008). However, the No Child Left Behind Act of 2001 (NCLB) entitles parents to receive information about the curriculum used, the academic assessments used to measure progress, proficiency levels and opportunities to participate in decisions relating to their child's education. It is a best practice to keep parents involved and included in decisions that affect their child's academic success.

Parents should be notified by the classroom teacher as soon as the teacher realizes that the child is not progressing as expected (Ravthon, 2008). When the student is being considered for Tier 2 instruction, parents should know the area where the child is at risk, the interventions that will be used and the person who is responsible for providing the instruction and what progress is expected as a result of the intervention (Johnson, Mellard, Fuchs & McKnight, 2006).

Support for general education teachers. Researchers indicate that implementation of Tier 2 interventions will fall to the general education classroom teacher (Denton, Vaughn, & Fletcher, 2003; Rathvon, 2008; Richards, Pavri, Golez, Canges & Murphy, 2007). In addition to providing the instruction, the teacher should perform the progress monitoring of the students in their assigned Tier 2 groups (Kurns & Tilly, 2008).

Teachers will need support and professional development in order to implement interventions and to effectively monitor student progress in Tier 2 (Danielson, Doolittle & Bradley, 2007; NJCLD, 2005). Richards et al. (2007) suggest that professional development should include instruction "in progress monitoring, using data to make instructional decisions and implementing evidence based interventions" (p.61). Support can be provided through coaching provided by peers, experts or members of the problem solving team (Rathvon, 2008).

Administrative support for the general education teacher is also important (Kurns & Tilly, 2008). Vaughn & Roberts (2007) stated that "an essential component is….leadership that is knowledgeable and supportive of the development and implementation of secondary implementations" (p.45).

Students who do not make progress in Tier 2 may be placed in Tier 3 instruction where students can be considered for an evaluation for learning disabilities (NCJLD, 2005).

Components of Tier 3

In Tier 3, the student's eligibility for special education is considered (NCJLD, 2005). If the team suspects the student has a learning disability and will need special education services, the school must conduct a comprehensive evaluation (Burns et al., 2008).

Parental rights/consent. If the difficulty the student is experiencing in Tier 2 is significant and leads professionals to suspect the student has a learning disability, then parental consent for evaluation would need to be obtained (Burns et al., 2008; NCJLD, 2005). If the parent suspects a disability and requests an evaluation for eligibility, then the school is required to conduct the evaluation even if the child has not progressed to Tier 3 (Burns et al.).

Comprehensive evaluation. The comprehensive evaluation includes data from multiple assessment which can be from standardized tests, observations and student data collected in Tier 1 and 2 (NCJLD, 2005). Additionally, sources including background information on the student's academic history, developmental history obtained from the parents, and vision and hearing screenings should be included as part of the evaluation (Burns et al., 2008). In some cases, the evaluation may still need to include an IQ test, for example, if there is a need to rule out an exclusionary criterion such as mental retardation.

Procedural safeguards. When using an RTI method for identification, procedural safeguards as dictated by IDEIA 2004 continue to be in effect (NCJLD, 2005).

Principal's Role in RTI

RTI is a school reform initiative that will require "a seismic shift in beliefs, attitudes and practice" (Fuchs, Fuchs & Speece, 2002, p.40). As the instructional leader of the school, the principal is a key player in bringing reform into the building and is responsible for monitoring the implementation and progress of the reform (Camburn, Rowan & Taylor, 2003; Gantner, Newsom & Dunlap, 2000). According to Datnow and Springfield (2000), principals need to understand the school reform initiative in order to provide leadership during implementation at their school site. Understanding RTI will require principals to receive "training, reinforcement, and central office support" (Hilton, 2007, p. 17).

A search of the ERIC database using the descriptor "response to intervention" yielded 278 results. A search with those results using the descriptor "principal role" or "administrator role" yielded five results. Two results were descriptive reports, two were research reports, and one result was an opinion paper. A search of the Dissertation and Thesis database yielded 208 results for RTI. Limiting the search to results that included RTI and principal reduced the results to 12 dissertations. Of those twelve results, five dissertations specifically addressed the role of the principal in RTI implementation. These results support the findings of the National Committee on Learning Disabilities (2005) that the current focus of research has been on "(1) intervention studies investigating the efficacy and delivery of special remedial methods and (2) field studies evaluating the RTI process itself" (p. 255).

Kimmel (2008) conducted a qualitative case study of two elementary schools in their second year of RTI implementation. Participants in Kimmel's study included principals,

teachers, school psychologists and RTI coordinators. RTI had been implemented at both schools as a way of helping struggling students. The findings of the study indicated that principal leadership, teacher buy in, availability of resources and professional development positively impacted RTI implementation..

Bartle (2009) also conducted a multi-site case study of three elementary schools. Participants in this study included principals, general education and special education teachers. She stated the "overarching discovery in this study was the ability of leadership to influence the implementation of Rtl in each school" (p.187). Teachers in the school where the principal had higher expectations for implementation were more consistent with the use of interventions in their daily instruction.

Principal leadership was found to be a determining factor in the success of RTI implementation in another case study and cross-case analysis of two elementary schools by Barnhardt (2009). The principal and two teachers from each school were the participants in Barnhardt's study. Strong principal support of RTI, evidenced by initial and ongoing professional development, teacher support, positive relationships and a sense of purpose, contributed to successful implementation at one school. The lack of strong principal leadership for RTI had led the other to school to struggle with implementation. Barnhardt found that district leadership impacted RTI implementation differently depending upon whether the principal had strong RTI leadership skills or weak RTI leadership skills. RTI implementation was successful at the school with strong principal leadership and weak district support; however, implementation was not successful without district support in the school with weak principal leadership.

Spiegel (2009) conducted a study of three secondary school principals and nine members of RTI teams to identify principal leadership characteristics that impact successful RTI implementation. She found five trends in her data: the principals were involved in the RTI process as participants on problem solving teams, the principals were effective communicators, they provided resources as needed for interventions, they were able to identify high performing staff members with expertise to include on RTI teams, and they were proficient in using data to guide decision making.

Gregory (2007) conducted a quantitative study using a survey instrument for elementary school principals in Pennsylvania to determine the readiness of schools for implementing RTI. A major finding of his study include that the principal was expected to be the leader for RTI at the school level.

While there were limited studies found on the role of the principal in RTI, there are publications that list the responsibilities of the principal in implementation. The National Association of State Directors of Special Education (NASDSE) in Response to Intervention Blueprints for Implementation: School Building Level indicates the principal must serve in the role of instructional leader for effective implementation (Bastche et al, 2006). It was also noted that the building principal must provide support and materials to teachers in implementing instruction and set expectations for use of data.

The National Research Center on Learning Disabilities (NCLD) *RTI: How to Do It* (2006) gives more specific information on the role of the administration at each tier in the RTI implementation. The role of administration (which in this publication includes not only the

principal but the assistant principal and curriculum leaders in the building) centers on providing resources and staff development, ensuring fidelity of implementation and leading the problem solving approach.

The Change Process

Fullan (2007) identified three phases in the change process: initiation, implementation, and continuation. In the initiation phase, the change is being considered for adoption and the decision to adopt or not is made. In the implementation phase, the change is in the first few years of being used and in the continuation phase, the change is either institutionalized or disappears either by conscious decision or through lack of use.

Fullan provides the following definition of implementation: "the process of putting into place an idea, program, or set of activities and structures new to the people attempting or expected to change" (p. 84). He identified nine critical factors that influence implementation and organized the factors into three categories relating to "(1) the characteristics of the innovation or change project (2) local roles, and (3) external factors" (p. 87).

Four factors in the characteristics of the change project were identified: need, clarity, complexity, and quality/practicality. People implementing the change should see a need for the change. The change should be clear about what people need to do differently. Complexity refers to how difficult and how extensively the change will affect the individual's responsibilities. Quality/Practicality of the change is related to the availability of the materials and resources required to facilitate the change.

Fullan explained that the local roles or characteristics refers to "the social conditions of change; the organization or setting in which people work; and the planned and unplanned events and activities that influence whether or not given change attempts will be productive" (p. 93). The school district, the school board and community, the principal and the teachers are part of the local roles.

Fullan stated "The individual school may be the unit or change, but frequently change is the result of system initiatives that live or die based on the strategies and supports offered by the larger organization" (p 93). Individual school change can occur without district involvement but if the change is to happen across schools in the district, district support must be provided.

The school board and the community playing a local role have a great variability in effect on change ranging from complete indifference to implementation to active involvement to support or oppose it. The principal plays a key role in the acceptance of the change at the school level because teachers look to the principal for validation that the change is important and how far they must go with the implementation. Teachers affect implementation as a group as well as individually. Influenced by their experiences with prior change efforts, teachers can be open or closed to a new change and the teacher's attitude toward the change will affect the success of the implementation.

Fullan labeled the third category of characteristics affecting implementation as external factors. He placed the state departments of education and federal agencies in this category and stated that the departments and federal agencies are more concerned with policies and initiation of change then with implementation. However, governmental agencies are becoming more aware

"importance and difficulty of implementation" (p. 100) and are focusing resources to help meet the challenges.

Implementation does not guarantee continuation of the change or reform. Berman and McLaughlin (as cited in Fullan, 2007), stated not only were poorly implemented federally funded projects discontinued but also the majority of well implemented projects were dropped once the funding stopped. Factors that affected continuation include the lack of interest and support in the form of funds and professional development at the district level. At the school level, the principal's support of the reform was the determining factor for continuation.

Principal's Role In Change

The principal is a key person in the acceptance and implementation of change at the school level and is a change agent who is "crucial for success" (Fullan, 2007, p.160). While it is the teacher who implements the change within the classroom, it is the principal who indicates the importance of the change and provides the necessary support and resources the teacher needs (Hope, 2002). The principal is "the person most likely to shape the organizational conditions necessary for success, such as the development of shared goals, collaborative work structures and climates and procedures for monitoring results" (Fullan, p. 96).

The impact on student learning comes from the development of shared meaning (Fullan). However, each person experiences educational change at a personal level first. Because the principal is responsible during implementation for leading the staff to the shared meaning, it is important that the principal develop a deep understanding of the change initiative. The success of

the change depends upon the principal's ability to convey his or her own meaning to the other stakeholders.

Summary of Chapter 2

This chapter provided the reader an overview of the history of learning disabilities from the 1800's to present day. While the formal definition has changed minimally since it was originally written in the 1960's, the operational definition has been significantly altered. While the original operational definition provided only for use of an IQ/achievement discrepancy method of identification, the current operational definition allows for use of RTI as an identification method.

Batsche et al. (2006) provided the following definition of response to intervention: "RtI is the practice of providing high-quality instruction/intervention matched to student needs and using learning rate over time and level of performance to make important educational decisions" (p.5). In an RTI model, instruction for students is divided into tiers. Tier 1 is the basic instruction using a scientifically based core program that all students receive. The first step in RTI is to select a performance based or other testing measure to identify students performing below grade level expectations (Fuchs & Fuchs, 2006). All students are progress monitored and students who are not meeting grade level expectations are monitored more frequently to determine if they respond to the regular classroom instruction. If not, then an intervention is selected and implemented, which moves the student into Tier 2 instruction. Tier 3 instruction occurs for those students who are identified as not making progress in Tier 2. The process

repeats until either the student's achievement meets the norm for the class or the student is placed in special education.

The current focus of research on RTI has been on "(1) intervention studies investigating the efficacy and delivery of special remedial methods and (2) field studies evaluating the RTI process itself" (NCJLD, 2005, p. 255). There are few studies on the implementation of RTI in school settings and studies that focus on the role of the principal in implementation are minimal.

Because implementation of RTI requires schools to change an existing model, literature on Fullan's change theory was reviewed. The nine categories of critical factors affecting implementation of a change project were explained and discussed.

CHAPTER 3: METHODOLOGY

Introduction

A review of the literature revealed a gap in research focusing on the role of the principal in implementation of Response to Intervention (RTI). The current focus of research on RTI has been on "(1) intervention studies investigating the efficacy and delivery of special remedial methods and (2) field studies evaluating the RTI process itself" (NCJLD, 2005, p. 255). The purpose of this study was to examine the experiences of elementary school principals in implementing RTI. This chapter identifies the research question and describes the design, sample, instrumentation, data collection procedures, and data analysis process for this study.

Research Design

The phenomenological approach emphasizes that the meaning of reality is, in essence, in the "eyes and minds of the beholder", the way the individuals being studied perceive their experiences (Wiersma & Jurs, 2005, p. 243).

This purpose of this study was to gain an understanding of the experiences of elementary school principals implementing RTI in their schools. After gaining the individual viewpoints, the information from the principals was analyzed for common themes. Because the focus of the research is on constructing meaning from the individuals' viewpoint of lived experiences, a qualitative research study with a phenomenological design was used (Ari, Jacobs, & Razavieh, 2002; Merriam, 2002).

Research Question

This study focused on the following research question: What were the experiences of elementary school principals in implementing RTI?

Participants

The population for this study was 120 elementary school principals working in one large urban county in Central Florida. From this population, a sample of 16 participants was selected.

Sample. In qualitative research, purposeful sampling is used (Maxwell, 1996) because it ensures the participants selected will provide "information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of research" (Patton, 1990, p.169). The first step in selecting the sample is to decide the essential criteria for choosing the interviewees (Merriam, 2002). Essential criteria for participants in this study included nomination by an area superintendent, completion of district provided RTI training and agreement to take part in a face to face interview.

In order to have a population sample that provided "information-rich cases" (Patton, 1009, p. 169), the researcher asked for nominations from the five area superintendents (Appendix C). Each area superintendent was asked to identify four or five principals considered to be exemplary with RTI implementation and four or five principals considered to be resistant to RTI implementation. Criteria for exemplary and resistant implementation were determined by each area superintendent. One area superintendent explained that a principal who is exemplary with implementation embraces RTI and is supportive of bringing the process into the school whereas

a resistant principal implements RTI begrudgingly (Area Superintendent, personal communication, October 27, 2010). A total of 41 principals were nominated; 23 principals were identified as exemplary implementers and 17 principals were identified as resistant to implementation.

Each nominated principal received an introductory email (Appendix D) and survey from the researcher (Appendix E). The survey was used to collect demographic information, to obtain information on the principal's participation in the district training program as well as three questions regarding RTI and to assess the principal's willingness to participate in a face to face interview.

From the initial pool of 41 nominated principals, 16 principals identified as exemplary implementers and 13 principals identified as resistant returned a survey. In selecting the final sample population, the researcher looked for variation in demographics, the willingness of the principal to participate in a study that required an interview and the principal's participation in the district provided RTI training. A total of 16 principals were selected to be final participants in the study: eight participants from the nominees considered exemplary with RTI implementation and eight from the nominees considered resistant to implementation.

Participants had been in education for an average of 21 years. The range for years in education was from 16 to 38. Participants had been in education administration for an average of 12 years, with a range from 4 to 20.5 years. Participants had been principals for an average of 8 years, with a range of 1 to 17 years. Participants were principals at schools with a range in student free and reduced lunch status of 19% to 96%.

Data Collection

In phenomenological studies, the interview is the method used for data collection (Ari, Jacobs, & Razavieh, 2002; Merriam, 2002) and "the researcher is the instrument" (Mertens, 2005, p. 247; Maxwell, 1996, p.66). Mertens (2005) stated that because the researcher "decides which questions to ask and in what order, what to observe, what to write down" (p. 247), it is important that the researcher reflect on her own "values, assumptions, beliefs or biases she brings to the study to determine their impact on the study's data and interpretations" (p. 247). Merriam (2002) indicated the researcher should describe her views and "then bracket, or set aside, so as not on influence the process" (p.94). After the bracketing process, the researcher developed an opened ended standardized interview (Patton, 2002) consisting of a set of eight interview questions designed to elicit information related to the principals' experiences in implementing RTI as it related to Fullan's nine critical factors affecting implementation of a change project (Appendix F).

Participants were contacted via email or phone call by the researcher to arrange a date and time for the interview. Interviews of 12 of the 16 participants were conducted at the participant's worksite. At the request of the participants, interviews for four participants were conducted at alternate locations. Interviews ranged in length from twenty-five minutes to one hour. Permission was obtained from each participant to audio record the interview using a Pulse Smartpen©. The researcher also took written notes during the interview. Upon completion, the recorded interview was downloaded on the researcher's computer. Each recorded interview was transcribed by the researcher.

Data Analysis Procedures

In qualitative research, analysis is an ongoing process that begins as soon as data is collected (Maxwell, 1996; Merriam, 2009; Mertens, 2005). To analyze the data, a constant comparative method was used (Ari, Jacob & Razavieh, 2002). Data was analyzed and placed in categories (Ari et al,; Merriam) using Fullan's (2007) nine critical factors affecting implementation of a change project.

Fullan (2007) identified four of the nine factors as characteristics of the change project: need, clarity, complexity, and quality/practicality. People implementing the change should see a need for the change. The change should be clear about what people need to do differently. Complexity refers to how difficult and how extensively the change will affect the individual's responsibilities. Quality/Practicality of the change is related to the availability of the materials and resources required to facilitate the change.

Four additional factors are categorized as local roles or characteristics. The local roles or characteristics refer to "the social conditions of change; the organization or setting in which people work; and the planned and unplanned events and activities that influence whether or not given change attempts will be productive" (p. 93). The school district, the school board and community, the principal and the teachers comprise local roles.

The third category of characteristics affecting implementation is external factors. State departments of education and federal agencies are in this category. State departments and federal agencies are more concerned with policies and initiation of change then with implementation.

To analyze the data, the researcher began by transcribing each interview. The transcribed interviews were printed in one of two colors. The colors indicated whether the interview data was from a principal who had been designated by the area superintendent as exemplary with implementation or as resistant to implementation. After reading and rereading each interview, the researcher placed statements from each interview into one of the nine critical factor categories. Upon completion of placing the statements into categories, the researcher analyzed the statements in each category and placed similar statements together. The researcher then identified a theme represented by each set of statements.

Validity

A procedure that was utilized to assure validity of this study was member checking (Creswell & Miller, 2000; Merriam, 2002). This strategy required the researcher to provide some participants with raw data and tentative findings (Creswell & Miller, 2000; Merriam, 2002). The researcher met individually with four participants to get feedback regarding accuracy of data and whether tentative findings "make sense" (Creswell & Miller, p.127). Participants affirmed the data and tentative findings were accurate.

An audit trail was also used to assure validity of this study. The researcher submitted her data and results of the data analysis to an expert in the field for confirmation. The expert concurred with the researcher's placement of data into categories, the themes developed and findings.

CHAPTER 4: RESULTS

This purpose of this study was to gain an understanding of the experiences of elementary school principals implementing Response to Intervention (RTI) in their schools. Participants were 16 school principals in a large urban district in Central Florida. Individual interviews were conducted with participants. The principals had been identified as either exemplary with RTI implementation or as resistant to RTI implementation by their area superintendents. The interviews were transcribed by the researcher, the data was analyzed and placed in categories (Ari, Jacob & Razavieh, 2002; Merriam, 2009) using Fullan's nine critical factors affecting implementation of a change project.

Fullan (2007) identified four of the nine factors as characteristics of the change project: need, clarity, complexity, and quality/practicality. People implementing the change should see a need for the change. The change should be clear about what people need to do differently. Complexity refers to how difficult and how extensively the change will affect the individual's responsibilities. Quality/Practicality of the change is related to the availability of the materials and resources required to facilitate the change.

Four additional factors are categorized as local roles or characteristics. Fullan explained that the local roles or characteristics refer to "the social conditions of change; the organization or setting in which people work; and the planned and unplanned events and activities that influence whether or not given change attempts will be productive" (p. 93). The school district, the school board and community, the principal, and the teachers comprise local roles.

Fullan labeled the third category of characteristics affecting implementation as external factors. He placed the state departments of education and federal agencies in this category and stated that the departments and federal agencies are more concerned with policies and initiation of change then with implementation.

Each factor was treated as a separate category. Transcripts were analyzed and data from each transcript was categorized by the critical factors of change. Similar pieces of data were placed together within each category. Upon completion of assigning data to the categories, the data was "clustered into themes" (Merriam, 2002, p. 94). Data placed into each category generated one to three themes (Appendix G). Analysis of the interviews did not generate data for the factor school board and community or for the factor of state department of education and federal agencies.

Need

People implementing a change should see a need for the change (Fullan). Participant responses generated three themes for the category of need: improvement of student academic growth, a move from a focus on teaching to a focus on learning, and previous methods of identifying students for exceptional student education (ESE).

Improvement of student academic growth. Participants reported that implementation of RTI has increased student academic growth. One principal stated with RTI, "We've seen results as far as an increase in their reading performance and reading skills, whether they are on grade level or not." Several comments were versions of this comment: "We're meeting their (students) needs better so they're performing better." One principal gave this example: "We had

one kid who had struggled for two years and we changed it up. The CRT took him and really got into detail of where we needed to work and then just really concentrated on that. His (the kid's) confidence level was completely different at the end of the year and he had made enough progress that he was on grade level."

Focus on learning. The second theme identified was moving from a focus on teaching to a focus on student learning. A principal stated in her school, "it used to be here it was about the teacher and what the teacher did. It really should be about the student learning and that's the big difference… RTI just helps reinforce that." Another principal stated, "I think in the past we didn't focus as much on how what I (teacher) do affects the children and their learning and that has been one of the major changes." One principal said, "I think RTI is good for kids. It helps focus everything we do on learning. It focuses on good instruction that causes learning. If learning is not occurring, then what are we going to do about it? I think that's great."

IQ/discrepancy method of identification. The third theme generated was related to previous methods of identification of students for ESE services. One principal described her concerns: "When I first became a principal, and when I first arrived at this school, there were all these things we said we did for kids but there wasn't any proof and that bothered me. I was really struggling for a better way to identify kids' needs and when I would sit in meetings and hear people say that they had changed where the kid sat or changed their spelling list from 20 to 10; that bothered me. I thought those are not things that are --- I didn't think they were interventions that were appropriate. We didn't use that terminology back then but that's really what it is." According to another principal, with RTI "we are providing interventions individually and we

are not worried about waiting two years or one year to have this gap where the kid is failing and then we finally test him and then may he does, maybe he doesn't qualify and then you have a psych report setting in a cum and then it's like – 'anybody looking at that?'- for even different strategies or whatnot." One principal explained, "I do believe there's a lot of kids in ESE who were just mistaught or not taught and their needs were just not identified properly and the teachers didn't know what to do for them for a variety of reasons."

In contrast to the statements above, three principals provided statements indicating RTI was a change that did not help meet a need for students. A principal commented, "It (RTI) also prevents kids from getting accommodations that they need because they are …they come from out of state or whatever and we have to do the data we're required to do. It still has really slowed down the process and hurt some students in a way." Another principal said, "My concern is if a student is identified as having a learning disability, they may not be labeled in time for (state assessment testing) and won't get the good cause exemption". One principal was concerned about no longer having the IQ/achievement testing: "I know that we have been using the same measurement for so long and I know there all kinds of critiques about the assessments, you now they are culturally biased or they don't take into account all kinds of different learning styles so just like when you use one test to determine the fate of any kid, it isn't good but I think you should have it as an option."

Clarity

Fullan (2007) stated that clarity is related to people understanding what they need to do differently as a result of the change. Data placed in the clarity category generated three themes:

understanding the RTI process, false clarity regarding RTI, and identification of students with learning disabilities through RTI. Clarity was the only category where a difference was noted in participant responses based upon the area superintendents' designation of exemplary with RTI implementation or as resistant to RTI implementation. Principals designated as resistant to RTI implementation generated the majority of data in the themes of understanding the RTI process and all of the data in the theme of false clarity regarding RTI.

RTI Process. Participants indicated having received conflicting information regarding the RTI process, leading to a lack of clarity in what they needed to do. Two principals offered similar comments: "RTI means something different to so many different people," and "RTI means one thing to one person and something different to somebody else." Another principal expressed his frustration: "Because, as is, we get different opinions, different definitions, different requirements from different people. It hasn't been consistent. There are definitely different opinions of what it takes to be in Tier 2, Tier 3. There's different definitions of what the assessments need to be." One participant spoke about a lack of clarity due to staff members receiving contradictory information during training. The participant stated, "…like when the staffing specialist went to a meeting for staffing specialists, she would bring back different information than I would receive as a principal so we were just trying find some common ground."

False Clarity. Fullan (2007) explained false clarity as a condition where "change is interpreted in an oversimplified way; that is, the proposed change has more to it than people perceive or realize" (p. 89). Principals identified as resistant to RTI implementation generated

all the data placed in this category. One principal explained RTI as "just collective data and it's just putting all of these minds together about student A and sharing what we know so we can help him." Another participant did not consider RTI to be a change. The participant stated, "The system has always been in place. RTI just kind of defined the procedure and processes." One principal explained teachers were resistant to RTI because "the teaching staff think that we're asking them to do more." Another participant stated that RTI has been beneficial for him because "it has forced the staff, the teachers everyone is focused on interventions. The intervention is the focus, is the intervention working?"

RTI method of identifying students with learning disabilities. As the interviews were conducted for this study, RTI became the required process for determining identification of students with learning disabilities for all schools in Florida (FAC 6A.6.03018). Principals expressed concern over the lack of procedural information on how students would be identified using the new process. As one principal stated, "I'm a little nervous about it. A little bit concerned about it because I still don't feel that at the district level, I know they are trying, but I don't think they have all the pieces together because I feel like there are still so many unanswered questions. Because we are not sure exactly what it is going to look like or sound like when we use the RTI process." Another commented, "I'm not sure how this is going to work. I think everybody is not really sure. If the RTI process is done with fidelity, when we get to a certain point with documenting all the different interventions we've done and we've shown consistently that the progress is not there…idealistically, I like what I see that, okay, the end of that, then I use that to identify the student with a learning disability. I just don't know how that

all is going to work." Another principal said, "No one has the same understanding and so when no one has the same understanding, you have open interpretation and right now, there's been no direction to tell us, for me as a principal, maybe our staffing people who have been to training have a better understanding of it, I don't think they do, but it just seems that if this school over here does it one way to get students eligible, then this school over here could certainly do something else." One principal questioned the timeframe for identification: "What's the timeline? Is it 6 months we do interventions? Is it a year we do interventions?"

In addition to being unclear about the process of identification, there were questions about the outcome for students who do not progress to Tier 3 but are not able to move out of Tier 2 and be successful. One principal explained, "I think my biggest concern with it is if a student is doing well with the intervention piece and does not go on further through the tier system but cannot continue on to be successful without the intervention piece in place for an indefinite amount of time, so it concerns me, will those kids get stuck there? You know, are they going to fall through the cracks because then, you know, maybe they do need more, a more restrictive environment to continue to be successful. Yet if they go to college because they were able to survive with the Tier 2 area, and never really got – You know when they get further on in college are they going to have a difficult time? Since I don't think the university system is prepared to manage something like that." Another principal was not as concerned about students remaining in Tier 2: "Whether a kid stays Tier 2 from now until the time they graduate, if that's what they need then I think we should constantly and consistently implement that for them." However, one principal pointed out there is a difference between Tier 2 interventions provided for a student and

support provided as a result of a student being identified as having a learning disability. The difference is that providing Tier 2 interventions is not mandatory but "if they are identified with a learning disability, then no matter where they go, it would be a requirement to have support in place."

Complexity

Complexity refers to how difficult and how extensively the change will affect the individual's responsibilities (Fullan, 2007). Fullan stated "any change can be examined with regard to difficulty, skill required, and extent of alterations in beliefs, teaching strategies and use of materials" (p. 90). Based upon Fullan's statement and the data generated through the interview process, the three themes identified were difficulty, skill, and alterations in beliefs, teaching strategies and use of materials.

Difficulty. Participants indicated that a lack of time made RTI implementation difficult. As one participant stated "I think paradigm shifts take a long time. And changing the way experienced people look at teaching and learning and assessment and self reflection takes time." Another participant explained, "Time is needed for staff development, time to bring the staff up to par, with developing the standard protocol, staff development as far as implementing differentiated instruction and progress monitoring training and providing the training that goes along with all the little pieces."

However, participants said that finding the time to devote is challenging. As one principal said, "There is only so much time in a day that you can provide staff development". Participants stated they needed more time to work with their teachers, "I need more time for meeting with my

teachers" and "it's just hard to be able to spend enough time with the teachers themselves". As another principal explained, "We are under such time constraints because we've got to get performance up, got to get performance up, so we give teachers a training and we just expect them to run with it and do it."

Skill required. Participants identified required skills they were helping teachers acquire for RTI implementation in this theme. Participants discussed the use of data, progress monitoring, and providing interventions to small groups of students.

Using data to determine student needs and instruction was identified as a necessary skill. Participants stated, "I'm really having to explain how we're not just collecting data; it's really used to track the students and to guide that instruction" and "I'm getting them to really start looking at their data; they felt like they did look at their data, but they really don't know what they don't know." Another participant's teachers were further along in their skill level; "I've seen teachers taking more responsibility for their own data collection, analyzing the data and knowing what to do with it."

Principals identified progress monitoring was an additional skill required for teachers. "My teachers don't know how to progress monitor in grades 3 – 5 and without that component, RTI is not effective" stated one principal. Another participant said, "Our teachers are not best at progress monitoring." A different principal stated, "Some people for some reason didn't understand the importance of that piece (progress monitoring) and fought it for whatever reasons. I think now they all get that it is important. I think they get that now but some are just better at it than others." Another principal explained "The progress monitoring is a huge piece for our

teachers because we're still of the - 'I just know' – that gut instinct thing. So now they're having to chart this; we're still learning so that's good."

Principals also identified providing interventions to small groups of students as a required skill. Participants said, "They (teachers) thought intervention was pulling kids in small groups and doing the exact same thing we just did with them again", "it's an issue with teachers not knowing what an intervention is" and "they were having a hard time understanding the difference between differentiation of instruction and an intervention." Principals had to work with teachers to develop techniques in working with small groups within the classroom because "they (teachers) wanted to know what do they do with the rest of the kids? They're working with one group, so what are they doing with the rest of the kids?" and "what do you expect me to do with the rest of the kids?"

Alterations in beliefs, teaching strategies and use of materials. The data in this theme was in the area of alterations of beliefs. Principals spoke about working with teachers to alter the belief that RTI was only done for the purpose of identifying a student for ESE services. "The mindset is that you are progress monitoring so the child can be tested for ESE – changing that mindset has truly been one of the challenges," said one principal. Other participants added, "They still had the mindset that I'm bringing all this stuff (meaning data) to the table but I still want the kid tested; I still think he's ESE", "so many teachers are still thinking we are going to go through this entire process but we know the end result is going to be testing and qualifying for a program," and "we still have that you're not going to test them? When are you going to test them? What are you going to do if you are not going to test them?" Another participant added, "I

think some teachers still think that even though we are doing all this RTI that the end result is going to be testing and that is something we keep reiterating to them, that special education is not the end to RTI, that is not the result of RTI. It is supposed to intervene with a child so that we can do what the child needs to help him be successful."

One principal had been transferred from an urban low income school to a suburban higher income school at the beginning of the previous school year. She talked about her challenge of altering the belief of teachers at her new school that RTI was only for low-income schools. She said, "Because the school has seen so much success, because the majority of kids achieve; it got back to me that some of the staff was saying at the beginning of the year: Doesn't she know this isn't a Title 1 school? We're an A school and we've always made AYP – does she not know that?"

Quality and Practicality

According to Fullan (2007) quality and practicality of the change is related to the availability of quality materials and resources required to facilitate the change (Fullan). Participants responses in this study generated two themes, both related to funding: funding for materials/resources and funding for personnel.

Funding for materials/resources. Participants noted that providing intervention materials to supplement the core programs was problematic. Principals stated, "Being able to purchase a variety of intervention materials is an issue" and "Funds are limited." Other participants added, "It's a problem because of finances" and "It's been a challenge trying to find the funding for purchasing interventions." A principal explained how she was meeting the

challenge: “I’m using my (state funds for students scoring level 1 on the state assessment test) money and I’m not asking for permission, I just bought them and I’ll ask for forgiveness later.” Another principal acknowledged: “Financially, because we became a Title 1 school that year, it wasn’t as much of a strain when we were looking at additional resources for interventions. If we had not had the Title 1 dollars, then it would have been a challenge to have the financial resources available to purchase intervention materials.”

Funding for personnel. Participants talked about the need for additional funding to provide substitutes for teachers to participate in staff development and to provide additional personnel to help with implementation at the school level. As participants explained, “I only have so much money to be able to pay for subs to be able to pull teachers out of the classroom to do the staff development or data meetings or getting together to discuss the data” and “I’m having problems finding sub money to send them all to training.” One principal described this experience, “I went to observe an RTI meeting at (gave name of school). They had a reading coach, a CRT (curriculum resource teacher), a CT (multilingual program compliance teacher), a staffing coordinator and an instructional coach. I was sitting there thinking it’s only me and the CRT at my school. I listened to them deciding who was going to do what and thought how can I do this without all those people to help?” Another principal added, “It’s tough to juggle with limited resources – no money for personnel and limited money for materials.”

Principals

The theme generated in this category was instructional leadership. Principals made comments stating RTI implementation has helped him or her to “get to a point that I feel like we

are doing a better job of meeting kids' needs. I think the effect on me as a principal is that it has helped me to do my job better. I feel better about that" and "it has helped me to grow in terms of knowing what interventions are good for kids and how to monitor them." Another principal commented, "I know the kids better, academically and behaviorally. I know what is going on with them and so I think that helped me as a principal in planning staff development for teachers and what we need to focus on." Other principals commented, "It has helped me to be able to focus on areas of need, areas of strength and be able to make changes accordingly," and "What it has done for me, I think, is focuses our efforts, it gives us a process by which we really do everything related to instruction and assessment at this school." Another principal commented, "It has provided me with the framework and the structure to help my staff really look at each individual child to meet their needs."

Teachers

Principal responses generated two themes in this category: teacher buy in and teacher knowledge.

Teacher buy in. Principals said that getting teacher buy in to RTI was a challenge during implementation. Principals commented, "Getting buy in has been a growth experience for me," and "just getting the buy in from them and getting them to see the need for change and that there are kids who aren't making it." Another principal stated, "Really getting buy in from the staff, getting them to not think it is just one more thing to do. For them to really see that it will make a difference for them, to get them to look at it student by student and really trying to provide those interventions and the structure the kids need."

Principals stated that teacher buy in occurred "once they could see that every student could meet success." Others commented, "Things really started to change because I think some teachers started to see, well, this really does make sense," and "those three teachers really jumped on board when they felt like they were getting somewhere with those kids." One principal stated, "They just see some powerful results. The children are starting to fill in gaps in knowledge and they aren't saying 'you are just going to be low for the rest of your life', which is a good thing." Another principal described a teacher's turnaround, "Four or five weeks later, she came back. She's sold; she's like 'oh my God, that's what he needed' because it started filling in the gaps. So it's that kind of thing, the little successes."

Increased teacher knowledge base. Principals commented on how teacher curriculum and instruction knowledge base had grown as a result of RTI implementation. One principal stated, "They are more knowledgeable with curriculum and assessment. I think they are better at even looking at the data and making that meaningful for themselves; not waiting necessarily for somebody else to give it to them or looking at it once a year. But really disaggregating their own data, looking at it and where the deficits are and then figuring out what to do about it." Other principals commented, "They are able to come into a meeting, talk about the data, the interventions, the skills that the children may be lacking in and really be able to talk about it," and "teachers are more in tune to actually looking at the data and then forming small groups to work with the kids."

School District

Data generated in this category led to the development of two themes: collaboration with school psychologists and collaboration with the district RTI team.

Collaboration with school psychologists. Comments by principals indicated that collaborations with school psychologists did have an effect on RTI implementation. The effects were different depending upon the principal and the school psychologist because as one principal stated, "I think the school psychologists are at different levels of understanding and they are all at different places."

Two principals commented on the support provided by the school psychologist for implementation. One principal stated, "(Name of psychologist) has been very supportive always. She was on the original district team that was trained many years ago. She kind of helped us through the process, she is very knowledgeable and so she has played a key role." Another principal said, "At my previous school, my school psychologist was a huge part of the team and was very supportive. She was right there with us, she was actually going in and doing intervention groups – she volunteered to do it. She would help teachers with progress monitoring. She was sending the same message that we were sending."

Some principals indicated that the school psychologists were not able to be helpful with RTI implementation. One principal stated, "I feel that the school psychologist is still learning herself about the whole process and that actually members of my team here at school are further along with the process than she is so we are kind of pulling her along… she's kind of where the staff is and it just gives me the impression she's just kind of getting started on it and she needs a

lot of guidance and support herself. She should be a part of the leadership team leading the whole way with RTI. But that's not what I have." Another principal explained, "The school psychologist sat with us and talked with us and tried to help us with it but I felt that she was on a little bit of a different page from where we were. Then I felt she was at a point where they (district personnel) were telling her 'Wait; stop; don't go any further. We're going to assign an RTI coach to the school.' The only thing I felt was consistent from her was people would come to her and say children have problems and they needed her to take a closer look at them. She wanted data; the RTI graphs, what kind of interventions had been done. She tried to help us as best she could but I felt there was something…some kind of disconnect there. I felt it was coming from the district that she was trying to follow their lead and not overstep what she thought they wanted her to do. I felt …I think she thought they were going to give the schools more support and assign someone to us and that she should be waiting."

Other principals commented that collaboration with the school psychologist had a different effect on implementation at their schools. One principal said, "I had a psychologist trying to get it started and get it implemented and her definition of what was required for Tier 2/Tier 3 students for them to present in order to you know, move from one tier to another or go back, was a lot different than what I was getting from what county people were telling me. Caused a big, big conflict to the point where actually we could not work well together anymore." Other principals described having differences in philosophy of RTI with their school psychologists: "It's been a little bit of a challenge with this particular school psychologist. She's not sending the same message to the teachers I want sent. She has undermined my leadership

team more than once in trainings and in meetings so that has been a challenge," and "I try not to have (school psychologist) at problem solving meetings…and she was upset that she wasn't included but our philosophies are totally opposite…I don't think she is strong with RTI. I think she knows the format but I don't think she knows the interventions. She was going to teachers undermining me."

Collaboration with the district RTI team. Principals in this study began RTI implementation in different years. Three of the principals began implementation earlier than the other principals. Therefore, their interactions with the district RTI team were different from the experiences of principals with later implementation starts.

One principal summed it up, "At the beginning of this in the pilot, we had a lot of support and it was because we were one of few." Another principal explained, "Because we did it back in the day and we had the level of support that we were having district people come on a weekly basis, to help support us, it was a big help for me as a principal. Because I had somebody. They would meet with us and they would provide staff development, they would visit classrooms. They would be hands on with progress monitoring and interpreting that data, making recommendations for interventions and literally holding our hands and walking us through the process. Whenever we met we would come up with an agenda for the next time we met and because I knew they were coming every week, I made sure things were taking care of. We had that for the first couple of years, then the support started dropping off to about once every two weeks to once a month to I would probably say the last couple of years, really barely anything unless I ask for something." Another explained, "Well, the first year that we started with RTI we

had that team that came to us. They were very helpful. It was (reading resource teacher), (district level psychologist for RTI), and there was another person who came to us and they provided staff development, they guided us through our data meetings, looked at areas for growth, that was very good. The second year the team was dismantled and we didn't get much contact or support from the district. This past year there is someone else assigned to us and they have been helpful but not very present in the school."

The experiences above were very different from the experiences related by the following principals. One principal stated, "I am having a person meet with me for the first time this month – this is my second year at my school." Another principal said, "Members of the staff, we have been to the three day training at the district level. I thought the training was fabulous, really good. Haven't received much of anything as far as back here at school as we are getting the staff as a whole on board and getting the teachers more and more involved. We did request that the three day training be brought here so that we could have the entire staff trained together like in the afternoon or maybe an all day workday something like that. They said that it couldn't be done." Another principal explained the support from the district RTI team: "The district RTI team came out and they were very good at giving us background information. They offered a lot of help as far as 'we can come out and do training'. The training was, you know, it was good but it wasn't … it was good for giving out information but it wasn't hands on and it didn't connect very well with the teachers so they found it a bit dry and then we had to do a lot of surveys. We had to go back and do some of the beliefs surveys and then we had to go over the results and tally up and figure it out and you know…it's just sometimes it's a challenge explaining to people

how that is important and it's valid information and all of that. And it was almost like…in some ways we had to backtrack a little bit in order to catch up with where we needed to be on the district's continuum. It was helpful to have the background information of where we are going as a district and how did we want it to look but it was difficult because we always had to schedule. Some of the stuff is just, you know, some of it … we know we have kids struggling in reading and we have to figure out how we are going to do it and we've just got to do it." Another principal stated, "I emailed to see if someone could come out this summer to help but the first response was 'I don't have anyone to come help.' Then someone else emailed later in the summer and said so and so can come out to help but at that point I felt so disconnected from them and what we were trying to do. So we really didn't feel like we had the support from the district that we needed but I knew that we just needed to keep moving forward. I feel they need to regroup and see what kind of support they can offer us."

Some principals indicated they had not received any support for other reasons. One principal said, "The learning community RTI team came out and met with my leadership RTI team and asked us what we were doing. We shared with them our powerpoints from our staff meetings and our different forms that we had developed and we talked about some meetings we had, our individual RTI meetings with teachers and so forth, our data meetings, the topics for those and haven't see any of them since! Because they said 'oh well it sounds like ya'll are on the right track, if you need us, call us.' So no, we have not really received a lot of support." Another principal stated, "I don't really want any (district support). When they came over here and wanted to do training, I said what is that exactly? Because the people who are in there I don't

want them telling (my teachers) different information. If you're coming in and your background is something entirely different or your philosophy is entirely different, and you walk into a classroom because you are trying to assist us, and then you think what is right is for the teacher to do this, this and this. Another person walks on campus, their expertise is math or whatever and they're saying do this, this and this. Well, as the principal of the school, I'm going to be the one to say we are going to do this, this and this. Outside of what your beliefs are, this is the direction we are going to go in. You can't have all these different people and their hats in the pot."

CHAPTER 5: CONCLUSION

Introduction

The IQ/achievement discrepancy model of identifying students with learning disabilities (LD) is commonly referred to as "the wait to fail" model because the student has to wait until second or third grade to show enough of a difference between ability and achievement in order to receive help (Bradley, Danielson, & Doolittle, 2005; Torgeson, 1998; Fuchs, Mocks, Morgan & Young, 2003; Vaughn, Linan-Thompson, & Hickman 2003). The problem of the wait to fail model was addressed by the Individuals with Disabilities Education Improvement Act (IDEIA) 2004 (Burns, Jacob, Wagner, 2008). States are no longer required to use the IQ-achievement discrepancy model and are given the option to use a Response to Intervention (RTI) model to determine if a student has learning disabilities. On July 1, 2010, RTI became the required process for determining identification of students with LD for all schools in Florida, eliminating the use of the IQ/achievement discrepancy model (FAC 6A.6.03018).

Batsche et al. (2006) provided the following definition of response to intervention: "RtI is the practice of providing high-quality instruction/intervention matched to student needs and using learning rate over time and level of performance to make important educational decisions" (p.5). In an RTI model, instruction for students is divided into tiers. Tier 1 is the basic instruction using a scientifically based core program that all students receive. The first step in RTI is to select a performance based or other testing measure to identify students performing below grade level expectations (Fuchs & Fuchs, 2006). All students are progress monitored and students who are not meeting grade level expectations are monitored more frequently to

determine if they respond to the regular classroom instruction. If not, then an intervention is selected and implemented, which moves the student into Tier 2 instruction. Tier 3 instruction occurs for those students who are identified as not making progress in Tier 2. The process repeats until either the student's achievement meets the norm for the class or the student is placed in special education.

The focus of research on RTI has been on "(1) intervention studies investigating the efficacy and delivery of special remedial methods and (2) field studies evaluating the RTI process itself" (NCJLD, 2005, p. 255). There are few studies on the implementation of RTI by educators in school settings and studies that focus on the role of the principal in implementation are minimal.

Purpose of the Study

The purpose of this study was to gain an understanding of elementary principals' experiences during implementation of an RTI model of identifying students with LD. A purposeful sample of 16 principals were selected and interviewed for this study. Data from the interviews was analyzed using the theoretical lens of Fullan's (2007) characteristics of educational change, resulting in 15 identified themes.

Discussion

Principals' responded to interview questions designed to draw out their experiences in implementing an RTI method of identifying students with LD. Their experiences revealed that principals are encountering challenges associated with implementation but are also seeing benefits from implementation. Implementation has also led to questions related to student

outcomes as a result of RTI. For purposes of discussion, findings will be presented using the themes generated by disaggregation of the data using Fullan's characteristics of change. For the purpose of discussion, some themes have been combined.

Improvement of student academic growth. Principals related how they had experienced an improvement in student academic growth during RTI implementation. Examples ranged from dramatic improvement in one student's performance to entire groups of students making progress. Principals explained that students are progressing because "We're meeting their needs better so they're performing better." In a study by Kimmel (2008), principals reported similar experiences of student academic growth during RTI implementation.

Focus on learning. The second theme identified was moving from a focus on teaching to a focus on student learning. Principals described their experiences of RTI implementation had caused teachers to start looking at student learning and how the student was progressing instead of focusing on what the teacher was doing. A principal explained that at her school, "it used to be here it was about the teacher and what the teacher did. It really should be about the student learning and that's the big difference… RTI just helps reinforce that." This finding supports the statement of the LD Initiative that "Response to quality intervention …can promote effective practices in schools and help close the gap between identification and treatment" (Bradley, Danielson, & Hallahan, 2002, p. 798).

IQ/achievement discrepancy method of identification. The third theme generated was related to previous methods of identification of students for ESE services. Principals explained how they had been dissatisfied with the IQ/achievement discrepancy method of identifying

students with learning disabilities. One principal described her concerns that before RTI, when students were not making progress, ineffective strategies were documented as interventions. Another principal was happy that students are now able to receive timely, appropriate interventions instead of waiting on the results of a psychoeducational evaluation. This finding echoed the complaints of researchers that the IQ/achievement discrepancy model was "the wait to fail" model because the student had to wait to be identified with a disability before receiving appropriate academic help (Bradley, Danielson, & Doolittle, 2005; Torgeson, 1998; Fuchs, Mocks, Morgan & Young, 2003; Vaughn, Linan-Thompson, & Hickman 2003).

In contrast to the statements above, some principals provided statements indicating that in their experiences, RTI is a change that did not help students who need a label of learning disabled. One principal described experiences where students were negatively impacted on state assessment testing because without the ESE label, the students could not receive accommodations. Another principal explained that a student could be retained because failing qualifying for a good cause exemption due a lack of an ESE label. The principals asserted the students failed to be placed in an ESE program because of the amount of time needed to qualify a student using RTI. While there was not any support for this finding in the literature for principals, Bartle (2009) found in her study that general education teachers expressed concern that identifying a student for exceptional student education (ESE) services took too long a time period.

RTI process-clarity and false clarity. Principals described experiences of receiving conflicting information regarding the RTI process, leading to a lack of clarity in what they

needed to do. Principals relayed instances where different people would provide different answers to the same questions. One participant spoke about a lack of clarity due to staff members receiving contradictory information during training. The participant stated, "…like when the staffing specialist went to a meeting for staffing specialists, she would bring back different information than I would receive as a principal so we were just trying find some common ground."

Other principals' responses to the interview questions indicated they have a false clarity of RTI. Fullan (2007) explained false clarity as a condition where "change is interpreted in an oversimplified way; that is, the proposed change has more to it than people perceive or realize" (p. 89). One principal described the experience of implementing RTI as "just collective data and it's just putting all of these minds together about student A and sharing what we know so we can help him" while another principal stated the system had always been in place, it was just that now the policies and procedures were being defined.

The review of the literature for this study indicates that clarity of RTI and the RTI process is important because principals are expected provide leadership during implementation at their school site (Batsche et al., 2008; Datnow & Springfield, 2000). Other studies have found that principals must understand RTI because leadership provided by the principal is integral to the success of RTI implementation (Barnhart, 2009; Bartle, 2009; Gregory, 2008; Kimmel, 2008; & Spiegel, 2009).

RTI method of identifying students with learning disabilities. As interviews were conducted for this study, RTI became the required process for determining identification of

students with learning disabilities for all schools in Florida (FAC 6A.6.03018). Principals expressed concern over the lack of procedural information on how students would be identified using the new process. A principal said, "No one has the same understanding and so when no one has the same understanding, you have open interpretation and right now, there's been no direction to tell us, for me as a principal, maybe our staffing people who have been to training have a better understanding of it, I don't think they do, but it just seems that if this school over here does it one way to get students eligible, then this school over here could certainly do something else." One principal questioned the timeframe for identification: "What's the timeline? Is it 6 months we do interventions? Is it a year we do interventions?"

Kovaleski (2007) expressed the same concerns with using RTI to identify students with learning disabilities. According to Kovaleski, research had not provided answers regarding timeframes or eligibility placement. Barnhardt (2009) had a similar finding; participants in her study were also troubled by the lack of guidelines provided by their district.

The experiences of working with students in Tier 2 led principals in this study to have concerns over students who do not progress to Tier 3 and eligibility for ESE services, yet are not able to move out of Tier 2 and be successful. One principal explained, "I think my biggest concern with it is if a student is doing well with the intervention piece and does not go on further through the tier system but cannot continue on to be successful without the intervention piece in place for an indefinite amount of time, so it concerns me, will those kids get stuck there? You know, are they going to fall through the cracks because then, you know, maybe they do need more, a more restrictive environment to continue to be successful. Yet if they go to college

because they were able to survive with the Tier 2 area, and never really got – You know when they get further on in college are they going to have a difficult time? Since I don't think the university system is prepared to manage something like that." Another principal pointed out that the difference between Tier 2 interventions and being identified as having a learning disability is that providing Tier 2 interventions is not mandatory but "if they are identified with a learning disability, then no matter where they go, it would be a requirement to have support in place." The participants in Barnhardt's (2009) study had similar concerns regarding their students; they were afraid that students who were successful as a result of receiving interventions in their school would fail if they transferred to non-RTI school.

Difficulty. Principals related that they experienced difficulty with implementation due to a lack of time to devote to developing the skills and knowledge teachers needed to make RTI effective. A participant explained, "Time is needed for staff development, time to bring the staff up to par, with developing the standard protocol, staff development as far as implementing differentiated instruction and progress monitoring training and providing the training that goes along with all the little pieces." Principals explained the time constraints they worked under did not allow them to dedicate the amount of time they felt sufficient for the depth of information teachers needed to learn and integrate into their current practices.

Lack of time is a reoccurring theme in studies of RTI implementation. Studies by Bartle (2009) and Spiegel (2009) identified adequate time for staff development and for teachers to learn new skills as barriers to implementation.

Skill required. Providing staff development for teachers was another theme related by principals as part of their experiences in implementing RTI. Principals spoke of how they had to help teachers acquire critical skills that were necessary for RTI implementation. Specifically, they noted teachers needed support in learning how to use data, how to progress monitor, and how to provide interventions for small groups of students within the larger classroom setting. This finding supports literature that implementation of RTI would require professional development in implementing interventions, progress monitoring and using data (Danielson, Doolittle & Bradley, 2007; NJCLD, 2005 & Richards et al., 2007)

Though providing the staff development was difficult, principals commented on how teacher curriculum and instruction knowledge base had grown as a result of the staff development provided. One principal stated, "They are more knowledgeable with curriculum and assessment. I think they are better at even looking at the data and making that meaningful for themselves; not waiting necessarily for somebody else to give it to them or looking at it once a year. But really disaggregating their own data, looking at it and where the deficits are and then figuring out what to do about it."

Alterations in beliefs, teaching strategies and use of materials. The data in this theme was in the area of alterations of beliefs. Principals spoke about working with teachers to alter the belief that RTI was a process used only for the purpose of identifying the student for ESE services. A participant explained, "I think some teachers still think that even though we are doing all this RTI that the end result is going to be testing and that is something we keep reiterating to

them, that special education is not the end to RTI; that is not the result of RTI. It is supposed to intervene with a child so that we can do what the child needs to help him be successful."

One principal had been transferred from an urban low income school to a suburban higher income school at the beginning of the previous school year. She talked about her challenge of altering the belief of teachers at her new school that RTI was only for low-income schools. She said, "Because the school has seen so much success, because the majority of kids achieve; it got back to me that some of the staff was saying at the beginning of the year: Doesn't she know this isn't a Title 1 school? We're an A school and we've always made AYP – does she not know that?"

Principals in this study may have to work to alter the beliefs of their teachers due to the history of RTI implementation within their district and state. In the district where the study was conducted, RTI was first introduced as an ESE department initiative. Beginning in 2008, school psychologists begin requiring RTI data (graphs and charts) as information collected and included as a section reported with the results of psychoeducational testing therefore, teachers may have developed a belief that RTI and ESE placement were synonymous. The belief that RTI was best suited for low income schools could have been a misunderstanding based upon the fact that the first schools required to implement RTI in Florida were Title 1 schools.

Funding. Principals related their experiences in struggling to find funds for intervention materials, for providing substitutes for teachers to participate in staff development and for providing additional personal to help with implementation at the school level. As one principal

explained, “It’s tough to juggle with limited resources – no money for personnel and limited money for materials.”

Literature indicates that principals are expected to provide materials, resources and support to teachers during implementation (Batsche et al., 2006; Fullan, 2007; Hope, 2002). Studies conducted by Kimmel (2009) and Spiegel (2009) found principals had the same concerns with funding as the principals in the current study. A principal in Spiegel’s study referred to the need for extra funding for personnel as “the hidden costs of RTI” (p.89).

Instructional leadership. Principals explained how their experiences implementing RTI helped them become better instructional leaders. A principal commented (because of RTI), “I know the kids better, academically and behaviorally. I know what is going on with them and so I think that helped me as a principal in planning staff development for teachers and knowing what we need to focus on.” Another principal said, “it (RTI) has helped me to grow in terms of knowing what interventions are good for kids and how to monitor them.”

This finding is important because the literature indicates the principal would need to be the instructional leader during implementation for RTI to be effective (Bastche et al., 2006) and principals would need to be knowledgeable of interventions (Vaughn & Roberts, 2007). Spiegel (2009) found that principals in her study indicated they needed to be knowledgeable of research based interventions teachers could use to help students.

Teacher buy in. Principals said that getting teacher buy in for RTI was a challenge during implementation. A principal said that the challenge was “really getting buy in from the staff, getting them to not think it is just one more thing to do. For them to really see that it will

make a difference for them, to get them to look at it student by student and really trying to provide those interventions and the structure the kids need."

Principals gave examples of how teacher buy in occurred "once they could see that every student could meet success." Others commented, "Things really started to change because I think some teachers started to see, well, this really does make sense," and "those three teachers really jumped on board when they felt like they were getting somewhere with those kids."

These findings were supported by Kimmel's (2009) study. Principals in Kimmel's study referred to teacher buy in as essential for implementation. The principals also found that teacher buy in occurred once teachers could see an improvement in student achievement (Kimmel).

Collaboration with school psychologists. Research suggests that the problem solving team at the school should consist of the student's general education teacher, the building principal, content specialists and support personnel such as a special education teacher, school counselor and/or school psychologist (Kovaleski, 2007; Kovaleski & Glew, 2006; Kurns & Tilly, 2008). School psychologists' participation in RTI implementation and as members of the problem solving team in this study varied.

There were comments by principals indicating that collaboration with the school psychologist did have an effect on RTI implementation. The effects were different depending upon the principal and the school psychologist because as one principal stated, "I think the school psychologists are at different levels of understanding and they are all at different places." The experiences principals related regarding their school psychologists' participation in RTI implementation ranged from extremely supportive to not supportive at all.

One principal described her school psychologist's role in implementation as completely supportive and positive. She explained, "At my previous school, my school psychologist was a huge part of the team and was very supportive. She was right there with us, she was actually going in and doing intervention groups – she volunteered to do it. She would help teachers with progress monitoring. She was sending the same message that we were sending."

Another principal described her experience of the school psychologist and RTI implementation: "I feel that the school psychologist is still learning herself about the whole process and that actually members of my team here at school are further along with the process than she is so we are kind of pulling her along… she's kind of where the staff is and it just gives me the impression she's just kind of getting started on it and she needs a lot of guidance and support herself. She should be a part of the leadership team leading the whole way with RTI. But that's not what I have."

Those two experiences are a different from the following experience related by a principal. The principal stated, "I try not to have (school psychologist) at problem solving meetings…and she was upset that she wasn't included but our philosophies are totally opposite…I don't think she is strong with RTI. I think she knows the format but I don't think she knows the interventions. She was going to teachers undermining me."

Collaboration with district RTI team. According to Hilton (2007) understanding RTI will require principals to receive "training, reinforcement, and central office support." The experiences of principals in this study vary on the amount and quality of the central office support.

Principals in this study began RTI implementation in different years. One principal summed it up, “At the beginning of this in the pilot, we had a lot of support and it was because we were one of few.” Another principal explained, “Because we did it back in the day and we had the level of support that we were having district people come on a weekly basis, to help support us, it was a big help for me as a principal. Because I had somebody. They would meet with us and they would provide staff development, they would visit classrooms. They would be hands on with progress monitoring and interpreting that data, making recommendations for interventions and literally holding our hands and walking us through the process. Whenever we met we would come up with an agenda for the next time we met and because I knew they were coming every week, I made sure things were taking care of. We had that for the first couple of years, then the support started dropping off to about once every two weeks to once a month to I would probably say the last couple of years, really barely anything unless I ask for something.”

The experiences above were different from the experience related by the following principal. The principal explained, “The district RTI team came out and they were very good at giving us background information. They offered a lot of help as far as ‘we can come out and do training’. The training was, you know, it was good but it wasn’t … it was good for giving out information but it wasn’t hands on and it didn’t connect very well with the teachers so they found it a bit dry and then we had to do a lot of surveys. We had to go back and do some of the beliefs surveys and then we had to go over the results and tally up and figure it out and you know…it’s just sometimes it’s a challenge explaining to people how that is important and it’s valid information and all of that. And it was almost like…in some ways we had to backtrack a

little bit in order to catch up with where we needed to be on the district's continuum. It was helpful to have the background information of where we are going as a district and how did we want it to look but it was difficult because we always had to schedule. Some of the stuff is just, you know, some of it … we know we have kids struggling in reading and we have to figure out how we are going to do it and we've just got to do it."

Some principals indicated they had not received any support for other reasons. One principal explained the district team came but once they saw everything the school had in place, "They said 'oh well it sounds like ya'll are on the right track, if you need us, call us.' So no, we have not really received a lot of support." The principal added later in the interview, "It was okay with me (the lack of support) because I am not sure what help they would give. It's that not knowing. If I bring them in, are they going to be consistent with what my vision is for the school? Are they going to fit right in?" Another principal stated, "I don't really want any (district support). When they came over here and wanted to do training, I said what is that exactly? Because the people who are in there I don't want them telling (my teachers) different information. If you're coming in and your background is something entirely different or your philosophy is entirely different, and you walk into a classroom because you are trying to assist us, and then you think what is right is for the teacher to do this, this and this. Another person walks on campus, their expertise is math or whatever and they're saying do this, this and this. Well, as the principal of the school, I'm going to be the one to say we are going to do this, this and this. Outside of what your beliefs are, this is the direction we are going to go in. You can't have all these different people and their hats in the pot."

Conclusions

Principals found implementation of RTI to be a difficult process. There were concerns regarding clarity of the process and procedures, the complexity of the change in regards to the amount of time required, the ability to provide the resources needed, and the support provided by the school district.

Even with those concerns, principals found RTI implementation to be positive in terms of student achievement. They also found RTI to be positive in terms of building teachers' instructional skill and expertise. As principals, they found RTI implementation to have increased their own skill as instructional leaders.

Fullan (2007) pointed out that a lack of clarity and a presence of complexity in a change are often signs of a good change. He stated, "Very simple and insignificant changes can be very clear, while more difficult and worthwhile ones may not be amendable to easy clarification" (p. 90). As far as complexity, Fullan acknowledged that complex changes take more effort but they also "promise to accomplish more" (p. 91). According to the experiences related by the principals in this study and the research on the change process, RTI has been a good change.

Limitations

There are limitations to this study. It was limited to one district in one state and a qualitative phenomenological research design was used. This limits the ability to generalize the findings beyond this study. The experiences of the sample population for this study would probably not be the same experiences for a different sample population.

A small number of principals were included in the sample population. A purposeful sampling of principals who had participated in a specific training and were recommended by their area superintendents as either exemplary with RTI implementation or as resistant to RTI implementation was obtained for this study. Principals who did not receive the same training may not have similar experiences. Area superintendents were not asked for the criteria they used to identify principals who were exemplary with RTI implementation or who were resistant to RTI implementation therefore consistency in definition of exemplary and resistant can not be assumed.

The only data collected was from a standardized open-ended interview and a short questionnaire. As a result, the data is only as valid as the answers the participants gave at the time of they completed the questionnaire and at the time of the interview. The researcher had to rely upon the participants to be truthful as they responded to the interview questions.

Implications and Recommendations for Further Research

The results of the study have implications for practitioners. Principals related their experiences in having to provide staff development for teachers in the areas of progress monitoring, use of data, and providing interventions to small groups of student within the larger classroom setting. Colleges of education could structure coursework to include instruction in those skills as part of undergraduate classes.

Students needing the support of Tier 2 instruction for extended periods of time were raised as a concern. While no solution was generated for long term Tier 2 instruction in the research, it would be beneficial for students, especially mobile students, to have a tracking

system in place that follows the student from school to school. This would alert school personnel at the receiving school of the students' need for academic support and history of interventions.

Principals related their experiences of working with school psychologists during implementation of RTI. When principals discussed their school teams attending the district RTI training, they did not indicate the school psychologist had been a member of that team. It may be helpful to have the school psychologist as a part of the school team during district training to ensure consistency of the message being given by the district to all participants. It might also provide an avenue for more open communication between the principal and school psychologist when differences of opinion arise.

This research study focused on the experiences of principals implementing an RTI model of identifying students with LD. During the time interviews were conducted for this study, RTI became the only method to be used in Florida for identifying students with LD. A follow up study with principals within three years would provide information on the effects of the change in identification on principal practices.

One of the criticisms of the IQ/achievement discrepancy model of identification was that multidisciplinary teams at the school level misdiagnosed students as learning disabled because it was an available avenue for getting struggling students academic help (Berringer, 2002; Graham & Harris, 1989; Gresham & Witt, 1997; Shepard & Smith, 1983; Macmillian, Gresham & Bocian 1998). With RTI, students should receive academic help without needing the diagnosis of LD. However, given the implications of high stakes testing schools are currently facing, a

study of problem solving teams and identification of students using RTI could determine if a similar situation occurs as a result of consequences of the tests.

Final Reflections

Drawing upon my own experiences and the experiences of principals in this study, there are lessons to be learned that may help other districts during RTI implementation. In this section, I will address issues that were raised as a result of the study. I will also provide recommendations for how the issues could have been addressed.

Just as teachers look to the principal to determine how much effort they have to put into a change initiative, principals look to their immediate supervisors for the same guidance. One principal who was identified as resistant had refused to implement RTI when first approached by her school psychologist because she had already started with other initiatives. The principal explained in her interview that because her area superintendent had never addressed it with her individually or at principal meetings, she assumed that it was not a priority until later that year when during small group principal meetings, the executive area director asked everyone how they were coming along with implementation. She described how anxious she felt because she had not started. RTI had been piloted in the district for several years prior to this study yet principals were not informed by their superintendent that RTI was mandatory until the summer of the study; the same summer that Florida's law changed from an IQ/discrepancy method to an RTI method of identification. The lack of direction from their superiors may have resulted in a belief that RTI implementation was not important.

There were issues regarding clarity of the RTI process. Professional development provided for principals on the RTI process before bringing in school teams would have given principals time to gain an individual understanding before trying to provide leadership for others. Affording time for principals to talk with other principals as well as the district trainers about the RTI process during training would have given principals an opportunity to gain competence in understanding the process.

There was also an issue of clarity regarding procedures for identifying students with learning disabilities using the RTI method. School districts were notified two years prior to the change in state law that the IQ/discrepancy method would no longer be the procedure for identification. The district could have been doing action research at schools that were further along in implementation during those two years to develop guidelines for all schools to use once the law changed. Principals expressed a concern that it takes a long time to identify a student for SLD services with RTI. However, no one knows exactly how long it takes because the RTI method alone hasn't been used yet. The action research would have provided principals with an idea of the length of time needed. Even a tentative guideline would have been better for principals than receiving no guidelines at all.

Time for staff development to provide training for teachers was an issue for principals. Principals may have to rethink priorities in staff development plans. The teachers in this district have an additional hour every Wednesday due to student early release that could be used for training dedicated to skills needed for RTI implementation. Teacher workdays could be utilized as well. There are funds available through grants that can only be used for staff development.

Principals could apply for those grants and use the funding to provide substitutes for teachers so the teachers would have more time for training.

Funding for materials and funding for personnel were also concerns. Funding will continue to a concern even without RTI due to the current budget cuts that education at all levels are facing. Principals will have to be creative with instructional materials funds as well as willing to look for grants to help provide the materials needed. Many of the costs associated with materials will decline as the school acquires the materials over time. Personnel to provide interventions will require teachers to work cooperatively to regroup students. Nonclassroom teachers will also have to help out with interventions. Special area teachers and resource teachers can help provide interventions as necessary.

Collaboration with school psychologists and the district RTI teams ranged in this study from very positive to very negative. Communication would probably be the best solution in this instance. Having the school psychologists attend training with the school teams would be one way to open lines of communication. This would ensure that everyone is hearing the same information and provide a platform for discussing differences of opinion before it involves a student. It would also be helpful if the principals were made aware of the role of school psychologists have in RTI implementation. The school psychologists report to another department; that department may have communicated completely different expectations from what the principal is anticipating. The same type of communication would be helpful regarding the expectations for the district RTI team.

If districts want RTI implementation to be effective, they would do well to read the comments made by a principal who began implementation in this district several years ago. She said, "Because we did it back in the day and we had the level of support that we were having district people come on a weekly basis, to help support us, it was a big help for me as a principal. Because I had somebody. They would meet with us and they would provide staff development, they would visit classrooms. They would be hands on with progress monitoring and interpreting that data, making recommendations for interventions and literally holding our hands and walking us through the process. Whenever we met we would come up with an agenda for the next time we met and because I knew they were coming every week, I made sure things were taking care of."

With her comments, the principal described a situation where she and the district team functioned together to implement RTI. Her team consisted of her school psychologist, a reading specialist and a district school psychologist with expertise in RTI. They came on a consistent basis and they developed their agenda for the next week collaboratively. The team worked with her to develop staff development. They provided modeling for her and her teachers in the skills needed for RTI implementation. They became a part of the school during the time they spent there each week. As a result of this intensive training during the first two years of implementation, the principal no longer needs the district team every week. She and her teachers are confident in their ability to provide for the needs of the students using the RTI process. She has gone on to develop methods of documenting Tier 1 instruction and Tier 2 interventions so that at the beginning of each school year, teachers know which students were receiving

interventions, what the intervention program consisted of and how often the intervention was provided. Students who receive ESE services are progress monitored and are brought to the problem solving team if there is a lack of academic progress. She feels confident that when a student moves to another school, the receiving school will be able to know right away what was being provided for the student at her school.

The purpose of this study was to examine the experiences principals' have during implementation of RTI. I addressed issues and concerns that were raised as a result of the study. It is important to also recognize that for all the issues and problems associated with implementation, 12 out of 16 principals commented on the increased academic growth of their students as a result of implementation and 11 out of 16 principals made comments indicating they had become better instructional leaders. The benefits of implementing RTI make it a worthwhile change.

APPENDIX A: UCF IRB OUTCOME LETTER

University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Lorrie Butler**

Date: **June 29, 2010**

Dear Researcher:

On 6/29/2010, the IRB approved the following activity as human participant research that is exempt from regulation:

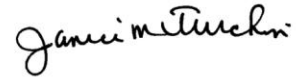
Type of Review:	Initial Review
Project Title:	Elementary School Principals' Experiences in Implementing Response to Intervention: A Phenomenological Study
Investigator:	Lorrie Butler
IRB Number:	SBE-10-06978
Funding Agency:	N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Joseph Bielitzki, DVM, UCF IRB Chair, this letter is signed by:

Signature applied by Janice Turchin on 06/29/2010 04:48:10 PM EDT



IRB Coordinator

APPENDIX B: SCHOOL DISTRICT RESEARCH REQUEST APPROVAL

Submit this form and a copy of your proposal to:

RESEARCH REQUEST FORM

Your research proposal should include:
- Project Title
- Purpose and Research Problem
- Instruments
- Procedures and Proposed Data Analysis

Requester's Name Lorrie Butler Date 6/15/2010

E-mail Phone 407.658.1014

Address 14760 Baltusrol Drive (Street) Orlando, FL (City, State) 32828 (Zip)

Institutional Affiliation University of Central Florida

Project Director or Advisor Suzanne Martin Phone 407-823-4260

Degree Sought: (check one) ☐ Associate ☒ Doctorate ☐ Bachelor's ☐ Not Applicable ☐ Master's ☐ Specialist

Project Title: Elementary School Principals' Experiences in Implementing Response to Intervention: A Phenomenological Study

ESTIMATED INVOLVEMENT

PERSONNEL/CENTERS	NUMBER	AMOUNT OF TIME (DAYS, HOURS, ETC.)	SPECIFY SCHOOLS BY NAME AND NUMBER OF TEACHERS, ADMINISTRATORS, ETC.
Students	0		
Teachers	0		
Administrators	16		
Schools/Centers	16		
Others (specify)	0		

Specify possible benefits to students/school system: The purpose of the study is to gain an understanding of the experiences of elementary principals in implementing RTI. A possible benefit to the school system would be the ability to use the information to adjust/inform training to meet the needs of principals as moves through distirct wide implementation.

ASSURANCE

Using the proposed procedures and instrument, I hereby agree to conduct research in accordance with the policies of the Deviations from the approved procedures shall be cleared through the Senior Director of Accountability, Research, and Assessment. Reports and materials shall be supplied as specified.

RECEIVED JUN 15 2010

Requester's Signature Lorrie Butler

Approval Granted: ☒ Yes ☐ No Date: 6-17-10

Signature of the Senior Director for Accountability, Research, and Assessment

NOTE TO REQUESTER: When seeking approval at the school level, a copy of this form, signed by the Senior Director, Accountability, Research, and Assessment, should be shown to the school principal who has the option to refuse participation depending upon any school circumstance or condition. The original Research Request Form is preferable to a faxed document.

Reference School Board Policy GCS, p. 249

APPENDIX C: EMAIL TO AREA SUPERINTENDENTS FOR PRINCIPAL NOMINATIONS

Dear _____ ,

I am a doctoral candidate at the University of Central Florida. I am working on a qualitative study on elementary principals' experiences in implementing Response to Intervention (RTI). In qualitative research, purposeful sampling is used to ensure a population that has a rich background in the phenomenon being studied. I would like to ask your assistance in selecting principals for the study.

I am asking that you nominate four or five principals you believe to be exemplary implementers of RTI as well as four to five principals you believe to be resistant to RTI implementation. Your nominees will not be informed of the designation you assigned them, just that they have been nominated for the study. The names of your nominees will be placed on a list with two columns, one labeled A and one labeled B on a password protected computer; only the researcher will know which column contained the names of nominees considered exemplary or resistant. After receiving the nominations from all the area superintendents, I will contact all the principals with an initial survey. From all the nominations, eight principals from column A and eight principals from column B will be selected.

You may submit your nominations by email or phone. I appreciate your help and will be contacting you to see if you have any questions.

Thank you,

Lorrie Butler

APPENDIX D: EMAIL TO NOMINATED PRINCIPALS

Dear _____:

My name is Lorrie Butler and I am a doctoral candidate in Education at the University of Central Florida currently working under the supervision of Dr. Suzanne Martin. I am working on completing my doctoral dissertation study on elementary school principals and Response to Intervention (RTI). The purpose of this study is to gain an understanding of the experiences of elementary principals in [redacted] in implementing a Response to Intervention model of identifying students with learning disabilities.

I am contacting you to ask you to participate in my study because your area superintendent provided your name as a possible participant for the study. Therefore, I am requesting that you complete the attached questionnaire and return it to me as soon as possible. You may return the questionnaire through email, courier or mail. Once I have received all the questionnaires, I will use criteria (number of years in education; number of years in administration; school demographics, etc) to select 16 principals to ask to voluntarily participate in the study.

If you decide to participate, you will be asked to meet with me for a one on one interview. The interview should take approximately 1- 2 hours to complete and I will come to your work location at a time that is convenient for you for the interview. If you prefer not to meet at your work location, I will work with you to select an alternate location. You should take part in this study only because you want to. There is no penalty for not taking part, and you will not lose any benefits. You have the right to stop at any time. There are no expected risks for taking part in this study. There are no expected benefits to you for taking part in this study. There is no compensation or other payment to you for taking part in this study. All principals' names and references will be kept confidential in this study.

This study has been approved by the Institutional Review Board at the University of Central Florida (UCF IRB) and [redacted]. You may contact the UCF IRB at 407.823.2901. You may contact [redacted]

If you have questions about the study, you can contact me at [redacted] or Dr. Suzanne Martin, Faculty Supervisor, College of Education, 407-823-4260 or by email at martin@mail.ucf.edu.

Thank you for your consideration of my request,

Lorrie Butler

APPENDIX E: QUESTIONNAIRE FOR NOMINATED PRINCIPALS

Questionnaire

Name:

I have completed the 3 day district RTI training. Yes No

How did you first become aware of RTI?

From your role as principal, please describe your experience in implementing RTI in your school.

Please tell me about a problem solving meeting you attended for one of your students.

I would be willing to participate in a face to face interview. Yes No

Demographic Information

Number of Years in Education:

Number of Years in Administration:

Number of Years as Principal:

Free/Reduced Lunch Percentage at your school:

APPENDIX F: INTERVIEW QUESTIONS

Interview Questions

1. What do you think the effect of implementation of RTI has been on you as the principal?
2. What are some of the challenges you have encountered during implementation?
3. What kinds of changes in curriculum, instruction or the learning environment have you made as a result of RTI implementation?
4. What changes have you seen for your teachers since implementing RTI?
5. What changes have you seen for students as a result of implementing RTI?
6. Tell me about the support you have received from the district in order to implement RTI.
7. What are your thoughts concerning the use of RTI as a way to identify students with learning disabilities?
8. Is there anything you would like to add?

APPENDIX G: CATEGORIES IDENTIFIED WITH NUMBER OF PARTICIPANTS RESPONDING BY THEME

Categories Identified with Number of Participants Responding By Theme

		Participant Designation by Area Superintendent	
Category	Theme	Exemplary	Resistant
Need	Academic Growth	7	5
	Focus on Learning	5	3
	IQ/Discrepancy Method	4	4
Clarity	RTI Process	1	5
	False Clarity	0	6
	RTI Method	7	6
Complexity	Difficulty	5	3
	Skill	5	4
	Alterations in Belief	5	3
Quality/Practicality	Funding for Resources	6	5
	Funding for Personnel	6	4
Principal	Instructional Leadership	6	5
Teacher	Buy In	6	4
	Knowledge Base	6	4
School District	School Psychologist	7	8
	District RTI Team	8	8

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