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General Education Teachers' Perceptions of Response to Intervention Implementation: A Qualitative Interview Study

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by

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DEDICATION

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ABSTRACT

The purpose of this interview study was to explore teachers' perceptions of Response to Intervention (RtI) implementation in their school. Particularly, the study explored teachers' knowledge of RtI, teachers' perceptions of RtI tiers intervention/instruction in their school, and teachers' suggestions of RtI implementation in their school. The study design was a qualitative interview study and data were collected from the face-to-face interviews with four teachers in one school. Findings revealed that RtI is meant to identify students' problems. Positive teachers' perceptions of their implementation included: (a) Students who demonstrate progress through RtI, (b) Students who receive special education services, (c) progress monitoring helps to keeps teachers on track. Factors pertaining to social and contextual included: (a) School training, (b) Confidence of RtI practice, (c) Collaboration from school personnel. The following factors lead to a negative perception of the RtI process: (a) Planning is difficult, (b) RtI is confusing, (c) Insufficient time for implementation, (d) Excessive RtI paperwork, and (e) Delay of identification for special education services. The study findings also indicated Teachers' suggestions to improve RtI implementation in their school through staff support. The findings from this study have implications for higher education and professional in the field.

CHAPTER ONE:

INTRODUCTION

Response to Intervention (RtI) has been an important subject for research in special and general education disciplines (Fuchs & Deshler, 2007). RtI involves early intervention services for students who are struggling and identifies students for special education services who qualify for learning disability and related disability categories (Fuchs, & Deshler, 2007). The response to intervention (RtI) model utilizes high quality research-based interventions as well as a continuum of multiple assessments to measure students' progress toward tiered intervention (Richards, Pavri, Golez, Canges, & Murphy, 2007). Pyle, Wade-Woolley, and Hutchinson (2011) stressed the essentiality of further studies related to RtI in order to investigate the contextual factors that impact teachers' perceptions of RtI.

The Individuals with Disabilities Education Improvement Act (IDEIA, 2004) discontinued the use of Intellectual Quotient (IQ)-achievement discrepancy formulas as the only tool for identifying students with learning disabilities (LD) (Bradley, Danielson, & Doolittle, 2005; Klingner & Edwards, 2006). Gersten and Dimino (2006) explained that RtI does not only deliver interventions for students who are at risk for school failure but also establishes a more valid assessment to identify students with LD. The effectiveness of RtI implementation is related to the quality and consistency of instruction students receive at each tier because continuous progress monitoring through each tier informs instructional delivery, which can be altered as needed (Brown-Chidsey & Steege, 2005). Implementing RtI effectively requires a shift in how school administrators and teachers collaborate with each other to support the RtI process,

especially when it comes to the collaboration between special and general education teachers (Richards et al., 2007).

Significance of the Study

Dunn, Cole, and Estrada (2009) indicated that more studies should integrate the perspective of all stakeholders throughout the special education referral process. Teachers' perspectives play a critical role in the delivery of high quality instruction in the classroom and provide insight for the referral to special education if interventions did not improve the student's outcomes (Dunn et al., 2009). In particular, it is necessary that the general educators who implement RtI demonstrate a comprehensive understanding of the multi-tiered model. "The teacher's knowledge of RtI can help guide administrators and professional development personnel as they plan for future trainings and implementation of new procedures" (Ringlaben & Griffith, 2013, p. 12).

The current study contributed to the literature related to general education teachers' perceptions of RtI. The following aspects explored: (1) teachers' knowledge of RtI, (2) their experiences of RtI implementation in Tier 1 through Tier 3 intervention/instruction with identifying the social and contextual factors (3) and their suggestions to improve RtI. This study seeks to fill the gap in the literature related to general education teachers' implementation of RtI, which intend to inform policymakers' decisions of RtI reform to better support teachers.

This study was unique because it was based on situativity theory, which allowed researchers to study the contextual factors that contribute to teachers' knowledge, perceptions, and practices of RtI (Borko, 2004; Putnam & Borko, 2000). I explored how teachers implement RtI components in the classroom, what kind of support they received to implement RtI, and the

activities they engaged in to develop their knowledge of RtI. In other words, my focus was not only exploring teachers' perceptions of RtI, but also linked their perceptions to social and contextual factors in their school. Therefore, this study aimed to contribute to the call for more support, coaching, or additional training for teachers to effectively implement RtI (Castro-Villarreal, Rodriguez, & Moore, 2014).

Rationale and Purpose

RtI has become increasingly implemented in American schools. The final regulation of IDEIA (2006) mandates that teachers implement RtI as an alternative tool to identify students with suspected disability, which presents challenges for general education teachers specifically (Barrio, Lindo, Combes, & Hovey, 2015). RtI dictates the implementation a specific set of interventions to support students who struggle to make progress in general education settings.

In the RtI model, general education teachers monitor students' progress and develop strategies that are evidence-based to meet students' academic and social needs (Richards et al., 2007). Researchers have investigated teachers' implementation, outcomes, and concerns about RtI (Nunn & Jantz, 2009; Werts, Lambert, & Carpenter, 2009). Nunn and Jantz (2009) found a significant relationship between teacher self-efficacy and indicators of RtI effectiveness. Specifically, they found that increased understanding and knowledge of RtI contributed to improved intervention outcomes, satisfaction with results, greater collaboration, and increased data-based decision-making. Fuchs and Deshler (2007) asserted that teachers need to understand the conditions and the contextual factors of RtI within a school district that may influence the implementation of RtI. Implementing these reforms require ongoing professional development, clear expectations for RtI implementation, teacher cooperation, and substantial time to unify these procedures into personal and institutional practices (Fuchs & Deshler, 2007).

A particular problem with RtI implementation is that general education teachers lack support, training, and resources to utilize it effectively. Implementing systemic reform requires teachers to develop their teaching skills in selecting interventions and conducting assessments to meet student's needs (Brown-Chidsey & Steege, 2005; Burns et al., 2013). Teachers' perceptions are rarely examined at multiple times throughout RtI initiatives (Greenfield, Rinaldi, Proctor & Cardarelli, 2010). As a result, the purpose of this qualitative study was to explore elementary general education teachers' perceptions of RtI implementation in their school through the lens of situativity theory. I chose general education teachers as the participants of this study because the implementation of RtI occurs in general education classrooms. So, classroom teachers are responsible for screening all students, adjusting instruction through the level of tiers, monitoring students' progress and making the decision about the achievement of at risk students (Daves & Walker, 2012). I focused on elementary school teachers because the majority of RtI implementation is focused at the elementary level as well as the importance to provide struggling students with intervention early before showing further struggles.

This study was guided by the following research questions:

1- What is general educators' knowledge of Response to Intervention (RtI)?

2- How do general educators describe their experiences of RtI implementation in tiers intervention/instruction in their school?

3- What are general educators' suggestions for the implementation of RtI in their school?

To clarify my research questions, teachers asked about the major components and the purpose of RtI. Second, teachers asked to a describe their experiences with RtI implementation in selecting evidence-based interventions, conducting assessment, and designing interventions in Tier 2 and 3, and making decision on students' achievement. The interview questions explored

teachers' involvement in social and contextual activities inside or outside the school setting (e.g., teachers' practices in class, professional learning community, professional development) that informed and developed their knowledge and implementation of RtI. The third section was about their suggestions to improve RtI implementation in their school.

Delimitations

For this study, four elementary general educators were recruited as participants since the majority of RtI research has been implemented in elementary settings. These four participants were general educators working in a Southwest Florida elementary school where they implemented RtI for a minimum of two years in this current school. These teachers had similar perceptions of RtI that may have been influenced by their school context. This study utilized the situativity theory; therefore, it sought to understand general educators' perspectives of RtI related to their experience in the implementation.

Theoretical Framework

The theoretical framework that supported this study is rooted in the situativity theory. The situative perspective describes how experiences influence learning and perceptions (Putnam & Borko, 2000). Therefore, teachers' experiences in various settings influence their knowledge and perceptions of RtI. This study explored teachers' perceptions based on the ways they developed their understanding of RtI. The situative perspective was chosen specifically to justify analyzing each participant as an individual unit within the social context related to RtI as teachers develop knowledge of their practices (Borko, 2004; Putnam & Borko, 2000). In RtI, the degree to which educators hold responsibility of implementation differs depending on the support they receive from their school system (Reynolds & Shaywitz, 2009).

Lave (1996) suggested that investigators conduct studies analyzing educators through situated development. Within the situative perspective, learning is not considered entirely in terms of gaining knowledge or increasing outcomes. Instead, by looking at interactions in and across specific social and physical contexts, learning is a process of social engagement and participation in a community of practitioners (Lave & Wenger, 1991). In this study, I focused on teachers' knowledge of RtI, and the social context that influenced their perceptions of the implementation. By following situativity theory, I discovered their perceptions of the social and physical contexts in which they implement RtI.

There are three aspects that are critical to the situativity theory: (1) learning is positioned in certain physical and social context; (b) it is socially acquired; and (c) it is extended across the individual, other people, and tools (Putnam & Borko, 2000). Situated cognition explains how "the situation in which a person learns becomes a fundamental part of what is learned" (Putnam & Borko, 2000, p. 6). The activities that teachers are socially situated in are essential for individual learning (Putnam & Borko, 2000). According to situated learning, teachers can develop their growth when they actually implementing such practices.

From a situative perspective, teacher learning "is usefully understood as a process of increasing participation in the practice of teaching, and through this participation, a process of becoming knowledgeable in and about teaching" (Adler, 2000, p. 37). Teachers learn from social interactions in their classrooms with students, their school communities, meeting, and professional development or workshops (Greeno, Collins, & Resnick, 1996). So, the situative perspective sees educators' own classroom activities as fundamental opportunity for their professional (Ball & Cohen, 1999). Various curricular, instructional practices, and assessment methods of student learning also aim to provide effective professional learning for educators, which requires educators to readdress their roles while developing interventions to support

students' learning (Lieberman, 1995). Teachers in RtI are required to apply high quality instruction, research-based intervention with fidelity, and benchmark assessments with collaborating specialists and administrations (Marston, 2005).

In addition, Garet, Poter, Desimon, Birman, and Yoon (2001) stated that, "By locating opportunities for professional development within a teacher's regular work day, reform types of professional development may be more likely than traditional forms to make connections with classroom teaching, and they may be easier to sustain over time" (p. 921). Within a socially situated community of practice, individuals usually construct knowledge based on their engagement and interactions with others, the environment, and the raw materials that are introduced into the community (Lave & Wenger, 1991). RtI staff meetings are like professional learning communities (PLC) where teachers come together based on grade level to discuss particular students' learning difficulties and problem solving how to accommodate for them. In the process of understanding these difficulties, teachers share their experiences with the child and consult on students' assessment data; then other teachers introduce strategies or interventions that they have found successful in similar situations (Lieberman, 1995). This kind of teacher collaboration may inform their understanding of their teaching practices and the needs of students. Further, within a problem-solving RtI model teams make a series of data-based decisions through the problem-solving model. In problem-solving teams, general educators have the opportunity to collaborate with school staff including special education teachers, counselors, and reading specialists to discuss students' progress in regard to curriculum-based measurement (CBM) in order to determine which interventions can improve students' outcomes (VanDerHeyden, Witt, & Gilbertson, 2007). Therefore, teachers by engaging in community discourse become aware of the interventions that are effective for students, and how decisions

are made based on students' assessment data. In social learning patterns, teachers share their experiences, listen to others' perspectives, and by extensions, hold responsibility for the success of all children (Carini, 1986). By using this approach, teacher situated learning becomes a social process of engagement that integrates classroom experience with collaborative activities that construct knowledge (Pella, 2011).

General education teachers may also gain situated knowledge from their interactions with students through the implementation of RtI process. Situated learning occurs when teachers observe children in the classroom to collect data. With targeted observation, teachers can identify students' learning style, reasoning, and interpersonal skills, which inform their RtI implementation. Observation in classroom does not tell teachers what to do, but rather expands their understanding of possibly effective strategies that benefit students (Lieberman, 1995). This practice enables teachers to better use their own professional judgment to implement more effective teaching programs by focusing on students' strengths through the RtI process (Lieberman, 1995). Teachers can differentiate their instruction based on students' needs in Tier 1, by identifying individual students' learning styles (e.g., visual, auditory, tactile). Further, suited learning can occur through integrating analysis of patterns within students' assessment. Teachers learn by organizing the curriculum in ways that reflect their thinking of what students should know in order to assess the breadth and depth of their learning (Lieberman, 1995). Universal screening and progress monitoring in RtI requires teachers to actively assess students in order to identify the evidence-based interventions that meet students' needs in Tier 2 or Tier 3 intervention/ instruction.

The effective implementation of RtI requires educators to engage in continuous professional development Being involved in professional development provides teachers' access

to new knowledge, and broadens thoughts and actions (Lieberman, 1995). Teachers can participate in both formal and informal professional development activities within but also outside their workplace (e.g. online learning opportunity, social media, conference, workshop). These networks, collaborations, coalitions, and partnerships offer teachers with the opportunities that enhance their practice (Lieberman, 1995). Through these social learning opportunities, teachers can share what they learn with their colleagues and use their experiences to create new possibilities for students through collaborative work (Jervis, 1996; Puget Sound Educational Consortium, 1989; 1990). In turn, this can create a community of shared understanding that enriches educators' teaching while providing the intellectual and emotional stimulation necessary for personal and enduring growth and development (Lieberman & McLaughlin, 1992; Wood & Einbender, 1995). These social opportunities provide teachers with flexibility and collaborative work that is not usually possible in existing environment (Lieberman, 1995). Related to RtI, the Office of Special Education Programs (OSEP) funds the Technical Assistance Center on RtI to support states in developing programs to provide technical assistance to local education agencies in the area of RtI. In addition, the IDEIA Partnership and the IDEIA Collaboration Community of Practice help organizations increase the capacity of RtI in schools by providing dialogue guides and presentations to train various stakeholders across the nation. Therefore, professional development efforts such as this can be used to enhance teachers' knowledge of RtI through social interaction between teachers and RtI professionals. In this study, teachers' reflection on RtI is basically a reflection of their past social and contextual experiences in or out of school. Therefore, social and contextual factors related to teachers' implementation of RtI will be identified in order to determine the kind of social activities and support that influences teachers perceptions of RtI. Kratochwill, Volpiansky, Clements, and Ball (2007) reported that when

teachers participate in social professional activities, they become aware of their teaching skills and students' practices, which in turn leads to enhance students' performance.

Definition of Terms

    Curriculum-based measurement (CBM). CMB is a measurement model that is adequately and effectively assesses students' progress. CMB is used to measure students' abilities of particular skills and to evaluate the effectiveness of interventions (Stecker, Fuchs, & Fuchs, 2008).

    IQ-achievement discrepancy. The IQ-achievement discrepancy is used to identify students with LD based on federal regulations in 1975 (Richards et al., 2007). The IQ test is used to identify the discrepancy between students' abilities and their actual achievement, which indicates a learning disability (Mesmer & Mesmer, 2008).

    Progress monitoring. Using CBM, progress monitoring data is used to identify whether or not RtI is adequate or not (VanDerHeyden et al., 2007).

    Problem solving. The problem-solving model involves utilizing CBM to identify a problem, choose an evidence-based intervention, apply the intervention, measure the effect, and modify the intervention if required (VanDerHeyden et al., 2007).

    Professional development. Professional development can be defined as "the strategy schools and school districts use to ensure that educators continue to strengthen their practice throughout their career. The most effective professional development engages teams of teachers to focus on the needs of their students. They learn and problem solve together in order to ensure all students achieve success" (Mizell, 2010, p. 2).

    Response to intervention (RtI). RtI is a comprehensive process conducted by schools to deliver intervention for students who are academically and behaviorally struggling (Gerzel-Short

& Wilkins, 2009).

Standard treatment protocol. Standard treatment protocol is the application of preselected research-based interventions/instruction that are implemented when the intervention/instruction has not resulted in the desired outcome (Fuchs & Fuchs, 2006).

Universal screening. Universal screening is the primary step to identify students who demonstrate learning difficulties (Jenkins, Hudson, & Johnson, 2007). Universal screening is usually conducted three times per school year: Fall, Winter, and Spring. The purpose of universal screening is to know when to provide evidence-based instruction to students (Jenkins et al., 2007).

Summary

In this chapter, the major principals of RtI, and how IDEIA (2004) changed LD diagnosis were introduced. When implementing RtI in schools, general education teachers have to implement and assess all students; however, successful implementation of RtI depends on the level of collaboration and support available to the classroom teachers. Situativity theory was advanced as the framework by which to understand teachers' knowledge of RtI and addressed the social contextual factors that inform their perceptions and suggested improvements to RtI in their school.

In the second chapter, I review empirical research and identify historically contextual factors that lead to the creation of RtI. In chapter two, I focus on general educators' implementation of RtI with emphasis on their perceptions and experiences with diverse students

CHAPTER TWO:

LITERATURE REVIEW

The previous chapter discussed situative learning perspectives, the significance of the current study, general educators' perceptions of RtI, which indicated their needs to successfully implement RtI. In this chapter, I explain how IDEIA and No Child Left Behind (NCLB) enhance RtI implementation in general education classrooms. The main focus of this chapter is to address general educators' practices when implementing RtI components such as evidence-based interventions, and assessment. Teacher education programs, professional development for in-service teachers, and policy makers' considerations will also be addressed. I address empirical studies that focused on general educators perceptions of RtI reform.

A search of research journals was conducted using ERIC, EBSCO, Google Scholar, and ProQuest databases. Information was gathered from books, peer-reviewed publication, and online sources about RtI. The following search terms were used to find the articles: *RtI reform*, *RtI framework*, *major component of RtI*, *elementary general educators*, *perceptions*, *teacher education standards*, and *professional development*.

Historical Context of RtI

In 2004, U.S federal law changes, with the reauthorization of IDEIA and previously with the 2001 NCLB legislation, resulted in rapid RtI implementation in the American schools (Villarreal, Rodriguez, & Moore, 2014). Fuchs, Fuchs and Stecker (2010) explained that IDEIA of 2004 and NCLB share a common goal in RtI initiative, which is using research-based

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interventions to support students in general education settings. Stuart, Rinaldi, and Higgins-Averill (2011) stated that RtI's approaches are included in IDEIA regulation that suggests a systematic process of monitoring, intervention, and screening to determine the response of a child to research, scientific-based intervention. They added that in RtI, multiple tiers of intervention are more valid to determine if a student has a disability (Stuart et al., 2011). One of the attempt of RtI from IDEIA perspective was to address the problems of over identification as well as the for the disproportionate of minority students in special education (Cartledge, Kea, Waston & Oif, 2016). RtI begins with universal screening for all students (Tier 1) and identifies students who are at risk of academic failure. Progress monitoring continues to measure students' responses to research-based instruction. Students who do not respond adequately will receive supplemental tier 2 instruction in order to receive more intensive support in addition to tier 1 core instruction (Fuchs & Fuchs, 2006). Fuchs and Fuchs (2006) point out that the IDEIA considers RtI instruction as a test to determine students' ability to respond to instruction. They also assert that the RtI intervention must be valid, evidence based and implemented based upon pervious researchers' suggestions (2006).

The NCLB views RtI as part of the general education system, asserts that students with disabilities have the right to be educated in general education classroom and are involved in state assessments, and mandates that states, districts, and schools are accountable for students' performances (Fuchs & Fuchs, 2006). The NCLB requires high-quality teachers for this reason. Additionally, the intent of hiring high quality teachers is to reduce the number of unnecessary special education referrals of high incidence disabilities such as LD and emotional behavioral disturbances (EBD) by providing effective instruction in hopes of preventing learning and behavioral difficulties. The NCLB supports services for students with disabilities in general

education classrooms through tiered support (Fuchs & Fuchs, 2006). The IDEIA established valid and reliable way to prevent low achieving students from being labeled as having a disability by providing universal screening and RtI.

RtI Alternative Method

Many researchers have discussed the instruments used to identify students with LD. Since 1975, there has been a debate related to identifying and serving students with LD, and how to serve those who are at risk of failure (Bradley et al., 2005; Richards et al., 2007, Werts et al., 2009). Prior to the IDEIA (2004), the diagnosis of specific learning disabilities (SLD) was predominately demonstrated by the discrepancy model (Werts et al., 2009). IDEIA (2004) defines SLD as a significant discrepancy between achievement and cognitive ability in oral expression, reading, writing, listing, or math (Bradley et al., 2005).

Multiple researchers have critiqued the discrepancy model as only tool to identify students in learning disability category. For instance, Aaron (1997) was concerned with how much discrepancy was required to identify students with LD. Bradley and his colleagues (2005) found that the eligibility criteria for diagnosing LD were not well operationalized. Policies related to diagnosing LD vary from a state to another (Hosp & Reschly, 2004), and discrepancy between intellectual ability and achievement is difficult to decipher in early elementary grades (MacMillan & Siperstein, 2002). The discrepancy model does not identify all students with SLD, which often leaves them struggling academically well into the upper grades of elementary school until the discrepancy becomes significant enough to require services (Bradley et al., 2005). Further, students who are at risk of failure cannot receive services until they fall behind and qualify for special education services (Richards et al., 2007).

Moreover, the discrepancy model is not helpful to provide information about how to deliver instruction to teach students; thus, it does not benefit teachers when planning instruction (Bradley et al., 2005). Additionally, with IQ- discrepancy tool, the prevalence of students classified as having LD has grown more than 200% since 1977 (Vaughn, Linan-Thompson, & Hickman, 2003). Historically, students who are from a minority culture and are English language learners (ELL) have been over-represented in the high-incidence disabilities such as SLD category (MacMillan & Reschly, 1998) leading to these students being placed in more segregated special education settings compared to White and Native American students (MacMillan & Reschly, 1998).

In response to the variability and difficulties in the discrepancy model, the National Joint Committee on Learning Disabilities (NJCLD) expressed their concern about the accuracy of discrepancy as the only tool to identify students with LD (2005). OSEP's response to the NJCLD was an LD intuitive, which proposed that an IQ-discrepancy test was not sufficient or necessary to identify students with LD. Instead, OSEP suggested that teachers could evaluate their students through their response to evidence-based interventions (Bradley et al., 2005). Policymakers and professionals in the field of special education suggested RtI as a more effective method for identifying students with LD (Bradley et al., 2005). This shift of LD identification also shifted researchers' focus from the inaccuracy of discrepancy model to the effectiveness of RtI implementation (Bradley et al., 2005).

In 2004, the reauthorization of IDEIA changed the eligibility standards for LD (Richards et al., 2007). Based on RtI model, students should receive effective instruction with progress monitoring before being referred for special education services (Fuchs, Fuchs, & Speece, 2002) School district encouraged by IDEIA (2004) to use 15% of special education fund to provide

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early intervention support through the implementation of school –wide academic and behavior

assessment (Fuchs & Fuchs, 2006). RtI advocate groups believe that RtI is an effective tool for

making special education referral decisions based on scientific data, problem solving, and

progress monitoring through tiers of intervention (Bradley et al., 2005). A possible reason for the

wide acceptance of RtI is because it benefits all students through ongoing assessments that

identify students who need services early (Cortiella, 2009). Subsequently, the IDEIA

reauthorization in 2004 suggested documenting the use and using evidence-based interventions

and instruction before referring a student to special education. In agreement with IDEIA (2004),

Swanson, Solis, Ciullo, and McKenna (2012) stated that this step would ensure that the quality of

instruction would never be a substantial reason for receiving special education services. As such,

IDEIA (2004) allows states to implement RtI as the model for providing evidence-based

instruction at the state level (Wiener & Soodak, 2008). To summarize the benefits, RtI promotes

early identification and prevention of school failure for students who are at risk or have a

disability, which leads to a decrease in the number of referrals to special education. RtI has

potential for reducing the overrepresentation of minority students in special education and

address the issue of disproportionality because it provides multiple tiers of evidence-based

interventions with increasing intensity (Harris-Murri, King & Rostenberg. 2006). RtI system also

focuses on student data and seeks to identify instructional strategies that address student need in

general education education classroom (Hosp, 2008). Therefore, RtI model intends to avoid an

immediate or unnecessary referral for special education, and students get support through tiered

intervention. Thus, aforementioned are some of issues why RtI is considered as a promising tool

to address the underlying issue lighted by disproportionality perspectives.

    RtI also serves students who may be suspected of having disability without first labeling

them as having a disability. For instance, students in Tier 3 may be eligible to receive long term intense intervention/instruction, in which students may receive the intervention for months or even years (Ringlaben, & Griffith, 2013). RtI also has the potential for enhancing the collaboration between teachers and administrators in schools in order to provide effective interventions (Fuchs & Vaughn, 2012; Learning, 2009; Division of Learning Disabilities, 2012 As cited in Johns & Lerner, 2015).

However, the Council of Exceptional Children (CEC), and the Learning Disabilities Association (LDA, 2006), point to concerns about RtI may be the potential cause of delays in comprehensive evaluation for students with suspected disabilities, and requires therefore, partnership of all school staff and families to identify and meet the needs of students (Mellard, Stern, & Woods, 2011). In addition, many schools lack the personnel and resources to implement RtI with fidelity (Fletcher & Vaughn, 2009). Thus, the National Association of State directors of Special Education (NASDES), 2006) and Hughes and Dexter (2011), stated that "the most successful factors for RtI implementation are continuation of professional development, ongoing support from administration, and extensive meeting time for coordination" (p.10).

RtI Tiers

There is no standard procedure of implementing RtI (Fuchs & Deshler, 2007; Werts et al., 2009). RtI is a framework that ensures high-quality instruction and ongoing assessments in general education classrooms (Berkeley, Bender, Peaster, & Saunders, 2009; Richards et al., 2007; Werts et al., 2009). Barnes and Harlacher (2008) defined RtI as a multitier approach of teaching support in which students receive appropriate levels of support based on their needs. Within RtI, schools are responsible for providing a range of evidence-based instruction in tiers, and teachers place students into these tiers based on the students' data from screening and

progress monitoring (Cummings, Atkins, Allison, & Cole, 2008). Current research focuses on two critical principles of RtI: implementation of evidence-based intervention and ongoing assessment to monitor student response (Cummings et al., 2008; Reschly & Bergstrom, 2009). General education teachers deliver instruction based on scientifically validated research and collect data on individual students' performance. Students who do not respond to general education instruction in Tier 1 receive supplemental Tier 2 interventions in addition to Tier 1 instruction, which providing these students with more intensive instruction compared to Tier 1 instruction only. If students still do not show progress with supplemental Tier 2 instructions based on assessment data, they receive even more intensive Tier 3 intervention support (Werts et al., 2009).

RtI Models

RtI mostly utilizes one of two models, which are the problem-solving and standard treatment models. The problem-solving model utilizes interventions that a particular team selects, which serves each student's needs. Fuchs and Deshler (2007) also identified problem solving in three ways. Problem solving describes the process of how to identify differentiated instruction at Tiers 1 and 2 to indicate evidence-based interventions for teachers to use for the students with most significant academic needs, and then how building – based teams collaborate to support general educators to address the needs of students demonstrating increased academic difficulties. "Problem solving evolved from the work of curriculum – based measurement (CBM) research which sought to develop systematic decision- making processes that would promote effective use of data collected through CBM and enhance outcomes for children" (VanDerHeyden et al., 2007, p. 226). Kovaleski and Pedersen (2008) suggested that RtI teams could use problem-solving techniques to analyze data from universal screening at the tier 1 level

to support teachers in designing and utilizing instructions that are different based on the level of students' needs. Problem solving teams should determine what tier intervention matches the students' needs after reviewing the benchmark assessment (Kovaleski & Pedersen, 2008). Therefore, team discussion is a critical part of RtI implementation, especially when designing interventions and making decision related to placement of students in tiered systems. Fuchs and Deshler (2007) called for further research to measure the effectiveness of the problem solving RtI approach in designing intervention that improves students' outcomes.

The standard treatment model utilizes one consistent intervention that the school selects, which addresses the needs of multiple students based on universal screening and continuous progress monitoring through CBM. Standard treatments are those that have an evidence base as to their effectiveness. For instance, general educators could use an evidence based standard treatment intervention for students in Tier 2, which targets students who did not respond to an evidence based intervention in Tier 1 (Barnes & Harlacher, 2008). So, both models utilize universal screening to inform tiered instruction and to support all students.

There are at least three tiers of instruction/intervention in RtI (Fuchs & Fuchs, 2006; Richards et al., 2007; Werts et al., 2009). In most situations, high-quality instruction in Tier 1 should meet the needs of the majority of students in the classroom (Richards et al., 2007). Tier 1 can also be labeled as a universal core program/curriculum/instruction (Council for Exceptional Children [CEC], 2008). McKenzie (2009) considered the first tier as consistent with the whole-group instruction and the administration of universal screening to identify students who perform lower in basic skills. Students who perform higher in the basic skills are thought to not require more intensive instruction/intervention. Fuchs and Fuchs (2006) suggested that at risk students

on Tier 1 should be monitored on their progress to confirm non-responsiveness to core

instruction before moving at risk students to further intervention/instruction.

Students who do not progress in Tier 1 will receive more support in supplemental Tier 2

(McKenzie, 2009). Tier 2 is targeted, and systemic interventions are designed for students

through small groups with progress monitoring (Vaughn & Roberts, 2007). In Tier 2, students

may receive interventions for 20 minutes per day up to 20 weeks in addition to Tier 1 core

instruction (Bradley et al., 2007). Richards and his colleagues (2007) indicated that some

students receiving Tier 2 instruction/intervention may not demonstrate any progress with not

meeting the grade level benchmark; therefore, students who do not respond to Tier 2 will receive

Tier 3 instruction/intervention. Students in Tier 3 are usually 2-5% of all students and receive

instruction/intervention in smaller groups than Tier 2. Instruction/intervention in Tier 3 are more

intense and explicit, and they may take 45-60 minutes (Vaughn, Wanzek, Woodruff, & Linan-

Thompson, 2007). As with Tier 2 instruction/intervention, students receiving Tier 3 instruction

should also receive Tier 1 core instruction (Allsopp, Alvarez-McHatton, Ray, & Farmer, 2010).

chards aRnid his colleagues (2007) point out that the school district determines whether

Tier 3 instruction/intervention is considered to be special education services or not. Berkeley and

his colleagues (2009) noted that within tiered instruction, special education referral should be

considered only after tiered instruction/intervention within RtI has been delivered. However,

Fuchs and Fuchs and Compton (2007) point that students who do not respond to Tier 2

intervention/instruction are key for LD identification. Overall, "There is no clear methodological

definition of how or when a student should be identified as non-responsive to

intervention/instruction" (Hughes & Dexter, 2011, p.8).

According to Werts and his colleagues (2009), "Throughout the process, a team reviews data collected on a systemic, ongoing basis to determine the best instructional options for a student" (p. 246). In the general education classroom, all students are to receive high-quality instruction with universal screening. Students who do not respond will receive intensive instruction in small groups or individually (Werts et al., 2009) in addition to Tier 1 core instruction. Progress monitoring data is constructed in order to define if the intervention that is implemented is adequate or inadequate (VanderHyden et al., 2007, p.227). Some studies note that when RtI is implemented effectively, there is potential to reduce the proportion of students who are referred to special education (Fuchs, Mock, Morgan, & Young, 2003). Johns and Lerner (2015) noted that since the inception of RtI, the percentage of students identified with disabilities had decreased from 4.4% to 4.0% by the year of 2006.

A major element of RtI is that all students receive research-based instruction in the general education classroom. Incorporating evidence-based instruction into teachers' methods can increase students' academic achievement (Harlacher, Walker, & Sanford, 2010). General educators have to conduct screening to determine students' progress (Werst et al., 2009). For instance, if students perform poorly in a particular area, teachers could use formative assessment during or after the lesson to inform them about the efficiency of instruction and the skills that students have acquired (Gersten & Dimino, 2006).

Moreover, teachers have to make sure that the intervention and instruction are implemented with fidelity (Bradley et al., 2005). When students do not respond to research-based interventions, special education referral will be considered (Barnes & Harlacher, 2008). Hence, general education teachers are responsible for applying the intervention procedures with fidelity in order to ensure the accuracy of intervention implementation.

RtI Implementation

The implementation of RtI is different from the traditional methods used for special education referral with the emphasis on utilizing of evidence-based assessment techniques, instructional strategies, and regular progress monitoring to inform possible referral decisions (Villarreal et al., 2014). Bradely et al. (2005) stated that implementing RtI can be challenging for general education teachers. General education teachers are required to implement individual and small group intervention/instruction within the substantial numbers of students' complex needs (Kratochwill et al., 2007). Fuchs and Deshler (2007) asserted the importance of school leadership in the implementation of RtI, which includes teachers' understanding the conditions and social factors that ensure the success of RtI. They claim that poor implementation of RtI can be due to the lack of support provided to teachers by administrators.

In Tier 1, general educators are required to screen all students in order to identify students who struggle or are at risk of failure (Bradley et al., 2005). General educators are also required to conduct assessment to decide which students are in need for Tier 2 interventions (Richards et al., 2007). Tier 2 instructions require teachers to select interventions that are evidence-based instruction and to be able to administrate assessments to determine students' response to the interventions and then making decision about students' placement. Hagger and Mahdavi (2007) indicated that the roles of both general and special education teacher is not identified clearly in the literature, so schools can decide which teacher is responsible to deliver Tier 2 intervention /instructions. Fuchs and Deshler (2007) argued that one of the gaps in RtI literature is which teacher is required to deliver the instructions of Tiers 2 and 3 intervention/instruction. However, in reality many schools consider general educators to deliver Tier 2 interventions /instructions in small group of four to five students in classroom (Richards et al., 2007). Thus, general educators

are responsible for applying RtI components in general education classroom through the tiers intervention/instruction.

To ensure the effectiveness of RtI implementation, teachers should be supported in order to deliver evidence-based interventions. Classroom teachers can be supported by many school members such as special education teachers, reading specialists, and school psychology who can specifically interpret and analyze students' assessment in order to design strategies that meet the students' needs (Richards et al., 2007). Therefore, general educators in RtI have the responsibility of offering different levels of support, ensuring that all learners receive benchmark assessment, and delivering the core curriculum with fidelity (Villarreal et al, 2014). The degree to which general educators can implement RtI efficiently depends on the social and cultural context of their schools. It also depends on whether critical features and systems are in place since they support teachers' roles in applying RtI effectively (Reynolds & Shaywitz, 2009). Students in Tier 3 may receive intensive interventions/instruction that are delivered by special educators or reading specialists and other content specialists (e.g., mathematics), which ultimately requires skillful teachers who can effectively deliver individualized instruction and progress monitoring (Richards et al., 2007).

In addition, effective RtI implementation across any school is complicated and it requires coordination, training, and support from a team. In RtI, many schools experience difficulties that are associated with providing the necessary resources that address the academic needs of all students. A variety of interventions, instructional practices, and assessments have various levels of demonstrated effectiveness and school personnel can encounter challenges when choosing which practices have the potential to be the most effective including meeting the needs of students receiving special education services (Tilly, Harken, Robinson, & Kurns, 2008).

Subsequently, implementing RtI on a large scale (especially across all the grade levels in an academic area) has been challenging for teachers with limited experience (Fuchs & Deshler, 2007). In essence, effective implementation of RtI has potential for improving students' learning outcomes regardless of their disabilities in the general education classroom. Fuchs and Deshler (2007) point to very critical points in RtI implementation for this to come to fruition - RtI implementation must be valid and effective because the aim for RtI is to identify students with disabilities based on respond to evidence-based instruction in tiers. Implementing RtI interventions with fidelity enables teachers to make valid decisions when referring a student to special education services (Fuchs & Deshler, 2007). If RtI is to improve upon IQ discrepancy as a means to identify students with LD, the implementation of RtI should be applied with fidelity and integrity. Further, Fuchs and Deschler (2007) asserted that effective implementation of RtI requires a significant investment in professional development in order to equip teachers with the skills needed to implement effective RtI. They noted that there are many situational supports inside and outside school that help teachers develop their skills, which ultimately lead to effective implementation of RtI (Fuchs & Deshler, 2007). Fletcher and Vaughn (2009) assert that "the effective implementation of RtI requires ongoing and close collaboration and implementation with classroom teachers, special education teacher, Title 1 and other entitlement program" (p. 33).

Professional Development

To meet the RtI implementation standards, teachers should be supported by their schools and school district through professional development. In order to implement RtI efficiently, teachers need to possess knowledge of evidence-based instruction, tiered instruction, multiple assessment tools, progress monitoring, and fidelity of implementation (Danielson, Doolittle, &

Bradley, 2007). In addition, ensuring the success of RtI implementation requires educators to possess knowledge of and the ability to collaborate with other education professionals (Fuchs & Deshler, 2006) and families.

However, studies have indicated that teachers and other school personnel lack knowledge related to evidence-based practices (EBPs) across tiers in RtI (Danielson et al., 2007; Harlacher et al., 2010). A report published by The National Council on Teacher Quality (2006) revealed that the majority of general education teacher preparation programs do not effectively train teachers to use research-based reading instruction. Also, most graduate programs in school psychology are not training their students to use evidence-based prevention and intervention programs (Shernoff, Kratochwill, & Stoiber, 2003).

In addition, previous studies have reflected on general education teachers' ability to work with divers group of students. For instance, studies conducted by Baker and Zigmond (1990), and Simmons and Kame'enui (1998) demonstrated that the majority of classroom teachers in their studies were not able to: (1) meet the needs of diverse students, (2) develop instructional strategies, and (3) enhance the academic outcomes of students who were at risk of school failure. Moreover, Zigmond (2003) argued, "Researchers recognize that general education teachers cannot focus intensively on particular students to the extent that different instructional activities for different students are being implemented at the same time" (p. 197).

In an RtI framework, general educators encounter difficulty in utilizing the student data in order to plan interventions for struggling students in Tiers 2 and 3 intervention/instruction (Greenfield et al., 2010). Moreover, Danielson and his colleagues (2007) indicated that general education teachers may require training at the first and second tiers intervention. They argued that teachers should be trained to develop their knowledge and skills in conducting assessment,

and progress monitoring to link students' performance to intervention. This training could be effective if the professional development actually helps teachers to apply such skills in their practices.

Professional development (PD) has been an important topic for teacher educators. Professional development (PD) is defined as a variety of "learning activities related to enhancing skills needed to successfully meet the expectations of one's occupation" (Kratochwill et al., 2007, p. 621). Previous studies related to PD have demonstrated the impact of PD on teachers' knowledge and practices as well as students' outcomes (Kratochwill et al., 2007). Gresten and Woodward (1990) argued that if general educators were supported with the implementation of RtI aspects, especially instructional strategies, the number of students referred to special education services would be decreased. They added that classroom teachers who are aware of evidence-based instruction do not only benefit students with disabilities, but also students who struggle with assessment benchmarks.

Stuart et al. (2011) conducted a qualitative study to explore the impact of PD on teachers' abilities to practice RtI reform, which ultimately reduces referrals to special education services. This study also explored the impact of school and university partnerships and its impact on teachers' performance when implementing RtI elements such as progress monitoring and planning for instruction. In the first year, teachers received support for two years through collaborative planning. General and special education teachers met with a professional collaborative group to learn how to effectively link the process for progress monitoring to designing individual instruction. In this collaborative model, participants shared their classroom artifacts in order to plan instruction. Collaborative groups were utilized to help teachers with assessing their students and designing interventions based on students' data. In the second year,

the intense support continued for developing knowledge and skills in universal screening, progress monitoring, and planning for instruction. The result of a focus group interview indicated that teachers' perceptions changed in the second year after receiving the support. Before the intervention, the number of referrals to special education was 10% of the students' population. However, after the university-school partnership, the number of referrals to special education services was decreased to 3% (Strauss et al., 2011). In this study, teachers' perceptions and assumptions of their students changed to be positive (Strauss et al., 2011).

Further, professional development can be focused on helping teachers to learn about and reflect on their own practices in order to develop their awareness of these practices. For example, teachers can be engaged in structured discourse around practices that are contextualized within their actual school-based experiences. Previous studies related to PD suggest that ambiguous guidelines of practices are not beneficial for teachers to successfully implement general education reform frameworks such as RtI. For instance, asking teachers to use students' data assessment to modify their instructional strategies is not critically helpful, especially if teachers did not receive any concrete examples and the implementation procedures (Fuchs & Fuchs, 1986).

Research related to teacher knowledge of instructional strategies has indicated that teachers must have the opportunity to practice instructional strategies in order to demonstrate in-depth understanding of these strategies (Darling-Hammond & McLaughlin ,1995; Gresten & Woodard, 1990). This concept aligns with situative theory because teacher's development and learning occur when teacher actually practices skills with students in classroom. Further, Geresten and Woodward (1990) suggested that teachers should have the opportunity to meet with other school staff to reflect about their practices, which enables teachers to reflect on their

practices. In this community discourse, teachers can talk about the difficulties related to specific course or skills, share positive experiences, collaborate together to provide suggestions and solve problems. This social interaction among individuals who have similar experiences improves teachers' knowledge, especially when it comes to recognizing their roles as both teachers and learners (Darling-Hammond & McLaughlin, 1995).

Many researchers have suggested that communicating with other teachers expands teacher's ability to teach their classes and their confidence of their practices (Ashton & Webb, 1986; Glidewill, Tucker, Todt, & Cox, 1983). The situative theory claims that teachers learn about their practices though the discourses with others who live in similar situations. Gersten and Woodard (1990) emphasized that teachers should have the opportunity to practice newly learned skills in their classrooms including receiving feedback from experts in their fields. This method has the potential to increase teachers' instructional capability, which will result in improving their practices and skills (Gersten & Woodard, 1990).

A well-known model of professional development is coaching. In RtI, general educators need coaching, especially when identifying and utilizing evidence-based intervention in order to meet the needs of all students (Gersten & Wooward, 1990, Darling-Hammond & McLaughlin, 1995). Gersten and Woodward (1990) explained the procedures of effective coaching models. Principally, coaches should model the functionality of instructional strategies and teachers' active roles in using new techniques while the coach facilitate teachers' learning and encourage them to assess the impact of the unique students (Gersten and Woodward, 1990). Research found that when teachers reflect on and analyze their practices, students' outcomes significantly increase (Cruickshank, 1985). The coaching model could assist general educators who encounter challenges in conducting curriculum-based measurement (CBM) (Gersten & Woodard, 1990).

Supports from reading specialists, other content specific pedagogical specialists, and RtI facilitators are necessary in order to both provide coaching to teachers in the application of evidence- base instructional practices and to encourage them to try new practices (Gresten & Woodard, 1999, Darling - Hammond & McLaughlin, 1995). RtI cannot be successful without a school-wide collaboration in order to assist general educators (Darling-Hammond & McLaughlin, 1995). However, more studies related to the effectiveness of PD and teachers' practices and knowledge are needed (Garet et al., 2001). Therefore, the aim of this study is to contribute to the literature by identifying the effects of PD activities on teachers' knowledge and practices related to RtI implementation.

General Teachers' Perceptions of RtI

Fletcher and Vaughan (2009) point to the need for more research focusing on how schools successfully implemented and or struggle to implement RtI models. Multiple dissertations have addressed RtI aspects related to teachers. These dissertations demonstrated different lenses of study. Byrd (2015) conducted a survey study to investigate elementary teachers' perceptions on RtI resources and professional development in several schools. The results from this survey indicated that teachers demonstrated significant difference in their perceptions of RtI and their perceptions of professional development. Also, there was a further significant difference between teachers who see RtI to be effective and those who did not perceive it as effective and their perceptions of available resources. "There was also significant difference for teachers who perceive RtI to be success and those who did not perceive it as success and their perceptions of fidelity of implementation (Byrd, 2015, p.68). Professional development, available resources, and fidelity of implementation play a critical role in

demonstrating a significant difference in educators' perceptions. However, Byrd (2015) suggested that further research was needed on the RtI implementation at middle school level.

Rhodes (2014) conducted a survey study on elementary general and special education teachers' perceptions of RtI effectiveness and teacher support team (TST). The findings from the study show that there were no significance differences among teachers' perceptions on RtI effectiveness and TST (Rhodes, 2014). However, Rhodes (2014) pointed out that the only significance on teachers' perceptions was based on the aspect of their certification (i.e., general or special education). The recommendations from this study encourage "school leaders to offer more in-service or teacher training, find ways to accelerate or simplify the RtI/TST process, and provide full-time RtI facilitators and effective interventions" (Rhodes, 2014, p. 58).

Further, Coonce (2015) conducted a qualitative case study on elementary teachers' perceptions of RtI effect classroom instruction based on Gagne's instructional theory and Burner's theory of constructivism. The result from the study indicated that teachers demonstrated a minimum understanding of RtI aspects, which resulted in teachers' negative attitudes toward RtI (Coonce, 2015).

Few qualitative and quantitative studies have examined or explored general education teacher perceptions to RtI model. Cowan and Maxwell (2015) conducted a qualitative study to explore elementary general education teachers' perception of RtI program implementation. Participants demonstrated inability in understanding the RtI process in tiers and evidence-based interventions, learning about RtI paperwork that is not consistent, feeling overwhelmed and stressed out about the RtI implementation. Participants demonstrated positive attitude toward RtI in tracking students' progress, so they were able to see the log behind classroom benchmark. The

study suggested school personnel should support teachers and evaluate of fidelity of RtI components.

Another in-depth qualitative interview conducted by Tillery, Varjas, Meyers, and Collins (2010) indicated that most elementary general education teachers did not demonstrate comprehensive knowledge of RtI components, struggled to demonstrate a clear understanding of the real purpose RtI, and viewed it simply as an additional block to referral for special education evaluation.

Castro-Villarreal et al. (2014) conducted qualitative study using computer-based text search program to explore teachers' (who were directly involved in RtI) perceptions. The majority of teachers demonstrated poor knowledge of RtI, lacked adequate training in evidence-base intervention, had confusion about the procedures of implementing RtI tiers, and lacked time and resources to implement RtI. They also complained about RtI paperwork that is lengthy and duplicate. Another survey study was conducted to examine elementary teachers' knowledge of the implementation of RtI model in reading (Spear-swerling & Chesman, 2012). The study results revealed that most teachers were not familiar with research-based instruction approach and intervention. However, teachers who had an effective PD were likely to know more about certain interventions. The study suggested that professional development is a critical factor that enables teachers to effectively implement RtI.

Greenfield, Rinaldi, Proctor, and Cardarell (2010) conducted a qualitative study exploring teachers' views after one year of RtI implementation. The majority of teachers indicted that RtI is a valuable program because it provides them with the data needed to inform their decision and students' progress in order to measure the efficiency of intervention. Teachers suggested that they need more time to analyze and interpret the data and intervention.

Researchers who have examined teacher perceptions of educational research are Hargreaves (2005) and LaRocco & Murdica, (2009). Hargreaves indicated the factors that affect teacher's perceptions of education change because of age, personal development, and career stage (2005). Finding their perceptions is significant on knowing their challenges and their positive experiences on RtI reform, which contributes to supports teachers in RtI reform (Darling-Hammond, 2009). LaRocco & Murdica (2009) found that teachers' concerns related to RtI focused on individual learning reducing anxiety. Thus, my study will focus particular in general education knowledge and implementation of RtI and determine what social and contextual activities they engage in that inform their perceptions and practices of RtI.

Summary

In this chapter, I addressed the historical context of RtI from the IDEIA and NCLB perspectives. I also demonstrated the urgent need to implement an alternative tool such as RtI instead of only using IQ- achievement test. RtI provides students with intervention and assess them frequently to ensure that all students receive support before referral to LD identification. RtI models and tiers were addressed. The reviewed literature indicated that RtI Tier 2 intervention/instruction does not provide clear provisions in terms of how to make decisions about nonresponsive students to Tier 2 intervention/instruction, and when to refer them to Tier 3 intervention/instruction. The majority of literature addressed general education teachers' role in RtI implementation were identified in terms of screening, selecting research – based intervention/instruction, and monitoring students' progress to inform decision-making. Varieties of PD for teachers were synthesized to show the impact of these activities that informed teachers' knowledge and practices. There is a need for further research related to PD and

teachers' practices and knowledge. Teachers' perceptions of the concerns related to RtI implementation includes: (1) lack of time to construct instruction, (2) lack of support from schools, and (3) the lack of knowledge about evidence-based practices (EBPs) related to their content areas. The reviewed of the literature indicated that there is a need for further research related to general educators' perceptions and implementation of RtI. Therefore, this study aimed to explore general educators' perceptions of RtI based on situative learning theory, this study aimed to fill this gap. In the method section, I provide a rationale for using interviews as a qualitative research design by identifying research paradigms, participants, setting school context, data collection, trustworthiness, reflexivity, data analysis, ethical consideration.

CHAPTER THREE:

METHOD

In the previous chapter, I synthesized the literature on the concept of RtI and the teachers'

implementation of RtI components. I also included literature that emphasized how teachers

develop understanding through professional development. I mentioned the pervious qualitative

and quantitative studies that addressed teachers' perceptions of RtI. In this chapter, I present the

research paradigm and design that direct my study. I explain how trustworthiness and credibility

is addressed in this study. I also explain the ethical considerations involved in this study.

Research Paradigms

The qualitative research approach provides insight into the experiences of participants, as

well as the contexts affecting both individuals and phenomenon (Merriam, 1998; Patton, 2002; &

Strauss & Corbin, 1998). The purpose of this study was to determine what factors inform

elementary school teachers' perceptions and interpretations of the RtI process and how these

perceptions affect the implementation of RtI. An interpretivist epistemological stance guided the

design and conduct of this study. My research questions were:

1- What is general educators' knowledge of Response to Intervention (RtI)?

2- How do general educators describe their experiences of RtI implementation in tiers

intervention/instruction in their school?

3- What are general educators' suggestions for the implementation of RtI in their school?

The interpretivist philosophy indicates that individual acts holds meaning, individual

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reality is subjective, and the social reality of individual can be objectively captured (Schwandt, 2000). According to the interpretivist perspective, "the researcher has held to the belief in a real subject or real individual who is present in the world, and in some way be able to report on

his or her experiences" (Denzin & Lincoln, 2013, p. 24). Thus, the interpretivist research approach aims to capture and determine the events, feelings, and perceptions of the subject (Denzin, 1992; 2001).

The individual in interpretive research provides reports of reality, so researchers can understand not only the phenomenon, but also the social and contextual factors surrounding the phenomenon (Denzin, 2001). So, my role as researcher was to make sense of the reality that is constructed by the subject (Crotty, 2003). According to Litchman (2013), there is no single reality that exists independent of the researcher. Thus, my position as researcher was to find how these realities are constructed. For my study, teachers' perceptions considered as a truth because of the reality that reflects their experiences. The interpretive perspective allowed me to explore how general education teachers understood RtI, and analyzed their interpretations based on social experiences (Denzin, 2001).

Research Design

Qualitative research was utilized in social science studies to explore human behavior, thoughts, emotions, and experiences (Brinkman & Kvale 2015). I used a qualitative interview approach to examine teachers' perceptions of RtI implementation, and analyzed the reality constructed by participants. Interviews provide interviewees with the context to express their reality. An interview methodology is recommended to understand how individuals construct meaning of reality and the various social experiences (Punch, 2009). Interviews can be a vital tool because researchers can gather in-depth qualitative data from teachers regarding their

perspectives on their knowledge and skills (Castillo, March, Stockslager, & Hines, 2016). Thus, an interview research design was aligned with my research questions to understand general educators' perceptions of RtI.

My interview orientation was based on a romantic view. A romantic interview perspective aims to develop an honest interaction between the interviewee and interviewer (Alvesson, 2003; Roluston, 2010). The purpose of utilizing romantic orientation in the interviews is to make participants comfortable, so they can express their thoughts, feelings, and experiences clearly (Miller & Glassner, 1997). This type of approach enables researchers to eliminate their opinion and judgment in interview process in order to allow interviewees to express their thoughts openly (Fontana & Frey, 1994). Utilizing the romantic approach into interviews "makes the interview more honest, morally sound, and reliable, because it treats the respondent as an equal, allows him or her to express personal feelings, and therefore presents a more realistic picture that can be uncovered using traditional interview methods" (Fontana & Frey, 1994, p. 371).

In keeping with tenets of the romantic approach to interviewing (Fontana & Frey, 1994), I spent the first five minutes of each interview to talking with teachers about their day at school in effort to reduce the stress. Taking care of my participants and treating them with full respect allowed me to feel comfortable to ask related questions and enabled them to engage and to answer all my interview questions.

Participants

In qualitative research, sampling relies on small numbers because the focus is to get in-depth details of individuals' experiences (Miles & Huberman 1994; Patton 1990). Carey (1995)

points that the quality in qualitative research depends on the richness of data description and not the number of participants.

In order to decide how many participants to choose, I referred to Marshall (1996), who indicated that selecting a sample size depends on the research questions. He illustrated that when research questions are specific and narrow, a small sample size is adequate (Marshall, 1996). In the current situation, four early childhood general education teachers volunteered to participate in my study. Teachers were familiar with RtI, so there is no need for large sample size. In my pilot study, I interviewed two teachers who were familiar with RtI, and their responses adequately answered the research questions.

In order to recruit participants, a recruitment email was sent to school principal as well as teachers to introduce the purpose of my study, study criteria, and my contact information (see Appendix C). This email also included IRB documentation such as the study letter approval (see Appendix D). Volunteer teachers responded to my email, and they identified the date, time, and place for each interview. Each teacher reviewed the informed consent form (see Appendix E) and signed it. I spent one month completing my entire interviews with four classroom teachers. Each teacher received a 25$ gift card as appreciation for their participation.

The teachers were from one elementary school in a large metropolitan school district in Southeastern United States. These teachers were early childhood general educators who have been implementing RtI between two to three years in their current school. Below is the description of participants. I had three teachers from first grade and one teacher from second grade. All teachers were female, three of them were White and one was Black.

Abby was the first participant interviewed. She was a White female teacher. She has an undergraduate certificate in elementary education and took special education course to get her

certificate. She was a first-grade teacher and had a total of eight years teaching experience. She taught one year in kindergarten and six years in first grade in a different state. She had three years experience of first grade RtI implementation in the current school.

Elisa was the second participant interviewed. She was a Black female teacher. She has an undergraduate certificate in elementary education and did not take any special education courses during her undergraduate. She had a total of four years of teaching experience and first grade RtI implementation in this current school.

Crista was the third participant interviewed. She was a White female teacher and had her undergraduate certificate in elementary education. She took foundation courses and completed her internship in an ESE classroom. She was a second-grade teacher and had a total of four years teaching in this current school. She had four years teaching in first grade and one year in second grade. She had a total of five years in RtI implementation in this current school.

Emily was the fourth participant interviewed. She was a White female teacher with an undergraduate certificate in elementary education. She was a first-grade teacher. She had a total of four years teaching experiences. She had two years experience teaching in kindergarten in a different school. She had two years of first grade RtI implementation in the current school.

So, the school context was similar for each teacher because they had access to the same resources and training for RtI. Conducting this study with teachers who are working in the same school context is more likely yield emerging themes due to the shared environment (Patton, 2002).

School Context

Participants are working in Southwest Florida elementary school located in large metropolitan city.

Table 1. Ethnic enrollment by school, school year 2017-2018

Asian	Black	Hispanic	Indian	Multi	White	Total
3 0.94%	486 79.20%	76 12.36%	1 0.16%	24 3.90%	25 4.07%	615 100%

Data Collection

I used semi-structured interviews, which involved ongoing conversations with the participants about their understanding and experiences with RtI. The open-ended interview design allowed me to ask for further clarification, examples, and explanations of certain topics at any time throughout the interview (Tillery et al., 2010; Turner, 2010). Semi-structured interviews were helpful for my study because I intend to understand the participants' perceptions related to the school context, which might need more questions than were initially prepared.

I followed the interview craftsmanship presented by Brinkman and Kvale (2015). In their interview plan, they first emphasize the researcher's ability to demonstrate comprehensive knowledge on the interview topic. Second, the interviewer introduces the procedure for the interviewee by explaining the purpose of interview, length of interview, and informs the interviewee to ask questions concerning the situations. Third, they emphasize the precision of interview questions. Interview questions should be short and easy to understand by participants. Fourth, the interviewer should be actively listening and letting the interviewee respond and elaborate completely for each question. Fifth, the interviewer should be sensitive to the topic,

which means that the researcher should pay attention to any emotional connotation behind their responses and try to determine the reason behind that response. Sixth, the interviewer must be able to control the interview in order to produce specific information, which means that when participants go off topic, the interviewer can remind the participant about the purpose of study and focus on the topic. Seventh, the interviewer should be critical to participants' response, which means that the researcher should ask further questions to see if participants respond similarly to the same question. These questions are critical to establish reliability and validity of the participants' perceptions. Eight, the interviewer should remember previous statements from participants and ask them to clarify and elaborate their thoughts. Lastly, the interviewer should interpret the meaning of participants' answers, and ask participants what they mean. Therefore, I used open-ended questions such as the following (see Appendix A for interview protocol):

- From your perspective, what is Response to Intervention (RtI)?

- From you experiences in RtI implementation, can you describe Tier 1 and your role in Tier 1?

- Based on your experiences as teacher implementing RtI, how have your experience informed your understanding of RtI?

In this process, my aim was to understand their perceptions, and I asked follow - up questions to clarify their meaning, and I restated their statement to ensure that I understood them correctly. I found this process allowed me the opportunity to ensure what I understood was aligned with their meaning. Asking follow-up questions and rephrasing their statement to ensure the reliability of their response would establish validity of the interview content (Brinkman & Kvale, 2015).

Initially, the interview protocol was pilot tested with two teachers who had similar interests as those who participated in the actual study to ensure the reliability of the interview

questions to accurately answer the research questions. After the pilot interview, I modified my interview protocol to better align with my research questions. I followed an example provided by Brinkman and Kvale (2015) to write my interview questions in a way that aligns with each of my research questions. This process established the reliability of my interview protocol.

My interview protocol was a set of more than twenty questions. Multiple open-ended interview questions aligned with each research question, and the semi-structured nature of the interview allowed more questions to be asked for clarification and elaboration. Based on my pilot study, I estimated that each interview would range from 20 to 30 minutes per teacher if needed. However, I found that each interview was 20 minutes, and three interviews ranged 60 minutes.

Moreover, the literature on the number of interviews per participant needed in qualitative research is not standard. There are a variety of recommendations for establishing the number of interviews needed per participant (Creswell, 1998; Kuzel, 1992). Creswell (1998) suggested twelve interviews for phenomenology research. Kuzel (1992) suggested six to eight interviews are recommended for a homogenous population. However, these recommendations did not provide adequate evidence to support these numbers (Guest, Bunce, & Johnson, 2006). So, as a qualitative researcher, my goal was to collect an adequate amount of data in order to answer my research questions.

I interviewed each participant three times, since the quality of interview is determined by the acquisition of information that is produced by each interview. The sum of my interviews was twelve, which is appropriate for a homogenous group of teachers (Kuzel, 1992). Furthermore, twelve interviews are considered a reasonable number in examining general education perceptions of RtI (Bryman, 2006).

After the Institutional Review Board (IRB) approved my study (Pro00030948), participants were asked via email and were given brief information about the purpose of the study, study criteria and the study procedures. Each teacher had chance to review the IRB documentation including some of my interview questions. In the interview stage, I introduced myself, the purpose of study, the importance of their input, numbers of interviews and I acknowledged them that they have the right to withdraw or stop at any time during the interview. I reviewed the entire process to them, and I also obtained their signature in the informed consent.

The interviews were conducted face-to-face and audio-recorded in a setting convenient for the participants. Interviewees were asked about the following aspects: (1) their knowledge of RtI, (2) their experiences with RtI tiers implementation, and (3) their suggestions to improve the implementation of RtI in their schools. In this investigation, I asked teachers to talk about the social and contextual factors that they engaged in that shaped their knowledge and perceptions of RtI.

The first part of the interview questions was designed to answer the first research question. Teachers were asked to talk about themselves as teacher; number of experiences related to RtI in their career and particular school, and to identify any courses or training they had related to RtI. Then, they were asked directly to answer my research questions about what is RtI term, purpose of RtI, and lastly the major components of RtI.

The second part of the interview questions was meant to answer the second research question. Teachers were asked to describe their knowledge of RtI Tiers 1 to 3 intervention/instructions and their roles in each tier level. They also were asked to identify the number of students who are receiving tiers interventions/instructions, and the process of knowing the students' needs. Then, they were asked to explain the types of interventions, assessments

they used, amount of support they received from school, and the factors that helped them implement the RtI process. Further, the were teachers asked to reflect on how to determine non-responsive students to Tier 2 and 3 intervention/instruction, how to identify students who were suspected of having disabilities in the context of RtI, and lastly, their opinions about the impact of RtI tiers in their school. These teachers identified people who are involved in the RtI process, identified the collaboration patterns with them, the kinds of discourse and school meetings, professional development related to RtI and the impact of these involvement and activities in informing their practices. They were asked to reflect on the challenges and positive experiences or attitude during RtI implementation in their school.

The last section of the interview questions was designed to answer the third research question, which asked teachers about their suggestions to improve RtI in their school, rationale for their suggestions, and kinds of support they would need to improve their implementation of RtI. These interview questions were divided and asked through three interviews for each participant.

Data Analysis

The interviews were recorded via a mobile device with participants' permission and saved to a special file on my laptop. I transcribed the interviews verbatim and within a week in Microsoft Word. In this study, pseudonyms were used rather than participants' and school's name.

In order to analyze data, literature suggests to start interpreting the data early through the interview process (Erlandson, Harris, Skipper, & Allen, 1993; Brinkman & Kvale, 2015). As mentioned early in this chapter, I followed Brinkman and Kvale (2015) craftsmanship interview. In order to follow this plan, I paid attention to the meanings described by interviewees. The

interviewees were asked to reflect on their pervious statement, thus confirming or disconfirming it. Agreeing with statements retold by the interviewer counted as participant validation as well. Also, I used my interpretation of participants' statement and asked them to explain more to elaborate on their original thoughts (Brinkman & Kvale, 2015). This kind of mental processing engaged me early in identifying pattern of participants' responses.

Thematic analysis was used to analyze the interviews. Thematic analysis aims to present the meaning and experience that address the reality of each individual (Braun & Clark, 2006). Coding based on the meaning /thought and was analyzed using inductive approach to identify emerging themes (Krathwohl, 1998). Inductive analysis is defined as codes that emerge from raw data (Strauss & Corbin, 1990). Inductive codes have been used in qualitative research for a long time (Strauss & Corbin, 1990). The purpose of inductive codes is to enable researchers to understand the underlying meaning of data through the categorizing the data into themes (Thomas, 2003). In order to do the thematic analysis, I followed Braun and Clarks' suggestions (2006). In the beginning, they suggest familiarization with the interview data, which is achieved by several readings after transcription, with note taking of main ideas that emerge from the raw data (2006). Then, I read it several times and summarized in an attempt to find the main points related to my study. After that, I coded the entire interview transcript that led to identify patterns in the data. I developed a codebook and the extract data. Braun and his colleague pointed out to begin identifying the main themes and sub-themes (2006). They recommend the use of a visual method such as a thematic map, which allows the researcher to draw links between themes and sub-themes and to dismiss any overlap between themes and sub-themes (2006). The themes in this study were identified based on their prevalence and in relation to the research questions (Braun & Clark, 2006). However, there is no single way to measure the prevalence in qualitative

research (Braun & Clark, 2006). As the researcher, I identified themes and sub-themes that were repeated from half of participants and that were related to answer my research questions. After identifying themes, I named each theme and looked to the data to capture the important aspects that supported the essence of each theme (Braun & Clark, 2006).

Situativity theory describes how teachers' social experiences in various contexts impacted their knowledge and thinking of RtI implementation in their school. The themes that emerged from the study provided insight to the social and contextual factors that shaped teachers' perceptions of RtI implementation in their school. For instance, when teachers received RtI as challenge, there was a contextual factor that informed their perceptions. For example, a large number of students receiving Tier 2 and 3 services in their school caused teachers to feel the stress of planning and implementing intervention. So, the situative theory empowered me to make the connection between teachers' perceptions of RtI and social and contextual factors that informed their implementation of RtI. For instance, teachers' knowledge and perceptions of RtI could be analyzed and related to the social and contextual factors that informed their responses. The social and contextual factors that involved interaction with students in the classroom during the RtI block, engaging in the school community, and participating in social activities designed to enhance teachers' knowledge of RtI shaped teachers' perspectives. RtI is a new model for general education teachers and is implemented with wide level of school support to equip teachers with tools and resource in order to enhance students' performance.

In writing up my findings, I addressed the research questions and the essence of each theme and sub-theme that aligned with situative theory. I used quotes from participants, which is recommending for thematic analysis. This provided insight to the analysis (Braun & Clark, 2006). Pseudonyms were used instead of participants' real names.

Trustworthiness and Credibility of the Study

As mentioned earlier in this chapter, I established validity and credibility of the interviewee through my follow up questions within each interview based on Brinkman and Kvale Craftsmanship interview (2015).

Trustworthiness is a critical part in qualitative research. In my research, I established trustworthiness through purposeful sampling and member checking. Purposeful sampling was used to ensure that the information presented in this study was from individuals who implement RtI in the same elementary school.

Credibility was determined by member checking. Park and Lee, (2010) state that member checking enhances the validity of the research findings. Each participant had the transcript of each interview to review and revise. They also had the opportunity to correct any mistakes. So, after each individual interview, I transcribed it and sent it directly via email to teachers.

Peer debriefing was considered to ensure the credibility of the study. Two doctoral students who demonstrated knowledge in the field as well as in qualitative research completed this process. My peers reviewed emerging themes and sub-themes and assured that the themes were clear to understand. Feedback were considered, which also enhanced the credibility and ensured the validity of the study.

Also, as aforementioned, reliability was addressed when I piloted my interview protocol with two teachers who have implemented RtI.

Ethical Consideration

Considering respect and confidentiality for the participants of the study is a critical element of qualitative research. Brinkman and Kvale (2015) point to three aspects for ethical consideration: informed consent, confidentiality, and consequences. This study was approved by

USF Institution Review Board (IRB) (IRB#: Pro000330948). The approval application included informed consent form and the semi-structured interview. The IRB staff looked the study purpose, research design, study criteria and recruitment method. I followed the IRB protocol to conduct this study. Additionally, all willing participants signed a form of consent to participate in the study. The study had no foreseeable risk of harm; however, participants were able to withdraw from the study at any time. The process of the study was clearly defined before participants give consent to participate. The researcher informed the participants of the efforts taken to ensure their confidentiality throughout the study, such as replacing their names with a pseudonym. Further, the information obtained from the participant, such as interview transcript, was revealed only to researcher. Participants were able to review their interview transcript for accuracy and ensure the validity.

Participants may also have benefitted from their participation in the interviews. Campbell, Adams, Wasco, Ahrens, and Self (2010), indicate that participants demonstrate 85% of positive feeling through sharing their experiences in interviews. Several values of participation in interviews addressing are sharing experience to another, self-reflection, self-awareness and being listened to (Wolgemuth et al., 2015; Opsal, et al., 2016). "For some participants, the space to reflect brought a sense of self-appreciation and resolution" (Wolgemuth et al., 2015, p. 11). These positive attitudes from interviews encouraged the researcher to obtain further information from participants. Thus, interviews may become a safe place for participants to share and reflect on their experiences when they value the opportunity to be interviewed (Wolgemuth et al., 2015).

CHAPTER FOUR:

FINDINGS

The purpose of this qualitative interview study was to explore elementary general education teachers' perceptions of RtI in their school through the lens of situativity theory. The school principal and teachers received an email explaining the purpose of my study, the study's criteria, and attached informed consent form.

Four classroom teachers agreed to participate in this study. Three teachers teach first grade, and one teacher teaches second grade. These teachers implemented RtI in the same Title 1 school. All Students in this school receive 90 minutes per week of computer - based program (IReady) as intervention because they are English Language Learners (ELL). Most of the students in this school classified to receive Tier 2 services in reading based on IReady scores. Students in this school lack vocabulary skills because of factors such as lack of access to early education and low socioeconomic status. One teacher, in an attempt to describe the students of this school, reported (*I think it's because they don't have a lot of experience in the world. They don't go anywhere. They don't travel. Their parents don't talk to them. When they see things, they don't know what that is. When I was in kindergarten, we took a field trip to Lowry Park Zoo, and my kids were like five, and they were seeing the animals and they said, "Are those real? These parents where we are, they don't really have those resources, like they don't go to the doctor when they're pregnant, they don't get ... so you take vitamins. They don't do all those things Emily).*

The analysis of the data began with addressing each research question, identifying themes, and analyzing each theme and subtheme. Findings are discussed according to each research question. Quotes are included that support the essence of each theme connected to the research questions.

Research Question 1: Teachers' knowledge of Response to Intervention (RtI)

The aim of the first research question was to explore teachers' knowledge of RtI in terms of purpose, RtI models, and major components of RtI implementation. The analysis of teachers' knowledge of RtI yielded the following theme:

1- RtI is meant to identify students' problems

RtI is meant to identify students' problems. Three of the teachers agreed that RtI is meant to identify students' problems whether in academic areas such as Reading, Math and Science or related to behavior. Teachers described looking to their students' data to identify their tier level and using school resources such as IReady and the Daily Five-Card strategy to implement interventions in an attempt to meet the needs of students. Teachers also said that student progress was tracked to determine if students were benefiting from the intervention.

It's when you notice that a student isn't making enough progress, so you put interventions in place to see if they're working (Crista)

you have RtI for behavior and you have it for the subject area Reading, Math… for reading as for subject based its to help assist and find other ways in order to help that student to grow (Elisa)

When I think of response to intervention, RtI, I think of identifying a student where they struggle, whether it be Reading, Math, behavior. It could be attendance. Whatever it is that they

need to work on, and identifying the problem and then finding those steps to what are you going to do to intervene, and then you also have to track it over time what you're doing and how that is influencing the student (Emily)

However, when students did not show progress, they became eligible for special

education evaluation. So, all participants pointed out that the RtI process, especially

documentation, such as progress monitoring used for special education eligibility process, is used

to help students get further support through identification for special education services.

For the kids that need to be staff or further helped. Those kids are below level that need more one-on-one or need an extra person in the classroom. This helps push that process to get them tested. ..., to get them to move forward to get them if they need to be tested for special education or if they need to be tested for different health issues, different things that they maybe need to be tested for (Abby)

Some student might need another branch, or another way being taught or extra materials that they need in that aspect (Elisa)

To give students what they need right then, and then see in the long run if they need additional services. If they need to be in an ESE classroom or have an ESE teacher and what accommodations they need, if they need more time, if they need small groups and where their deficiencies are (Crista).

Identifying the problem in order to get students the help they need. It's not something that can be fixed easily, you know (Emily)

Thus, teachers' responses to the purpose of RtI manifested toward identifying students'

problems and finding ways to help them meet their goals whether to receive tiered intervention

in the general classroom or through special education services.

Research Question 2: Teachers' Experiences of RtI implementation in Tiers Intervention/Instruction in Their School

The aim of the second research question was to explore teachers' experiences of RtI implementation in selecting evidence-based interventions, conducting assessment, and finding interventions for students who required Tier 2 and 3 services and making decisions regarding students' achievement, and tier level. Also, this question pertains to teachers' involvement in the social and contextual activities inside or outside the school setting that informed and developed their thinking and implementation of RtI.

Positive Perceptions. Several themes emerged that related to the teachers' positive perceptions of their experiences with RtI:

1- Students whom demonstrate progress through RtI

2- Students who receive special education services

3- Progress monitoring helps to keep teachers on track

Students who demonstrate progress through RtI. Three teachers expressed positive attitudes when student show progress after receiving the intervention. Crista stated that the growth of students had a significant impact on her because she was able to identify the students' needs, and thus help her students. Also, students were able to respond to intervention provided.

> *Goodness. I love the feeling of getting a child out of the process because they are doing great, because I figured out what they needed. That's a really good feeling when a student's been struggling for years before they came to me and then I get them, and something just clicks. (Crista)*

Other teachers expressed the same attitude when they looked to students' data from EasyCBM that showed their students made progress. Teachers' biweekly assessment showed

them about their students' progress, when students showed growth and met the goals it made the

teachers feel good.

I think when you look at the data you see their growth. That makes you super happy because like I said previously, you have your goals set. By the end of November you should be able to read all of your letters and letter sounds and knowing your letter sounds. And then you test them every other week. And then by the end of that month they're actually able to do it, that's a really good feeling. That's really exciting because you have your documentation and it's not like you're doing it and then not being able to see the proof on paper (Elisa)

Yeah, for sure, when you see they didn't know this and now they do, and you kind of see that spark go off in them. Like the girl I keep telling you about, when she came in the beginning of first grade, she didn't know how to point to words, so there would be like five ... It would say "the cat is sleeping," and she would be like the cat is sleeping and jumping on the ... and I'm like, it doesn't say that. And now she knows, okay, this is one word, and I can only say one word, so there's one word on that paper. She's learning, and at the same time, I'm always so happy when I see she's actually pointing and reading and not just making up things (Emily)

When interventions had a positive impact on students, RtI became an accepted process to

teachers because they could see the outcome of their work with students. So, the positive

outcome of students may lead teachers to trust the RtI process.

But as time went on, seeing the process of it all and actually seeing it help, I was like okay. Then last year I got, I was awarded, a gold star for RtI (Elisa)

Students who receive special education services. Three teachers felt good when

students received special education service after RtI was provided. They felt that RtI was the

kind of process to provide evidence that students could not show progress and Special education

would help to meet student's needs. In the RtI process at this school, decisions about whether a

student may be suspected of having a disability was determined only after student received Tier

3 services and the documentation of student progress was done.

It's also a good feeling when a student does get the ESE label that they've needed because of the RtI process, because I proved I did this intervention with this child and he's not growing and he needs help. He got the label and he got the help and now he's in fifth grade and you

know, he's getting the help he needs…. it feels good when a student gets the special ed label 'cause they needed it (Crista)

I just feel like some of my students, it's really helped them. Like I said, last year I would say one of my little boys, they put him in the program finally and he's starting to improve now because he's getting that one-on-one time, so it is a positive. This whole process is a positive at the end of the day because it's helping this student (Abby)

One teacher felt that she liked when students were identified to receive special education service because they could get adequate help based on their need. However, she did not like to track students for long periods of time to prove that student may have disability where the disability was obvious.

I think it is, yeah. I think it helps get students identified, for special education, but I also think ... I don't like that I have to track so many of my students (Emily)

Progress monitoring helps to keep teachers on track. Two teachers appreciated the assessment piece in the RtI process. One teacher felt that the assessment tool such as EasyCBM was easy to use, time efficient and the results were easy to understand. This assessment helped her to recognize students' needs and know what students were missing words for minute. Also, she liked the IReady, computer-based program because it was very detailed, and it identified students' tiers level, and provided choice of intervention for teacher to use. The IReady diagnostic split students into groups based on the similarity of students' needs. Crista commented that this kind of assessment was helpful because it directed her to RtI implementation.

So, I like the assessments we have at our school specifically. I don't know about other schools. Our school it's the how many words a minute. So it's quick, it's really easy to recognize when a student is missing the same word every time. You know, it's manageable. It's not some overwhelming task. And IReady, I think it because it's very detailed. It tells me exactly what the students need. So, I like our assessments because it helps me plan my lessons (Crista)

Another teacher, Abby, felt that the progress monitoring was helpful for her to continue to implement intervention and conduct assessments biweekly and complete the problem-solving form for each student. It helped her to continue the intervention and use the assessment to determine that she was doing what she was supposed to do in RtI to meet students' needs.

> *So I feel like this process is a positive. I have many students that I put through this. That's why I start my students in it because I feel it helps them. It does help them. I feel like it keeps me on track along with keeping me accountable to make sure that I'm doing the things I need to do for them (Abby)*

Social and Contextual Factors. Teachers also commented on the social and contextual factors that informed their knowledge of the implementation of RtI in their school. The main themes related to this are the following:

1- School training

2- Confidence of RtI practice

3- Collaboration from school personnel

School training. All teachers felt that the training provided by the school was helpful for them to start RtI implementation because they did not know the starting point for RtI process. Those teachers received training on the Daily Five Card strategy that involved 9 reading strategies: look; look at the word; mouth ready; change the sound; chunk words; read; make sense; sound right; and look right. These different strategies are used across the elementary grade level and are used to address students' needs related to reading. Also, teachers received training on IReady, specifically, how to use the information provided, planning instruction for groups and interpreting students' data. The training seemed to have reduced the teachers' stress since they did not have prior knowledge of how to implement RtI.

Yes. I received help in guided reading, which is the Daily Five. I've received trainings in IReady, and they've given information at meetings about RtI, now you know, but, that was five years ago, so, when I first started I didn't know, now I know, and they've given training since then (Crista)

It is helpful. It is. Because then you're able to see where your kids are. Instead of killing yourself trying to figure out what else? I mean you're still going to kill yourself trying to figure out what else. But you have a starting point. Without that starting point you'll be out there (Elisa)

I think it helps to show what I need to do to be tracking the assessments, and then it also helped me identify how to choose the tier two and tier three students, looking at the data, looking at that and then putting it into the groups (Emily)

Yeah, because I've done a couple of IReady trainings, so I know how to really interpret their data that they give us. I went there and took it and got all the information about how it works, how to get the reports, how to do everything. It was helpful to be able to interpret the data in the reports that they give us. Oh yeah. It helped me a lot, especially when I first moved here because it's a whole different world. (Abby)

Confidence of RtI practice. All teachers agreed that ongoing practice with the implementation of RtI helped to develop their knowledge of the RtI process and its implementation. Teachers felt confident and comfortable after doing RtI for multiple years. For instance, one teacher pointed out that RtI packet for students in Tier 3 took her a lot of time to finish. However, the practice helped her to do it quicker than before, this indicates that teachers became more familiar and knew exactly what to do to complete the RtI packet. When teachers first began, they were unsure of what to do. However, with ongoing practice in RtI implementation with students in the classroom helped them to better identify students' needs and use strategies to help them to grow.

Oh year. My first year, I was not comfortable at this at all. I was like, "What am I doing? I don't understand this. I don't know what this is. It's foreign to me." Now, I'm like, "Okay, I know how to do it. It moves quick. It's like no time at all." This used to take me to do a couple of packets. Now I can get it done quick because I'm comfortable with it. I know what it is. I know what it means and I'm better at realizing how to get to know my students quicker too (Abby)

Oh, yeah. I would say my first year teaching I had no idea what I was doing, at all. It was a learning process, so I might go to an RtI meeting and they're like, oh, well, you don't have this paperwork, or you didn't do this, so it took time for me to get to where I am now, where I know exactly what I need to do. Yeah, I think it gives you more confidence, and you know the process more easily (Emily)

It's like the more I do it, the better I am at it and the more comfortable I am at it. Identifying which students need to be where because I've been around it enough. In this school, we have a lot of below-level students as it is. This school is very, the population and everything. It's just what we deal with, so I'm pretty good at being able to be like, "Okay, we need to really look at this child and see what needs to go on." I just feel like with the experience, it's helped (Abby).

Of course. Now that I've been doing it and I've got the experience I feel more comfortable and recognizing when a student needs help, providing the interventions and going to meetings with my team (Crista).

Yeah, it becomes easier. It does, it becomes easier to me as far as doing it on a continual basis, because then it's practice to knowing, and seeing what you might ... Because you reflect on it. You're like, "Well, I did this with my group, and I gave them this assessment. What could I have done a little better to help them?" Or, "This was the best that ... This was exactly what they needed." So perfect, the next time I have them, I'll add on to it and give them this piece in order to have them improve (Elisa)

Collaboration from school personnel. All teachers stated that they received support from RtI leaders such as school psychologist who was responsible for managing RtI in this school. Two teachers expressed that they asked RtI leaders to help them to better meet students' needs in term of selecting intervention, using students' data to identify their problem. Further, when one teacher struggled and couldn't help students, she asked RtI leader to come to class to observe students and find ways to help her meet the students' needs.

We have a really good school psychiatrist that worked with me to help me. But it took me a long time to figure out the process because I didn't know what RtI was... Yeah, they'll give me, she will give me strategies. She'll give me advice, experience that she's had. She might even come in and observe the student and you know, kind of see what they need and help me that way (Crista)

We collaborate a lot. I can go to my psychologist, like today, I stopped in her office to ask about a student that I just received and I'm like, "What's going on?" She's quick to just fill me in and let me know, so it's very easy. Everyone here is very collaborative. We work together very well. It's very much collaboration. Now, I have one child I'm stuck with. I'm like, "I don't know what to do." They'll come in and help me and provide me with ideas to help him move (Abby)

We have our school psychologist. She pretty much facilitates everything. She has the meetings. She organizes everything for you. She'll give you your kids from the previous year when you get a new class, like these are the students that they were doing RtI last year, so you kind of know, okay, I just need to keep doing the intervention and tracking it, or I need to set up, so they can get identified as ... I forget what they call it, CST (Emily)

In addition, another teacher asked for RtI leader support when she had a new student and had academic or behavior problem and did not know where to start to help them. The RtI leader was kind to recognize needs of teachers when they aren't sure what to do.

If I have student that has never had any RtI, like anything done, and they have both behavior and academic that needs to be addressed, and I don't know where to start, that's when I would ask them for their help. Because I'll have their data from kindergarten, but I don't know where I should go with it. So I'd ask them, "Well, they don't have any paperwork. I don't know where to go (Elisa)

Evident in the dialogue was the fact that teachers asked the RtI leader when they were assigned students and did not know where to go to meet students' need. So, the RtI leader was very supportive for teachers and managed the RtI processes to better meet the needs of students.

In addition to the support from RtI leader, three teachers appreciated the discussion with other teachers through the meetings that helped develop their understanding of their students. These ongoing discussions addressed students' problems, different strategies teachers used, and helped them to think of different ways to help the students. Those teachers could exchange ideas on how to help their students when they talked with each other. Teachers' support and collaboration would inform teachers' knowledge of strategies that may help develop their practice of RtI to better help students succeed.

It's to see where we're at, because sometimes I may struggle with teaching times. I'm like, "What am I doing? Why are your kids really good at it and my kids aren't? How are you teaching it? What do I need to do?" We talk about everything, writing, reading, all of that. About how do you teach it. Are your students getting it? Maybe mine are and yours aren't, so maybe my strategy might work for your students and we kind of discuss different ways to teach them (Abby)

Talk about their struggles. We talk about our students. Outside of lesson plan we talk about their struggles. We talk about their behaviors. We talk about what we're implementing in our rooms. Well, I see this is working with this student. Maybe if you try it, this will possibly help (Elisa)

Well, I have been teaching for five years. When I first started, I desperately needed the help from my co-workers to help me understand, especially in this kind of population at this kind of school, there's a lot more RtI students than I've experienced in my internships. I wanted to be able to give them everything they needed. It's really nice when you're at a team meeting and you bring up a student and you say, "I have this student, they're struggling with this, you know. What I should I do?" They help you, maybe they see something that you haven't seen by looking at the data or looking at the student as a whole (Crista)

Teacher Concerns About RtI. It was clear the collaboration between RtI leader and grade level teacher had an impact on teachers in RtI implementation in terms of knowing how to start the RtI process and find ways to better meet students' needs. Further, all teachers expressed some concerns and identified challenges related to RtI implementation in their school. The main themes identified for the analysis are:

1- Planning is difficult

2- RtI is confusing

3- Insufficient time for implementation

4- Excessive RtI paperwork

5- Delay of special education service

Planning is difficult. In this school, there were large numbers of students eligible for RtI tiers services. Also, students' demographic (low economic status and ELL) were possible indicators that students needed immediate and early intervention. All students in this school

received 90 minutes, across three days, of school wide intervention from IReady to increase

vocabulary skills for students.

Table 2. Number of students in each class, and the number of students classified for Tier 2 and Tier 3 instruction/ intervention

Teacher	Tier 2	Tier 3	Total # in Class
Abby 1st grade	7	9	22
Elisa 1st grade	4	5	21
Emily 1st grade	17	5	22
Crista 2nd grade	2	8	20

Abby and Elisa commented on their difficulties related to planning for instruction

because each student demonstrated different needs and required unique instruction that fit his/her

need.

I would say definitely the planning for the groups, which is reality for a teacher. This is what we have to do, but I mean planning for guided groups, it takes a lot of work because for me, I have five different groups and I got to plan for each group because they're all different and they all need something different (Abby)

One teacher felt unsure if she would be able to meet her students' need in terms of

providing the adequate instruction which had impact on student progress when they did not

receive the instruction that met their needs especially students in Tier 3.

A lot of them are below level to where you have to go back to kindergarten and teach them letters and them identifying the sound. So, it's kind of difficult when you have those students and then you have your high ones. They're able to do the work, but you don't want them to get lost and you don't want your little ones to get lost. So, it's like how do you completely meet them in the middle and make sure everyone is getting what they need? As far as this year, I don't know if I'm meeting every student's needs because this is the biggest class that I've had (Elisa)

The subtheme related to the main theme for planning is difficult is time consuming. Two teachers felt that planning is an exhausting process when there were a lot of students requiring intervention. Also, one teacher stated that planning took a lot of time and energy to do it and felt stressed to ensure that students benefit from the intervention.

I'm planning 20-minute lessons for one group, it's five days a week. Planning is very strenuous, but other than that, I wouldn't say that the RtI process is that hard. It takes time. It is time-consuming (Abby)

I have a lot of students who are on it. Doing all the steps, all the paperwork to get them what they need. Takes a lot of time and a lot of energy and it's really hard when I have so many students who require it (Crista)

RtI is confusing. Two teachers expressed a real concern about school resources such as IReady, which counted as the main diagnostic resource for RtI in this school. Teachers expressed concern about the confusion experienced when they used IReady to determine students reading level and the intervention to be used for students. For example, one first grade teacher explained that IReady classified her students as Kindergarten in reading. She was sure that some of her students were reading a higher level for the grade, and not at the kindergarten level. The other teacher expressed the same concern when she knew for sure that her students read at the first-grade level but IReady said they were kindergarten readers.

The assessments that I use, I go by their IReady diagnostic, so it gives them an overall score. These kids are all at test level K. All my kids are in first grade, but this is telling me they're not ready for first grade. They're all level K.I don't think it's all the way reliable, no, because some of these kids, I'm like, "They know that," but some of it, it makes sense to me. Like some of these kids down here, these kids it says emerging K, so that would be like pre-school. It would be like assessing in pre-school. That would make sense for those students. For example: Like this girl, she's on words, so she's reading 51 words-a-minute. I'm like, "She's good. She's met the end-of-the-year goals, so I know she's fine." On IReady, it tells me she's in kindergarten, though. That's why I kind of weigh it out. I'm like, "She can read and she remembers everything. I'm not going to really pay attention to this because maybe she just flew through it and maybe she doesn't do well on computers." I kind of weigh it out, the computer and how she performs with me (Abby)

So, this teacher made the decision to not use this type of assessment and made her own decision about students' levels.

Sometimes ... it's a confusing process, and it's hard when you have someone, maybe they can read ... they have a high reading level, but IReady says they're in Kindergarten, so it's kind of hard to place them when they don't always have the same level across the board. Yeah, because it's a computer program, and the kids, sometimes they don't listen and they just click, so it might say they're at a Kindergarten level, but you can read this really high level book, so it's confusing (Emily)

So, this teacher was still not sure what to choose whether following IReady's results or her own decision about her students. This confusion explained the stress of making decision on students' level. The teacher used the IReady results, which had adverse implications when students did not receive the appropriate intervention. For example, the teacher reported that the IReady did not address the appropriate intervention for certain groups of students. The IReady analysis revealed this group of students needed to learn beginning sounds and the teacher knew that those students knew all the beginning sounds and did not need this type of intervention. Also, it seemed that this teacher continued to use IReady because her school required using IReady.

It's kind of hard because I tend to look at iReady, so it might suggest these different things, and I'll be like, oh, what did I already do with them? Or it might say to do identifying beginning sounds, so they're learning the beginning sound, like B-, like bat, B-, but maybe they already know how to do that, so they don't need to do that, so what can I do that they actually need? So, it's hard, do I go by iReady, or I know what my students need, type of thing, so it's kind of hard. And you hear different things. They really look at iReady (Emily)

These teachers felt that IReady classified students as not being on level when they were sure that students were reading on level. This led to large numbers of students becoming eligible for tiered intervention, which ultimately impacted the effectiveness of RtI implementation in the school. Also, when these teachers chose IReady, they indicated that the intervention strategies did not meet students' needs, leading to students receiving the wrong intervention, which would

not benefit them. Therefore, if RtI implementation did not address the need of students, students kept struggling and RtI became ineffective for those students.

Insufficient time for RtI implementation. The majority of teachers (3 of 4) expressed concern about finding time to provide intervention for all students in Tiers 2 and 3. Teachers decided to provide intervention for students receiving Tier 3 services. However, students in Tier 2 still received IReady intervention program for three days a week for 30 minutes.

Yeah. I have 22, and it's hard to meet with all of them. You really have to prioritize who's the most ... you know like in the hospital, the triage, your arm is cut off and you just have a headache, so you can sit for a little bit and they're going to take the other. It's kind of like that, like who is my most important need right now that they really need help? That's what I try to do. Maybe I don't have time for all of them, but I am for sure going to meet with my tier three kids (Emily)

Another teacher also provided intervention for the most struggling students.

The I-Ready and then I pull them either daily or three times a week or two times a week, just depending. The ones that need it the most first, you know?) Maybe the curriculum's too fast for her and our class size this year, we have 22 of them in here. To me, I think that's a big problem. Because there's so many, I don't get more one-on-one with her. The ones like my kids that don't know their letters, they get it every day because they need me every day. The other ones get it three times a week. That means that are my tier three, tier two still come three times a week. Now, my ones that really don't need me only come two times a week (Abby)

I wish I had more time to provide the interventions, but I have so many students I have to see that are involved in the process, you know (Crista)

In addition, three teachers showed concern for lack of time for progress monitoring. According to the problem-solving form provided by the school, students in Tier 2 and Tier 3 intervention should be assessed biweekly in order to see their progress. However, teachers expressed concerns about finding time to do all the assessments for students within RtI. For instance, one teacher felt that she might do the assessment by the third week.

I have a lot of Tier three students, so I have to rotate which one I can get to. So I have to go, "Okay, I assessed you this time and now I'm going to assess you this time." I'd say I try to do

once every two weeks. But sometimes it'll go over to three weeks, depending on, but I'm also getting daily ... That's like me formally assessing them, I'm getting daily informal assessments. Also, the amount of time because I have so many students. It's hard to give them like, I wish I had more time to assess them, you know (Crista)

The other teacher made her own decision to not assess students receiving Tier 2 services. She believed that those students were not below level and did not require as much as students in Tier 3. It was clear that this teacher did not consider IReady diagnostic results for students receiving Tier 2, and followed her own beliefs about her students' needs.

I don't have a packet for every kid. They may be tier two because they get the program, but I may not make them a packet because they're not below levels, so they don't need me to do all of this because it's not necessary (Abby)

The other teacher did not really appreciate the process of monitoring students' progress because she felt that this process was overwhelming, and she did not have time to continuously monitor her students' progress leading her to forget to do the assessment to track students' progress as scheduled.

and I also, with the easyCBM, I understand we do the assessment every two weeks. Honestly, I forget a lot. I'm like, oh I needed to do that, so a week later, and it's supposed to be every two weeks, but maybe I did it once this month. There's not a lot of time for me to just be doing this. And especially if it's every two weeks, that's so often. That's a lot. Every other Friday that I try to do it, and I feel like I was just doing this, so it just seems kind of like a waste of time sometimes, to be honest (Emily)

It was obvious that teachers had issues with providing both interventions and progress monitoring. The large number of students' eligible for Tier 2 and Tier 3 intervention/instruction, caused teachers to struggle to find time for implementation. Therefore, it led teachers to make their own decision on how to serve struggling students whether to ignore students who were eligible for Tier 2 services, not conducting assessments as required, or avoid doing assessment for long periods of time. The lack of time for implementation may reduce the effectiveness of RtI outcome to students especially those assigned to receive Tier 2 services.

Excessive RtI paperwork. Two teachers clearly expressed the challenges associated with understanding and completing RtI paperwork. RtI paperwork includes three forms, problem-solving form, data form, and observation form. These forms asked teachers to identify students' problem whether it be in Reading, Math, Writing and behavior. It also asked teachers to identify whether students received the intervention and determine the duration of the intervention and the data of students' progress. Each student receiving Tier 2 or Tier 3 services should have a packet that includes all these forms. One teacher felt she had difficulty understanding how to do the paperwork and she mentioned that she did not know how to do it. This could relate to the large number of students requiring Tier 2 and Tier 3 services and the time needed to complete all the paperwork, becoming an exhaustive process for teachers.

       Sometimes. Pretty much with RtI, I struggle with the paper work. It's a lot of paper work. It's three different forms plus the data, plus the observations. It's just a lot of paper work and when you have ... how many do I have? There's like a recommendation form. There's a paper where you review their file that comes with them. There's the tier two paperwork, which it says who met where, when, what the student's data is. You know, what they're kind of struggling with, what kind of learner they are, what interventions you give them and then the graphing and stuff about their performance. And then there's student observation forms and that's all for each child (Crista)

       Really, I think the paperwork and the documenting is the hardest challenge I know I have (Emily)

When it was large numbers of students receiving RtI in this school and each student had a RtI packet, it seemed RtI was a strenuous task for the majority of teachers to keep up with the process. That may explain why certain teachers decided not to have RtI packets for students in Tier 2, and only focused on students receiving Tier 3 services.

Delay of identification for special education services. Two teachers described their concerns with RtI in terms of delay students who are suspected of having disability receiving

special education services. Teachers felt that they had to track students for long periods of time, such as a year, to prove that students did not show progress from intervention. Teachers were mostly concerned with the RtI process for identification when student had obvious problem and could not get immediate help in special education.

> *So unfortunately, with easyCBM and the data, you have to track for a long period of time to show, okay, I've been meeting with this student for this many times a week, and they're still doing not good, so then once you've done it, but sometimes it might be a year that you have to do that, so they won't do it unless you've been doing it for so long. I like RtI, but I also think I'm wasting time. I have to track this and I have to meet with them just to prove there's a problem, when there's very obvious there's a problem (Emily).*

> *I don't know, but I don't think that they do testing for disabilities unless you have an RtI. They might, but in my experience here before any of my students that I've had, which I've had quite a few students in the past that have gotten tested for a disability and ended up having one. They've required that we had an RtI done to prove that they, that we've been trying to give them the interventions and that we haven't seen that growth (Crista)*

In this school RtI is considered as a prerequisite for special education identification. Also, data from RtI is used to determine students' eligibility for special education service. For students who have clear indicators of a need for special education services, RtI is considered as a waste of time.

Research Question 3: Teachers' Suggestions for the Implementation of RtI in Their School

The purpose of this question was to investigate teachers' suggestions to improve RtI implementation in their school. The emerging theme is:

1- Staff support

Staff Support. It was clear that this school involved large numbers of students receiving Tier 2 and Tier 3 services. Three teachers recommended having another person from the school to assist in RtI implementation. One teacher would like to have assistance that helps to provide

intervention for students in Tier 3 who should receive intervention every day.

Having an extra person. Having an extra person either pull groups. Give that extra. Because for our tier threes, we're supposed to pull them a lot more than our normal students. Which is understandable. Pull them every day. But we're also supposed to pull them sometimes twice a day. That's impossible to pull them twice a day because how? So, if I have someone here pulling them in the morning and I know I have to pull them in the afternoon, they're still getting their doubles. But if there's no one else in here, it's going to be hard to get them every day twice a day (Elisa)

Other teachers suggested having assistance that helps RtI in terms of planning instruction, delivering intervention in tiers, and documenting students' progress. They felt the process was too much and struggled to do it by themselves when they had this type of school population.

Have somebody help us with all the documentation. That's it. Just help with that. Even somebody just to help with the interventions. Just somebody that is an RtI person that can help with documentation, help with interventions and just assist us with, because we have a large population. If there was somebody who worked at a school like this that could help me with the paperwork, I would be really happy (Crista)

Yeah, like maybe if there could be someone's job to just be the RtI person and they can help teachers pull groups so that it's not all on me planning it, because I'm already planning the entire day. I teach everything, so you want me to teach Math, Reading, Writing, Science, Social Studies, and then you want me to pull this small group and do letters? It's just a lot (Emily)

This suggestion may allow students to get intervention as it supposed to be, which would have an impact on their progress when they receive it every day or twice per day, especially students receiving Tier 3. Also, this suggestion may allow students in Tier 2 to receive intervention through small groups with teachers more frequently.

Summary of Findings

The purpose of this qualitative interview study was to explore elementary general education teachers' perceptions of RtI implementation in their school. Four elementary classroom teachers were involved in this study. A total of 13 themes emerged that addressed the

three research questions. The first research question was about general education teachers' knowledge of RtI. The main theme from the finding was discussed: (a) The RtI is meant to identify students' problems. The second question was about teachers' experiences of RtI implementation in tiers intervention/instruction in their school. Teachers highlighted three themes that described their positive attitudes toward RtI. These themes were: (a) students whom demonstrate progress through RtI, (b) students who receive special education service, (c) progress monitoring helps to keep teachers on track. School training, confidence of RtI practice and collaboration from school personnel were three themes that guided teachers' implementation of RtI tiers in their school. Five themes were identified from teachers as the main challenges/concerns of RtI implementation in their school. These themes were: (a) planning is difficult, (b) RtI is confusing, (c) insufficient time for intervention, (d) Excessive RtI paperwork and (e) delay of identification for special education services. The third research question was about teachers' suggestion to improve RtI implementation in their school. Theme that emerged from findings was: (a) staff support. The next chapter includes a discussion of study findings and conclusion.

CHAPTER FIVE:

DISCUSSION AND CONCLUSIONS

The purpose of this study was to explore elementary classroom teachers' perceptions of Response to Intervention (RtI) implementation in their school. Three research questions guided this study:

1. What is general educators' knowledge of Response to Intervention (RtI)?

2. How do general educators describe their experiences of RtI implementation in tiers intervention/instruction in their schools?

3. What are general educators' suggestions for the implementation of RtI in their schools?

This chapter provides a discussion of study findings, limitations of the study, conclusions, implications, recommendations for future research, and reflexivity.

Discussion of Findings

Teachers' knowledge of Response to Intervention (RtI). The first research question explored teachers' knowledge of RtI in terms of purpose, models, and major components of its implementation. The response to the questions revealed: (a) RtI is meant to identify students' problems. Three teachers believed RtI process identifies student academic or behavior problems and provides them with the intervention to meet their needs through Tier 2 and 3 instruction/intervention. This perspective aligns with previous literature, which defines RtI as an early intervention framework for identifying and aiding struggling students (Fuchs & Deshler, 2007). Further, all teachers agreed that RtI data reveals a need for special education when RtI

intervention did not work. In all, teachers were agreed the data from RtI is used for eligibility purposes. Teachers, however, could not clearly state that RtI should improve student progress to get them on grade level (Hoover & Love, 2011); this may cause teachers to ignore the need to strengthen their instruction.

Based on these responses, teachers view RtI as a process to move students into special education. Teachers confuse the purpose of RtI with IDEIA in terms of using RtI data to see students' ability to respond to intervention (Fuchs & Fuchs, 2006). Teachers believe that struggling students, especially students receiving Tier 3, will ultimately qualify for special education services. This perspective negates NCLB laws in terms of providing students with help in general education classrooms rather than special education services (Fuchs & Fuchs, 2006).

These teachers could not define RtI as high-quality instruction in Tier 1, or as evidence based in implementation in intervention and assessment (Richards et al., 2007). They seemed to understand RtI in terms of providing intervention for students in Tiers 2 and 3 and assessing students using school resources such as IReady. Teachers functionally understand the RtI process. One school built an RtI framework where teachers could use IReady and Daily - Five strategy cards to implement the process (Hoover & Love, 2011). These resources are research based, but teachers lack awareness on this research, and simply complete the RtI process as required.

The findings of the first research question align with previous literature, which indicates teachers lack comprehensive knowledge of using research-based practices for RtI implementation, whether in intervention or assessment (Castro-Villarreal et al., 2014; Danielson et al., 2007; Harlacher et al., 2010; Spear-Swering & Chesman, 2012; Tillery et al., 2010).

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Teachers Experiences of RtI Implementation in Tiers Intervention/ Instruction in Their School. The second research question explored teacher's experiences of RtI implementation with regard to selecting evidence-based interventions, conducting assessment, selecting interventions for students in Tier 2 and Tier 3, and making decisions on student's achievement, and tier level. Also, this question determined teacher's involvement in the social and contextual activities inside or outside the school setting that informed and developed their knowledge and implementation of RtI. In many cases the following factors lead to positive perceptions of the RtI process: (a) Students who demonstrate progress through RtI, (b) Students who receive special education services, (c) progress monitoring helps to keeps teachers on track. Factors pertaining to social and contextual included: (a) School training, (b) Confidence of RtI practice, (C) Collaboration from school personnel. Finally, the following factors lead to a negative perception of the RtI process: (a) Planning is difficult, (b) RtI is confusing, (C) Insufficient time for implementation, (d) Excessive RtI paperwork, and (e) Delay of identification for special education services.

Three of the teachers held a positive view of RtI when it helped students meet their goal. The teachers felt joy in the ability to recognize student problems and address them. Teachers looked to students' data to monitor their progress, which positively impacted these teachers when it helped (Greenfield et al., 2010). These teachers also felt good about RtI when students received special education services. These teachers believed that RtI would help some students who need special education services. This may explain the aim of providing RtI first to struggling students to ensure that high quality instruction is provided in general education classroom (Swanson et al., 2012). One teacher commented that, "she would not like to document student's progress in RtI for a long time to show that this student has a problem when the

student's disability is obvious." This concern aligns with studies that reveal many students receiving Tier 3 may get intervention for years before special education identification (Ringlaben & Griffith, 2013).

Two of the teachers interviewed appreciated RtI's ability to track student progress. Tracking students' progress allowed teachers to remain accountable to the provided intervention and measure students' progress toward the intervention. RtI, they feel, "keeps teachers on track", which these two teachers found helpful. One teacher appreciated school resources such as IReady, which helped her identify student needs, tiers level, and provided choice of strategies to use. Clearly, this school provides teachers with resources to collect student data for tiered instruction (Cummings et al., 2008). This finding aligns with studies demonstrating teacher's positive attitude about the RtI process allowing them to track their students' progress with data (Cowan & Maxwell, 2015; Greenfield et al., 2010).

All teachers believed that school-based trainings on RtI tools was helpful to make sense of the process. This school provided teachers with training on how to use IReady data and the Daily - Five strategies for students in Tier 2 and Tier 3. Also, the school provided training on using the Daily – Five strategies that works across elementary grades. All teachers expressed the importance of receiving this training in aiding them in gaining confidence in the process and its implementation. This became clear when one teacher pointed out that,

"*It is helpful. It is. Because then you're able to see where your kids are. Instead of killing yourself trying to figure out what else? I mean you're still going to kill yourself trying to figure out what else. But you have a starting point. Without that starting point you'll be out there,"* *(*Elis*a).*

Training is required for effective RtI implementation in that the training increases teachers' awareness of the process and guides them in choosing the most effective intervention and conducting proper assessment (Tilly et al., 2008).

All teachers agreed the ongoing practice of RtI increased their confidence in its implementation. Teachers with RtI experience became more knowledgeable of student problems and more able to use different strategies to assist them. These social activities form teachers' knowledge of the process, which aligns with situative theory perspective (Putnam & Borko, 2008). Ongoing implementation of RtI through using IReady, EasyCMB, and the Daily Five card strategies assisted teachers learning as well as the actual implementation of RtI on a daily basis.

Furthermore, all teachers appreciated the collaboration from school staff with regard to RtI implementation. Teachers received support from the school psychologist who leads RtI in this school. Teachers consulted the RtI leader when they required clarification of issues or did not know how to begin RtI with students; especially new students. The social interaction between teachers and the RtI leader improves teacher knowledge in how to implement RtI (Darlig-Hammond & McLaughlin, 1995).

One concern discovered in teacher responses revealed the lack of ongoing proactive support or status check regarding the process. In many cases teachers mentioned that when they needed help, they initiated the call for assistance rather than having a school official regularly "checkup" on them. In the end, effective implementation of RtI requires ongoing support from school administrators (Richards et al., 2007).

Two teachers interviewed appreciated team discussions among teachers within their grade level. These teachers could learn other strategies from colleagues to help their students.

Studies continue to demonstrate how teacher discussion remains critical to RtI implementation in selecting appropriate interventions (Kovaleski & Pedersen, 2008). However, these teachers did not mention the collaboration with special education teachers because, in this school, only general education teachers deliver Tier 2 services. Obviously, the collaboration between the RtI leader and grade level teacher provide critical to enhancing these teachers' implementation of RtI.

This school possessed a large number of students eligible for Tier 2 and 3 instruction/intervention. This caused teachers to express some concerns related to RtI implementation. When teachers used IReady, most students performed lower in reading. Previous studies have pointed out that when most students were screening at risk, it was unreasonable to provide intervention for all students, and it indicated that the core instruction in Tier 1 is not strong enough to meet the majority of students' needs. (Vandhyden et al., 2016). As a result, Fuchs and Fuchs (2006) recommend that students at risk in Tier 1 should receive frequent assessments to see if they respond to core instruction before moving to further support in Tier 2. Studies suggest that students in Tier 1 must engage in research-based instruction to meet the needs of the majority of students (Hughes & Dexter, 2001). Because of the large numbers of students in need of Tier 2 and 3 instruction/intervention at this school, RtI implementation became a stressful process for these teachers.

Three teachers commented on the difficulty of planning instruction for students in Tier 2 and 3 as groups or individuals because of the variety of students' needs (Kratochwill et al., 2007). One teacher felt unsure she could provide the adequate instruction for students. Planning for students in Tier 2 and 3 remains a stressful process for these teachers. Also, two teachers felt that planning for different groups of students constitutes an overwhelming and time-consuming

process. These classroom teachers felt stress from the RtI process because they, alone, provide intervention for students in Tier 2 and 3 instruction/intervention. So, general education teachers in this school were responsible for RtI implementation, which may contribute to the literature of identifying the role of teachers in RtI (Hagger & Mahdavi, 2007; Fuchs & Deshler, 2007).

Two teachers shared concerns about the confusion RtI presents when using school resources such as IReady to make decisions about student tier levels. These teachers experienced confusion in choosing which assessment tool to follow to determine student levels. For instance, IReady classified students as below level, and teachers believed those students performed on level based on other assessments. Furthermore, this confusion caused teachers such as Emily to have difficulty choosing which intervention to use that most effectively met her students' needs (Tilly et al., 2008). Abby, another teacher made the decision about her students to use an assessment that seemed more appropriate to her than IReady. Clearly, each teacher made his or her own decisions whether to utilize IReady or another assessment tool. So, decisions about students' data in this school seems to belong to the individual classroom teacher with a lack of input or support from school personnel in the actual implementation of tiered instruction. The literature speaks to this issue where the RtI process can become confusing for teachers (Castro-Villarreal et al., 2014).

Three teachers discovered difficulty in providing face-to-face intervention for all students receiving Tier 2 and 3 services because of the increased number of students in each tier. Previous studies point out that teachers can have difficulty finding time to provide students with Tier 2 and 3 services, especially when there are greater numbers of students needing such intervention (Castro-Villarreal et al., 2014). Despite this, teachers reported providing Tier 2 intervention utilizing strategies such as IReady three times a week. Therefore, teachers in RtI process often

focus on helping most struggling students in Tier 3. This finding contradicts with RtI literature that indicates students receiving Tier 3 services should get help from specialist to meet their needs such as special education teacher or reading specialist (Richards et al., 2007).

Three teachers also shared their difficulty in finding time to monitor student progress. These teachers shared a variety of responses related to the implementation of assessment. For instance, Crista may assess students receiving Tier 3 services once every two to three weeks, Abby decided not to assess students receiving Tier 2 services, and Emily may assess students once in month. In this case, the implementation of RtI related assessments lack fidelity and consistency because each teacher holds a different perspective of the implementation of progress monitoring. Fidelity of assessments used for progress monitoring is a critical aspect of the successful implementation of RtI (Danielson et al., 2007).

Two teachers pointed out their difficulty with the demand of completing RtI related paperwork. Previous studies have shown the same finding from teachers with respect to RtI paperwork in terms of the demand, variation, and length (Cowan & Maxwell, 2015; Castro-Villarreal et al., 2014). RtI paperwork for these teachers became an overwhelming task because of the large number of students receiving Tier 2 and 3 services at this school. Abby did not feel overwhelmed by RtI paperwork because she made a decision not to assign an RtI packet for students receiving Tier 2 services. She focused on students receiving Tier 3 services who demonstrated more need.

Two teachers pointed out that RtI might delay special education services for students who they suspect of having a disability. In this school, teachers were required to implement interventions and track students' progress for long periods, such as a year or more, to ensure that

students did not respond to intervention before special education referral. However, Emily felt that she wasted her time when she tracked one of her students who had clear difficulties. This finding reveals one of RtI's limitations when CEC and LDA pointed out RtI may delay student of special education evaluation (Melland et al., 2011). An important gap in the literature related to RtI is lack of consensus on when or how a student should be identified as non-responsive to intervention (Hughes & Dexter, 2011). Despite this ambiguity, the RtI process should not delay eligibility evaluations under the individuals with Disabilities Education Act (U.S. Department of Education Office of Special Education and Related Services, January 21, 2011). It seemed that one of the misconceptions the school held regarding RtI centered on the argument of whether or not to consider RtI as a primary or mandatory step before special education evaluation (Martin, 2015). One suggestion to avoid a school's liability of delaying special education evaluation involves clearly informing parents about RtI intervention (e.g. length of intervention, available resources), communicating to them about their right to request comprehensive evaluation at any time without waiting, and reaching a collaborative agreement that document all steps that outline this process (Mellard et al., 2011; Martin, 2015).

Teachers' Suggestions for The Implementation of RtI in Their School. The third research question sought to investigate teachers' recommendations to improve RtI implementation in their school. The emerging theme here trends toward staff support. Three teachers recommend having staff support for RtI implementation in planning, delivering the intervention, and conducting assessment. So, staff support may help all students get the help they need and assess with fidelity. Large numbers of students receiving RtI may lead teachers to hope to have staff support such as special education teacher or reading specialist to provide intervention for students receiving Tier 3 services. The close collaboration between school staff

in RtI implementation may increase the effectiveness of the implementation, which directly impacts student outcome (Fletcher & Vaughn, 2009).

Limitations of the Study

A major limitation of the study is that teachers did not provide feedback on their respective interview transcripts. To combat this issue, the researcher sent several emails to remind the teachers to check the accuracy of their responses.

This study provided an in-depth examination of this group of elementary education teachers and their knowledge of experiences with, and suggestions for improving the RtI process. The findings therefore, can be transferable to other teachers at this school who may share similar experiences and attitudes in terms of RtI implementation. The results of this study also could be transferable to another school with a similar setting (Title 1) and with teachers who share similar experiences.

Conclusions

This qualitative interview study focused on teachers' perceptions of RtI implementation in their school. Teachers' voices can provide insight for policy makers and professionals in the field to better prepare teachers for effective RtI implementation. Based on the findings of this study, teachers understood RtI as a model for identifying student problems based on data and providing intervention to see if students respond to intervention or not. Teachers also looked to RtI as a model to move students for LD identification when intervention did not work. However, teachers did not demonstrate understandings of two important RtI elements: (1) that Tier 1 must center on high quality instruction; (2) that Tier 2 and 3 must contain research-based practices which are implemented with fidelity. This finding is consistent with previous research indicating

that teachers often lack full understanding of the RtI process.

Participants reported positive attitudes of RtI implementation *when RtI did help students make progress*. Additionally, teachers expressed positive experiences with RtI when students received special education identification because RtI intervention did not help. So, teachers felt encouraged because they had the data to show students' nonresponsive to instruction. Also, teachers favored progress monitoring that aided them in tracking their students.

However, teachers concern about RtI implementation centered around difficulty with planning instruction for students who receive Tier 2 and 3 services. Further concerns regarding RtI emerged around using school resources such as IReady to make instructional decisions and selecting interventions for students receiving Tier 2 and 3 services. In addition, teachers expressed a lack of time for implementing intervention and assessment because only classroom teachers delivered Tier 2 and Tier 3 intervention and assessment at their school. Teachers also expressed concerns about the demands related to completion of RtI paperwork. Another concern arose when teachers saw RtI as process to delay suspected students of special education service. These teacher's concerns about RtI coincides with previous research about *difficulty of planning instruction, lack of time for implementation, and RtI paperwork*. Participants' suggestions for improving RtI implementation in their school are through increased *staff support* and including special education teachers and reading specialists as personnel who can provide intervention for students who receive Tier 3 services.

This study was framed, in part, using situative theory that identified the social and contextual factors impacted teachers' perceptions and implementation of RtI. Teachers reported that the ongoing practice *of RtI* did build their confidence and they became less intimidated by RtI implementation. *School training* became another contextual factor, which developed teacher's sense of how to start RtI implementation. Additionally, collaboration with RtI leader

and grade level teachers assisted the development of strategies to use in the classroom. So, the situative theory identified social and contextual activities that aimed teachers' perceptions about their implementation.

Implications

This study provided insight to teachers' perceptions of RtI implementation working in a school that has a low socioeconomic population, and where the majority of students were ELL. Findings from this study suggest a need for more effective professional development for teachers at both the inservice and preservice levels. At the inservice level, ongoing investment in professional development for classroom teachers with the aim of clarifying RtI concepts and implementation is needed (Hughes & Dexter, 2011). Professional development could address coaching new intervention strategies or assessment practices, training on how to fill RtI paperwork, etc. These professional development activities should enhance teachers' knowledge and implementation of practice and should be provided continuously from educational leaders, state and district levels (Grable, 2007).

At the preservice level, emphasis on preparing preservice teachers to understand and implement RtI in education programs is needed. Teacher preparation programs should work to raise teachers' knowledge of RtI models, purpose, and implementation throughout existing courses (Grable,2007). Preservice teachers should learn about universal screening, progress monitoring, evidence-based strategy and data- based decision making (Grable, 2007). They should engage in an internship opportunity to observe and implement intervention and conducting assessment so that they are better prepared and confident with implementation of the RtI process.

In addition, findings from this study suggest that schools may need to determine how to better utilize instructional personnel to provide more intensive intervention services, particularly when the school has a large number of students requiring Tier 2 and Tier 3 services. All classroom teachers in this study shared the challenge of meeting the needs of students who received Tier 2 and 3 services, and lack of time for implementation. The collaboration with special education teacher in planning and implementation is recommended for effective RtI implementation, which will reflect on students' outcome (Richards et al., 2007).

Questions related to the timely use of RtI to appropriately identify students with LD permeate the findings of this study. How long should interventions take place before a student is considered a non-responder? To what extent are schools utilizing the latest research regarding this question? To what extent are schools working collaboratively with families in the identification process?

Reliability of the IReady resources remains questionable at best. In this case study, most students in the classroom were classified as below grade level in reading according to IReady. However, teachers suggested that other assessment tools classified them as on grade level. Further investigation into the reliability of computer programs such as IReady, and how they can be better utilized to support students responding to intervention is needed.

Recommendations for Future Research

This study addressed teacher perceptions of RtI implementation through the interview method. Future research could use other methodologies (e.g.,ethnography; survey of larger numbers of teachers) to study the context of RtI as it is implemented in schools to gain more in-depth insights into how RtI is implemented and the experiences of those who implement RtI

including students who receive instruction within an RtI process. Future studies could also examine the impact of programs such as IReady on outcomes for students receiving more intensive intervention (i.e., Tier 2 and Tier 3).

This study focused on teacher perceptions at one school in USA, future research could study teacher perceptions of RtI in another country. Studying teachers' perceptions of RtI provides further understanding of its implementation across the world.

This study pointed out that RtI tiers services might delay student of suspected of having disability from a comprehensive evaluation. Future research could focus on parent perceptions of their child in Tier 3 or how schools communicate with families during the learning disability identification process. Another possibility for further research could center on how teachers make decisions on RtI students in Tier 2 and 3.

Reflexivity

Reflexivity is defined as the awareness of researchers during the research process; reflexivity remains a critical part in qualitative research (Dowling, 2006; Gillgun, 2011). It includes self-awareness and self-growth of the researcher through the investigation process. Reflexivity requires researchers to become self-critiquing and transparent with how their own assumptions and experiences influence the entire research process (Koch & Harrington, 1998). In addition, Russell and Kelly (2002) illustrate reflexivity as the process of self-examination influenced by the researcher's ideas and actions. Litchman (2013) states "the main idea of reflexivity is the reflection of practice and process of research on the system and the system of research" (p. 165). Lamb and Huttlinger (1989) discuss that reflexivity is a self-consciousness of the relationship between the researcher and research context.

Some scholars argue that achieving reflexivity occurs through the data analysis process, which encourages the researcher to interpret data and reflect on how they interpret and analyze their data (Heath, 1999; Mauthner & Doucet, 2003; Pidgeon, 1997). Further, Allen (2004) indicates that reflexivity becomes evident in how researchers interpret data and study phenomena. The current study, applied reflexivity at every stage of the research process to address any inherent biases. In order to incorporate reflexivity during this study, I kept journals throughout the research process to become self-aware about the assumptions and the decisions made through the investigation process (Dowilng, 2006).

During my tenure as a general education teacher, I taught students with learning difficulties. Due to my lack of knowledge and skills, I failed not teach them effectively or meet their needs. I tried to seek help from the administration in my school in order to help my students, but the administrators did not know how to help the students either. Because I felt helpless while trying to aid my students, I decided to leave school and continue my studies abroad.

I chose the special education field because I want to help students with disabilities. To ensure this happens, I must continue my studies. After reading about RtI, I felt encouraged by the possibility of being able to identify students who are at risk, early in the school year, and provide them with research-based supports in their regular classrooms. Also, the possibility of monitoring student progress in order to determine their response to intervention and to determine the impact of the intervention on students excited me. Also, students with learning difficulties are first placed in general classroom. In my country, students suspected of having learning disabilities do not receive help early in the school year. These students become eligible for LD identification only when they show further struggles. Due to the lack of early identification for

struggling students, they often do not receive any intervention. Alqurani (2011) suggests that "One is to start the assessment process at an early stage for at-risk students at birth or in preschools to help these students and their families utilize early interventions. The schools might provide some intervention instructions to the student with disability— what is known as RtI" (p. 155).

Examination of teacher perception of RtI, implementing RtI and the contextual factors contributing to teachers' responses became the purpose of my study. With this study, the teachers' responses remain the impetus that enables me to start or enhance RtI implementation in Saudi Arabia.

I plan to contribute in developing classroom teachers' knowledge on research-based resources for RtI implementation and ongoing professional support to build their comprehensive understanding of RtI. I feel obligated to improve the education system for students with special needs in my country. This study made me acknowledge that RtI implementation requires many preparations at preservice and inservice level. School staff must collaborate with classroom teachers to implement effective RtI with fidelity.

In order to study general educators' perception of RtI model, I used the situative theory to guide my inquiry of teachers' perceptions of RtI reform. This theory allowed me to analyze the social activities that influenced the teacher's RtI implementation. I used interpretative philosophy based on the assumption that the participants expressed truthful experiences to me during the study. I tried to understand the teacher's perceptions of the RtI model, using interview as the appropriate method to investigate the teachers' perceptions.

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APPENDICES

Research questions	Interview questions
1- To what extent do general educators have knowledge on Response-to-Intervention (RtI)?	- Can you tell me about yourself as teacher? - How long have you experienced RtI/ MTSS implementation in your school and your career? - Have you taken any training on RtI , where and how long? - During your degree, have you taken any special ed courses related to RtI? - From your perspective, what is Response to Intervention? - What is the purpose of RtI? - What are major components of RtI? - Can you tell me about the problem -solving model? - Standard treatment protocol?
2- How do general educators describe their experiences of RtI implementation in tier 1 and tier 2 instruction/intervention?	- From you experiences in RtI implementation, Can you describe tier 1 and your role in tier 1? - Can you identify the number of students eligible for tier 2 and tier 3, and which process you conduct to inform the decision about students educational placement? - Can you describe tier 2 instruction and your roles? - What types of intervention do you use for students in tier2? - How long the tier 2 will last? - Who provide you with support and resources to implement the intervention/instruction?

| | How mush this support informed your knowledge about tiers intervention and your implementation, can you describe? What kind of assessment do you use to make decision about students progress? Do you feel you are confident to conduct and interpret the assessment data? If so, what factors you think helps you to know how to conduct or interpret the assessment? Is it from your experiences in the classroom, or other..? If students response to tier 2, what should happen next? If students do not respond to tier 2, what should happen next? What do you know about tier 3 intervention/instruction? (group size, time for intervention, session) Do you think student improved through the tiers 2 and 3? How do you know, and what makes you believe this? If students do not show progress, what next step you are taking? How do you identify students of suspected of having disability in the context of RtI? What do you think? Based on your experiences as teacher implementing RtI, how have your experience informed your understanding of RtI? Who are people involved in RtI process? In what way do they collaborate and support you, can you explain? What kind of discourse and school meeting do you engaged in RtI, can explain what you these about? What kinds Professional development or activities inside or out school context do you have related to RtI, can you share? Do you think these activities such as meeting, training developed your understanding of RtI and your implementation wells, if so, explain how? What kind of challenges do you have when you deal with RtI implementation? in |

	assessment, and planning instruction?
	• In your opinion, has RtI in your school helpful in improving students' outcome, less referral to special ed,?
	• Any positive attitude or experiences do you have related to RtI you want to share?
3- What are general educators' suggestions for the implementation of RtI in their school?	• What is your suggestion to improve RtI in your school? And why?
	• Last question, what kind of support do you think is important for you to develop your practice in RtI? And why do think you needed?

APPENDIX B:

CITI PROGRAM CERTIFICATE

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COMPLETION REPORT - PART 1 OF 2
COURSEWORK REQUIREMENTS*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** ADHWAA ALAHMARI (ID: 4475535)
- **Institution Affiliation:** University of South Florida (ID: 425)
- **Institution Email:** 00000
- **Institution Unit:** education
- **Phone:** 2164826002

- **Curriculum Group:** Human Research 2
- **Course Learner Group:** VA Human Subjects Protection and Good Clinical Practices
- **Stage:** Stage 2 - Refresher Course

- **Record ID:** 20295734
- **Completion Date:** 18-Apr-2017
- **Expiration Date:** 17-Apr-2020
- **Minimum Passing:** 80
- **Reported Score*:** 97

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Biomed Refresher 1 – History and Ethical Principles (ID: 975)	18-Apr-2017	2/2 (100%)
Biomed Refresher 1 – Regulations and Process (ID: 981)	18-Apr-2017	3/3 (100%)
Biomed Refresher 1 – Informed Consent (ID: 980)	18-Apr-2017	2/2 (100%)
Biomed Refresher 1 – SBR Methodologies in Biomedical Research (ID: 982)	18-Apr-2017	3/3 (100%)
Biomed Refresher 1 – Records-Based Research (ID: 983)	18-Apr-2017	2/2 (100%)
Biomed Refresher 1 – Genetics Research (ID: 984)	18-Apr-2017	4/4 (100%)
Biomed Refresher 1 - Populations in Research Requiring Additional Considerations and/or Protections (ID: 985)	18-Apr-2017	2/2 (100%)
Biomed Refresher 1 – FDA-Regulated Research (ID: 987)	18-Apr-2017	3/3 (100%)
GCP Update Course: Module 1, Good Clinical Practices for VA Staff (ID: 1026)	18-Apr-2017	2/2 (100%)
GCP Update Course: Module 2, Accountability (ID: 1027)	18-Apr-2017	3/3 (100%)
GCP Update Course: Module 3, Informed Consent (ID: 1028)	18-Apr-2017	2/2 (100%)
GCP Update Course: Module 4, Safety Reporting (ID: 1029)	18-Apr-2017	2/2 (100%)
GCP Update Course: Module 5, Documentation (ID: 1030)	18-Apr-2017	2/2 (100%)
GCP Update Course: Module 6, Privacy and Confidentiality (ID: 1031)	18-Apr-2017	1/2 (50%)
GCP Update Course: Module 7, Application of GCP Concepts (ID: 1265)	18-Apr-2017	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/?kca2c1dfb-44de-4250-9743-f4682e94571a-20295734

Collaborative Institutional Training Initiative (CITI Program)
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COMPLETION REPORT - PART 2 OF 2
COURSEWORK TRANSCRIPT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:**   ADHWAA ALAHMARI (ID: 4475535)
- **Institution Affiliation:**   University of South Florida (ID: 425)
- **Institution Email:**   00000
- **Institution Unit:**   education
- **Phone:**   2164826002

- **Curriculum Group:**   Human Research 2
- **Course Learner Group:**   VA Human Subjects Protection and Good Clinical Practices
- **Stage:**   Stage 2 - Refresher Course

- **Record ID:**   20295734
- **Report Date:**   18-Apr-2017
- **Current Score**:**   97

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
Biomed Refresher 1 – History and Ethical Principles (ID: 975)	18-Apr-2017	2/2 (100%)
Biomed Refresher 1 – Regulations and Process (ID: 981)	18-Apr-2017	3/3 (100%)
Biomed Refresher 1 – Informed Consent (ID: 980)	18-Apr-2017	2/2 (100%)
Biomed Refresher 1 – SBR Methodologies in Biomedical Research (ID: 982)	18-Apr-2017	3/3 (100%)
Biomed Refresher 1 – Records-Based Research (ID: 983)	18-Apr-2017	2/2 (100%)
Biomed Refresher 1 – Genetics Research (ID: 984)	18-Apr-2017	4/4 (100%)
Biomed Refresher 1 - Populations in Research Requiring Additional Considerations and/or Protections (ID: 985)	18-Apr-2017	2/2 (100%)
Biomed Refresher 1 – FDA-Regulated Research (ID: 987)	18-Apr-2017	3/3 (100%)
GCP Update Course: Module 1, Good Clinical Practices for VA Staff (ID: 1026)	18-Apr-2017	2/2 (100%)
GCP Update Course: Module 2, Accountability (ID: 1027)	18-Apr-2017	3/3 (100%)
GCP Update Course: Module 3, Informed Consent (ID: 1028)	18-Apr-2017	2/2 (100%)
GCP Update Course: Module 4, Safety Reporting (ID: 1029)	18-Apr-2017	2/2 (100%)
GCP Update Course: Module 5, Documentation (ID: 1030)	18-Apr-2017	2/2 (100%)
GCP Update Course: Module 6, Privacy and Confidentiality (ID: 1031)	18-Apr-2017	1/2 (50%)
GCP Update Course: Module 7, Application of GCP Concepts (ID: 1265)	18-Apr-2017	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/?kca2c1dfb-44de-4250-9743-f4682e94571a-20295734

Collaborative Institutional Training Initiative (CITI Program)
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

RECRUITMENT EMAIL

Dear principal and teachers,
- I am Adhwaa Alahmari, a Ph.D. candidate from the University of South Florida. My study title is "General Education Teachers' Perceptions of Response to Intervention Implementation: A Qualitative Interview Study**.**" (#Pro00030948). The purpose of this study is to explore elementary general education teachers' perceptions of RtI implementation in their school.
  This is a voluntary research study and it is up to you to decide whether you want to take part in this study. We are asking you to take part in this research study because You are being asked to participate in this research because your knowledge and experience of RtI implementation in your school can help guide administrators and professional development personnel as they plan for future trainings and implementation of new procedures. Your perspective on RtI contributes to the call for more support, coaching, or additional training for teachers to effectively implement RtI.

- The interviews are anonymous and I will not identify or link responses with participants' identities.

The requirements for participants are four elementary classroom teachers who implanted RtI for at least three years in this school.

- Sample of interview questions are

Question 1
To what extent do general educators have knowledge on Response-to-Intervention (RtI)?
- Can you tell me about yourself as teacher?
- How long have you experienced RtI/ MTSS implementation in your school and your career?
- Have you taken any training on RtI , where and how long?
- During your degree, have you taken any special ed courses o courses related to RtI?
- From your perspective, what is Response to Intervention?
- What is the purpose of RtI?
- What are major components of RtI?
- Can you tell me about the problem -solving model?
- Standard treatment protocol?

Question 2

How do general educators describe their experiences of RtI implementation in tier 1 and tier 2 instruction/intervention?
- From you experiences in RtI implementation, Can you describe tier 1 and your role in tier 1?

- Can you identify the number of students eligible for tier 2 and tier 3, and which process you conduct to inform the decision about students' educational placement?
- Can you describe tier 2 instructions and your role?
- What types of intervention do you use for students in tier2?
- How long the tier 2 will last?
- Who provides you with support and resources to implement the intervention/instruction?

Question 3

What are general educators' suggestions for the implementation of RtI in their school?

- What is your suggestion to improve RtI in your school? And why?
- Last question, what kind of support do you think is important for you to develop your practice in RtI? And why do think you needed?

- Three different interviews will be conducted in two weeks.
- The expected duration of the interviews will be between 45 minutes to an hour and it will be 4 interviews if needed.
- The place will be determined by participants.
- Audio- taping will be used, and transcribe via verbatim Microsoft word. Only the researcher will have the access to these tapes and the tapes will be destroyed after the study done. You will receive a copy of interview transcript to check the validity of your response.

- The potential benefits of participating in this research study include: sharing experience to another, self-reflection, self-awareness and being listened to.
- In appreciation for your time, you will receive a $5 of

  the 4 interviews and additional $5 for completing all 4

  interviews.

Thank you,
Adhwaa Alahmari, Ph.D. candidate.
Department of Teaching and Learning
20470 Colonial Hill Drive
Unit #107
Tampa, Fl, 33647
Adw1406@gmail.com
Adhwaa@mail.usf.edu
Cell phone: (813)600-7470

APPENDIX D:

IRB APPROVAL LETTER

USF
UNIVERSITY OF
SOUTH FLORIDA

10/12/2017

Adhwaa Alahmari, Alahmari
Teaching and Learning
20470 colonial hill dr # 107
Tampa, FL 33647

RE: **Expedited Approval for Initial Review**

IRB#:   Pro00030948

Title: General Education Teachers' Perceptions of Response to Intervention Implementation:
         A Qualitative Interview Study

Study Approval Period: 10/12/2017 to 10/12/2018

Dear Dr. Alahmari:

On 10/12/2017, the Institutional Review Board (IRB) reviewed and **APPROVED** the above
application and all documents contained within, including those outlined below.

Approved Item(s):

Protocol Document(s):

Protocol Version 1.docx

Consent/Assent Document(s)*:

Version 1.docx.pdf

***Please use only the official IRB stamped informed consent/assent document(s) found
under the "Attachments" tab**. Please note, these consent/assent documents are valid until the
consent document is amended and approved.

It was the determination of the IRB that your study qualified for expedited review which
includes activities that (1) present no more than minimal risk to human subjects, and (2) involve
only procedures listed in one or more of the categories outlined below. The IRB may review
research through the expedited review procedure authorized by 45CFR46.110 and 21 CFR
56.110. The research proposed in this study is categorized under the following expedited review
category:

APPENDIX E:

INFORMED CONSENT FORM

USF
UNIVERSITY OF
SOUTH FLORIDA

Informed Consent to Participate in Research Involving Minimal Risk and Authorization to Collect, Use and Share Your Health Information

Pro # 00030948_____

You are being asked to take part in a research study. Research studies include only people who choose to take part. This document is called an informed consent form. Please read this information carefully and take your time making your decision. Ask the researcher or study staff to discuss this consent form with you, please ask him/her to explain any words or information you do not clearly understand. The nature of the study, risks, inconveniences, discomforts, and other important information about the study are listed below.

We are asking you to take part in a research study called: **General Education Teachers' Perceptions of Response to Intervention Implementation: A Qualitative Interview Study.** The person who is in charge of this research study is Adhwaa Alahmari**.** This person is called the Principal Investigator. However, other research staff may be involved and can act on behalf of the person in charge. She is being guided in this research by David Allsopp. The research will be conducted in USA.

Purpose of the study

The purpose of this qualitative study is to explore elementary general education teachers' perceptions of RtI implementation in their school.

Why are you being asked to take part?

You are being asked to participate in this research because your knowledge and experience of RtI implementation in your school can help guide administrators and professional development personnel as they plan for future trainings and implementation of new procedures. Your perspective on RtI contributes to the call for more support, coaching, or additional training for teachers to effectively implement RtI.

Study Procedures:

If you take part in this study

- You will be asked to participate in four semi-structure- interviews if needed.

- Sample of interview questions are

Question 1

To what extent do general educators have knowledge on Response-to-Intervention (RtI)?

- Can you tell me about yourself as teacher?
- How long have you experienced RtI/ MTSS implementation in your school and your career?
- Have you taken any training on RtI , where and how long?
- During your degree, have you taken any special ed courses o courses related to RtI?
- From your perspective, what is Response to Intervention?
- What is the purpose of RtI?
- What are major components of RtI?
- Can you tell me about the problem -solving model?
- Standard treatment protocol?

Question 2

How do general educators describe their experiences of RtI implementation in tier 1 and tier 2 instruction/intervention?

- From you experiences in RtI implementation, Can you describe tier 1 and your role in tier 1?

- Can you identify the number of students eligible for tier 2 and tier 3, and which process you conduct to inform the decision about students' educational placement?
- Can you describe tier 2 instructions and your role?
- What types of intervention do you use for students in tier2?
- How long the tier 2 will last?
- Who provides you with support and resources to implement the intervention/instruction?

Question 3
What are general educators' suggestions for the implementation of RtI in their school?

- What is your suggestion to improve RtI in your school? And why?

- Last question, what kind of support do you think is important for you to develop your practice in RtI? And why do think you needed?

Social Behavioral

Version #1

UNIVERSITY OF
SOUTH FLORIDA

Version Date: 9/27/2017

Page 2 of 4

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- The expected duration of the interviews will be between 45 minutes to an hour and it will be 4 interviews if needed.
- The place will be determined by participants.
- Audio- taping will be used, and transcribe via verbatim Microsoft word. Only the researcher will have the access to these tapes and the tapes will be destroyed after the study done.
- You will receive a copy of interview transcript to check the validity of your response.

Total Number of Participants

About four participants will take part in this study at USF.

Alternatives / Voluntary Participation / Withdrawal

Alternatives to participating in the study is: if a teacher doesn't want to participate I will ask another teacher.

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take a part in the study. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study. Decision to not participate will not affect your job status.

Benefits

The potential benefits of participating in this research study include: sharing experience to another, self-reflection, self-awareness and being listened to.

Risks or Discomfort

This research is considered to be minimal risk. That means that the risks associated with this study are the same as what you face every day. There are no known additional risks to those who take part in this study.

Compensation

Each participant will receive a $5 of the 4 interviews and additional $5 for completing all 4 interviews.

Costs

It will not cost you anything to take part in the study.

Privacy and Confidentiality

We will keep your study records private and confidential. Certain people may need to see your study records. Anyone who looks at your records must keep them confidential. These individuals include:

- The Principal Investigator, and the Major Professor.

- Any agency of the federal, state, or local government that regulates this research.

- Certain government and university people who need to know more about the study, and individuals who provide oversight to ensure that we are doing the study in the right way.

UNIVERSITY OF
SOUTH FLORIDA

- The USF Institutional Review Board (IRB) and related staff who have oversight responsibilities for this study, including staff in USF Research Integrity and Compliance.

We may publish what we learn from this study. If we do, we will not include your name. We will not publish anything that would let people know who you are.

You can get the answers to your questions, concerns, or complaints

If you have any questions, concerns or complaints about this study, or experience an unanticipated problem, call Adhwaa Alahmari at **813-600-7470**.

If you have questions about your rights as a participant in this study, or have complaints, concerns or issues you want to discuss with someone outside the research, call the USF IRB at (813) 974-5638 or contact by email at RSCH-IRB@usf.edu.

Consent to Take Part in this Research Study

I freely give my consent to take part in this study. I understand that by signing this form I am agreeing to take part in research. I have received a copy of this form to take with me.

_____   _____

Signature of Person Taking Part in Study   Date

_____

Printed Name of Person Taking Part in Study

Statement of Person Obtaining Informed Consent

I have carefully explained to the person taking part in the study what he or she can expect from their participation. I confirm that this research subject speaks the language that was used to explain this research and is receiving an informed consent form in their primary language. This research subject has provided legally effective informed consent.

_____   _____

Signature of Person obtaining Informed Consent   Date

_____

Printed Name of Person Obtaining Informed Consent