Data Driven Problem Solving Guide - Disproportionality ID

RTI Tiers 1-, 2, 3, 4

- Overall District Data:
  - RTI system and school data trends % students at Tiers 1-2-3-4 (Red flags%? E.g Tier 3/20%)
  - Sped Referrals by
    - Overall sped referrals and placement district- % by school group (elementary, middle, high trends) and individual school rates (specific school data trends)
    - By problem type (academic-math, reading, wrlang…); behavior (ext/intern, attention…); acad and beh).

- Tier 1 (School-wide (SW) data trends/needs):
  - Data trends school wide and by disaggregated subgroups - CCRPI, AYP, EOCT…. (discipline, attendance…).
  - Using research-based (R-B) Universal Screeners (US) to identify at risk in reading, math and behavior?
  - Referral trends by grade level
  - Referral trends by classroom/teacher
  - Tier 1 Instruction and curriculum data, walk-thru data,
  - Overall attendance rates and patterns?
  - What is in place (district and school level): Title-EIP, FLP, REP, ESEA, SIG, RT3, Sped, SI? Random acts of improvement or aligned/cohesive plan of improvement?

- Tier 2 Targeted Group Needs-School, Standard Protocol Intervention Support
  - Using US to identify targeted school needs (reading, math or behavior?).
    - What practices, programs and specific interventions are used at tier 2- EIP (what specific interventions are being used and progress monitored)?
    - Problem trends by grade level
    - Problem trends by classroom/teacher
    - R-B US with decision making rules for moving from tier 1-2?
      - Decision-making rules clear, explicit and used to determine Tier 2 targeted student group and need/intervention type?
      - Identify Tier 2 R-B intervention, targeted to student needs
        - Training and coaching of implementers
        - R-B PM (trend line, goal line and expected rate of progress based on research?)
        - Decision making rules clearly noted (success, movement from tier 2 to tier 1 or tier 2 to tier 3 based on science?
        - Fidelity of intervention and progress monitoring data documented?

- Tier 3 (SST Driven Learning) Individualized, intensive, formalized problem-solving
  - SST referral data by grade level
  - SST referral data by classroom/teacher
  - Individualized problem-solving/SST process
    - Parents invited and participating?
    - Identify R-B intervention
      - Training and coaching of implementers
      - Matched to student need
      - R-B PM (trend line, goal line and expected rate of progress based on research?)
      - Decision making rules clearly noted?
      - Fidelity of intervention and progress monitoring data documented?
Tier 4- (EL, Gifted, Special Education…)

Tier 4- Sped referrals and placement
- By District and school data trends
  - By eligibility and placement
  - By grade level
  - By classroom/teacher
  - By evaluator
  - By eligibility team

SLP, Psych Service, OT, PT
- By testing caseload
- By placement rates per evaluator
- By eligibility areas
- By school referral/practices (high referral rates – review school data)

Possible trends among evaluators – by philosophy (myths about learning, disability, and eligibility) by tier 1-3 practices, lack of training and understanding of disability and RB interv and PM, by evaluation-assessment practices and lack of ecological assessment, by eligibility and placement practices.

Common Barriers
Philosophy and Myths
- Myths about learning
- Myths about special education and eligibility

Funding and other issues
- If your system is not coordinating and aligning monies across departments/programs- causes a lack of funding issues, lack of cohesive school improvement, piece-meal RTI, “silo” improvements. Lack of positive outcomes due to lack of fidelity of Research Based RTI framework and practices.

Special education placement and funding
- As disproportionality decreased and special education placements decreased, so did the special ed earned monies/sped funding/teachers earned
- Led some to want to revert back to “old ways of doing things”
- Some felt push to “fill up classrooms and numbers” to earn sped teachers (ethical issues related to this practice)

RTI, Interventions and Alignment
- Lack of Research Based Universal Screeners
- Lack of data driven problem solving tiers 1-2,3,4
- Lack of understanding of general teaching strategies vs RB Interventions
  - Lack of RB interventions
  - Matching intervention to student need versus “1 size fits all”
  - Research based Progress Monitoring of interventions
  - R-B PM (trend line, goal line and expected rate of progress based on research?)
  - Decision making rules clearly noted?
  - Coaching and Fidelity of PM (admin, scoring, interpret, eval); interventions (implementation) evaluation of yearly success reviewing outcomes:PM and interventions at group/individ/school levels, needs for next year
Solutions:

- Targeted and Ongoing PL(job-embedded, data driven, fidelity, coaching). Targeted “Best Practices” National research base for research, evidence-based practices
  - NASP, LRP, CASE, SSTAGE, GACIS, GAEL, GASP, ASHA, ....
  - Comprehensive, ecological assessment of multiple factors influencing learning, interpreting scores in context, review of previous interventions and progress monitoring; focus on matching r-b interv and progress monitoring to eval data
  - Curriculum and Instruction – Tier 1 data, school wide trends
  - Understanding and teaching diverse student learners
    - Home enrichment/Hwk, materials, study skills, attendance, school hx
    - Multiple, multimodal assessments- core battery, focused on learning,
    - Culturally Responsive instruction, curriculum, assessment, intervention, ...
  - Tier 2, 3 and 4
  - Research based Progress Monitoring and Research based interventions
    - Selection of RB interventions
      - Meet standards for research and evidence supporting intervention?
      - Matched to student need?
      - Explicit steps, replicable?
      - Training, Fidelity (data), Coaching?
      - Scheduling supports
    - R-B Progress Monitoring
      - Trend line, goal line and expected rate of progress based on research?
      - Decision making rules clearly noted?
      - Coaching and Fidelity of PM(admin, scoring, interpret, eval); interventions (implementation) evaluation of yearly success reviewing outcomes:PM and interventions at group/individ/school levels, needs for next year
      - Evaluating intervention outcomes (PM, PARCC, EOCT…group, individual trends) monthly, mid-yr and end of year (program, yearly pre-planning, data analysis)

- RTI as ALIGNED, COORDINATED and Cohesive School improvement
  - System and school planning and use of funds across programs to provide equitable, aligned and targeted research-proven supports matched to student needs. Alignment of funds (Title, EIP, REP, , Sped, IV-B, SI, RT3, SIG, local funds....).

- Development of consistent, equitable and comprehensive assessment practices
  - Based on Best Practices
  - Targeted, measurable
    - PL- job embedded, data driven, coaching, fidelity and RB US and PM...

- Recruit diverse staff, with comprehensive assessment linked to intervention and who have experience with targeted RTI/beh/intervention training/implementation.
Guiding Questions

Are special education referrals being made for appropriate reasons: are there trends in type of problem, referral type (academic, behavioral, both?)

Is there a noticeable pattern-particularly high referral rates?: by schools, by grade level, by classroom/teachers refer students regularly? By evaluator?

Is there a high percentage of students whose families have low socioeconomic status or who are culturally and/or linguistically diverse in SST? In special education classes?

Have other possible sources of the problem been investigated- such as limited instructional materials, a non-welcoming school climate, language differences, poor instruction, attendance/transfers…? What ecological assessment practices are used in tiers 1-3 and at evaluation/Tier 4- special education eligibility consideration?

Were evidence-based interventions implemented with fidelity?

Were equitable US and PM assessments (reading, math, written language) use? Are they normed and research-based?

Weekly rate of progress and decision making rules based on science?

Designed to be used for progress monitoring?.....Before the student was evaluated for special ed?

Implemented and documented fidelity, coaching, reviewed and modified for and adequate period?

Scheduling supports to support implementation?

What were the results for each child referred and review any group patterns?
Guiding Questions: Fidelity

What is fidelity?
- Whether an intervention was implemented as planned (Moncher & Prinz, 1991)
  - Surface fidelity (Gersten, Fuchs, Compton, et al., 2005)
- Were key components implemented?
  - Was adequate time allowed?
  - Was the specified amount of material covered?
- Quality of delivery (Gersten, Fuchs, Compton, et al., 2005)
  - Teacher behaviors
  - Student behaviors (Parisi, Potter & Whitcomb, NASP 2007)

How will intervention implementation fidelity be ensured?
- Select an intervention with high probability of success
- Communicate a clear plan to interventionists
- Provide specific training and support to interventionists. Directly observe intervention in action.
- Make adjustments to the plan, if needed.
- Collect and graph data on the goal.

Provide Specific Training and Support for Interventionists
- Initial training for interventionists (Hirallel & Martens, 1998)
- Trainer explains the procedure to the interventionist
- Trainer demonstrates the procedure
- Interventionist practices the procedure with the trainer as mock student
- Trainer provides specific feedback
- Repeat steps as necessary
- Application and coaching in the instructional setting

Who Monitors?
- Someone trained in the intervention being monitored
- Someone trained in structured observation
- Someone trained in giving feedback
- Someone who can develop positive, supportive relationships with teachers

When Do You Monitor Fidelity/Integrity?
- At the beginning, frequently
- Provide staff immediate, brief, constructive feedback
- Follow up with written feedback
- After a solid protocol is established, less frequently
- Always when the interventionist asks for help