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Response to Intervention and Working with Schools

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Bamonto, Suzanne M. "Response to Intervention and Working with Schools." Learning Day. Rochester General Hospital Developmental and Behavioral Pediatrics. Rochester, NY. 4 Jun. 2018. Lecture.

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Response-to- Intervention and Working with Schools

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RRH Developmental
and Behavioral
Pediatrics

June 4, 2018

Overview

- From refer-test-place to a Multi-Tiered System of Supports (MTSS) and Rtl eligibility decisions.
- Assessment within MTSS/Rtl
- Common assessment tools used in local districts
- Tips on working with schools

Laws related to Students with Disabilities

- Individuals with Disabilities Education Act (IDEA)
- Section 504 of the Rehabilitation act of 1973

IDEA Disability Categories

Autism

Specific learning
disability

Developmental delay*

Emotional disturbance

Intellectual disability

Other health
impairment

Speech or language
impairment

Hearing impairment

Deaf-blindness

Deafness

Multiple disabilities

Orthopedic
impairment

Traumatic brain injury

Visual impairment,
including blindness

*varies by state

Refer-Test-Place Model

- Prior to 2004, most schools operated under this model
- Medical model – identify the disability, provide services
 - Usually driven by teacher (or parent) referral
 - Did involve “pre-referral interventions” to validate the referral
 - Referral → Testing by school psychologist → Eligibility meeting
 - Eligibility based on presence of disability and impairment
 - Eligible? IEP development and special education services
 - Not eligible? Try to figure out how to help child and perhaps try again in a year.

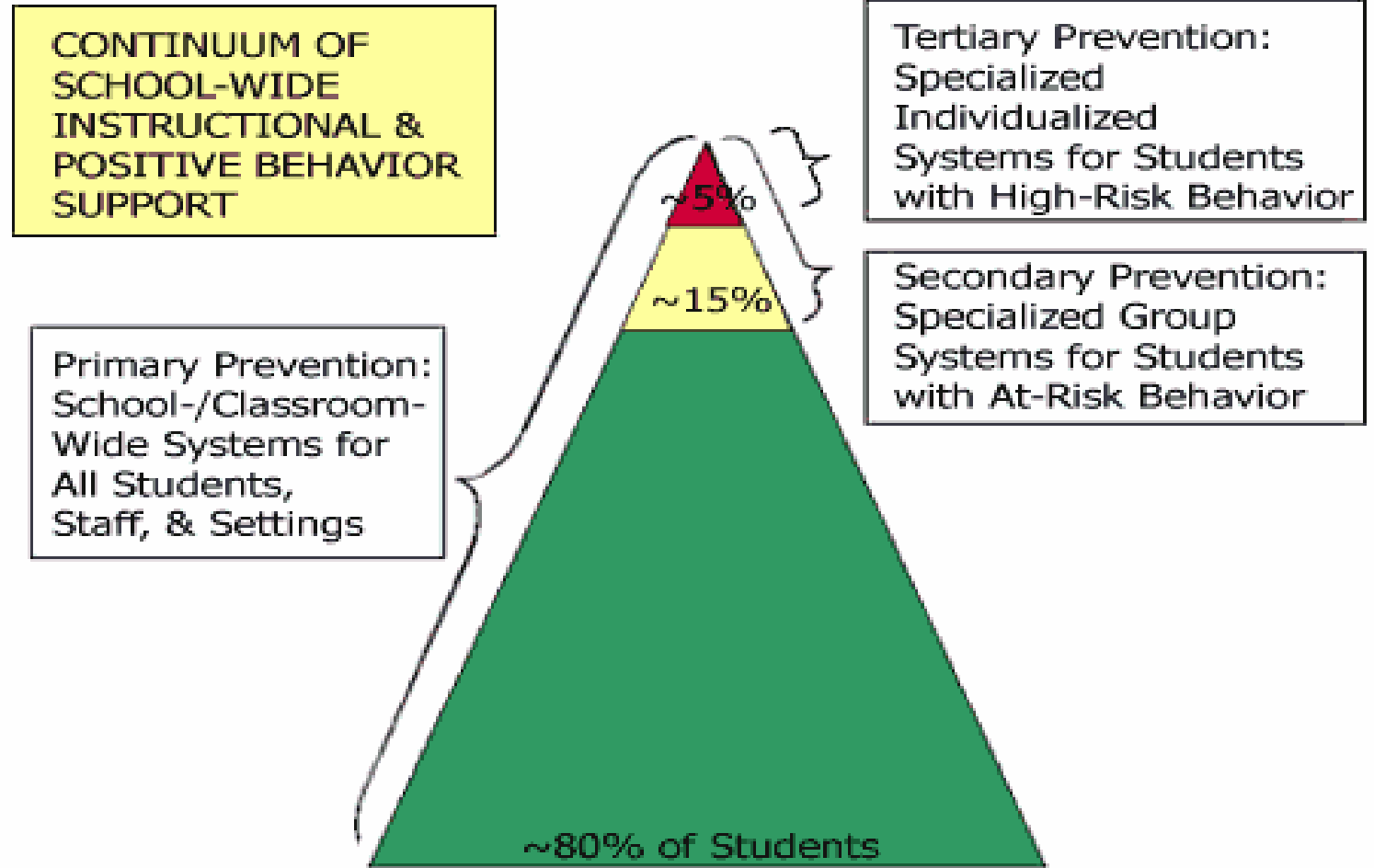
Refer-Test-Place Model

- Some issues:
 - Accuracy of referral? Bias?
 - Quality of pre-referral interventions
 - Validity of identification process (esp. SLD discrepancy criteria)
 - Cost of identification process
 - Questionable effectiveness of special education programs
 - Lack of options for students deemed ineligible

IDEA 2004 – Response to Intervention

- Began as an alternative to the discrepancy criteria for SLD eligibility
- Turned into a systemic overhaul of general and special education
- Tiered system based on a public health prevention model

A Multi-Tiered System of Supports (MTSS)



How MTSS/RtI Improves on Refer-Test- Place

- Focus on high-quality, general education instruction (Tier 1)
- Universal Screening (Tier 1) – reduce or eliminate potential bias
- Range of available supports within general education (Tiers 2 and 3)
 - Standard protocol interventions
 - Individualized interventions
- Focus on intervention quality, implementation fidelity, effectiveness
- Sharper focus on educational need instead of categorical eligibility
- Intervention process may be used to determine eligibility
- Focus on quality continues in special education



Assessment Purposes within MTSS

- *Outcome* - Provide a *bottom-line* evaluation of the effectiveness of the program.
- *Screening* - Administered to determine which children are at risk for difficulty and who will *need additional intervention*.
- *Diagnosis* - Help teachers *plan instruction* by providing in-depth information about students' skills and instructional needs.
- *Progress Monitoring* - Determine whether students are making *adequate progress* or need more intervention to achieve grade level outcomes.

Source: Reading First Initiative: Secretary's Leadership Academy

Common Types of Academic Assessments Used in MTSS/RtI

- Curriculum-Based Measures
 - AIMSweb, DIBELS, EasyCBM, Ed Checkup, Intervention Central
 - Used for screening and progress monitoring, sometimes for outcome
- Published Informal Reading Inventories
 - Developmental Reading Assessment (DRA)
 - Fountas and Pinnell reading levels
 - Often used for screening and progress monitoring, better used for instructional planning
- Computer-Administered Skill Tests
 - STAR Reading or Math
 - NWEA Measures of Academic Progress (MAP)
 - Often used for screening, instructional planning, and progress monitoring, sometimes for outcome

Curriculum- Based Measurement



Another way
of putting it...



CBM are General Outcome Measures

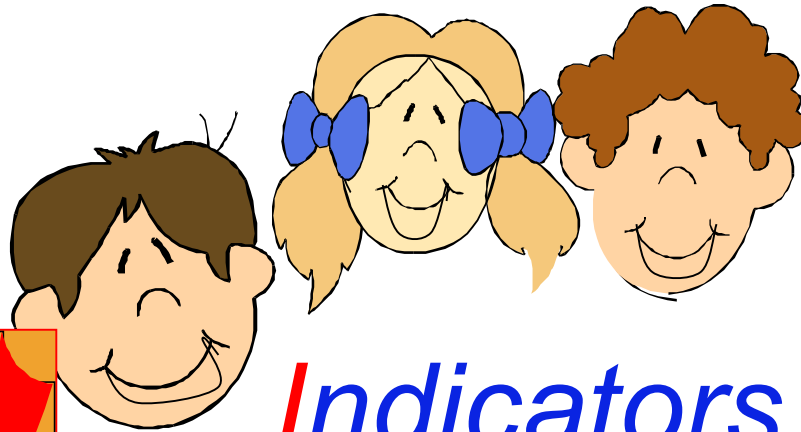
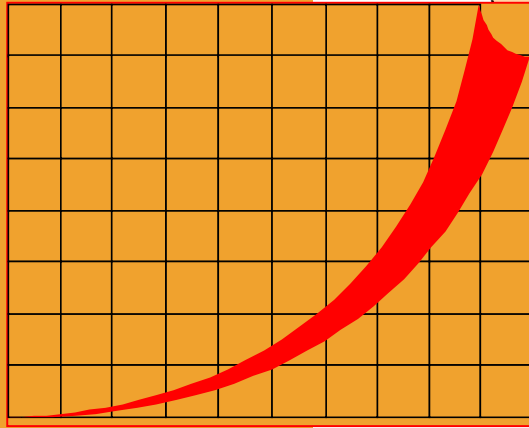
- ***Simple, accurate***, and reasonably ***inexpensive*** in terms of time and materials.
- Considered so ***important*** to doing business well that they are ***routine***.
- Are ***collected*** on an ***ongoing and frequent basis***.
- ***Shape/inform*** a variety of important decisions.

Origins of CBM as General Outcome Measures

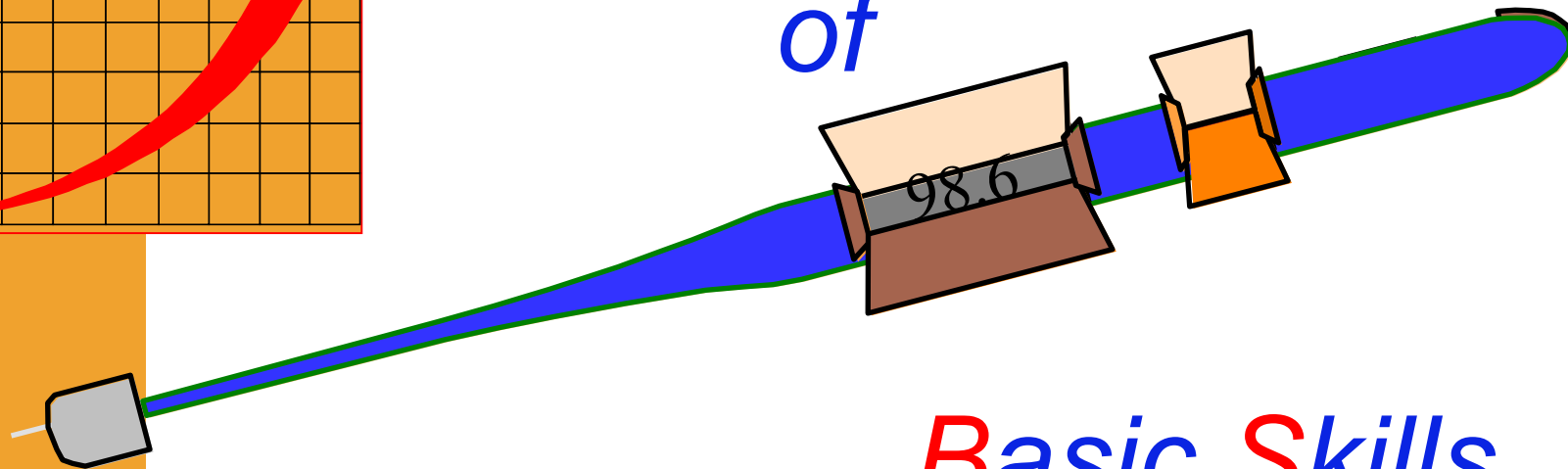
- **Curriculum-Based Measurement** (CBM) was developed more than 30 years ago by Stanley Deno at the University of Minnesota through a federal contract to develop a reliable and valid measurement system for evaluating basic skills growth.
- CBM is supported by more than **30 years of school-based research** by the US Department of Education.
- Supporting documentation can be found in more than **250 articles, book chapters, and books in the professional literature** describing the use of CBM to make a variety of important educational decisions.

CBM are DIBS

Dynamic



*Indicators
of*



Basic Skills

Examples of DIBS - Reading

- Reading Aloud (R-CBM or Oral Reading Fluency)
 - Students read aloud for 1 minute from meaningful, connected, and graded passages of text. The number of words read correctly and errors are counted.
- Maze
 - Students read a passage silently for 3 minutes. In each passage, every 7th word is deleted and replaced with three choices. Students select the word that belongs in the sentence. The number of correct words selected is counted.

Examples of DIBS - Math

- Students complete a 2-4 minute grade-level computational exercise. The number of correctly written digits is counted.
- Students write answers to standard application problems for 4 minutes. The number of correct problems is counted.

Examples of DIBS – Written Expression

- Students write a story based on a presented topic sentence. Students think for 1 minute and write for 3, 5, or 7 minutes (local decision but it's important to be consistent).
- Scoring of Written Expression:
 - Total Words Written (TWW)
 - Words Spelled Correctly (WSC)
 - Correct Word Sequences (CWS)
 - **Correct minus Incorrect Word Sequences (CIWS)

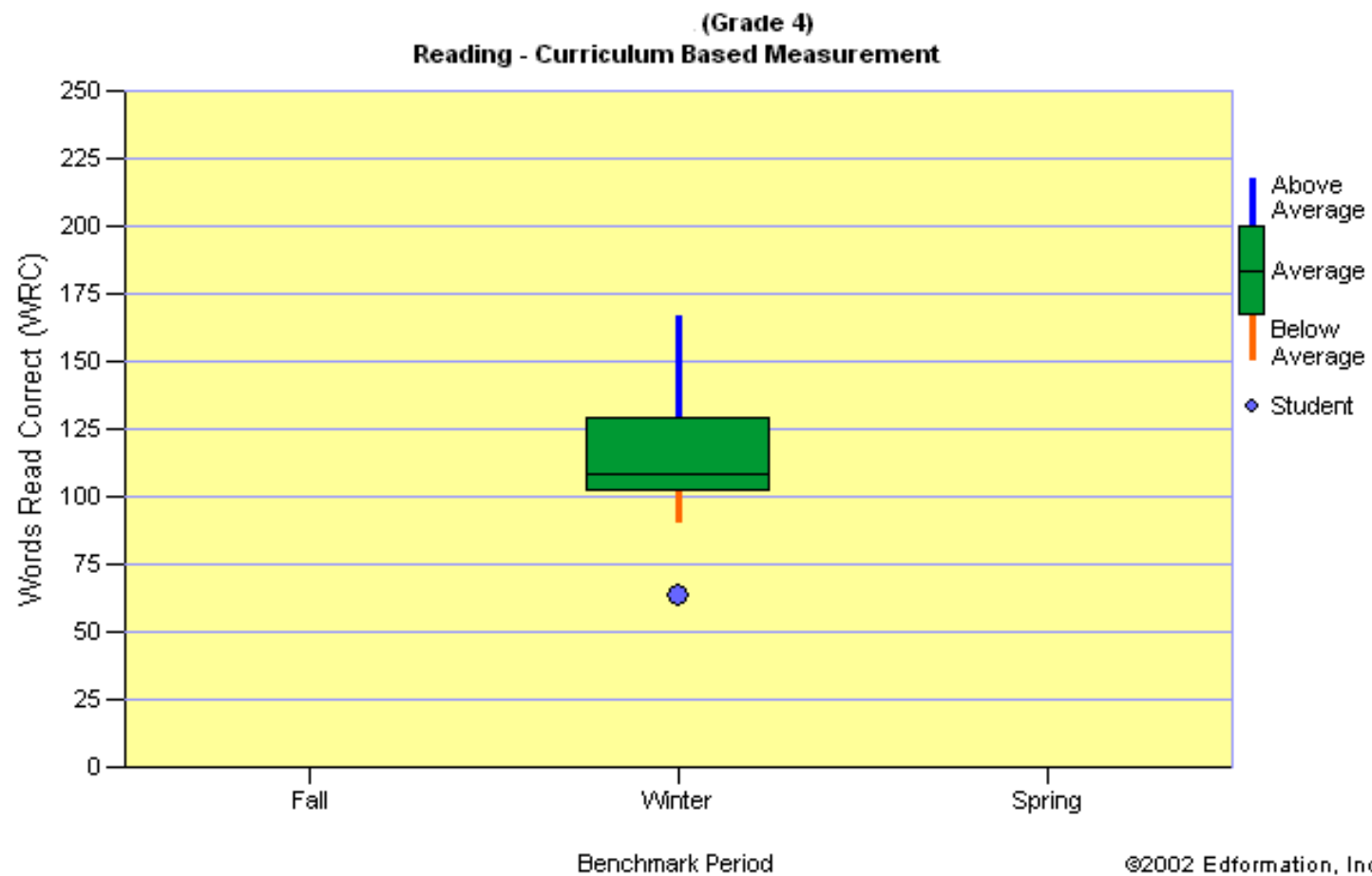
Essential Features of CBM

- It is a **reliable** and **valid** indicator of student achievement.
- It is **simple, efficient**, and of **short** duration to facilitate frequent administration by teachers.
- It provides assessment information that **helps teachers plan better instruction**.
- It is **sensitive to the improvement** of students' achievement over time.
- It is **easily understood** by teachers and parents.
- **Improves achievement** when used to monitor progress.

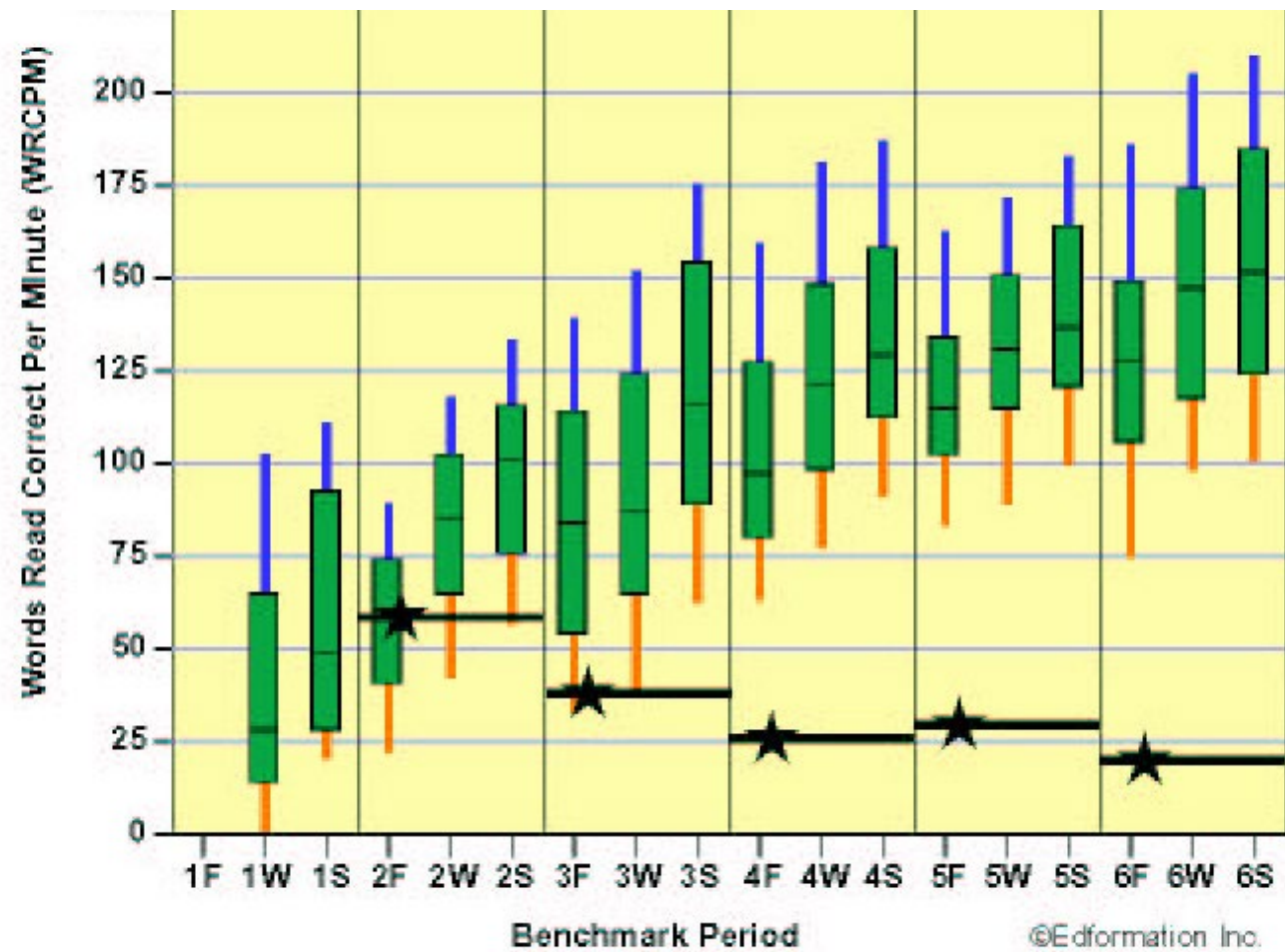
Essential Features of CBM

- Designed to serve as “**indicators**” of general reading achievement. CBM doesn’t measure everything, but measures the **important** things.
- **Standardized tests** to be given, scored, and interpreted in a *standard way*.
- **Researched** with respect to psychometric properties to ensure accurate measures of learning.
- **Linked to decision making** for promoting positive achievement and Problem-Solving.

Is there a problem?



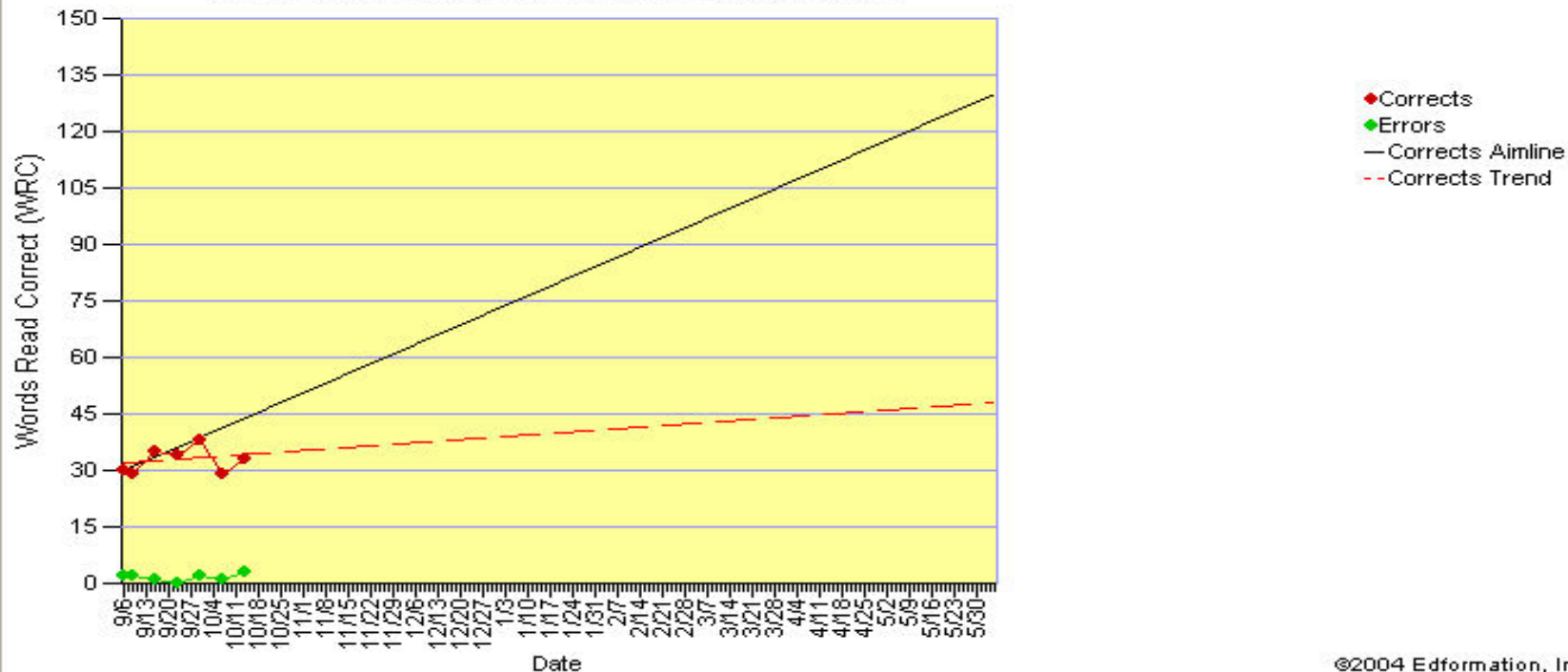
How severe is the problem?



Progress Monitoring Improvement Report

from 09/06/2004 thru 06/03/2005

Washington School District - Jefferson Elementary School
Justin Boehne (Grade 3)
Grade 3 : Reading - Standard Progress Monitor Passages



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Show: No Trends Goal Trends Intervention Trends
 Airline Intervention Lines Errors

Goal Statement

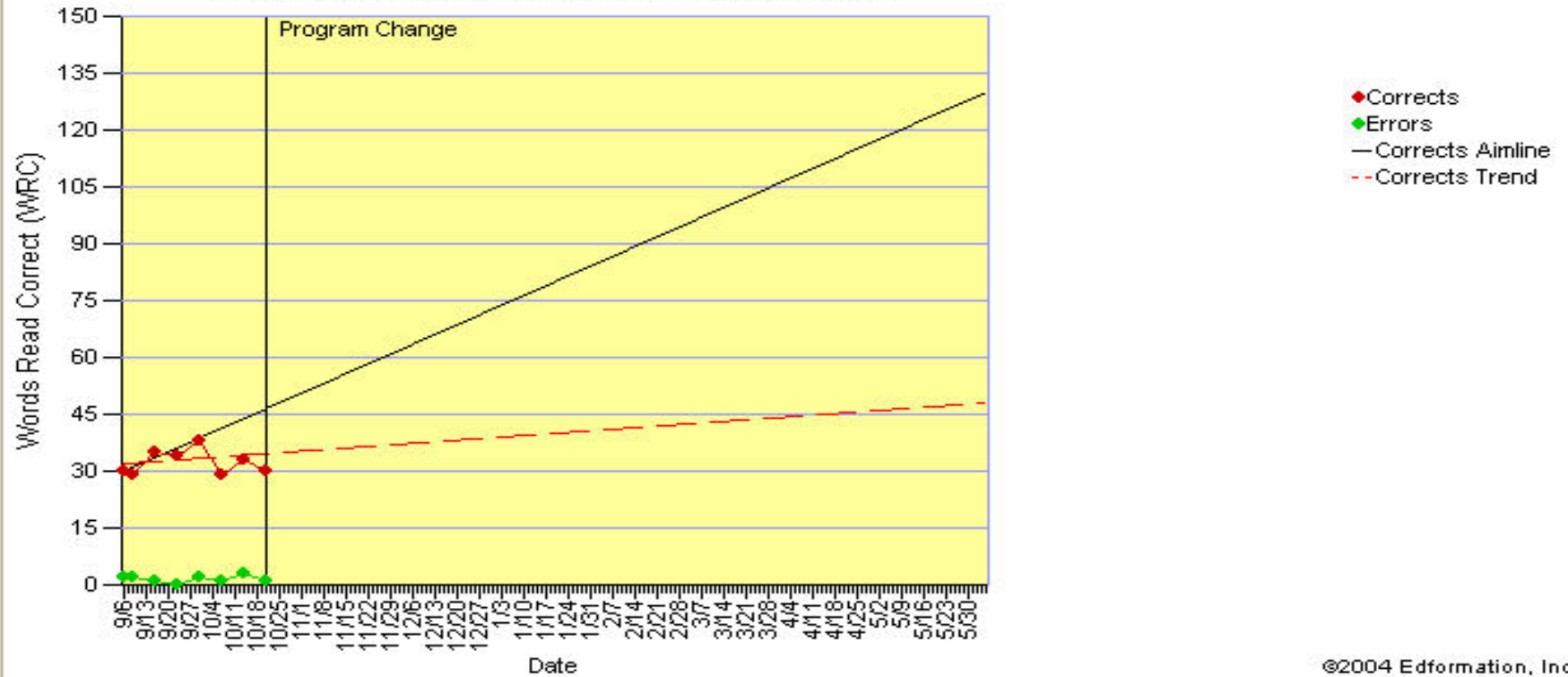
In 38.6 weeks, Justin Boehne will achieve 130 Words Read Correct with 2 Errors from grade 3 Reading - Standard Progress Monitor Passages. The rate of improvement should be 2.6 Words Read Correct per week. The current average rate of improvement is 0.4 Words Read Correct per week.

Is the
intervention
working?

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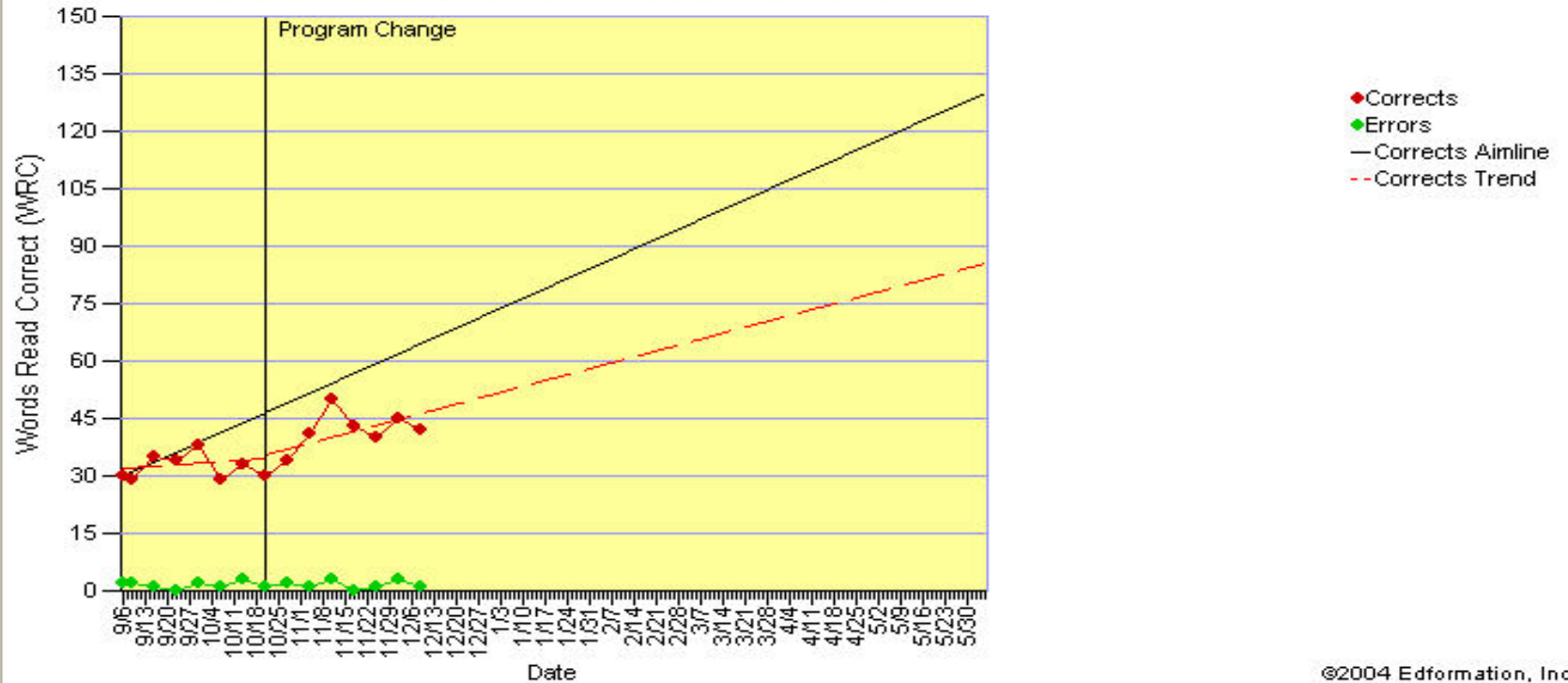
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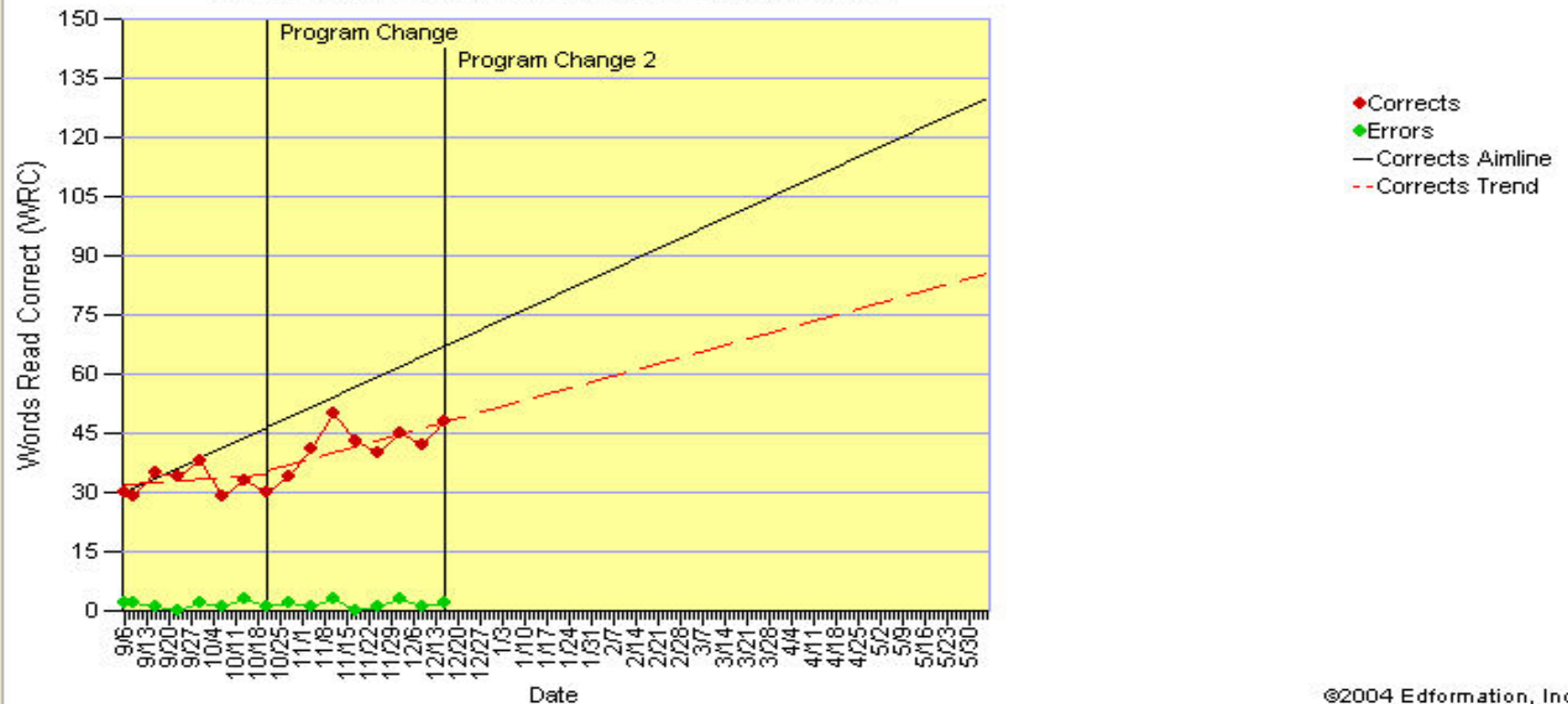
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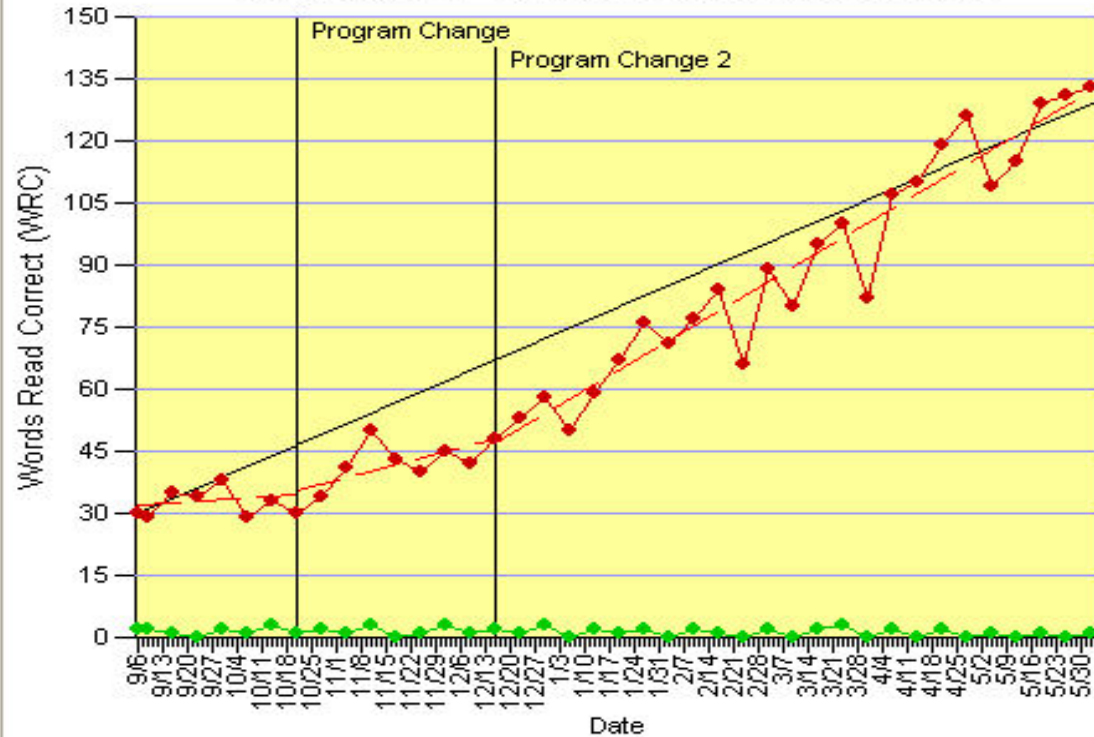
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Goal Statement

In 38.6 weeks, Justin Boehne will achieve 130 Words Read Correct with 2 Errors from grade 3 Reading - Standard Progress Monitor Passages. The rate of improvement should be 2.6 Words Read Correct per week. The current average rate of improvement is 3.6 Words Read Correct per week.

Is the intervention working?

What about Social-Emotional or Behavioral Needs?

- MTSS models also apply to behavior
- Positive Behavior Interventions and Supports (PBIS) is an early example
- Some models use existing data – attendance, office disciplinary referrals, disciplinary actions (detention, suspension, expulsion).
- Behavioral screening tools are available (e.g. BESS, available through AIMSweb) but may be controversial
- Universal and targeted programs include schoolwide expectations, character education, social skills groups and social-emotional learning
- Trauma-informed care and suicide prevention are current hot topics and may be implemented as part of a MTSS

Working with Schools: Who Does What?

- Principal/Vice Principal – Administrative. Curriculum leaders and final decision makers regarding discipline. Often have teacher background.
- Teacher – plans and delivers instruction. Responsible for assessment of student learning in the classroom and implementing any agreed-upon accommodations for students. Often is first point of contact for parents, especially at the elementary level. Often have the most direct contact with any given student and can be a rich source of information about the student's performance and behavior in class.
- Paraprofessional – often seen in special education classes or in co-taught (ICT) classes. Support for classrooms or individual students. Also spend a lot of time with particular students.

Working with Schools

- School Psychologist – Responsible for special education evaluations and triennial re-evaluations and related special education meetings. Other roles may include counseling (mandated or non-mandated), consultation on behavior and/or academics, Functional Behavior Assessments, participation on school-wide teams, systemic interventions, RtI data coaching.
- School Counselor – roles vary from elementary to secondary level. Elementary level often runs groups and supports students' behavioral/social-emotional needs. Secondary level takes a greater role in academic and career planning, course scheduling, assistance with college applications, etc.
- School Social Worker – mental health support for students, often liaison between schools, families, and community agencies. May provide a range of prevention and intervention services to students.

Questions

- Any advice for how to help a student who is facing multiple disciplinary actions for behaviors that we believe are a manifestation of a behavioral health condition? Is there anything we can do to consult or coordinate with the school if we feel that the punishments are exacerbating the problems (e.g., multiple suspensions being given to a student who doesn't really want to go to school anyway)?



Questions

- If a parent requests the district to do a psychological evaluation, because that is required for a neurodevelopmental evaluation at Developmental Behavioral Pediatrics, and the district indicates that they have no academic concerns about the student and therefore they are not going to evaluate, what are the options?