INTERVENTION FOR THE WHOLE CHILD: A TEACHER’S GUIDE

TO DOCUMENTATION

A Project

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Teresa Lynn Tindill
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A reading teacher in the primary grades has one goal: to have every child reading fluently, with good comprehension, by the end of third grade. However, as a reading teacher, it appears that more students are tested at my school site every year for a reading disability. When students have lesser reading abilities, it makes it difficult to achieve this higher-level reading goal for all children. The Chico Unified School District has begun using Response to Intervention procedures to identify and serve all children who are below standards. Teachers were asked to use scientifically based interventions with these students.

This project includes a review of relevant literature in the area of Response to Intervention and scientific, research-based evidence and provides a handbook for
primary-grade classroom teachers to use in meeting the needs of children with special needs in the regular classroom setting. This handbook focuses on specific information which will guide a team of school personnel to adequately focus on the interventions provided to a student, to determine the success or lack of success of intervention offered to the student, review steps taken to ensure future success for the student, and/or refer this student for special education services if needed. As professionals, teachers who use this handbook will be able to successfully document their work in order to follow the appropriate legal procedures in ensuring that no child is left behind.

The information provided in this handbook has focused on scientific, research-based evidence in order to provide the most powerful interventions for children. If the use of the intervention suggests referral for special services, blackline masters of specific information needed to refer a child for these services are included. The handbook includes: information explaining scientific research-based intervention, characteristics of effective intervention, key aspects to developing and maintaining an effective intervention system, helpful suggestions of how to keep records of student information, how to set up a successful intervention, and a sample case-study.

This handbook was reviewed by a group of educational experts at Emma Wilson Elementary School in Chico, California. The group of educational experts consisted of two primary teachers, two intermediate teachers, one school psychologist, one reading specialist and the school principal. This group was asked to read the handbook and provide feedback as to the effectiveness, in their judgment, of the handbook towards meeting the needs of their students. The comments and suggestions
were analyzed using descriptive analysis procedures. Revisions were made to the handbook as a result of these comments and suggestions.
CHAPTER I

INTRODUCTION TO THE PROJECT

As a reading teacher in the primary grades, it can be difficult to acquire appropriate resources to serve a student in need of reading intervention and special education services. In the past, a teacher would refer a student to a Student Study Team (SST). The SST approach often would take several weeks or even months to obtain a date from appropriate school personnel and set the date for the first meeting. Once a meeting is held and the SST members have made the decision to begin the lengthy process of having the school psychologist or other appropriate personnel individually test the student in question, the results must have shown a severe discrepancy between intellectual ability and achievement. If the discrepancy was not great enough to allow for special education services, students who were in need, according to the teacher, were not qualified to receive special services and therefore it was possible that students were not offered the appropriate education. Often, the teacher was left with no options for further help. By this time, several months or even years have gone by and the child has received no additional resources. Usually, this child was left behind. After decades of this self-depleting system, it was time for new reform.

Special Education assessment has begun a new direction identified as Response to Intervention (RTI). With this new reform teachers are required to go through a different process than in the past to ensure that students get the help that they need. In
the past, students who were initially observed to be exhibiting lesser academic performance were referred to special education. The process from referral to assessment, as mentioned earlier, could possibly take several months, if not years. Special education classes are often housed at only one school site in a district. Students are transported from their home school to the school site of the special education classroom. Often several grade/age levels are combined to meet the teacher-to-student ratio requirements by law. Placement in a special education is usually more expensive than a general education placement because of the low teacher-to-student ratio and if more students were identified as needing special services, district and counties would need to hire more teachers with the special education credential which was financially difficult for some school districts. Therefore, space was an issue in many special education classrooms. It was often found that when a student was designated as a student requiring special services, there was not room in the special education program to facilitate his/her needs.

With No Child Left Behind (U.S. Department of Education Institute of Education Sciences, 2003) and the new special education reform, new thought about how to meet children’s needs has emerged. This new practice has been labeled Response to Intervention (RTI). Although this practice has been recently referred to as RTI, its historical base came from a Problem-Solving Model (PSM). A simple explanation from Marston, Reschly, Lau, Muyskens, and Canter (2007) state: “problem solving involves applying a logical sequence of steps to address an issue or difficulty” (p. 265). The earliest found work in the problem-solving model was done by J. R. Bergan (Marston et al., 2007) in the 1970s. This method primarily focused on behavioral intervention. In the 1980s, S. L. Deno developed a data-based problem-solving method which focused on
academic skills. These academic skills and “academic achievement problems are defined using curriculum-based measures and peer-referenced expectations for performance” (Marston et al., p. 266).

When conceived, the PSM was not intended as a means of identifying students who have disabilities; however, with the authorization of the Individuals with Disabilities Education Improvement Act of 2004 (PL 108-446), this particular application of problem solving has gained momentum. (Marston et al., p. 266)

According to the amendments to the Individuals with Disabilities Education Act (IDEA), section 614(b) (6) (B), “in determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures” (IDEA, 2004). How can educators know if an intervention is scientifically, researched-based? And, if an intervention is scientifically, researched-based, is it more effective than a teacher-created intervention? With the creation of RTI, will teachers be trained on how to create interventions or with this be a limitation of its effectiveness?

RTI is a school-wide collaboration of teachers, resource specialists, and paraprofessionals who work to ensure all students have a time in their school day to work on standards they have not yet met. Each district is different in the process of setting up interventions and each school in a particular district can vary tremendously in methods to deliver interventions. A possible example of tiered intervention may look like the following: students are tested, test data are analyzed, and teachers put their students in intervention groups according to the specific skills needed. Most sources in literature usually state that one skill or standard is identified and the teacher provides intervention
techniques and strategies during a specific time period, designated for intervention, in the school day.

Intervention groups, developed from the pretest data analyses, are begun. Teachers use a variety of techniques and strategies to teach a specific skill and then, after a pre-designated amount of time, the students are post-tested. The intervention team, recently referred to in the Chico Unified School District as the Professional Learning Community (PLC), collaborates once again to determine whether certain students have mastered the specific skill, if they need to continue in their intervention group, or have a new intervention. Teachers often rearrange, change and create different types of groupings after each session. A session can consist of four weeks, six weeks, two months, etc. Sources in literature have had a range of weeks that are recommended for intervention. According to the 3-Tier Reading Model developed by the University of Texas at Austin, 10-12 weeks of intervention instruction should be provided with “frequent progress monitoring” (2005b, p. 76).

Statement of the Problem/Need

Emma Wilson Elementary is a K-6 school in the Chico Unified School District (CUSD) located in Northeastern California. In the past, teachers have referred a student through the SST process when he/she has demonstrated lesser abilities in reading or any other curricular or behavioral areas. Following historical pedagogy, school psychologists would then use an intelligence test to identify the student’s potential and one or more achievement test to determine the student’s academic achievements.
Recently, staff members at Emma Wilson Elementary have been told that we will use the RTI method and use tiered interventions. Soon after teachers at Emma Wilson Elementary began to learn about RTI, the phenomena of Professional Learning Communities (PLC) led by Richard and Rebecca DuFour emerged. Teachers in the district were trained extensively in how to develop PLCs. Teachers meet in collaborative teams to discuss how students were learning, decide which assessments would be used and what specific skills were needed for intervention. Teachers were told to provide interventions, but few resources explained what to do for instruction. The practices associated with IDEA states that specific, scientifically based, general education interventions should be used. Within this time when teachers were learning about RTI and PLCs, administration at the school site informed teachers that all intervention techniques and strategies must be chosen from a list of programs that have been determined as scientifically, research-based.

However, a new trend was beginning to emerge. Teachers were expected to offer interventions and some did not have scientifically, researched-based material available at their site. Many teachers were left to develop their own interventions. There is a need for professional development and guidance for teachers to create the most powerful interventions for students. Interventions, according to the law, need to have evidence of its effectiveness. How do teachers determine the effectiveness of an intervention? Some of these interventions at Emma Wilson Elementary were successful according to posttest data. If teachers can determine that their own interventions have supporting evidence of its effectiveness, is it possible to use their teacher-made intervention for instruction?
One example of teacher-made intervention is a program this researcher used when pilot programs for intervention at Emma Wilson Elementary were started in the Spring of 2006 since, the realization occurred that not all skills that need to be taught have a scientifically, research-based program to follow. For example, the High-Frequency Word (HFW) list that has been used in the Chico Unified School District for first grade is a list of words created by the Chico Unified School District language arts task force and used only in that district. This researcher served on the Language Arts Task Force for the Chico Unified School District. The Language Arts Task Force created a list of words which would be used for benchmark assessments in the first grade. The list was developed by combining the Houghton-Mifflin (U.S. Department of Education Institute of Education Sciences, 2008) curriculum used in the CUSD, the Rebecca Sitton Words (Sitton, 2007) and the Dolch/Fry High-Frequency Word Lists (Wren, 2001). Since the first-grade HFW list was created by CUSD, there is no known program that can be found that is scientifically, research-based to teach the skill of instance recognition of these specific words both in isolation and during the reading of connected discourse.

Because there was no program found, a first-grade teacher at Emma Wilson Elementary needed to create her own teaching techniques and strategies in order to successfully teach a group of students in the area of High-Frequency Word (HFW) learning. This pilot intervention group was extremely successful. Groups of students were chosen to work together because it was determined that they knew fifty of the high-frequency words, but needed to know at least seventy by the time of the second trimester testing period. The focus for this intervention group was to learn words numbered 50 to 70 on the first-grade HFW list. Teachers created motivating, instructional plans to meet
the needs of the students. The students practiced these words with fun games, reading the words in small group guided reading sessions, using the words in his/her writing, forming the words with clay, and explicitly practicing reading these specific words. This intervention was scheduled to occur Monday through Thursday for forty minutes in the afternoon. The HFW intervention was taught by an experienced primary grade teacher. Often, parent volunteers would also be available to help. In four days, the students could read words numbered 50 to 70 on a standardized district-wide assessment.

With this information, it was realized that maybe not all intervention groups needed to be taught using a scientifically, research-based program and that maybe this was a limitation of (RTI). What would have been useful to me as a teacher is a process that allowed me to use this efficient and effective intervention as documentation for referral to special services. Although many of these processes are discussed in the literature, the value of having them in one document, easy to access for the classroom teacher is valuable. This project allows teachers to easily follow a process of documentation in a handbook form.

Purpose

The movement toward obtaining a successful RTI program for district and school sites is currently a major priority at the state and local levels. There has been no clear direction as to how and what interventions are used. The suggestion was made when RTI was first introduced to our school site, teachers should choose from a list of programs available that have been scientifically, researched-based. A substantial amount of time and money is being allocated in the Chico Unified School District for teachers to
collaborate and create interventions in order to leave no child behind. This school district has hired motivational speakers with knowledge in the area of Professional Learning Communities, has sent a large percentage of its teacher population to an out-of-state conference, and teachers are given release time to collaborate in order to prepare them to help students achieve success in reading. An initial examination of the literature did not report how to establish evidenced-based validity while using locally developed interventions.

The purpose of this project was to develop a model to establish an instructional practice that had evidenced-based validity using a locally developed process to establish teaching practices that meet child and district needs, but are not currently on a district list of recognized, scientifically, research-based practices. Within this model, teachers will be able to successfully document each child’s progression through the intervention process. This documentation will show whether the child was successful in the intervention, will require additional intervention services, or will possibly need to be referred to a school wide committee and, therefore, provide a form of validity for the efficacy of the approach.

The model is described and translated into the form of a handbook. This handbook provides specific materials and guidelines for teachers to document the relative success of specific interventions offered to a student. If teachers follow these guidelines, the hope is that the intervention would be considered evidenced-based and would fulfill the requirements for student study teams to re-examine specific students that have failed to progress through intervention.
This project will primarily focus on reading instruction but this same approach could be used in other curricular areas.

Description of the Project

There seems to be a void between what is mandated by the state for teachers to use that are identified as scientifically, research-based interventions, and what professional development workshops which result in teacher-made, valid approaches to establish interventions for learners. This dichotomy is considered by this researcher as an internal limitation of the effectiveness of RTI. Many examples provided in the literature state that teachers need to give assessment measures prior to an intervention, identify the area of need, and develop an intervention to meet the needed skill, but it is often the case that there is no explanation as to how to develop such intervention. An example of this is found in *Learning by Doing: A Handbook for Professional Learning Communities at Work* written by Richard DuFour, Rebecca DuFour, Robert Eaker, and Thomas Many (2006). As explained by DuFour et al. (2006) when teams of teachers began creating interventions, “each team created its own activities, such as learning centers, silent sustained reading, teacher read-alouds, junior great books groups, computer-based learning activities, and so on” (p. 83). This example is like many sources in literature which do not use a scientifically, research-based program during the intervention. Would the students with lesser abilities in this program be able to meet the qualifications required by IDEA to be able to be referred for special services?

According to the Code of Federal Regulations 300.311 (a) (7), which states what specific documentation a school team would need to determine a child’s eligibility
for special services: “if the child has participated in a process that assesses the child’s response to scientific, research-based intervention (i) The instructional strategies used and the student-centered data collected; and (ii) The documentation that the child’s parents were notified” (U.S. Department of Education Office of Special Education and Rehabilitative Services, 2008). In order to meet the needs of this law, all intervention data must be collected, documented and would need to have been from a scientific research-based intervention. There is a gap between what may be offered by most school sites for intervention and what is needed by the team of qualified professionals and the parent of the child to meet the needs of the learner as well as this law.

This researcher’s goal is to bridge the gap between intervention which may not follow a scientific, research-based program, but is a quality, evidenced-based intervention, provided by a competent and effective primary reading teacher, and still meet the needs of the IDEA law. The pedagogy for this handbook was developed by researching literature about scientific, research-based practices in reading. These practices were divided into step-by-step procedures in a handbook form. The intended user of this handbook is the regular education teacher who intends to document all interventions for every student who receives interventions in her classroom that may need to be referred to special education services. The content of this handbook was created from a review of literature regarding current legislation, scientifically, research-based reading research, and current practices established at Emma Wilson Elementary.

This handbook was reviewed by a panel of six professionals in education with great experience in the Student Study Team process. These individuals were asked to evaluate the handbook and respond to the following questions:
1. To what degree does this handbook meet the needs of the regular education teacher when establishing documentation for a Student Study Team?

2. What do the evaluators consider the relative strongest components of the handbook?

3. What do the evaluators consider the relative weakest components of the handbook?

4. Would the evaluators choose to use this handbook in order to prepare for the Student Study Team meeting?

5. What recommendations do the evaluators have to improve the handbook?

The evaluators responded in written form. The written responses provided information to the researcher which addressed the above questions.

Significance

The need to develop a handbook for teachers of children receiving RTI instruction is significant for several reasons. First, it is important to bridge the gap between what is expected from teachers in regards to the IDEA law and what it actually being done in the teaching of intervention. As mentioned earlier, teachers are expected to create powerful, responsive intervention for students who are not responding to regular, general education instruction. Unfortunately, teachers are not given the opportunity to receive professional development to create these interventions. Teachers are left to themselves or with their Professional Learning Community to establish what interventions will be provided. Most teachers in the Chico Unified School District are
beginning to learn how PLCs work and how to physically run interventions, both as a grade level and at the site level.

Second, it is important to make clear that many examples of intervention instruction in literature, does not formally fit into the category of scientifically, research-based. These examples create an illusion that teachers can simply identify specific skills needed to be taught and randomly teach these skills for intervention. The RTI model can “presume too much for implementation, thereby leaving the practitioner to conserve and retrench to their own (sometimes ineffective) ‘tried and true’ methods or to modify research-based interventions in ill-conceived ways because they lack no training (or time) to make the necessary modifications” (Klingner, Sorrels, & Barrera, 2007, p. 236). This researcher agrees with Klingner, Sorrels, and Barrera, and believes it is possible for some teachers to create ineffective interventions if left on their own and not receive training on how to design intervention.

The third reason that this project is significant is because it is possible to mistakenly use a scientific, research-based program which may not be the most powerful intervention for the child. Each intervention, whether is it scientifically research-based or not, should be analyzed for its potential effectiveness with learners. As noted by Klingner et al. (2007, p. 232),

\[
\text{qualitative methods are ideally contextual variables that affect the effectiveness of an approach, and facilitating our understanding of implementation challenges and under what circumstances and with whom a practice is most likely to be successful, adding depth not available through other approaches.}
\]

The fourth reason this project is significant is because it can help protect a teacher from possible repercussions of documenting a child’s intervention data
incorrectly. Because this new strategy for qualifying a student for special services has become law, a teacher needs to educate himself/herself of what federal laws he/she is held accountable to obeying. In these days and times, teachers need to appropriately document all data in order to protect themselves under law in case a parent or school official should challenge his/her teaching decisions.

The need for this handbook becomes significant in a time when there is current national legislation calling for no child to be left behind. This handbook provides specific materials and guidelines for teachers. If teachers follow these guidelines, the intervention could be considered evidenced-based and would fulfill the requirements for student study teams to re-examine specific students that have failed to progress through intervention.

Limitations

Intervention groups have different types and skill levels of adults who instruct the groups. Teachers, paraprofessionals, resource specialists, parent volunteers, and student teachers can teach students during intervention. Because of the many skill levels of instructors, it is possible that more powerful teaching occurs in some groups and not in others.

Scientifically, research-based programs, by their design, encompass several skills taught within the program. These programs will be compared with the intervention model design which might focus on one specific skill. In some cases a teacher-created, evidenced-based intervention may be more powerful than a scientifically, research-based
program because the teacher-created intervention is more focused on one specific skill and best fits the needs of a child or group of children.

Some assessments are not easily compared. Because of the many specific skills targeted in scientifically, research-based intervention groups, it was not possible to find one assessment that would cover all of the specific skills.

The degree of implementation of activities and strategies varied from teacher to teacher.

Definition of Terms

Evidenced-based

A particular program or collection of instructional practices has a record of success. That is, there is reliable, trustworthy, and valid evidence to suggest that when the program is used with a particular group of children, the children can be expected to make adequate gains in reading achievement. (International Reading Association, 2009)

High-frequency Words

The most common words in our spoken and written language (e.g., the, a, is, of) (Anders & Ferrari, 2003).

No Child Left Behind

A law signed by President Bush on January 8, 2002. This law represents his education reform plan. It asks America’s schools to describe their success in student outcomes.

The act contains the President’s four basic education reform principles: stronger accountability for results, increased flexibility and local control, expanded options for parents, and an emphasis on teaching methods that have been proven to work. (Florida Center for Reading Research [FCRR], n.d.)
Response-to-Intervention

“The response-to-intervention (RTI) approach is used to identify students with learning disabilities in reading by examining their response to previous reading instruction” (Wanzek & Vaughn, 2008, p. 127).

Scientifically, Research-Based

The term “principles of scientific research” means the use of rigorous, systematic, and objective methodologies to obtain reliable and valid knowledge. Specifically, such research requires:
(A) development of a logical, evidence-based chain of reasoning;
(B) methods appropriate to the questions posed;
(C) observational or experimental designs and instruments that provide reliable and generalizable findings;
(D) data and analysis adequate to support findings;
(E) explication of procedures and results clearly and in detail, including specification of the population to which the findings can be generalized;
(F) adherence to professional norms of peer review;
(G) dissemination of findings to contribute to scientific knowledge; and
(H) access to data for reanalysis, replication, and the opportunity to build on findings. (American Educational Research Association, 2008)

Special Education

Special education is the individually planned and systematically monitored arrangement of teaching procedures, adapted equipment and materials, accessible settings, and other interventions designed to help learners with special needs achieve a higher level of personal self-sufficiency and success in school and community than would be available if the student were only given access to a typical classroom education. (Wikipedia, 2009).

Student Study Team

A group of qualified professionals from the school site who meet to evaluate a student.

Whole Child

The student as a multidimensional personality not strictly academic; includes consideration of emotional, physical, and personal aspects of the child.
CHAPTER II

REVIEW OF LITERATURE

By the end of third grade, a teacher’s goal is to have created fluent readers with good comprehension. Dimino and Gersten (2006) note that if students do not learn to read by the end of first grade, chances are they will continue to be struggling readers. Educators know that students who enter first grade come with diverse academic backgrounds. According to Torgesen of the Florida Center for Reading Research online resource (FCRR, n.d., p.1), “we will never teach all our students to read if we do not teach our most at-risk students to read.”

Torgesen (FCRR, n.d.) also reports that:

Teaching all students to read requires a school level system for early identification of at-risk students and a school level system for providing those students with the intensive interventions they need to become proficient readers by third grade. Good classroom instruction should meet the needs of most students, but an efficient system for providing high quality, intensive interventions are required to meet the needs of all students. (p. 1)

Former President Gerald Ford signed the first Individual with Disabilities Education Act (IDEA, 2004) mandating states to provide all students with disabilities an appropriate education. Special education reform started thirty-one years ago when IDEA was passed and Public Law 94-142 was put into effect (Fletcher, Francis, Lyon, & Morris, 2005). Since then many concerns have been raised about the cost and
effectiveness of special education, and the procedures for assessing and indentifying students with learning disabilities (Samuels, 2005).

Special education costs more per student to implement than regular classroom instruction. After decades of providing students with special education, present policy makers created an updated version of the law. This followed with President Bush signing into law the Individuals with Disabilities Education Improvement Act (IDEA, 2004) on December 3, 2004. IDEA defined a learning disability as a disorder in one or more of seven basic psychological processes (oral language, listening comprehension, basic reading, reading comprehension, math calculations, math reasoning, and written language) that show a discrepancy between achievement and intellectual ability. Once identified, these students gain access to the special services needed for them to have academic success (Fletcher et al., 2005). This revised law allows school personnel to use Response to Intervention (RTI) as a means for identifying students with learning disabilities rather than using IQ-achievement discrepancy.

RTI is a multi-tiered prevention model that calls for students to undergo effective instruction and progress monitoring before qualifying for special education. RTI provides early intervention for students at risk of school failure and provides a valid procedure for identifying students with learning disabilities (Dimino & Gersten, 2006). Response to Intervention can be administered by classroom teachers, paraprofessionals, resource specialists, student teachers, etc. RTI is of special importance to reading specialists because it calls on their expertise to develop assessment and intervention programs for the estimated 80% of learning disabled students with reading disabilities and the approximately 38% of the general student population at risk for reading failure.
(Fuchs & Fuchs 2006; Foorman & Torgesen, 2001). Because reading disabilities make up the majority of learning disabilities, as much as 80%, early reading intervention could have significant impact on future special education funds (Dimino & Gersten, 2006; Fuchs & Fuchs, 2006).

Response to Intervention has many positive aspects to its design. In the past, students have had to wait for an achievement discrepancy that could take months or even years to determine. RTI assessments are easily accessible and are determined by individual instructors. Its assessments are instructionally based, improving the validity of the diagnostic process and then using that assessment to guide future instruction (McEneaney, Lost, & Schwartz, 2006). Since RTI relies on effective classroom instruction to monitor progress, general education curriculum must follow best practice in order to insure a reliable outcome. The result is that students of all levels will benefit from RTI (Fuchs, Fuchs, & Speece, 1998).

RTI is most commonly a three-tiered model. It is the general education teacher’s responsibility to identify the bottom 25% of students, and/or all students who are not meeting standards, in tier one. The teacher can do this by using scores from the previous year, or other tests deemed reliable. During this stage, the general education teacher implements best practices for all students during the regular classroom instruction.

When establishing a three-tier model, it is important to analyze the instructional program in the child’s classroom to ensure that all children in that classroom are being provided with balanced, explicit, and systematic reading instruction. (Klinger et al., p. 224)
If the general education teacher recognizes students that are not responding to this instruction, they determine whether these students are “at-risk.”

If the student is not responding, the student then enters tier two. Schools must establish a set of criteria to determine which students should receive instruction in this tier. Schools must also determine the frequency, duration, content, format, grouping of students, scheduling, and decide when to transition students out. This transition may include children being dismissed from intervention or children who need more explicit and targeted instruction (O’Connor, 2007, p. 144). During this phase, the “at-risk” student receives diagnostic intervention by a general education teacher or a specialist. Effectively using a reading specialist in the development of curriculum could dramatically reduce the number of students in first and second grade classrooms that need special interventions (Foorman & Torgesen, 2001). Other paraprofessionals have been known to teach intervention at this level. “A good rule of thumb is that, the less experienced the teacher, the more structured and ‘scripted’ the intervention program should be” (Torgesen, n.d., p. 2). All adults, at any level of experience, will monitor student performance and responsiveness.

The question of determination of adequate response to Tier 2 intervention is critical, given the amendments of 2004 to the Individuals with Disabilities Education Improvement Act (IDEA: PL 108-446), which support the use of response to quality instruction and intervention as one criteria for the identification of a learning disability. (Denton, Fletcher, Simos, Papanicolaou, & Anthoney, 2007, p. 131)

Tier three intervention is implemented when the student is still not responding to interventions at an acceptable rate. O’Connor (2007) reminds us that providing short term, focused intervention helped to discriminate students who had difficulty getting started or who entered school with less-developed preparatory
skills for literacy learning than their peers from students whose reading difficulties were persistent and severe. (p. 153)

The student whose reading difficulties were persistent and severe is commonly designated as learning disabled and receives a special education placement. The student may receive special education services while mainstreaming the student in the general education placement. “The essential features of effective Tier 3 interventions are 1) prioritized content, 2) purposeful instructional design and delivery, 3) protected time and grouping, and 4) performance monitoring” (Harn, Kame’enui, & Simmons, 2007, p. 162).

Interventions during these phases can take place in two ways. General education teachers can use a standard treatment protocol where students undergo the same interventions or use a problem-solving method to determine what an individual student needs. In these method teachers, specialists, and psychologists, along with the parents of the student work together to determine the problem, explore possible causes, develop a goal-directed intervention, monitor progress, and modify as needed (Fuchs & Fuchs, 2006).

There are a many scientific, reading researched characteristics of effective interventions for students who are at-risk for reading difficulties. Dr. Joseph Torgesen (FCRR, n.d., p. 1) designates the following characteristics as effective:

- They should be offered as soon as it is clear the student is lagging behind in the development of skills or knowledge critical to reading growth.
- They must significantly increase the intensity of instruction and practice and they should be available in a range of intensities.
- They must provide the opportunity for explicit (direct) and systematic instruction and practice along with cumulative review to insure mastery.
- They must provide skillful instruction including good error correction procedures, along with many opportunities for immediate positive feedback and reward.
They must be guided by, and responsive to data on student progress.
They must be motivating, engaging, and supportive; a positive atmosphere is essential.

Interventions are recommended to have a small group of students work together to learn one specific skill. These small groups allow more opportunities for students to respond and receive feedback from the teacher. Intervention is most effective if small groups of three to five students are established.

School personnel work together to establish which interventions will take place. “The federal No Child Left Behind Act of 2001, and many federal K-12 grant programs, call on educational practitioners to use ‘scientifically-based research’ to guide their decisions about which interventions to implement” (U.S. Department of Education, 2003, p. iii). According to the U.S. Department of Education, “if practitioners have the tools to identify evidence-based interventions, they may be able to spark major improvements in their schools and, collectively, in American education” (2003, p. iii). In order to evaluate if an intervention is effective, researchers look to see if it contains two important qualities, first it is supported by rigorous evidence and second, trials have been in two or more typical school settings and include a setting similar to that of intended intervention. If the intervention is to be a quality intervention, they need to have randomized controlled trials that are well designed and implemented. Randomized controlled trials are studies that, in order to measure the effects of the intervention, students are randomly assigned to an intervention group (U.S. Department of Education, 2003).

All intervention groups must have appropriate assessments. The teachers analyze testing data to determine what skills and standards need to be taught. Torgesen
(FCRR, n.d., p. 2), states that there are “at least eight key aspects to developing and maintaining an effective intervention system for K-3 students.” The following are the key aspects:

1. Strong motivation on the part of teachers and school leaders to be relentless in their efforts to leave no child behind.
2. A reliable system for identifying students who need intensive interventions in order to make normal progress in learning to read.
3. A reliable system for monitoring the effectiveness of interventions.
4. Regular team meetings and leadership to enforce and enable the use of data to adjust interventions as needed.
5. Regular adjustments to interventions based on student progress. The most frequent adjustments should involve group size and time (intensity), but may also involve a change of teacher or program.
6. Enough personnel to provide the interventions with sufficient intensity (small group size and daily, uninterrupted intervention sessions).
7. Programs and materials to guide the interventions that are consistent with scientifically based research in reading.
8. Training, support, and monitoring to insure that intervention programs are implemented with high fidelity and quality. (FCRR, n.d., p. 2)

The effectiveness of intervention systems placed at a school site is highly imperative in order to implement effective programs. The type of interventions, levels of expertise among intervention teachers, and the quality of the RTI program design are all aspects of quality education required to meet the needs of at-risk students in the area of reading.

Scientific, Research-based Evidence

Historically, scientific, research-based evidence emerged into education through science, primarily medical science. Other fields such as agriculture, transportation, and technology have “characterized successful parts of our economy and society throughout the 20th century” (Slavin, 2002, p. 16). Slavin, like many educators, believes that if policy in federal education changes and funding is increased for research, children will benefit. According to Slavin, “once we establish replicable paradigms for
development, rigorous evaluation, replication, and dissemination, these mechanisms could be applied to any educational intervention or policy” (2002, p. 17).

It is not quite clear what is considered scientific, researched-based. An online source, What Works Clearinghouse (Greenwood, Kamps, Terry, & Linebarger, 2007), collects and reports methods they consider researched-based. With most research articles taking credit for what works, most research uses randomized controls, done over time. Work done in research can be experimental, quasi-experimental, and qualitative, “results from carefully designed experimental and quasi-experimental research studies certainly are of value, but it should also be emphasized that much can and should be learned through qualitative means” (Klinger et al., p. 232). There has been work reviewed that uses correlational research or descriptive research. Most of the information read by this researcher contained studies that used randomized controls. There are some problems in the field of education if randomized controls are used solely. In education, there is often a selection bias and it is difficult to get a true random sample. Teachers must evaluate scientific, research-based practices and ask with whom, are these practices successful and under what circumstances? As noted by Klingner et al. (p. 232),

Whereas quasi-experimental and experimental approaches can help researchers understand which instructional approaches are most effective in a general sense, qualitative methods are ideally contextual variables that affect the effectiveness of an approach, and facilitating our understanding of implementation challenges and under what circumstances and with whom a practice is most likely to be successful, adding depth not available through other approaches.

As models such as the RTI model become more prevalent, they presume too much for implementation, thereby leaving the practitioner to conserve and retrench to their own (sometimes ineffective) ‘tried and true’ methods or to modify research-based interventions in ill-conceived ways because they lack to training (or time) to make the necessary modifications. (Klingner et al., p. 236)
Teacher-developed Interventions

An exhaustive search in related literature of teacher-developed interventions led this researcher to outdated material (the 1970s), secondary instruction, and special education instruction. The difficulty in finding recent literature pertaining to teacher-developed interventions in the primary grade classroom leads this researcher to believe that most of the interventions used by teachers are either scientifically, researched-based programs or programs created by teachers which have not been added to reading literature. The University of Texas at Austin has developed a document called *Intervention Instruction*. Within this document, authors from the Vaughn Gross Center for Reading and Language Arts wrote:

> Some campuses have designated a specific intervention program or programs to use during these intervention sessions. In these cases, program lessons should be reviewed and, when necessary, enhanced (e.g., made more explicit). On the other hand, some campuses (e.g., some bilingual campuses) have not identified an intervention program, a situation that makes providing effective intervention instruction somewhat more complicated. Teachers at these campuses must rely on materials utilized within the core instruction (the core program), their knowledge of the grade-level content, and their expertise in implementing instructional strategies to provide effective interventions to their struggling readers. (University of Texas at Austin, College of Education, 2005a, p. 1.3-1.4)

Recent literature tends to move in the direction of teacher-developed interventions and the use of scientific, researched-based *strategies*. Will this slight difference in vocabulary meet the needs of children, and most importantly, the IDEA law?

In 1997, Congress asked the Directory of the National Institute of Child Health and Human Development (NICHD) to convene a national panel to assess the status of research-based knowledge. This group came to be called the National Reading Panel (NRP). The NRP intensively researched alphabetics, phonics instruction, fluency,
and comprehension along with teacher education and computer technology. During public hearings, two of the key themes which emerged were (NRP, 2000, p. 6):

- The need for clear, objective, and scientifically based information on the effectiveness of different types of reading instruction and the need to have such research inform policy and practice;
- The importance of applying the highest standards of scientific evidence to the research review process so that conclusions and determinations are based on findings obtained from experimental studies characterized by methodological rigor with demonstrated reliability, validity, replicability, and applicability.

Teams of researchers reviewed relevant literature and how instruction was best provided in each area. The NRP findings suggest teaching strategies in each of the six reading areas. The strategies are considered the most powerful strategies for reading according to their review of their selected literature. According to the NRP, “the evidence-based methodological standards adopted by the Panel are essentially those normally used in research studies of the efficacy of interventions in psychological and medical research” (2000, p. 8).

The focus on scientific, research-based strategies and practices and pedagogical content knowledge of teachers is more prevalent in current literature than programs that are teacher-developed. Greenwood et al. (2007) have developed an effective practice conceptual framework.

This framework posits that implementation of science-based reading instruction is a function of the attributes of the intervention itself (e.g., materials, media, technology, acceptability) and school entities (e.g., district, school, teachers, students) that interact to differentially affect the large-scale, high-quality, sustained implementation. (p. 80)

Two science-based practices suggested by Greenwood et al. are Peer-Assisted Learning Strategy (PALS) and science-based media such as *Between the Lions*. These authors also conclude: “an increasing number of studies provide strong evidence that the number of
struggling and failing readers can be reduced by making sure that preventive reading instruction (explicit and intensive) is implemented in all schools” (p. 97).

Evidence Criteria for Programs that Work

Two prominent electronic sources review programs to determine effectiveness of interventions. As mentioned previously, What Works Clearinghouse reviews programs. This site has recently produced an Institute of Education Sciences (IES) practice guide. This practice guide is named, *Assisting Students Struggling with Reading: Response to Intervention (RtI) and Multi-Tier Intervention in the Primary Grades* (Gersten et al., 2008). “This practice guide offers five concrete recommendations for helping elementary schools implement an RtI framework to ensure that all students in the primary grades learn to read” (p. 5). The following recommendations from the guide include:

- **Recommendation 1.** Screen all students for potential reading problems at the beginning of the year and again in the middle of the year. Regularly monitor the progress of students who are at elevated risk for developing reading disabilities.
- **Recommendation 2.** Provide differentiated reading instruction for all students based on assessments of students’ current reading levels (tier 1).
- **Recommendation 3.** Provide intensive, systematic instruction on up to three foundational reading skills in small groups to students who score below the benchmark on universal screening. Typically these groups meet between three and five times a week for 20-40 minutes (tier 2).
- **Recommendation 4.** Monitor the progress of tier 2 students at least once a month. Use these data to determine whether students still require intervention. For those still making insufficient progress, school-wide teams should design a tier 3 intervention plan.
- **Recommendation 5.** Provide intensive instruction daily that promotes the development of various components of reading proficiency to students who show minimal progress after reasonable time in tier 2 small group instruction (tier 3). (Gersten et al., 2008, p. iii)
Each recommendation had a level of evidence determined by the panel from the Department of Education. The panel reviewed literature and studies which met the What Works Clearinghouse (WWC) standards. According to the guide,

the levels of evidence, or grades, are usually constructed around the value of particular types of studies for drawing causal conclusions about what works. Thus, one typically finds that a high level of evidence is drawn from a body of randomized controlled trials, the moderate level from well designed studies that do not involve randomization, and the low level from the opinions of respected authorities. (Gersten et al., 2008, p. 32)

The authors of this guide used recent citations and searched publications while identifying the most, according to them, important research.

WWC created evidence review protocol for beginning reading interventions. The beginning reading interventions were created for students in grades K-3. The types of interventions reviewed were interventions that could be replicated by teachers. In order to replicate an intervention the following elements need to be documented (U.S. Department of Education Institute of Education Sciences, n.d., p. 6):

- The skill(s) being targeted
- The approach to enhancing the skill(s)
- The targeted population
- The unit of delivery of the intervention (e.g., whole group, small group, or individual student)
- The medium/media of delivery of the intervention
- The length of time the intervention took place
- Characteristics of the individuals administering the intervention

There were two electronic sources found which reviewed interventions. The second source found is the Promising Practices Network (PPN). This PPN cite reviews programs to determine if there is an “evidence of a positive effect” (2009, p. 1). This network reviews effectiveness as evidence levels. The evidence of criteria for a proven program must meet all of the expectations in the following categories: effect size,
statistical significance, comparison groups, sample size and availability of program
evaluation documentation. Programs can be deemed promising if they meet a different set
of criteria in the same categories. The following evidence criteria, if met, deem a program

- **Effect Size** – At least one outcome is changed by 20%, 0.25 standard
deviations or more.
- **Statistical Significance** – At least one outcome with a substantial effect size is
  significant at the 5% level.
- **Comparison Groups** – Study design uses a convincing comparison group to
  identify program impacts, including randomized-control trial (experimental design)
  or some quasi-experimental designs.
- **Sample Size** – Sample size of evaluation exceeds 30 in both the treatment and
  comparison groups.
- **Availability of Program Evaluation Documentation** – Publicly available.
CHAPTER III

A TEACHER’S GUIDE TO DOCUMENTATION

Approach/Methodology

“By law, before school personnel may consider a special education placement for an individual student, they must document attempts to provide appropriate instruction in the general education program” (Haager & Mahdavi, 2007, p. 246). Emma Wilson Elementary School requires teachers to follow a common Student Study Team (SST) document when a teacher refers a student for further evaluation. During the SST process, the teacher provides information about the student to the team. The team may consist of all or some of the following people: the resource teacher(s), parents, the classroom teacher, a school-site administrator, the school psychologist, previous classroom teachers, the speech therapist, and special program instructors. Information will include: the student’s strengths, known information, concerns/questions, and past known-modifications. During the SST meeting all information from the referral document is discussed, added-to, and new strategies are brainstormed.

With RTI becoming so prevalent in our school district, it was determined by this researcher that the documentation process may need to be more extensive. According to the research examined, referral documents must include what attempts the classroom
teacher made to ensure appropriate instruction was offered for the student. The current SST referral document might state that the student received intervention instruction but usually does not offer specific information about the intervention. Such important information for the team would include: intervention content, intervention materials, strategies used, what kind of grouping was used, specific dates of the intervention, the exact time of day the intervention was held, the specific days of the week intervention was offered, who taught the intervention, specific academic behaviors observed and the learner’s response to instruction, supporting evidence of success or non-success of the student, and research quality of the intervention. With this specific information, the team can decide whether to place the student into the “disabled reader” category. According to Vellutino, Scanion, Small, Fanuele, and Sweeney, the

\[ \ldots \] placement of an at-risk child into the ‘disabled reader’ category should be deferred until that child has been exposed to intensive instruction tailored to his or her individual needs, which, in turn, implies that a child’s response to three tiers of intervention should be assessed before rendering a diagnosis of reading disability. (2007, p. 217)

In order to decide research quality of the intervention the team will need to look at all of the intervention information.

It is difficult for teachers to take a scientifically, research-based program already in existence and replicate that program in the individual intervention. Some problems exist. First, as previously stated, some scientific, research-based programs follow a different set of curricula than required by the Chico Unified School District in some cases. Second, “without individual studies and/or syntheses of studies providing a fairly comprehensive picture on the workings of a program in situ, how can we expect practitioners to move from evidence toward action” (Chatterji, 2008, p. 25)? What is
hopeful is that teachers can look at high quality research and use this information to guide their teaching for intervention purposes.

What if teachers took the same procedures and theories for larger evaluations of a program and applied these procedures and theories to smaller-scale variables for intervention purposes? These smaller-scale data-collection procedures, if successful, could be used in the instructional setting by the individual teacher who is creating his/her intervention for the specific standard(s) the child needs during this intervention. Possibilities for procedure could be to: 1) use more than one outcome measure, including at least one measure external to the program and 2) analyze the sample size and recognize the unit of analysis.

The purpose of this project was to develop a model to establish an instructional practice that had evidenced-based validity using a locally developed process to establish teaching practices that meet child and district needs, but are not currently on a district list of recognized, scientifically, research-based practices. A review of the literature determined that there was not an already established set of criteria to establish validity while using a locally developed program to provide intervention. Within this model, teachers will be able to successfully document each child’s progression through the intervention process. This documentation will show whether the child was successful in the intervention, will require additional intervention services, or will possibly need to be referred to a school wide committee and, therefore, provide a form of validity for the efficacy of the approach.

A review of the literature was conducted to gain insight into the history and development of Response to Intervention, IDEA revisions, scientific research-based and
evidenced-based interventions. Because no preexisting evaluative methods of evidenced-based practices were determined, research was also necessary to establish criteria to determine validity of locally developed interventions. In order to create the handbook, it was necessary to research RTI programs in surrounding schools and cities. Forms were created by using components found on forms used in other school districts that were necessary to document student progress. To also assist in the creation of the handbook, titled *Intervention for the Whole Child: A Teacher’s Guide to Documentation*, (see Appendix A), a panel of experts was organized. The experts were educational professionals from Emma Wilson Elementary in the Chico Unified School District, and were chosen based upon educational experience, knowledge of the teaching of reading, and had experience in the SST process. This panel of experts evaluated the handbook and gave recommendations toward its development.

The Procedure

For the purpose of this project, research was used from a pilot intervention program conducted in the spring of 2006. The pilot intervention program was analyzed by this researcher. The program consisted of six interventions run simultaneously over several weeks. The six interventions were autonomous and were taught by teachers with a wide range of teaching experience and knowledge. Review of the related literature began during the master’s degree program prior to the design of the project. Analysis of the panel of experts recommendations were made during the first trimester of the 2008-2009 school year.
The portion of the project that resulted in the handbook culminated with a review of the literature regarding the history and development of Response to Intervention, IDEA revisions, scientific research-based and evidenced-based interventions. Searches for existing documents to be used in to determine whether a locally developed intervention was evidenced-based was exhaustive, yet preexisting materials for documentation were not found. At this point, it became clear a form of documenting interventions whether they are deemed scientifically, researched-based or locally developed evidenced-based, must be developed.

Organization of the Handbook

*Intervention for the Whole Child: A Teacher’s Guide to Documentation*, Appendix A of this project, was designed as a tool for teachers to use in order to assist in the establishment of validity and evidence to document teacher-made interventions offered to a child who may be referred to Special Education. This tabbed, spiral bound, handbook is organized into nine sections. The specific tabs will be labeled:

- **What is Intervention?** – This section of the handbook consists of information about intervention. This section will also include a summary of *Response to Intervention* and the three tiers of intervention.

- **What is Scientific, Research-based Evidence?** – This section of the handbook will include a short explanation of the history of scientific, research-based evidence. This section will also include the requirements for programs to become scientifically, research-based.
What is Evidence-based Instruction? – This section of the handbook will include a short explanation of the requirements that are needed in order to document an intervention as evidence-based.

Characteristics of Scientific, Research-based, Effective Interventions – This section of the handbook will include the six characteristics of effective interventions for students who are at-risk for reading difficulties. These characteristics were designated effective by Dr. Joseph Torgesen from the Florida Center for Reading Research (FCRR, n.d.).

Eight Key Aspects to Developing and Maintaining an Effective Intervention System for K-3 – This section of the handbook will provide teachers with key elements for a school and/or a K-3 program to function successfully in the intervention process.

How to Keep Records? Now What Do You Do With It? – This section of the handbook will provide suggestions as to how to organize records. These records are imperative to documenting interventions according to the IDEA law.

How to Use Forms? Samples of Forms – This section of the handbook will provide teachers with forms they can use immediately without creating them themselves. Samples of how to fill out the forms will be included.

The following is a sample form for teachers to use to set up a scientific, research-based intervention:

- Profile of student: (Cognitive, social, physical)

In this section of the documentation, teachers will need to write in narrative form what information they have regarding the student in question. Teachers can include what motivates the student. Teachers could use an interest inventory and
include all results from the interest inventory. All information available to the teacher about the child’s cognitive ability should be documented here. The child’s social behavior should be documented in this section. All physical impairments in large and small motor skills should be documented here. All other physical attributes that are of significance should be stated in this section.

- Review of related literature

In this section of the documentation, teachers must research literature in the area of need for the specific skill of the proposed intervention. For example: If a teacher needed to create an intervention to teach vocabulary, the teacher would need to research related literature in the area of vocabulary. The literature must be from an educational-based journal. As with all literature, the teacher will need to analyze the material and determine whether the method has been carefully examined and ask himself/herself with whom, and in what circumstances this specific research was delivered and carried out.

- Intervention

In this section of the documentation, the teacher would need to include the specific intervention offered to the student. The teacher would need to include what specific skill was tested that the student was below standard.

- Test Data

In this section of the documentation, the teacher would need to include all tests the student had taken. The specific test names need to be included and all scores the child received. The teacher needs to include what scores were deemed at grade level and the scores deemed below level standards.
- Content

In this section of the documentation, the teacher would need to include the specific program used for the intervention (if a scientifically, research-based program was purchased or if the program was developed by the teacher). The teacher would need to include all areas of curriculum taught during the intervention.

- Materials

In this section of the documentation, the teacher would need to include all materials used during the intervention. Materials could include: blackline copies, manuals, books, websites, manipulatives, etc.

- Strategy

In this section of the documentation, the teacher would need to include all strategies used to teach the intervention. For example: if the teacher was developing a reading intervention focusing on reading on-the-run and blending all three reading cues (meaning, structure, and visual), the teacher might state they are using Reading Recovery strategies to teach the intervention. Specific strategies would include: redirecting miscues by questioning students in order to maintain self-monitoring strategies while reading.

- Grouping (whole, small, one-on-one)

In this section of the documentation, the teacher would need to state the specific grouping for intervention. Most interventions are conducted in a small group setting. The teacher will state the specific number of students in the intervention.
- Dates of Intervention

In this section of the documentation, the teacher would need to state the specific dates the intervention occurred (i.e., from September 30, 2007 to November 20, 2007). The teacher would also need to include the specific number of weeks the student was in the intervention.

- Time

In this section of the documentation, the teacher would need to state the specific length of time in the day the intervention occurred. The time should be stated in minutes. The teacher should also state what specific time of day the intervention occurred (i.e., in the afternoon at 1:30 P.M.).

- Days

In this section of the documentation, the teacher would need to state the specific days of the week the intervention was offered to the student (i.e., Monday through Thursday).

- Who teaches? (Paraprofessional, Parent, Teacher, Student teacher, Resource specialist, etc.)

In this section of the documentation, the teacher will need to state who specifically taught the intervention. Along with this information, the teacher will need to state the specific job title of the instructor of the intervention. If the instructor was a student teacher, the teacher would need to provide specific information as to the competence of the student teacher and specific semester which
the student teacher was in training (i.e., first semester student or second semester student).

- **Supporting Evidence**

In this section of the documentation, the teacher would need to include all post-test data measures. The teacher would need to analyze the test data and compare pre and post test data. In this section, the teacher would need to state exactly how the student performed in the intervention. The teacher would need to include why, if the student did not respond well to this intervention, if the results were negative. For example: if a student did not score well at the end of the intervention, the teacher can include observations which occurred during the intervention, such as if the child’s behavior interfered with the success of the intervention, if the child was absent often, if the child gained information but not enough to meet the specific standard for successful intervention purposes, etc.

- **Research Quality**

In this section of the documentation, the teacher would need to analyze the related literature in research which was used to determine what intervention methods would be used. The teacher would need to analyze if the scientific, research-based program or method was appropriate for whom the intervention was intended and in what circumstances the intervention took place.

- **Questions for teachers to ask themselves: Am I monitoring? What anecdotal notes have I taken?**

In this section of the documentation, the teacher would include all other information pertinent to the intervention that had not been documented thus far.
This information can include: anecdotal notes, what monitoring methods were used, observations by the teachers or other adults in the room, etc.

- **A Case Study** – In this section of the document, this researcher will include a sample case-study of a fictitious student. This example will include information in all areas of the handbook required for teachers to complete. This will give a hands-on guideline to follow and even sample phrases that could help teachers’ document information about their student.

- **Blackline Masters** – In this section of the document all masters, specifically for copying purposes, will be included.
CHAPTER IV

ACTION RESEARCH PROJECT

This project consisted of developing a handbook to aide classroom teachers in the documentation process for referring a child for special education. It was inspired by the fact that teachers at my school were asked by the Chico Unified School District to provide tier two intervention, without giving the classroom teacher appropriate training in developing these interventions. Teachers at my site are using their own good-teaching methods and are using programs deemed research based. The problem is that teachers who use their own good-teaching techniques may not have their intervention accepted by the SST process because it was not deemed scientifically, research-based or evidenced-based. The hope is that this handbook will help guide teachers when they develop, establish evidence of validity, and document their own instruction for interventions to create their program to meet the needs acceptable of the student study team in order to refer a child for special services.

Another problem with using scientifically, research-based materials was that many of the programs available to teachers did not cover specific curricula required for some district assessments. For example, if teachers chose to use the scientific, research-based program called SIPPS it is possible that the high frequency words chosen to be.

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taught in the program did not match the high frequency words required for district assessments.

For the Whole Child

This researcher has added the words “for the whole child” in the title of this project intentionally. After the pilot program, it was apparent that certain children excel in specific interventions and other children do not excel using the same intervention. This researcher looked at two children from her individual classroom that was not successful in the high-frequency-word intervention. One child who was not successful was a child already receiving special services; he had an Individual Education Plan (IEP) and received speech services also. He had excelled in the high-frequency-word intervention, but his score did not meet the standard. What about those children who come in extremely low to an intervention, perform amazingly and increase their knowledge in the intervention (sometimes mastering more high-frequency words than children who were deemed successful in the intervention), but still did not reach benchmark standards? This student needed about six months of instruction to catch-up with his peers. At the end of the year, his IEP was reviewed and it was determined by the committee that he could possibly meet standards and exit from special services if he had a second in first grade. It was recommended at the end of the year to retain him in order to meet his needs.

A second student from the piloted high-frequency-word intervention was a regular education student with severe behavioral problems. He had been on a behavior contract for his entire kindergarten year. A behavior contract is usually a final result that a teacher will use after many attempts at correcting behavior. This contract is created by
the teacher, the student, and the parent. All participants will agree to a certain behavior that is expected of the child. Each member signs this contract. All participants have agreed to a reward for the child if behavior has improved, or if needed, a consequence is applied if behavior has not improved. As a first grade student he had been suspended several times and received services in a special program at the school site for children who needed behavioral counseling. This student did not increase his knowledge in high-frequency words enough in order to meet the standard. During the intervention his was often off-task, refused to participate, and was absent often due to behavior. His absences usually were due to inappropriate behavior, he was suspended several times during the year, he was often sent home early, and some days he stayed in another classroom if he was unable to behave appropriately around his peers. The intervention teacher tested his high-frequency word knowledge and although there was growth, he was below standard. Fortunately, Chico Unified School District uses multiple measures to assess students. This child was assessed in reading and could meet district standards. He also met district standards in all other areas of Language Arts.

Teachers who use good teaching techniques and who are good teachers have always known to look at the whole child when reviewing his or her progress, not just individual test data. Thank you to all of the teachers at Emma Wilson Elementary who are such knowledgeable teachers and who have compassion and a passion to do their jobs well! With this knowledge, this researcher believes that educators need to look at the whole child when referring him/her to a Student Study Team, not just testing data. There may be a variety of reasons for the learner being unsuccessful in an intervention and the teacher needs to be skilled in determining why as well as knowing how to proceed in
meaningful ways. Included in the handbook are several sections where teachers can analyze these areas of a student: 1) profile of student (cognitive, social, and physical), 2) supporting evidence to examine each child’s growth or lack of growth and why, 3) Questions for the teachers to ask themselves: Am I monitoring? What anecdotal notes have I taken?

With the development of this handbook, the essential questions can be stated as such: Can teachers use this handbook easily? Is this a true aide for teachers in documenting all instruction? Will the team members of an SST accept the information included in this handbook as effective documentation to further assist placing a student in special services?

For my project, I included the step of interviewing teachers to get their feedback on the process of using this handbook while preparing for an SST referral. I also interviewed SST members to get their feedback on the quality and usefulness of the information offered in the handbook. I designed a survey and collected responses from the teachers.

Results

The result of this effort is a handbook that teachers can utilize to create scientific, research-based interventions. This handbook was reviewed by a group of educational experts at Emma Wilson Elementary School in Chico, California. The group of educational experts consisted of two primary teachers, two intermediate teachers, one school psychologist, one reading specialist and the school principal. This group was asked to read the handbook and provide feedback as to the effectiveness, in their
judgment, of the handbook towards meeting the needs of their students. The comments and suggestions were analyzed using descriptive analysis procedures. Revisions were made to the handbook as a result of these comments and suggestions. Seven educational professionals were from the Emma Wilson School site and were selected for the purposes of providing feedback of a working document created for them to use in the Student Study Team (SST) process and to act as a panel of experts. All participants have served on a Student Study Team (SST) at some point in their career. Five of the seven panel members responded in writing. Two of the seven panel members responded orally stating the handbook was useful but did not provide specific recommendations.

Recommendations from the panel include:

1. It is recommended by three out of five participants who responded in writing that the checklists should stay in the handbook. The checklists were considered the strongest component of the handbook and most useful.

2. It is recommended by three out of five participants who responded in writing that the handbook should explain, in great detail, exactly which students and when a teacher would need to write a case study. Three out of the five participants who responded in writing reported a concern over the amount of work the teacher would need to do in order to prepare documents for a SST meeting. It was not clear to the panel that not every student entered into an intervention would need to go through the SST process, only those students who are making no significant growth in multiple interventions would be referred.

3. It is recommended by two of the five participants who responded in writing that the background information: the introduction, explanation of intervention, the
characteristics of scientific research-based effective interventions, the eight key aspects to developing and maintaining an effective intervention system for K-3, and how to keep records, should stay in the handbook. One participant felt that the background information was most useful and one participant felt that it was useful.

4. It is recommended by two of the five participants who responded in writing that the case study form should stay in the handbook. Both participants felt the case study was useful.

5. It is recommended by one participant that the importance of the documentation should be included in the introduction section. This panel member felt that reasons for using this handbook should be clear and concise. Questions which are recommended include: Why should teachers follow these procedures from the handbook? What is the importance of a case study? Do teachers know current laws regarding referring students for Special Education? Could following procedures from the handbook protect them from legal ramifications? Is documenting a child’s interventions part of a teacher’s job? Examples offered by the panel would include: current laws, job protection, specific work required of the teacher, the need of a “paper trail,” and to state the importance of documentation would allow teachers to have a common language, process, and understanding.

6. It is recommended by one participant who responded in writing that the handbook included internet sites for teachers to refer.

7. It is recommended by one participant who responded in writing to include why there is an example case study in the handbook.
Table 1 represents written responses from the panel of experts regarding the handbook. Each response was noted representing the handbook’s usefulness or non-usefulness in each category.

Table 1

*Written Responses from Panel of Experts*

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(The amount of work required to write a case study was a concern)

Summary

The ultimate goal of a primary grade reading teacher is to have each student reading fluently, with good comprehension, by the end of the third grade. With the updated IDEA law signed by President Bush in 2004, school personnel can use *Response to Intervention* (RTI) to help to obtain this goal. It is the hope that RTI will reduce the number of students referred for Special Education. In the case that a student does not respond to the interventions offered to him/her, teachers can teach interventions which can be documented and presented to a team of professionals who can then use the
documented information to decide whether a student should be referred to Special Education.

This project investigated the research in the area of *Response to Intervention* and scientific, research-based evidence. The purpose of this project was to discover characteristics of effective interventions teachers could utilize to enhance their student’s abilities in reading. The author developed a handbook that provides information about scientific, researched-based evidence, effective interventions, how to successfully document these interventions, and checklists to help the teacher.

This handbook was reviewed by a group of educational experts at Emma Wilson Elementary School. This group was asked to read the handbook and provide feedback as to the effectiveness, in their judgment, of the handbook towards meeting the needs of their students. Revisions were made to the handbook as a result of these comments and suggestions. As professionals, teachers who use this handbook will be able to successfully document their work in order to follow the appropriate legal procedures in ensuring that no child will be left behind.

**Conclusions**

Teachers in the Chico Unified School District have been told by district administration that they will use the RTI method and teach tiered interventions. Soon after teachers at Emma Wilson Elementary began to learn about RTI, the phenomena of Professional Learning Communities (PLC) led by Richard and Rebecca DuFour emerged. Teachers in the district were trained extensively in how to develop PLC’s. Teachers meet in collaborative teams to discuss how students were learning, decide which assessments
would be used and what specific skills were needed for intervention. Teachers were told to provide interventions, but few resources explained what to do for instruction. The practices associated with IDEA states that specific, scientifically based, general education interventions should be used. Within this time when teachers were learning about RTI and PLC’s, administration at the school site informed teachers that all intervention techniques and strategies must be chosen from a list of programs that have been determined as scientifically, research-based.

Teachers were expected to offer interventions and some did not have scientifically, researched-based material available at their site. Many teachers were left to develop their own interventions. There was a need for professional development and guidance for teachers to create the most powerful interventions for students. Interventions, according to the law, need to have evidence of its effectiveness. If teachers can determine that their own interventions have supporting evidence of its effectiveness, it is possible to use their teacher-made intervention for instruction.

In the process of developing the handbook for this project, this researcher learned that there were certain characteristics of effective interventions. This researcher also learned that interventions need to be documented. The documentation recommended was included in the handbook. The handbook serves dual purposes: 1) it provides information to teachers about intervention and scientifically, researched-based evidence, and 2) it provides examples of working documents to aide the teacher in recording information about what interventions a child has been involved in.
Recommendations for Future Researchers

This project provided an opportunity to research what constitutes high-quality intervention. This researcher created a handbook designed for teachers to use while creating interventions for students in need. The following recommendations are provided for future researchers in the field for educators.

- A study should be conducted of the number of student’s referred to special education after the use of this handbook by a school staff.

- A list of electronic sources for teachers to refer to should be created. Web sites would provide teachers, administrators, and other paraprofessionals with quick sources to gain current methods, curriculum, and strategies for intervention.

- An assessment tool needs to be developed to measure the effectiveness of the checklists and suggestions recommended in the handbook.

- Workshops should be created for teachers to be trained to assist them in the documentation process.

In the future, educators may want to create a handbook of successful interventions in order to replicate for future use.
REFERENCES
REFERENCES


University of Texas at Austin, College of Education. (2005a). *Intervention instruction*. Austin, TX: University of Texas System/Texas Education Agency.

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INTERVENTION FOR THE WHOLE CHILD: A TEACHER’S GUIDE TO DOCUMENTATION

by
Teresa Tindill
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Rose Wankin, Psychologist, Chico Unified School District
Stayce York, Teacher, Chico Unified School District
Introduction

The current movement toward Professional Learning Communities (PLC) has led teachers, administrators, and even school districts to focus on working together collaboratively to improve student achievement. Barbara M. Taylor, from the University of Minnesota and P. David Pearson from the University of California, Berkeley investigated the effects of home, community, school, and teacher factors on students’ reading achievement. They found characteristics of schools that were effective in the teaching of reading. Taylor and Pearson (2004) found that “leadership, collaboration in the teaching of reading and in sustained professional development, and positive home-school connections were found to be especially important” (p. 167). With the emergence of PLC, intervention has received increased attention. In order to create powerful PLCs, “teachers and administrators need professional development, effective materials, and other supports closely aligned with state standards to help them move from where they are to where they need to be” (Slavin, 2002, p. 19).

The work of Richard DuFour, Rebecca DuFour, Robert Eaker, and Thomas Many (2006) has enlightened educators about professional learning communities. There is a vast movement in Northern California towards the utilization of PLC. Teachers and administrators are working tirelessly to increase student achievement. Teachers who have begun to work in their PLCs have data on recent benchmark assessments, but what interventions should be in place? If interventions have to be scientifically, research-based interventions, which do we use? What if the scientifically, research-based interventions do not address specific standards that the child needs? How do teachers find and use the most powerful intervention for the child? With the vast amount of professionals that are passionate about their work and extremely knowledgeable in their field, teachers should have a way to make their work evidenced-based so that no child will be left behind.

This handbook is designed to help teachers use what they know from their professional development, their own professional knowledge base, and from working together collaboratively to create the most powerful interventions for children. The contents of this handbook will help teachers organize and use effective materials to facilitate these powerful interventions. This handbook will help guide teachers to create evidenced-based interventions and effectively document work in order for teachers, administrators, and schools to show they have created powerful interventions. This document can then be used as a reference and/or help validate the interventions used for the student study team meeting if a child has been deemed unsuccessful in interventions.
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What is Intervention?

“Intervention refers to additional high-quality, intensive, targeted reading instruction provided to struggling readers to help them achieve grade-level objectives” (The University of Texas at Austin, 2005a, p. 1.3).

Response to Intervention

With No Child Left Behind (NCLB) and the new special education reform, new thought about how to meet children’s needs has emerged. This new practice has been labeled Response to Intervention (RTI). Although this practice has been recently referred to as RTI, its’ historical base came from a Problem-Solving Model (PSM). A simple explanation from Marston, Reschly, Lau, Muyskens, and Canter (2007) state: “problem solving involves applying a logical sequence of steps to address an issue or difficulty” (p. 265). (RTI) is a school-wide collaboration of teachers, resource specialists, and paraprofessionals who work to ensure all students have a time in their school day to work on standards they have not yet met. Each district is different in the process of setting up interventions and each school in a particular district can vary tremendously in methods to deliver interventions. A possible example of tiered intervention may look like the following: all students receive core curriculum instruction, students are tested, test data are analyzed, and teachers put their students in intervention groups according to the specific skills needed. Most sources in literature usually state that one skill or standard is identified and the teacher provides intervention techniques and strategies during a specific time period, designated for intervention, in the school day.

Intervention groups, developed from the pretest data analyses, are begun. According to the University of Texas at Austin, “during the intervention, students receive explicit, systematic instruction with adequate scaffolding, multiple opportunities to practice, and corrective feedback” (University of Texas at Austin, College of Education, 2005a, p. 1.2). Teachers use a variety of techniques and strategies to teach a specific skill and then, after a pre-designated amount of time, the students are post-tested.

The Three Tiers of Intervention

RTI is most commonly a three-tiered model. It is the general education teacher’s responsibility to identify the bottom 25% of students, and/or all students who are not meeting standards, in tier one. The teacher can do this by using scores from the previous year, or other tests deemed reliable. During this stage, the general education teacher implements best practices for all students during the regular classroom instruction. “When establishing a three-tier model, it is important to analyze the instructional program in the child’s classroom to ensure that all children in that classroom are being provided with balanced, explicit, and systematic reading instruction” (Klinger, Sorrels, & Barrera, 2007, p. 224). If the general education teacher recognizes students that are not responding to this instruction, they determine whether these students are “at-risk.”

If the student is not responding, the student then enters tier two. Schools must establish a set of criteria to determine which students should receive instruction in this Tier. Schools must also determine the frequency, duration, content, format, grouping of
students, scheduling, and decide when to transition students out. This transition may include children being dismissed from intervention or children who need more explicit and targeted instruction (O’Connor, 2007, p. 144). During this phase, the “at-risk” student receives diagnostic intervention by a general education teacher or a specialist. Effectively using a reading specialist in the development of curriculum could dramatically reduce the number of students in first and second grade classrooms that need special interventions (Foorman & Torgesen, 2001). Other paraprofessionals have been known to teach intervention at this level. “A good rule of thumb is that, the less experienced the teacher, the more structured and ‘scripted’ the intervention program should be (Torgesen, n.d., p. 2). All adults, at any level of experience, will monitor student performance and responsiveness.

The question of determination of adequate response to Tier 2 intervention is critical, given the amendments of 2004 to the Individuals with Disabilities Education Improvement Act (IDEA: PL 108-446), which support the use of response to quality instruction and intervention as one criteria for the identification of a learning disability. (Denton, Fletcher, Simos, Papanicolaou, & Anthony, 2007, p. 131)

Tier three intervention is implemented when the student is still not responding to interventions at an acceptable rate. O’Connor (2007) reminds us that “providing short term, focused intervention helped to discriminate students who had difficulty getting started or who entered school with less-developed preparatory skills for literacy learning than their peers from students whose reading difficulties were persistent and severe” (p. 153). The student whose reading difficulties were persistent and severe is commonly designated as learning disabled and receives a special education placement. The student may receive special education services while mainstreaming the student in the general education placement. “The essential features of effective Tier 3 interventions are 1) prioritized content, 2) purposeful instructional design and delivery, 3) protected time and grouping, and 4) performance monitoring” (Harn, Kame’enui, & Simmons, 2007, p. 162)

Interventions during these phases can take place in two ways. General education teachers can use a standard treatment protocol where students undergo the same interventions or use a problem-solving method to determine what an individual student needs. In these methods teachers, specialists, and psychologists, along with the parents of the student work together to determine the problem, explore possible causes, develop a goal-directed intervention, monitor progress, and modify as needed (Fuchs & Fuchs, 2006).
What is Scientific, Research-Based Evidence?

Historically, scientific research-based evidence began in the medical field and other areas such as agriculture, transportation, and technology. Slavin explains, “in each of these fields, processes of development, rigorous evaluation, and dissemination have produced a pace of innovation and improvement that is unprecedented in history” (Slavin, 2002, p. 16). Unfortunately, the educational system does not perform in the same manner. Slavin (2002) admits that education moves from fad to fad unlike the fields mentioned previously.

It is not quite clear what is considered evidenced-based. An online source, What Works Clearinghouse, collects and reports methods they consider evidenced-based. With most research articles taking credit for what works, most research uses randomized controls, done over time. Work done in research can be experimental, quasi-experimental, and qualitative, “results from carefully designed experimental and quasi-experimental research studies certainly are of value, but it should also be emphasized that much can and should be learned through qualitative means” (Klinger et al., 2007, p. 232). There has been work reviewed that uses correlational research or descriptive research. Most of the information read by this researcher contained studies that used randomized controls. There are some problems in the field of education if randomized controls are used solely. In education, there is often a selection bias and it is difficult to get a true random sample. Teachers must evaluate scientific, research-based practices and ask with whom, are these practices successful and under what circumstances?

There are some problems in the field of education if randomized controls are used solely. In education, there is often a selection bias and it is difficult to get a true random sample. It is also difficult to run experimental designs over time in the classroom setting.

Individual with Disabilities Education Act (IDEA)

Former President Gerald Ford signed the first Individual with Disabilities Education Act (IDEA, 2004) mandating states to provide all students with disabilities an appropriate education. This followed with President Bush signing into law the Individuals with Disabilities Education Improvement Act (IDEA, 2004) on December 3, 2004. IDEA defined a learning disability as a disorder in one or more of seven basic psychological processes (oral language, listening comprehension, basic reading, reading comprehension, math calculations, math reasoning, and written language) that show a discrepancy between achievement and intellectual ability. This revised law allows school personnel to use Response to Intervention (RTI) as a means for identifying students with learning disabilities rather than using a test to determine whether a child has a severe discrepancy between achievement and intellectual ability.

According to the Code of Federal Regulations 300.311 (a) (7), which states what specific documentation a school team would need to determine a child’s eligibility for special services: “if the child has participated in a process that assesses the child’s response to scientific, research-based intervention (i) The instructional strategies used
and the student-centered data collected; and (ii) The documentation that the child’s parents were notified” (U.S. Department of Education Office of Special Education and Rehabilitative Services, 2008). In order to meet the needs of this law, all intervention data must be collected, documented and would need to have been from a scientific research-based intervention. There is a gap between what may be offered by most school sites for intervention and what is needed by the team of qualified professionals and the parent of the child to meet the needs of the learner as well as this law.

This researcher’s goal is to bridge the gap between intervention which may not follow a scientific, research-based program, but is a quality, evidenced-based intervention, provided by a competent and effective primary grade reading teacher, and still meet the requirements of the IDEA law. The pedagogy for this handbook was developed by researching literature about scientific, research-based practices in reading. These practices were divided into step-by-step procedures in a handbook form. The intended user of this handbook is the regular education teacher who intends to document all interventions for every student who receives interventions in her classroom that may need to be referred to a student study team and/or special education services.
What is Evidence-Based Instruction?

The University of Texas at Austin has developed a document called *Intervention Instruction* (2005a). Within this document, authors from the Vaughn Gross Center for Reading and Language Arts wrote:

Some campuses have designated a specific intervention program or programs to use during these intervention sessions. In these cases, program lessons should be reviewed and, when necessary, enhanced (e.g., made more explicit). On the other hand, some campuses (e.g., some bilingual campuses) have not identified an intervention program, a situation that makes providing effective intervention instruction somewhat more complicated. Teachers at these campuses must rely on materials utilized within the core instruction (the core program), their knowledge of the grade-level content, and their expertise in implementing instructional strategies to provide effective interventions to their struggling readers. (University of Texas at Austin, College of Education, 2005a, p. 1.3-1.4)

Recent literature tends to move in the direction of teacher-developed interventions and the use of scientific, researched-based strategies. Will this slight difference in vocabulary meet the needs of children, and most importantly, the IDEA law?

In 1997, Congress asked the Directory of the National Institute of Child Health and Human Development (NICHD) to convene a national panel to assess the status of research-based knowledge. This group came to be called the National Reading Panel (NRP). The NRP intensively researched alphabetics, phonics instruction, fluency, and comprehension along with teacher education and computer technology. During public hearings, two of the key themes which emerged were (NRP, 2000, p. 6):

- The need for clear, objective, and scientifically based information on the effectiveness of different types of reading instruction and the need to have such research inform policy and practice;
- The importance of applying the highest standards of scientific evidence to the research review process so that conclusions and determinations are based on findings obtained from experimental studies characterized by methodological rigor with demonstrated reliability, validity, replicability, and applicability.

Teams of researchers reviewed relevant literature and how instruction was best provided in each area. The NRP findings suggest teaching strategies in each of the six reading areas. The strategies are considered the most powerful strategies for reading according to their review of their selected literature. According to the NRP, “the evidence-based methodological standards adopted by the Panel are essentially those normally used in research studies of the efficacy of interventions in psychological and medical research” (2000, p. 8).
Characteristics of Scientific, Research-Based, Effective Interventions

There are many scientific, reading researched characteristics of effective interventions for students who are at-risk for reading difficulties. Dr. Joseph Torgesen (Florida Center for Reading Research [FCRR], n.d., p. 1) designates the following characteristics as effective:

- They should be offered as soon as it is clear the student is lagging behind in the development of skills or knowledge critical to reading growth.
- They must significantly increase the intensity of instruction and practice and they should be available in a range of intensities.
- They must provide the opportunity for explicit (direct) and systematic instruction and practice along with cumulative review to insure mastery.
- They must provide skillful instruction including good error correction procedures, along with many opportunities for immediate positive feedback and reward.
- They must be guided by, and responsive to data on student progress.
- They must be motivating, engaging, and supportive; a positive atmosphere is essential.

In addition to Torgesen’s suggestions, interventions need to be supported by literature. Teachers must evaluate scientific, research-based practices and ask with whom, are these practices successful and under what circumstances? As noted by Klingner et al.,

Whereas quasi-experimental and experimental approaches can help researchers understand which instructional approaches are most effective in a general sense, qualitative methods are ideally contextual variables that affect the effectiveness of an approach, and facilitating our understanding of implementation challenges and under what circumstances and with whom a practice is most likely to be successful, adding depth not available through other approaches. (p. 232)

As models such as the RTI model become more prevalent “they presume too much for implementation, thereby leaving the practitioner to conserve and retrench to their own (sometimes ineffective) ‘tried and true’ methods or to modify research-based interventions in ill-conceived ways because they lack to training (or time) to make the necessary modifications” (Klingner et al., p. 236).

Interventions are recommended to have a small group of students work together to learn one specific skill. These small groups allow more opportunities for students to respond and receive feedback from the teacher. Intervention is most effective if small groups of three to five students are established.
Eight Key Aspects to Developing and Maintaining an Effective Intervention System for K-3

All intervention groups must have appropriate assessments. The teachers analyze testing data to determine what skills and standards need to be taught. Torgesen (FCRR, n.d., p. 2), states that there are “at least eight key aspects to developing and maintaining an effective intervention system for K-3 students.” The following are the key aspects:

1. Strong motivation on the part of teachers and school leaders to be relentless in their efforts to leave no child behind.
2. A reliable system for identifying students who need intensive interventions in order to make normal progress in learning to read.
3. A reliable system for monitoring the effectiveness of interventions.
4. Regular team meetings and leadership to enforce and enable the use of data to adjust interventions as needed.
5. Regular adjustments to interventions based on student progress. The most frequent adjustments should involve group size and time (intensity), but may also involve a change of teacher or program.
6. Enough personnel to provide the interventions with sufficient intensity (small group size and daily, uninterrupted intervention sessions).
7. Programs and materials to guide the interventions that are consistent with scientifically based research in reading.
8. Training, support, and monitoring to insure that intervention programs are implemented with high fidelity and quality.

The effectiveness of intervention systems placed at a school site is highly imperative in order to implement effective programs. The type of interventions, levels of expertise among intervention teachers, and the quality of the RTI program design are all aspects of quality education required to meet the needs of at-risk students in the area of reading.
How to keep records? Now what do you do with it?

The Case Study form is used for the purpose of documenting information about a student that is not responding to several interventions in Tier 1, possibly Tier II, and the teacher has tried everything known. The teacher has decided to refer this student for special education and will need to provide evidence that the student is not responding to recent interventions. This case study documentation in not intended to be used with every student who has difficulties.

How

One way to begin keeping records is to fill out the top portion of the Case Study form as soon as the student is identified. These sections would be: 1) all personal information, 2) school information, and 3) profile of the student. The next step is to use benchmark data to determine what intervention the child needs. The teacher will need to research a small portion of the current literature to establish which intervention would be the most appropriate for the child. If there is not a scientific, research-based program to use and the teacher would like to create his/her own, what strategies are in recent literature to use for the intervention? The teacher can then fill out the next sections: 1) review of the related literature, 2) previous test data, 3) intervention content, 4) intervention materials, 5) intervention strategy, 6) grouping, 7) dates, 8) time of day, and 9) days of the week.

The teacher is now ready to start the intervention. When the intervention has concluded, the teacher can then complete the rest of the case study document.

REMEMBER: THE CASE STUDY IS NOT INTENDED TO BE USED WITH EVERY STUDENT HAVING DIFFICULTIES. THIS CASE STUDY IS INTENDED TO BE USED WITH THAT STUDENT WHO YOU HAVE TRIED EVERYTHING WITH AND HE/SHE IS STILL NOT RESPONDING. THIS RESEARCHERS EXPERIENCE HAS COMMONLY SEEN A CASE STUDY USED ON ONE OR TWO STUDENTS A YEAR (IF THAT).

The following outline is also provided in the blackline section at the end of the handbook.

Outline of a Case Study

I. Personal Information

II. School Information

III. Profile of student (cognitive, social, physical)

IV. Review of related literature
V. Intervention

A. Test Data

B. Content

C. Materials

D. Strategy

E. Grouping (whole, small, one-on-one)

F. Dates of Intervention

G. Time

H. Days

I. Who teaches? (paraprofessional, parent, teacher, resource specialist, etc.)

VI. Supporting evidence

VII. Research quality

VIII. Questions for teachers to ask themselves

Why

Why should teachers follow these procedures from the handbook? Do teachers know current laws regarding referring students for Special Education? Could following procedures from the handbook protect them from legal ramifications? Is documenting a child’s interventions part of a teacher’s job?

Hopefully this handbook has answered some of the questions above. Each teacher should have in their knowledge base: 1) current laws, 2) how to facilitate job protection, 3) known specific work required of the teacher, 4) the need of a “paper trail”, and to state the importance of documentation. This would allow teachers to have a common language, process, and understanding of the intervention process.
The following case study is for example purposes only. The following student is a fictitious student. The reason for an example case study is for the teacher who has had limited experience in documentation and would like to follow an example. During this researcher’s master’s program at CSU, Chico a semester-long class focused on case studies. This was the first experience, as a teacher, of how to document a student’s progress as a case study. It is the researcher’s belief that there are teachers in the field who have also not had experience in developing case studies and would like a sample at which to follow. This is only one example of the many issues a teacher would document a student’s case.

A Case Study
(For sample purposes only – this is a fictitious student)

**Personal Information**

**Name:** Trevor Smith

**Birthdate:** January 1, 2002

**Age:** 6

**Grade:** First

**Parents:** Joe and Susie Smith

**Address:** 1234 Emma Wilson Street, Chico, CA 95937

**Phone:** 555-1234

**School Information**

**School:** Emma Wilson Elementary School

**Address:** 1530 W 8th Ave. Chico

**Phone:** 555-56780

**Teacher:** Teresa Tindill
Profile of Student (Cognitive, social, physical) Information may or may not contain all of the following:

Environment (school experiences, home experience)

Trevor has been at Emma Wilson Elementary for both Kindergarten and first grade. Previously, he attended a full-time day care. Trevor has had extreme behavior both in Kindergarten and first grade. He has shown defiant, disrespectful, inappropriate behavior and needed to be on a daily behavior contract in Kindergarten. He continues to need a daily behavior contract in first grade.

His teacher requested a conference with his mother. She stated that she is currently and has been living with a boyfriend of two years. Trevor’s biological father does not live with them and is not involved often in his life. When dad does visit, it disrupts Trevor’s routine and his difficult behavior escalates. At this conference, the mother stated that Trevor has moved around a lot and with different family members for his first five years of his life. One aunt is bi-polar. His mother had him when she was nineteen years old. She stated that he has difficulty with authority.

Health (developmental, physical, mental)

Mom stated that Trevor’s health has been good. He is not on any medication.

Motivation (interests, goals, support systems)

Trevor enjoys karate. He respects and likes his karate instructor. He wants to please his teacher and gives hugs often.

Abilities (intelligence, performance vs. potential learning styles)

Trevor is strong in math. He has high ability in academics, but his behavior continues to distract from his learning. He is aware of his relative lesser abilities in reading and it is possible his lack of self-esteem stems from this awareness.

Skills (reading skills, reading strategies, study skills)

His sound knowledge in the BPST and the Spelling Inventory is at grade level. His high-frequency sight words and leveled reading passage is below grade level. Trevor can self-correct during reading. He can monitor meaning and structure cues while reading. He continues to work on monitoring visual cues while reading. He requires one-one-one attention from the teacher during work time. He often needs to be redirected to focus on his work. Trevor is unable to independently study his words during work time.

In the following sections if there are multiple interventions used, please list information for each intervention.
Review of related literature
Two articles were reviewed: Collaborative Action Research Report by Claudia Summers (2000) and Improving Elementary Student Spelling Achievement Using High-Frequency Words by Christina Dumell and others (1997).

Both strategies used word learning techniques to improve students’ abilities in reading. Activities included daily drills in the first 100 high-frequency words. Other activities included sending a book home daily, at the student’s reading level. The book was brought back to school every day and exchanged for another at the students’ reading level. The students read daily in class.

Previous Test Data
Specific skills assessed – High frequency word reading 23/150. Grade level standard was 50/150. Leveled text reading – 3/7. Grade level standard was 5/7. He was below standards in each area.

Specific tests used - The district’s 200 high frequency word list was used and the district adopted curriculum, Houghton-Mifflin leveled reading assessment was used.

Areas of strengths/ Areas of lesser abilities – Trevor was strong in phonemic awareness and phonics. He was below grade level in word reading and text reading.

Intervention Content
Content will consist of the district’s 200 high-frequency words. The focus for Trevor will be words numbered 23 – 50 on the list. Reading daily from leveled readers will also be part of the content.

Intervention Materials
Index cards will be used to make word cards, Go Fish card games, and word sorts. Bingo mats, board games and word searches will also be used for word learning. Leveled readers from the school library will be used.

Intervention Strategy
Multiple word learning strategies will be used. Kinesthetic activities to learn the high frequency words will take place both inside that classroom and outside on the playground. Trevor will read the words daily, write the words, and practice reading them quickly for automaticity.
Trevor will read daily from leveled readers. His reading level will be tested weekly to assure he has books at his instructional reading level. He will focus on meaning, structure and visual cues while practicing fluency. Reading Recovery strategies will be used. He will reread familiar books daily, will receive a guided reading picture walk with a new book daily, will make and break familiar words and practice writing with cut-up sentences. Each sentence will have one of the high frequency words he is working on.

**Grouping (whole, small, one-on-one)**
Trevor was in a small group of six students. Two groups of six students will be in the classroom. One group will work independently with a parent volunteer overseeing the word learning activity for twenty minutes; the other group received guided reading instruction. Then the groups switched activities.

**Dates (from [month, day] – to [month, day])**
This intervention ran from November 5\(^{th}\) to December 19\(^{th}\), 2007.

**Time of day**
Trevor’s intervention started at 1:20 and ended at 1:50.

**Days of the week**
Trevor’s intervention was Monday through Thursday.

**Who taught this specific intervention?**
(Paraprofessional, Parent, Teacher, Student teacher, Resource specialist, etc.)
Trevor’s regular classroom teacher taught his intervention.

**Supporting Evidence**
What evidence from the pre and post testing data supports using this type of intervention? Was this intervention successful for the child? If not, what would be a more powerful intervention for this child? Did this intervention address the needs for this child?

Trevor’s outcome-measure data did increase, but not enough to meet standards for the middle of the year. All but two students out of the twelve students met standards. His teacher’s judgment of the intervention and the outcome measures of other students provided evidence that the intervention was successful for others, but not completely successful for Trevor. Often he was off task during activities with the parent volunteer. He missed several days due to suspensions and being sent home early due to disruptive behavior.
**Research Quality** (the teacher is looking at the research from the review of related literature and if it is easily transferred to the teacher’s classroom setting: ie; looking at the research, for whom was the research intended and under what circumstances?)

Trevor’s teacher felt that the research filled the requirements for this intervention, ie: the circumstances were close to the research data. The first article studied first grade students and the second article studies several primary grades. The strategies were easily transferable to Trevor’s classroom environment and classroom management system.

**Questions for teachers to ask themselves: Am I monitoring? What anecdotal notes have I taken?** (the teacher records and reflects student outcomes, actual classroom/intervention progress, appropriateness of this intervention for this child, and what changes will be made next time to insure improvement for the intervention)

Trevor’s behavior was a barrier to his progress. I observed his behavior often, but sometimes it was difficult to stop teaching my small group to redirect him. He may have been more successful in a smaller group which was teacher-directed the entire time of intervention. If I would have given him the word test every two weeks, I could have noticed his slower word acquisition compared to others. Testing students every two weeks would have been informative.

**Next Steps** (the teacher records what next steps will be taken with this child, if any)
# Blackline Masters

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### A Checklist for teacher’s to use before intervention

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1. A core reading program was used consistently, in the regular education classroom, based on scientific reading research.
2. Benchmark testing or other formative tests were given to determine instructional need.
3. Professional development provided the necessary tools to provide quality reading instruction for intervention.

### A Checklist for teachers to use while creating an intervention

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1. Will your intervention provide explicit instruction with modeling?
2. Will your intervention provide systematic instruction with scaffolding?
3. Will your intervention provide multiple opportunities for practice with corrective feedback?
4. Will your intervention provide adequate pacing?
5. Have you contacted the student’s parents?

### A Checklist for teachers to use if an intervention was not successful for a student

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1. Evidence-based instruction was used (if not, go to next question)
   Name of evidence-based program _____________________.
2. Teacher-created evidence-based instruction was used.
3. Teacher followed evidence-based design.

### Points of discussion/reflection

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1. Have you reflected on the intervention and possible reasons why it was not successful? What will you try next?
A Case Study

Personal Information

Name:

Birthdate:

Age:

Grade:

Parents:

Address:

Phone:

School Information

School:

Address:

Phone:

Teacher:

Profile of Student (Cognitive, social, physical) Are there any known issues related to the child’s current situation? Information may or may not contain all of the following: [Environment (school experiences, home experience) Health (developmental, physical, mental) Motivation (interests, goals, support systems) Abilities (intelligence, performance vs. potential learning styles) Skills (reading skills, reading strategies, study skills)]
In the following sections if there are multiple interventions used, please list information for each intervention.

- **Review of related literature**

- **Previous Test Data**
  - Specific skills assessed
  - Specific tests used
  - Areas of strengths/ Areas of lesser abilities

- **Intervention Content**

- **Intervention Materials**

- **Intervention Strategy**

- **Grouping (whole, small, one-on-one)**

- **Dates (from [month, day] – to [month, day])**

- **Time of day**

- **Days of the week**

- **Who taught this specific intervention?** (Paraprofessional, Parent, Teacher, Student teacher, Resource specialist, etc.)

- **Supporting Evidence**
  What evidence from the pre and post testing data supports using this type of intervention? Was this intervention successful for the child? If not, what would be a more powerful intervention for this child? Did this intervention address the needs for this child?

- **Research Quality**
Questions for teachers to ask themselves: Am I monitoring? What anecdotal notes have I taken?
REFERENCES


University of Texas at Austin, College of Education. (2005a). Intervention instruction. Austin, TX: University of Texas System/Texas Education Agency.

University of Texas at Austin, College of Education. (2005b). Introduction to the 3-Tier reading model: Reducing reading disabilities for kindergarten through third grade students (4th ed.). Austin, TX: University of Texas System/Texas Education Agency.
