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Haager, Diane; Klingner, Janette, & Vaughn, Sharon. (2007), *Evidence-Based Reading Practices for Response to Intervention*, Baltimore, MD: Paul H. Brooks Publishing

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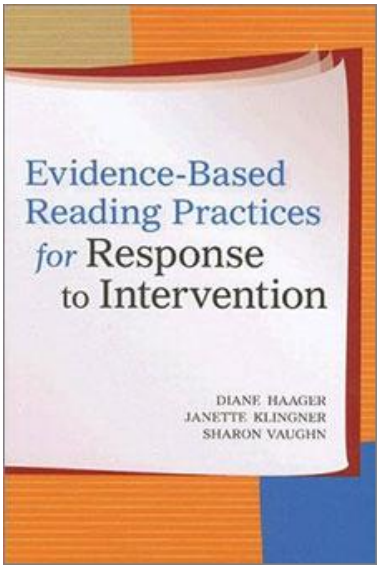

In August 2009, the U.S. Department of Education released a written presentation addressing how federal funds may be used to implement Response to Intervention (RTI) in public schools. While this report exemplifies the growing political and financial support for RTI, the report acknowledges that its purpose is "not to define or describe how to implement RTI" (U.S. Department of Education, 2009, p. 2). This is why texts, such as *Evidence-Based Reading Practices for Response to Intervention,* are needed. This book, edited by Haager, Klingner and Vaughn, provides a wealth of information about the history, implementation, and research behind this increasingly used system of screening and intervention for students with reading disabilities (Haager, Klingner and Vaughn, 2007). The editors—Haager, Klingner, and Vaughn—have enlisted an elite group of researchers to contribute to this volume. Many of the contributors have conducted research for

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decades in the fields of reading instruction, classroom intervention, and learning disabilities. Much of the writing in this book summarizes the research that serves as the rationale for the Response to Intervention model. However, several chapters also provide a detailed description of how to implement RTI within schools. Therefore, this book could be useful for both researchers and education practitioners.

The book is divided into five sections. Section one offers background on and description of Response to Intervention. The next three sections each focus on a different stage of the three-tier RTI model. The final section encompasses some of the issues related to the implementation of this system. Most of the chapters could be read individually, so long as the reader has some background knowledge about RTI. In my opinion, chapter 2 provides the best introduction for anyone who is unfamiliar with Response to Intervention.

Section I: Background and Overview of the Three-Tier Model

In chapter one, Vaughn and Klingner lay out a clear, yet succinct history of the need for Response to Intervention and how this new system differs from the previous method of identifying students with disabilities. The authors mention six problems with the old system of identifying students with learning disabilities. Two of these problems, which come up frequently in future chapters, are "inaccurate procedures for determining learning disabilities through emphasis on flawed methods such as IQ score—achievement discrepance as a primary practice" and "students being identified using a 'wait-to-fail' model rather than a prevention—early intervention model" (p. 3). It is with this backdrop of a flawed system, that the authors present the rationale for a "new era" in the instruction and screening for students with learning disabilities (p. 6).

The impetus for this monumental shift in education policy came from three commissions focusing on special education that occurred in the early 2000s. According to the authors, "these initiatives…yielded convergent findings that set the stage for changes in the identification and intervention practices for students with learning disabilities" (p. 3). One commission, the President's Commission on Excellence in Special Education,

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stated that "the current special education system places too much emphasis on paperwork and placement and not enough emphasis on instruction" (p. 4). The old system "takes a 'wait-to-fail' approach rather than focusing on prevention and intervention" (p. 4). This commission pointed out that in the previous system, general education and special education resources typically operated separately, and that they should operate as a unified system for the benefit of all students. Another commission sponsored by the Office of Special Education Programs identified eight key principles from their findings: two of which were "IQ score—achievement discrepance is not an adequate practice for identifying students with learning disabilities" and "RTI is the most promising method for identifying individuals with learning disabilities" (p. 5). Based on the findings of these commissions, the U.S. government passed the Individuals with Disabilities Education Improvement Act (IDEA) of 2004 which "recommended RTI as a practice for identifying students with learning disabilities" (p. 6). The law made several recommendations, of which included:

- Discontinuation of the use of the IQ score—achievement discrepance criterion
- Early screening and intervention
- Use of a multitiered intervention strategy

Chapter two gives the most thorough description of the Response to Intervention system provided in this book. The authors—Vaughn, Wanzek, Woodruff, and Linan-Thompson—give both a practical description of RTI and the theoretical underpinnings that led to the development of this model. In preparation for writing this chapter, the authors reviewed studies pertaining to early interventions for students at risk of reading failure. In intervention research, it has become increasingly common for researchers to identify how many students in their studies failed to make progress, and to give demographics and characteristics of these "nonresponders" (p. 13). Thus, the term "response to intervention" comes from the investigation of the particular students who fail to exhibit positive academic improvement from normally successful interventions. The authors note that research has suggested that nonresponders may need more intensive intervention, such as "decreasing group size for instruction and /or increasing the amount of time the student spends receiving instruction" (p. 17).

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This chapter also gives a clear description of the structure and purpose of a Response to Intervention model. The authors describe the most common RTI model: the three-tier approach. With the assistance of informative charts, the three tiers are clearly explained. Tier 1 involves high-quality reading instruction and assessments for all students. Tier 2 consists of interventions for students who fall behind in the general curriculum. Tier 3 entails more intensive interventions for those students who fail to respond successfully to the Tier 2 interventions. Specific details about the different tiers are provided, such as which school staff should provide instruction for each tier, duration of the interventions, and optimal teacher-student ratio during each tier.

In chapter three, Lynn and Douglas Fuchs examine the use of assessments in the three-tier model. The authors cover the use of assessments for initial screening of students during Tier 1, and for monitoring students' progress during the interventions of Tiers 2 and 3. After a brief explanation of the functions of assessment in RTI, the authors shift to focusing on a category of assessments which can be used for this system: Curriculum-Based Measurement (CBM). With Curriculum-Based Measurement, a teacher should have at his or her disposal approximately 30 equivalently-difficult assessments in a particular content area. The student takes these assessments periodically during the course of the year or the span of the intervention. The teacher keeps a record of the students' scores, which allows the teacher to monitor the student's rate of improvement or lack of improvement. The benefit of using multiple, equivalent assessments appears to be that it more easily allows teachers to see students' progress than if teachers used academic assessments which continually become more difficult throughout the year.

The authors also state that fluency is a critical feature of CBM, so that students' progress can be assessed regarding not only their ability to read accurately but also with appropriate speed. They give a lengthy defense of fluency as an important indicator of reading competence. Finally, they create a hypothetical case study exemplifying the use of CBM for the screening and progress monitoring for a fictitious school.

Section II: Primary Intervention (Tier 1)

The next six chapters provide examples of how research-based interventions could be implemented within the three tiers of RTI. Two chapters are devoted to each tier. Some of the chapters serve primarily as descriptions of the chapter authors' own research, and other chapters provide a more detailed review of the extant literature on the relevant topic.
Chapters 4 and 5 tackle the issue of providing high quality reading instruction to all students during Tier 1. In chapter four, Foorman, Carlson, and Santi summarize three large-scale classroom observation studies which attempted to correlate teacher and student practices with student academic achievement. These authors also review studies which connected professional development with gains in teachers' knowledge of content, pedagogy, and pedagogical content.

In chapter five, Greenwood and colleagues discuss research pertaining to two closely related interventions, ClassWide Peer Tutoring (CWPT) and Peer Assisted Learning Strategies (PALS). CWPT was developed by Greenwood and others approximately three decades ago. PALS was developed in the early 1990s and was "built around the CWPT process" (p. 88). Both systems involve all students within a classroom participating in reciprocal peer tutoring—a process whereby students are placed in dyads and both students take turns acting as the tutor and as the tutee. During the peer tutoring sessions for both systems, students engage in activities that promote critical reading skills, such as phonemic awareness, fluency, and comprehension. The authors of this chapter provide specific details as to the procedures of the interventions. Furthermore, they provide extensive data concerning the research investigating the effectiveness of these programs in preventing reading failure in students. The authors also reflect on what obstacles may be preventing the widespread use of these scientifically validated interventions.

Section III: Secondary Intervention (Tier 2)

Chapter six and seven examine the Tier 2 interventions designed for students who fall behind in the general curriculum. Chapter 6 begins with a discussion of a randomized experiment which contrasted gains made by students who received Tier 1 and Tier 2 instruction versus students who only received Tier 1

instruction. As predicted, students who received the additional Tier 2 interventions made significantly better improvement than those who only received Tier 1 instruction. The authors then discuss a subsequent study in which some of these same students—only ones who were still reading poorly—received more intensive Tier 3 interventions. Students who had received Tier 1, Tier 2, and Tier 3 interventions made greater improvements than students who had only received Tier 1 and Tier 3 instruction. The authors understandably make the recommendation that students who are struggling during Tier 1 should always receive Tier 2 interventions. However, I would have liked the authors to comment as to whether interventions can even be called "Tier 3" if students have not participated in Tier 2. It is true that the Tier 3 intervention in this study did consist of more intensive interventions than the Tier 2 intervention (1 to 2 hour sessions with only two students per instructor versus 40 minute sessions with three students). However, in a three-tier RTI model, can a student be moved directly to from Tier 1 to Tier 3? Is not one of the requirements of Tier 3 intervention that the student has previously received Tier 2 intervention? I believe this is an important concept for discussion, and I would have liked to hear the authors' perspectives on this issue.

Through discussions of related research and a detailed description of her own study, O'Connor—the author of chapter seven—gives the reader a clear understanding of what Tier 2 interventions entail, how students can benefit from them, and how Tier 2 interventions differ from other types of reading interventions in research. O'Connor states that there can be several reasons why students may benefit from secondary intervention: "students might need more instructional time to learn what their peers learn…; students may need more explicit instruction than is provided in general class instruction…; or students might need another approach to reading instruction altogether" (140-141). She makes an extremely insightful point about the distinction between Tier 2 interventions and other intervention studies. Many interventions studies try to showcase a particular type of pedagogy or curriculum that is different from the status quo. The purpose of these studies is often to expose a flaw in the current system and to advocate for the inclusion of the researchers' innovative ideas into the general education. This approach differs dramatically from Tier 2 intervention

research, which requires that students have been initially exposed to high-quality instruction and curricula. The goal of Tier 2 intervention research is to determine what interventions are effective for students who have fallen behind even though they have been participating in normally effective general education.

O'Connor summarizes several successful Tier 2 intervention studies, and then describes her own study in detail. O'Connor acknowledges that the purpose of describing her own study is not to proclaim her methods as superior to others, but to allow a more nuanced look into the happenings within a Response to Intervention model. Her study involved the use of Tier 1 and Tier 2 instruction over the first 4 years of schooling (K-3) for one cohort of students. This description is enlightening as to how students can enter and exit Tier 2 interventions throughout their schooling. Since students are not supposed to be officially designated as "learning disabled" during the first two tiers, this case study shows how students can fall behind, then catch up, without ever receiving a disability label. This summary also showcases how students occasionally need to re-enter Tier 2 because they face new skills that were not part of the curriculum in an earlier grade. For example, a student may need Tier 2 intervention in kindergarten because the student fell behind in learning letter sounds, and subsequently the student exited Tier 2 with the help of focused intervention. But then, in 1st grade, this same student might need Tier 2 intervention for the skill of fluently reading connected text. O'Connor uses the clever term "inoculation" to describe whether or not the use of Tier 2 intervention for a foundational skill "inoculates" a student from the need for future interventions with more advanced skills.

Section IV: Tertiary Intervention (Tier 3)

Chapters eight and nine focus on inventions for students who fail to respond to secondary interventions. Chapter eight begins with an interesting account of how the three-tier model of intervention originated in public health literature. Primary prevention is designed for the population at large in order to prevent new cases of a disease or condition. Secondary prevention is designed to decrease the number of current cases. Tertiary prevention is designed to reduce the complications associated with the current cases. The authors then give their

description of how this three-tiered model applies to the prevention of reading difficulties.

The authors give 4 essentials for Tier 3 intervention:

1) Protected time and grouping
2) Performance monitoring
3) Prioritized content
4) Purposeful instructional design and delivery

These essential aspects of Tier 3 intervention were demonstrated during a study that the researchers conducted in kindergarten classrooms. The study contrasted the performance of students who received Tier 3 instruction in three different types of delivery systems. One of the interventions primarily focused on phonemic awareness, phonics, and word reading. The other two consisted of these skills, as well as vocabulary and comprehension. All interventions were 30 minutes per session. The authors concluded that the group that had received instruction in the highly focused code-based system exhibited the largest growth in phonemic awareness and word reading skills.

The authors of chapter nine conducted a study in which low scoring students received Tier 2 interventions throughout kindergarten. Then, students who did not respond well to this intervention received Tier 3 intervention in 1st grade. The authors categorized the students who had received Tier 3 intervention as poor responders and positive responders. They stated that only the poor responders to the Tier 3 interventions showed considerably lower scores at the end of 1st grade as well as at the end of 3rd grade. Positive responders to the kindergarten interventions (Tier 2) and positive responders to the 1st grade interventions (Tier 3) scored similarly to students who scored adequately on the initial assessments in the beginning of kindergarten.

The authors note that their model—which they call a "preventive" model of intervention—differs from the three-tier RTI model in one key way (p. 209). In RTI, students are designated as "falling behind" only if they perform poorly on assessments *after* they have received high-quality instruction. However, these researchers screened students at the very beginning of kindergarten to determine whether the students were already behind. Students who performed poorly on the

initial screening received Tier 2 intervention immediately. This actually brings up an important issue that researchers and educators need to acknowledge regarding the implementation of Response to Intervention. The reality is that many young children receive instruction from their parents or preschools in letter names, letter sounds, and even reading words. Therefore, students who do not receive this early instruction may already be behind their classmates when they begin their schooling in kindergarten. With this in mind, is it better for these students in the first few months of kindergarten to participate solely in less intensive Tier 1 instruction, or should they start with the more intensive Tier 2 interventions right at the beginning of kindergarten? This model may contradict a key tenet of RTI, which states that all students should first be exposed to quality general education to determine whether they need extra assistance. However, if students who have not received some instruction prior to kindergarten are already behind their classmates, then schools that implement RTI may need to take this into account.

Section V: Implementation of the Three-Tier Model

In chapter ten, Klingner, Sorrells, and Barrera discuss culturally and linguistically responsive instruction and how it specifically relates to RTI. The authors make the important point that good instruction is always culturally responsive. By this, they do not contend that instructional methods or curricula which have been deemed "evidence-based" will be effective with all students, but that the "evidence-based" instruction was effective partly because it was culturally and linguistically relevant to the original study's population of students. Often, interventions that have proven to be effective with middle-class, White students are labeled as "best practices" and are recommended for all students. On the contrary, educators should view these studies as showing that these methods have proven to be culturally responsive to one particular group of students, and may or may not be effective for a different group of students. Furthermore, even if the classrooms in the original study contained some diversity of students, this does not mean that the instructional methods would work as effectively in schools whose students are almost exclusively poor or English Language Learners. The authors point to the need for studies that are conducted specifically in schools with a high percentage of culturally and

linguistically diverse students. The authors also advocate for the scientific and political acknowledgement of studies that use qualitative research methodology. Finally, they make the point that "what works" in education also must include "for whom" and "in what contexts" (p. 224).

When using RTI, schools must be diligent in recognizing when teachers are or are not employing culturally responsive instruction. Ethnic minority students, poor students, and English Language Learners are overrepresented in receiving a learning disabilities label. One of the key tenets of RTI is that students should not be labeled as having a learning disability if they have not been exposed to high-quality instruction. The authors contend that receiving instruction that is not culturally and linguistically appropriate would fall under the category of poor instruction. Schools need to be diligent to make sure that teachers receive appropriate training so that they can deliver appropriate instruction for diverse students.

In chapter eleven, Haager and Mahdavi focus on the classroom teachers' roles when implementing RTI. More specifically, they discuss a six-year study in which they assisted and monitored the implementation of Tier 2 interventions delivered by general classroom teachers. The researchers conducted initial professional development for the teachers and then facilitated monthly teacher meetings. The researchers purposely designed a study in which the schools' classroom teachers provided the Tier 2 interventions, as opposed to having the researchers or research assistants provide the interventions. The researchers wanted to create a model that would be "sustainable in the long run" (p. 252).

I believe that the strength of this chapter is that the authors were honest about some of the challenges that they faced, which offers important insights for educators and administrators who plan to use RTI. One of the most significant findings was that teachers commented that they faced competing interests for their time and attention between the RTI interventions and the district mandated reading curriculum. Both the RTI interventions and the general curriculum required giving specific periodic assessments to students. In the end, some teachers chose to abandon the RTI assessments. The researchers accommodated by asking these teachers to use the district assessments as reference for the progress monitoring of the

students receiving the Tier 2 interventions. The authors did not clarify whether the district mandated assessments were validated assessments or whether the authors even felt these assessments were on par with the ones that the researchers had recommended. This illustrates the real-world challenge of competing interests in classroom instruction.

In chapter twelve, Marston and colleagues provide a detailed discussion of the implementation of an RTI model known as the Problem-Solving Model (PSM). Started in the Minneapolis School District in the early 1990s, this appears to be one of the earliest large-scale implementations of the RTI model. According to the authors, the PSM was much more data-driven than the previous methods that the district used to identify and support struggling students. The authors mention several interesting distinctions between the PSM and the district's previous system. During the use of PSM, 88% of students referred for special education services (as compared with 36% in the previous system) had received some form of documented intervention in their general classroom. Also, only about one-fourth of students who received intensive interventions from the PSM were ultimately labeled as having a learning disability. Thus, three-fourth of struggling students were helped enough from the interventions so as to prevent an LD labeling. In the previous system, once a classroom teacher began the referral process, it was much more likely that the struggling student would ultimately be labeled as learning disabled.

Chapter thirteen provides somewhat of a summary of the preceding twelve chapters, as well as a discussion as to what issues still need to be researched and addressed. The authors mention the need for research pertaining to RTI in third grade and beyond. The authors note that most of the implementation of RTI has begun at least by second grade and usually earlier. The authors ask the important question concerning whether a large portion of students develop reading difficulties for the first time later than third grade. The authors also mention the practicality of the weekly or bi-weekly progress monitoring that occurred in many of the research studies. Will most schools implement progress monitoring this frequently? If not, will less frequent progress monitoring still prove to be sufficient in determining students' response to intervention? The authors also mention the "research-to-practice gap" in the fidelity of

implementation of research-based curricula (p. 290), and discuss the conundrum of determining when Tier 1 instruction is acceptable.

In summary, this book should be an excellent resource for researchers interested in Response to Intervention and educators considering implementing this model. The objectives of RTI are noble: early identification of struggling students in order to help them catch up to their peers and reducing the number of students who are officially labeled as learning disabled. The information and research provided in this book will greatly assist educators in pursuing these goals.

Reference

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About the Reviewer

Peter Olson is a recent PhD graduate of the Graduate School of Education and Information Studies at the University of California, Los Angeles. He has taught courses in educational assessment and educational psychology at the university level. He was formerly a second and third grade teacher. His research investigates the academic improvement of lower performing students who participate as tutors.