Response to Intervention and School-Wide Behavior Changes: A Review of the Literature

Edith Rudd, Ed. D
Mark A. Richardson, Ph.D
Silas H. Christian, Ph.D.
Virginia State University
Assistant Professor of Elementary Education
Department of Teaching and Learning
Harris Hall 120E, USA.

Response to Intervention (RTI) RTI, as a means of identifying children and youth with disabilities, resulted from the reauthorization of IDEIA, 2004 and was enacted in 2005. It required that state departments of education to expand its current methods available for identifying students with specific learning disabilities. RTI is a method of using data to guide high-quality instruction and behavioral interventions matched to the needs of students. It requires the monitoring of progress frequently to make decisions about changes in instruction or goals, and applying child response data to make critical educational decisions set forth for students. This process should be used for making decisions regarding general, supplemental, and special education. It is also used in formulating a system of instruction and intervention directed by a student’s progress. RTI bridges general education and special education by extending some specialized evaluation practices into general education by building on different standards and initiatives. Some problems that have evolved with specific learning disabilities such as a deliberate separation of special education from general education and a lack of data results in reference to benefits of remedial and special education programs for students with disabilities. Procedures for determining eligibility procedures with weak instructional interventions, a lack of focus on prevention, and early identification of problems are becoming less problematic. Failure to treat the fundamental causes of learning problems and to be able to align instruction to accommodate learning styles and different cognitive processes has been noted.

Response to Intervention is a multi-tiered service-delivery model (Zirkel 2011). The tiers generally represent universal instruction with multiple grouping formats (Tier 1); supplemental instruction targeted at small groups of three to five students (Tier 2); and intensive individualized instruction in small groups of one to three students (Tier 3) (Mesmer & Mesmer 2008). Students with special education needs are generally found at the highest levels of the tier involvement, but not all of those children in the highest levels are necessarily identified as special education students. Most important, Tier 3 is intensive intervention to avoid referrals for special education services.

When using RTI for reading enhancement, certain objectives need to be considered. This process seeks to redefine how reading disabilities are identified and addressed within the public school system. RTI is also a prevention model that features multiple tiers of reading interventions that are layered on pupils based on their individual needs (Justice 2006). This process is usually considered a preventive model because these multiple tiers of support are introduced to students in the earliest stages of reading development, and children progress within intervention is carefully and regularly scrutinized to ensure progress in achieving criterion benchmarks in reading (Justice 2006).

RTI is grounded in scientific evidence suggesting that current approaches to identify reading disabilities (a) are insufficiently sensitive and specific, obvious high rates of false positives and false negatives; (b) lacks an empirical basis; and (c) fails to promote proactive early interventions that might mitigate children’s early reading difficulties (Wanzek & Vaughn).

Legislation and Policy
Historically, identifying students with learning disabilities (LD) has been the single most controversial issue in the field of special education. The classification rate of students with LD has increased by 200% since 1976 (Wiener & Soodak 2008).
Almost half of all students receiving special education services in the United States are currently classified as learning disabled (Wiener & Soodak 2008). In the 1997, amendments were made to the Individuals with Disabilities Education Act. The U.S. Department of Education made a commitment to review research, expert opinion, and practical findings to determine whether a change in the LD reauthorization analyzed the over identification of students within this category (Idol 2006). A small but growing body of research has been conducted to support the efficiency of RtI as a method of identification of learning disabilities. Supporters of RtI view it as an alternative to the wait-to-fail model (Mesmer & Mesmer 2008). Response to Intervention will also provide systematic interventions to meet the learning challenges of all struggling students and promotes collaboration and shared responsibilities among general and special educators. Advocates claim that RtI will not only identify students with LD but also provide relevant data for instructional improvements. Critics of RtI view it as a preventative strategy, and effective prerereferral activity but not an adequate methodology for identification (Wiener & Soodak 2008).

The foundation for change in the identification for LD was established in IDEA in 1997 and codified in the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004. IDEIA permits schools to implement problem-solving delivery systems and including RtI in the assessment of students with LD. The emphasis on the use of scientifically based interventions and, more specifically, reading and behavior strategies that result in increased performance aligns IDEIA with the No Child Left Behind Act toward the goal of improving student achievement (Idol 2006). These provisions are intended to help promote student achievement and to reduce the need for special education services. IDEIA 2004 allows the use of RtI to be written into state regulations but does not require its use. As a result, each state has its own responsibility to include language that allows a school district to use RtI in the assessment of learning disabilities. Due to most reforms that affect students with disabilities, effective implementation will likely depend on administrative leadership and support for the innovation of these programs.

In the meantime, no state or federal funds are specifically appropriated for RtI implementation. However, several funding sources such as academic funds, which relates to special education may be accessed by districts to support their initiative. Congress provided educators with one option that might assist in closing the current reading achievement gap. The legislation and accompanying regulations have a dual focus: (1) to provide increasingly intensive expert reading instruction to ensure that students having difficulty learning to read are not simply getting too little or too much ineffective reading instruction; and (2) to locate students who continue to exhibit difficulties even after receiving intensive reading instruction and will be identified as students with learning disabilities (Allington 2011). The federal law does not mention tiers of instruction but the three-tiered model has become the most common form in RtI initiatives.

**RtI and School Wide-Behavior**

Since the inception of RtI and its use with instruction, many educators have begun to use this model as an alternative method in dealing with student behavior. In dealing with behavior, different options for behavioral monitoring are often reviewed through (a) permanent products already existing in schools; (b) behavior rating scales; (c) systematic direct observation; and (d) behavior report cards (Tillman, Kalberer, and Chafouleas 2005). Other behavioral monitoring options include attendance, discipline, suspension, homework completion, and existing behavioral plans. Permanent products are considered first due to the importance of looking at existing data before exerting substantial effort to “reinvent the wheel” (Tillman, Kalberer, and Chafouleas 2005). Data obtained using this method is readily accessible and does not require additional collecting procedures. Although this information is readily available, it usually does not specify the duration, frequency, intensity of a behavior problem, or and the environment in which it occurs. This method can provide a lot of useful information, but it may represent a somewhat superficial glimpse with regard to the monitoring of some interventions. Behavior monitoring allows the school administration to monitor the progress of an existing student. All members the staff and faculty can have knowledge of a potential behavioral problem. Despite some limitations, there are some attractive aspects of the use of permanent products as an outcome variable. Progress monitoring through use of permanent products may be useful when resources are limited and the information is sufficient to make sound judgments about interventions (Tillman, Kalberer, and Chafouleas 2005). Behavioral rating scales are questionnaires that ask an individual to rate a student based on his or her recent experiences. Behavioral rating scales can provide more global estimates of student behavior along various dimensions (Utley & Obiakor 2012).
Some of these rating scales assess a range of behaviors including: externalizing and internalizing problems, attention/hyperactivity problems, and adaptive behaviors. Each of these scales has versions that can be used by teachers or administration.

There are some positive aspects of the Behavioral scales. They provide good reliability and validity; yet, require little training for the rater. These scales provide school personnel with valuable instruments for identifying the prevalence of clusters of behavior (Tillman, Kalberer, and Chafouleas 2005). Unfortunately, a number of difficulties exist with regard to using behavior rating scales. To effectively monitor an intervention, multiple snapshots of a student’s behavior are needed. Most of these scales are not designed to give this level of analysis because they are not sensitive to change over an extended period of time. In summary, behavior rating scales can provide defensible estimates of a student’s behavior across multiple dimensions, but the scales are generally not well-suited for use in progress monitoring, but are very useful for pre-intervention exploration of a student’s behavior (Reynolds & Kamphaus 2005).

Systematic direct observations is a method of behavioral assessment that requires a trained observer to identify and operationally define a behavior of interest, use a system of observations in a specific time and place, and then score and summarize the data in a consistent manner (Salvia & Ysseldyke 2004). This type of behavior monitoring has become known as the standard because it lends to precise measurements because the information is collected as the behavior occurs. Nonetheless, there are some drawbacks to this tool. It can cause a significant drain of resources, and may show potential reactivity effects.

Daily Behavior Report Cards are observation tools that meet the following guidelines: A certain behavior is specified, rating of the behavior occurs daily, the information that is gained is shared across individuals, and the card is used to monitor the effects of an intervention (Tillman, Kalberer, and Chafouleas, 2005).

The procedures for using the report cards are usually constant. The procedures state a target behavior, how often it occurs, the design of the card, determining the consequences that will be used, generating a potential list of consequences, and determining the responsibilities of all parties involved (McGrath, 2004). The flexibility of the report cards makes them appealing to use in educational settings. It is a low cost alternative and its effectiveness has yet to be fully explored.

Whether used to promote social or academic achievement, RtI represents an approach to establishing and redesigning learning environments to ensure that they are effective, efficient, relevant, and durable for all stakeholders, including parents, students, and practitioners. Positive Behavior Interventions and Supports (PBIS) aim–to prevent inappropriate behavior through teaching and reinforcing appropriate behaviors. It becomes a problem solving model and process that is consistent with the core principals of RtI. PBIS offers a range of interventions that are systematically applied to students based on the demonstrated level of need and addresses the role of the school culture, context, and environment as it applies to the development and improvement of behavior problems in children (Utley & Obiakor, 2012).

There are multiple methods for correcting behavioral problems. The formation of leadership teams, the development of a purpose statement, teaching positive expectations and behaviors, the encouragement of expected behaviors, and discouraging rule violations are all ways of using the RtI system to engage with students who may be struggling with behavior issues. When positive expectations and routines are taught and encouraged and the staff takes an active role in supervision by using pre-correction procedures and reminders.

When breaking the RtI process down between general education teachers and special educations teachers, both must pay attention to those students who are experiencing academic difficulties and a high number of discipline referrals. They need to determine if these students have high levels of off-task behavior, low achievement and extended periods of unstructured time. When student behavior becomes chronic and intense, the individualized educational plan is revised based upon a functional behavioral assessment (FBA) (Utley & Obiakor 2012). This functional behavior approach is paramount of systems that address the educational programming of students who display the most significant and challenging problem behavior.

Behavior, like any instructional regime can require tweaking and improvement. The Rti process allows teachers to create a behavioral model by first using preventative classroom management. If further interventions are needed, the teacher may implement first-line interventions for students who continue to struggle with behavioral problems. Intensive individualized interventions may be put into place, too.
With proper classroom management, the teacher establishes behavioral expectations in the classroom consistent with sound instructional practices, clear rules and procedures, and maintaining a responsive classroom climate. At this point tools are put into place to support participation and progress in the tier of placement. Such tools may include response cards, choral responding, peer tutoring, organized classroom, clear communication, established routines, high expectations, teacher modeling, positive student-teacher rapport, and frequent academic assessments.

In the tier 2, the teacher must determine what interventions and additional behavioral supports are in place for first-line interventions. If needed, additional tools are put into place for those students who continually struggle with behavior problems. Teachers might see a need to modify academic instruction, increase positive reinforcement, establish behavior contracts, and begin remedial intervention. Moreover, teachers may also choose to use contingency system, surface management techniques, and launch a home school note system (Sayeski & Brown 2011).

If both tier 1 & 2 fail, there is another tier 3 intensive individualized intervention model that may be used. This model has to state what behavioral supports are already in place and how these students demonstrate chronic challenging behaviors. In this tier, there are additional tools that can be implemented in the form of Functional Behavior Assessments. Some of the tools are the following: self-monitoring plans, daily student evaluation, social skill instruction, support groups, goal setting, crisis management, and Functional Assessment checklist for teachers.

The current RtI model is used to help teachers evaluate classroom practices and make decisions about the level of intervention or support needed, but some teachers jump to a Tier 2 level support when it may not be warranted. Other teachers may have Tier 2 supports in place, such as a reinforcement system, but have neglected the foundation of a core curriculum of prevention (Sayeski & Brown 2011).

Without a solid core of behavioral support in the classroom, students do not have the guides necessary to learn, practice, and develop desirable skills. A tiered model of behavioral support ensures that students with disabilities, whether in inclusive or self-contained settings, will receive the support they need. The tiered model allows teachers to communicate with administrators, parents, and colleagues to inform them of the provisions made for behavioral supports for students in their classrooms (Bursuck & Blanks 2010).

**RtI and Reading**

The techniques used to teach reading often are not enough for some students, and for this reason, RtI is implemented to enhance the learning principles. During tier 1, intervention is defined as the core classroom instruction that all students receive. Successful tier 1 instruction should have no fewer than 75 percent of students meeting instructional expectations (Speece, Schatschneider, Silverman, Cooper, & Jacobs 2011). Instruction at this level must be responsive to the majority of students and teachers need to provide differentiated instruction to meet individual student needs. At the classroom level or Tier 1, the focus of instruction is on all students. Students are grouped in multiple ways, including whole group, small group, or one-on-one instruction being provided by the regular classroom teacher (Johnston, 2011). Benchmark assessments are administered in the fall, winter, and spring to determine if a student is performing at grade level expectations at that particular time.

After these particular assessments are administered daily, explicit instruction like targeting phonemic awareness, letter-sound correspondence, decoding, fluency, comprehension, and vocabulary may be delivered in flexible groups. Students thought to be a risk are monitored weekly for eight to twelve weeks (Rinaldi & Stuart, 2011). There may also be some collaborative problem solving at both grade and school levels. Usually the first tier can provide high quality instructional and behavioral supports are provided to all students. Curriculum for this group is focused on Essential Knowledge and Skills. There may be various grouping formats and differentiated instructions to utilize and meet students’ needs. Tier 1 intervention is implemented during regular core curriculum classroom period. This is ongoing throughout the academic year. Benchmark assessments during the beginning, in the middle, and at the end of the academic year (three times yearly) are appropriate assessments for Tier 1 interventions. A qualified personnel determined by the administration, is the interventionist. In most instances, the person is a general education teacher. Tier 1 takes place in the general education classroom setting. Tier 2 may be initiated for students who consistently fall below performance levels of peers in one or more skill areas (Ciccek 2012).
Children enter kindergarten and first grade with wide variation in their knowledge, language ability, and ways of responding to instruction (Bursuck & Blanks 2010). Estimates based on data from the mental health field indicate that a well-implemented evidence-based core curriculum in reading tier 1 would ideally meet the needs of approximately 80% of the students in a given school (Bursuck & Blanks 2011). There are many variables of the quality in the first-tier reading instruction as it relates to both the structure and the process of reading instruction. Teachers who relate mostly to reading instruction include the physical organization of the classroom, the use of a core curriculum, and a daily schedule for large-group, small-group, and one-on-one instruction. There are process variables that impact the most on the quality of first-tier reading instruction are (a) teachers’ responsiveness to individual children’s needs, (b) teachers’ delivery of high-quality feedback during instruction to guide the learning process, and (c) teachers’ use of a variety of learning formats (Bean & Lillenstien 2012).

The Tier 2 or supplemental instruction or targeted intervention is targeted at a level of 15% of the students in any school experiencing significant difficulty in the general education setting. A series of more intensive services is provided and targeted in Tier 2 interventions. Progress monitoring is applied frequently to gauge how well students are responding to the interventions and to aid in decision making about each student’s educational path. Some of these interventions may require a longer period of time, but it should not exceed a grading period. Students who continue to show too little progress at this level are then considered for more intensive interventions as part of Tier 3.

Within the Tier 2 method, the focus is targeted strategic intervention services which are provided to students with major difficulties and who have not responded to Tier 1 strategies and differentiated instruction in a successful manner. The program is systematic, with specific activities, programs, and procedures that are utilized to support, supplement, and enhance Tier 1 activities which are all scientifically-based and peer-reviewed (Hoover & Love 2011). The grouping typically is small group instruction with three to five students. Instruction is thirty minutes daily and 2-5 times per week. Small group interventions are appropriate, in addition to core instruction during six to eight weeks of Tier 2 intervention timeframe. The assessment process is weekly monitoring, or at a minimum of two times a month including progress monitoring on target skills. Usually the setting for the intervention is in or out of the classroom. The goal for this tier is to progress towards aim line that represents the expected rate of academic growth for a student (Hoover & Love 2011).

A team is usually developed to get involved if the student continues to show poor results in Tier 2. Some of the goals that are implemented are improving teacher’s quality of small-group and individual conversations with children. The teacher may also increase the variety of books available in the classroom. Evidence-based strategies may be used when reading books with children. Increasing the amount of attention toward literacy throughout the entire classroom curriculum will result in positive outcomes.

Subsequently, after all efforts in Tier 2, some students have shown they may need additional help. In the Tier 3 interventions, the instruction becomes specific and sustained. This Tier 3 instruction is targeted for students who have not responded to interventions in Tier 2 and whose behavior or performance and rate of progress exhibits difficulty to a great degree. The grouping of this Tier is small group and usually is contained to just one student. The interventions usually are for 45-60 minutes, 5 days weekly in addition to core classroom instruction during the 8 to 12 weeks. The instruction may occur in or out of the classroom, and the goal for this tier is to progress towards the expected rate of academic growth for a student (Cicek 2012). There are critical factors within teaching reading, and they are as follows: fluency with text, vocabulary, comprehension, phonemic awareness, and alphabetic principle (Harlacher, Walker, & Sanford 2010). Factors that may help intensify instruction throughout all Tiers of RtI are time allotted for instruction, instructional grouping, repetitions for success, amount of judicious review, interventionist facilitating the group, pacing, praise-to-corrective feedback, changes and error correction (Harlacher, Walker, & Sanford 2010). These factors fit into the categories of instructional planning and instructional delivery.

Some examples of RtI at work can be time allotted for instruction and this usually includes 30 extra minutes for instruction in addition to the 90 minutes of core instruction. As for instructional grouping, some students in a group are ready to move ahead in the curriculum, although others make many errors.

Teachers move students to other groups so all students in each group are reading at about the same level. Repetition is usually successful with reading when a teacher decides to introduce new words after students have successfully read and defined words for 5 consecutive days without error instead of 3 days without error (Wiener & Soodak 2008).
The amount of review is determined by the teacher but usually the last 10 minutes of intervention is a review of previously taught vocabulary words. These are examples of planned interventions. A teacher may also increase the number of timed responses within a reading group by having students state what they are writing before they write. A teacher may also examine a student’s accuracy on-end-of-unit test. A student whose accuracy is less than 90% spends more time on the concepts missed during the next week of instruction (Myers, Simonsen, & Sugai, 2011). The ability to give corrective feedback is critical during instruction and a teacher may distribute stickers when a student is presenting on task behavior. To help prevent further mistakes, a teacher underlines word segments on which students have made frequent errors. The teacher points out the segments before reading the sentence or passage (Harlacher, Walker, & Sanford, 2010). To help with error correction the teacher adjusts her error-correction format within a reading group to make it simpler and more concise. Instead of the teacher saying “Look at the word. Think about it...what is it?” she says “That word is ______. What word?”(White, Polly, & Audette 2012). These are all examples of delivery factors.

Within an RtI model, educators are expected to provide both Tier 1 and Tier 2 instruction prior to consideration for special education. Usually during Tier 1 and Tier 2 instruction about 90% of all students are provided with sufficient support, thereby reducing the need for more intensive special services. However, if a student should require special education, clear documentation of data reflecting lack of progress and low proficiency levels achieved in Tiers 1 and 2 provides a solid foundation for recommending a comprehensive special education evaluation (Hoover & Love, 2011).

A central issue that continues to challenge many schools in the implementation of RtI is obtaining teacher support for and “buy-in” to accept necessary changes associated with the transition to this instructional framework (Hoover & Love, 2011). Each school needs critical support from their principal throughout the process. School RtI teams identify issues of relevance, school teams select solutions to address RtI issues based on school needs, and specific school-based RtI issues are discussed with an outside support person who is knowledgeable about RtI and works closely with the school RtI team leader (Nelis 2012).

RtI and Student Confidence

The biggest resource the RtI process can provide is increasing student confidence whether it is with behavior or reading. The RtI model addresses students’ ability to correct issues with behavior and improve learning in the process. With previous models, the preferred model was to provide struggling learners with two types of instruction, usually by means of prereferral interventions and special education services. The RtI model has three instructional types: core, supplemental, and intensive.

It can be a very exciting time when children are given their first reading book. They feel a great sense of achievement. They usually rush home to show their parents, and parents share the excitement. Sound books are popular books to take home after students have succeeded in learning the skill of identifying sounds, etc. At the same time, they are learning the sounds they are taught to blend words. When using good reading schemes, children continue to gain confidence in their reading ability, as they are not constantly coming across words they do not know (Pascopella 2010). The student’s ability increases by reading more books. They read and they are able to attain the skills and confidence to tackle unfamiliar and difficult words.

Through the RtI process students who have trouble with gaining confidence with progression of their reading skills are able to catch up with their peers by using the Tier models to gain success at multiple levels. The classroom environment is an important aspect in building confidence because we celebrate the ability to read and write throughout the school year. Teachers try to build an atmosphere where all students believe they are readers and view reading as fun (Utley & Obiakor 2012). Teachers who use the RtI model are encouraging students to feel comfortable in taking risks and making mistakes without the fear of being ridiculed.

RtI and Its Success

Response to Intervention is successful when there is carefully selected assessment, dedication to differentiated instruction, target professional development, parent education, and genuine collaboration among teachers, specialist, administrators, and parents (Douglas & Horstman 2011). There are formed opinions that there is no one model or approach to RtI and many possible variations can be conceptualized. States have been given the flexibility to establish approaches that reflect their community’s unique situation. This means the widely used 3-Tier model is neither mandated nor the only possible approach to RtI. There are basic principles that ensure success with the RtI model.
Instruction is the first principle that is essential for a successful implementation process. Sound instruction is intended to prevent language and literacy problems by optimizing instruction. Instruction and assessment conducted by the classroom teacher are central to the success of RtI and must address the needs of all students including those from different cultural and linguistic backgrounds (Sayeski & Brown 2011). Evidence shows that effective classroom instruction can reduce substantially the number of children at risk of being highest quality core instruction; this instruction encompasses all areas of language and literacy as part of a coherent curriculum that is developmentally appropriate for all students (Allington 2011). Research evidence frequently represents the effectiveness of an instructional practice, which suggests that some students benefited and others did not. This means the instruction must be provided by a teacher who understands the intent of the research-based practice being used and has the professional expertise and responsibility to plan instruction and adapt programs and materials as needed (Hoover & Love 2011).

The second principle for effective RtI is using responsive teaching and differentiation. The RtI process emphasizes increasingly differentiated and intensified instruction or intervention in language and literacy. It’s essential that instruction be based on instructionally relevant assessment. Evidence shows that small group and individualized instruction are effective in reducing the number of students who are at risk of becoming classified as learning disabled (Bean & Lillensten 2012). Material selection must derive from specific student-teacher interactions and not be constrained by packaged programs (Bean & Lillensten 2012). Students have different needs so they may not respond the similarly to instruction. No single process or program can address the broad and varied goals and needs of all students, especially from different cultural and linguistic backgrounds (White, Polly, & Audette 2012).

The third principle is the assessment process. The RtI approach demands assessment that can inform language and literacy instruction meaningfully. Assessments should reflect the multidimensional nature of language and literacy learning and the diversity among students being assessed (Wiener & Soodak 2008). Assessment tools and techniques should provide useful and timely information about desired language and literacy goals. Efficient assessment systems involve a layered approach in which screening techniques are used both to identify which students require further assessment and provide aggregate data about the nature of student achievement overall. Classroom teachers and reading specialist should play a central role in conducting language and literacy assessments and in using instruction itself and requires observation of the student in the classroom (Bean & Lillensten 2012).

The fourth principle is collaboration. RtI requires a dynamic, positive and productive collaboration among professionals with relevant expertise in language and literacy. Success also depends on strong and respectful partnerships among professionals, parents, and students (Short & Wilkins 2009). Collaboration should be focused on the available evidence about the needs of students struggling in language and literacy. School-level decision making teams should include members with relevant expertise in language and literacy including second-language learning. Collaboration should increase, not reduce, the coherence of the instructional offerings experienced by struggling readers (Johnston 2011). This requires a shared vision and common goals for instruction and assessment, adequate time for communication and coordinated planning among general educators, specialist teachers, and integrated professional development (Dalhuse, Risko, Esworthy, Grasley, Kaisler, McIlvain, & Stephan 2009).

The fifth principle is systemic and comprehensive approach to learning. Specific approaches to RtI need to be appropriate for the particular school culture and take into account leadership, expertise and diversity of the student population, and the available resources (Allington 2011). Approaches to RtI must be sensitive to developmental differences among students. Administrators must ensure adequate resources and provide support for appropriate scheduling along with ample time for all professionals to collaborate. Professional development is necessary for all educators involved in the RtI process, and this development should be context-specific and provided by professional developers with appropriate preparation and skill to support school and district personnel (Pascopella 2010).

The final principle for successful RtI is expertise. All students have the right to receive instruction from well-prepared teachers who keep up to date, and supplemental instruction from professionals specifically prepared to teach language and literacy (Utley & Obiakor 2012). Teacher expertise is central to instructional improvement, particularly for those who encounter difficulty with language and literacy.
Student success depends on teachers and support personnel who are well prepared to teach culturally and linguistically diverse students in a variety of settings, and this requires a comprehensive approach to professional preparation that involves preservice, induction, and in-service education (Nellis 2012).

A Web based survey that was given to administrators to evaluate RtI and to what extent the process has been adopted, indicated that schools who designed, or implemented RtI, in elementary schools lead the way, with 80% of respondents reporting they have fully implemented RtI with much success (Hoover 2011). Across all grade levels, reading remains the predominant domain area for which RtI has been implemented followed by math and then behavior (Hoover 2011). RtI has not been fully implemented in most districts that are using it, or planning to use it, 56% of districts surveyed have a formal RtI implementation plant, which compares to 48% in 2010 (Zirkel 2011). Most schools have school-based leadership teams in place to implement RtI at the school level rather than the district level. Seven in ten districts report that they have insufficient data to judge the impact of RtI on Annual Yearly Progress. Schools are increasingly using RtI to create personalized instruction for all students with an increase from 49% to in 2010 to 62% in 2011 (Zirkel 2011). About five in ten districts have data on referrals for special education. Of these, eight in ten report reductions in referrals to special education compared to those who report no change (Hoover 2011).

**Summary of Literature Review**

Successful Response to Intervention programs takes many forms at both the school and district levels. The legislation authorizing RtI is silent about the ways schools might go about meeting the goals of RtI, and it neither advocates a particular approach nor a specific way of identifying whether students are responding to intervention. Many different RtI models may be successful, but they must sustain two key elements which are consistency and collaboration.

Administrators play a key role in providing leadership to help achieve these elements. Consistency is the most challenging aspect for schools. Since teachers are constantly leaving and turnover is great, it is hard to present a consistent strategy for presenting instruction to those who need it. The following review has shown the RtI implementations that effect behavior, reading, and building confidence for elementary students.

It is important for all team leaders involved in the RtI process to have a vision which bridges the present to the future, show substantial improvement of their students reading ability and achievement levels, and show credibility by honoring all data at the RtI table and be knowledgeable about the data use to analyze why intervention are working or not working. Team members must encourage emotions which inspire people to act. This gives team members the ability to view struggling students as humans and finally share stories which invite discussions that bring a wide range of data to the RtI table.

**References**


