

St. John Fisher College

Fisher Digital Publications

Education Doctoral

Ralph C. Wilson, Jr. School of Education

8-2013

Shifting the Conversation: The Lived Experiences of Teachers within Tier 2 of Response to Intervention

Elizabeth A. Wesolowski
St. John Fisher College

Follow this and additional works at: https://fisherpub.sjfc.edu/education_etd



Part of the Education Commons

[How has open access to Fisher Digital Publications benefited you?](#)

Recommended Citation

Wesolowski, Elizabeth A., "Shifting the Conversation: The Lived Experiences of Teachers within Tier 2 of Response to Intervention" (2013). *Education Doctoral*. Paper 136.

Please note that the Recommended Citation provides general citation information and may not be appropriate for your discipline. To receive help in creating a citation based on your discipline, please visit <http://libguides.sjfc.edu/citations>.

This document is posted at https://fisherpub.sjfc.edu/education_etd/136 and is brought to you for free and open access by Fisher Digital Publications at St. John Fisher College. For more information, please contact fisherpub@sjfc.edu.

Shifting the Conversation: The Lived Experiences of Teachers within Tier 2 of Response to Intervention

Abstract

The study explored the lived experiences of teachers who participated in a shared intervention with an interventionist within the Tier 2 level of Response to Intervention (RtI). A qualitative phenomenological approach was used to explore the lived experiences of the teachers. Teachers are required to participate in RtI prior to identifying a student with a learning disability, as dictated by the Individuals with Disabilities Education Act (2004). RtI is a two-pronged model. It is used as a method for identifying students with learning disabilities. Also, RtI provides a structure/process for providing early intervention for students who are struggling academically. The Learning Disabilities Theory, behaviorism, multiple intelligences, and differentiated instruction influenced the design and implementation of the RtI initiative in response to IDEA 2004. Shared Leadership Theory influenced analysis of how teachers view their collaborative responsibilities within Tier 2 of RtI. Insights gained may improve teachers' professional practices, schools' organizational procedures, and state and federal policies for identifying students with learning disabilities. The essence of the experience of these ten K-5 teachers within Tier 2 of RtI was that the factors that influenced their experiences created great variability with how each experienced Tier 2. While the participants had common Tier 2 experiences within communication, data collection and documentation, instruction and assessment, and intervention design, the particulars of how each of these was experienced by each participant differed.

Document Type

Dissertation

Degree Name

Doctor of Education (EdD)

Department

Executive Leadership

First Supervisor

MaryAlice Donius

Subject Categories

Education

Shifting the Conversation: The Lived Experiences of Teachers within Tier 2 of Response
to Intervention

By

Elizabeth A. Wesolowski

Submitted in partial fulfillment
of the requirements of the degree
Ed.D. in Executive Leadership

Supervised by

Dr. MaryAlice Donius

Committee Member

Dr. Christopher Griffin

Ralph C. Wilson, Jr. School of Education
St. John Fisher College

August 2013

Dedication

This work is dedicated to my family: Mom, Dad, Jennifer, Richard, Stacy, Ava, Daniella, and John. Words cannot express my gratitude for your endless support and encouragement throughout this process. I garnered strength from you. The product created within this dissertation is not the work of one, but the collective teamwork of our family. Thank you, thank you, thank you. Never for a moment did I doubt that I would achieve this milestone because I knew I had your love and support.

My deepest thanks and appreciation to my dissertation committee chairperson, Dr. Mimi Donius, and my dissertation committee member, Dr. Christopher Griffin. The scholarly, professional, and life lessons you have taught me have had an immeasurable impact on who I am and the work I do in the world. Thank you for being wonderful mentors and friends.

Lastly, thank you to my St. John Fisher Cohort 3 colleagues and professors. My weekends spent with you has helped me grow in ways that I could have never expected. Thank you for sharing your experiences and hearts with me, and for teaching me how to listen.

Biographical Sketch

Elizabeth Wesolowski is the Assistant Director of Special Education in the Darien Public Schools in Darien, CT. Ms. Wesolowski attended Gettysburg College from 2000 to 2004 and graduated with a Bachelor of Arts degree in 2004. She attended Fordham University from 2004 to 2005 and graduated with a Master of Science in Teaching degree in 2005. Ms. Wesolowski attended The College of New Rochelle from 2008 to 2011 and graduated with a Master of Education degree in 2011. She came to St. John Fisher College in 2011 and began her doctoral studies in the Ed.D. Program in Executive Leadership. Ms. Wesolowski pursued her research in the lived experiences of teachers and Response to Intervention under the direction of Dr. MaryAlice Donius and Dr. Christopher Griffin, and received the Ed.D. degree in 2013.

Abstract

The study explored the lived experiences of teachers who participated in a shared intervention with an interventionist within the Tier 2 level of Response to Intervention (RtI). A qualitative phenomenological approach was used to explore the lived experiences of the teachers. Teachers are required to participate in RtI prior to identifying a student with a learning disability, as dictated by the Individuals with Disabilities Education Act (2004). RtI is a two-pronged model. It is used as a method for identifying students with learning disabilities. Also, RtI provides a structure/process for providing early intervention for students who are struggling academically. The Learning Disabilities Theory, behaviorism, multiple intelligences, and differentiated instruction influenced the design and implementation of the RtI initiative in response to IDEA 2004. Shared Leadership Theory influenced analysis of how teachers view their collaborative responsibilities within Tier 2 of RtI. Insights gained may improve teachers' professional practices, schools' organizational procedures, and state and federal policies for identifying students with learning disabilities. The essence of the experience of these ten K-5 teachers within Tier 2 of RtI was that the factors that influenced their experiences created great variability with how each experienced Tier 2. While the participants had common Tier 2 experiences within communication, data collection and documentation, instruction and assessment, and intervention design, the particulars of how each of these was experienced by each participant differed.

Table of Contents

Dedication.....	ii
Biographical Sketch.....	iii
Abstract.....	iv
Table of Contents.....	v
List of Tables.....	vii
List of Figures.....	viii
Chapter 1: Introduction.....	1
Problem Statement.....	8
Theoretical Rationale.....	9
Statement of Purpose.....	10
Research Questions.....	11
Potential Significance of Study.....	11
Definition of Terms.....	12
Chapter Summary.....	17
Chapter 2: Review of the Literature.....	18
Introduction.....	18
Chapter 3: Research Design Methodology.....	47
Methodology.....	47
General Perspective.....	47
Research Context.....	49

Research Participants	50
Research Collection Instruments	51
Data Analysis	52
Chapter 4: Results	54
Research Questions	54
Data Analysis and Findings	57
Summary of Results	98
Chapter 5: Discussion	100
Introduction	100
Implications of Findings	102
Limitations	112
Recommendations	113
References	131
Appendix A	1388
Appendix B	1399
Appendix C	14040
Appendix D	1411

List of Tables

Item	Title	Page
Table 1.1	Comparison of Response to Intervention Tiers	7
Table 2.1	Matrix of Differentiated Instruction Strategies.....	39
Table 2.2	Comparison of Learning Disability Identification Methods.....	42
Table 4.1	Demographic Data of Study Participants.....	57
Table 4.2	Examples of Statements of Meaning, Clusters of Meaning, and Themes	59
Table 5.1	Lived Experiences and Correlating Influencing Factors	104

List of Figures

Item	Title	Page
Figure 2.1.	Venn diagram of shared ownership as it relates to RtI Tier 2.	46
Figure 4.1.	Frequency distribution of clusters of meaning found within interview and focus group transcripts research question 1.	60
Figure 4.2.	First theme and clusters of meaning for research question 1.	60
Figure 4.3.	The second theme and clusters of meaning for research question 1.	70
Figure 4.4.	Frequency distribution of clusters of meaning founds within interview and focus group transcripts for research question 2.	77
Figure 4.5.	The first theme and clusters of meaning for research question 2.	78
Figure 4.6.	The second theme and clusters of meaning for research question 2.	85
Figure 4.7.	Summary of the themes and clusters of meaning for both research questions.	92
Figure 4.8.	Teachers' perceptions of the importance of factors for student success within a Tier 2 intervention.	94
Figure 4.9.	Teachers' perceptions of the importance of factors for successful collaboration between Tier 2 interventionists.	96
Figure 5. 1.	Relationship between the study's suggested recommendation areas.	122

Chapter 1: Introduction

Introduction

The reauthorization Public Law 108-446 (U.S. Congress, 2004), known as Individuals with Disabilities Act (IDEA 2004), changed the processes and criteria for identifying a student as having a learning disability in American public schools. The previous model for learning disability identification, known as the Discrepancy Model (Gresham, 2002), focused on the difference between students' cognitive ability and their academic achievement. In the Discrepancy Model, evaluators used Intelligence Quotient tests to measure cognitive ability and standardized academic tests to measure academic achievement. The Discrepancy Model was criticized as a wait-to-fail model, that is, one in which students did not receive academic intervention support services until they qualified for special education. IDEA 2004 mandated that states could no longer use of the discrepancy model, and instead must use a model known as Response to Intervention, or RtI.

Response to Intervention. Response to Intervention (RtI) is a two-pronged approach. First it is used as a method for identifying students with learning disabilities.

RtI's underlying premise is that schools should not wait until students fall far enough behind to qualify for special education to provide them with the help they need. Instead, schools should provide targeted and systematic interventions to all students as soon as they demonstrate the need. (Buffum, Mattos, & Weber, 2010, p. 10)

Second, RtI provides a structure and process for providing early intervention for students who are not meeting academic grade or age standards. Students receive increasing layers of specific intervention support through a three-tiered model that begins with less intensive interventions and proceeds to more intensive interventions if the student does not respond successfully to the less intensive efforts. The three tiers are defined by intensity, including duration and frequency of interventions; group size; goal design; instructional methods; and instructor skill level.

If a student does not respond to interventions within and progress through Tier 3, the RtI team, consisting of the classroom teacher, interventionist, specialists, and administrator, assesses if an evaluation is necessary to determine the presence of a learning disability. Under IDEA (2004), a lack of response to intervention can signify the presence of a learning disability. The RtI team conducts an evaluation by reviewing the student's response to the academic interventions in light of two factors. First, the evaluation compares performance compared to grade level standards. Second, the evaluation examines the rate of progress within the intervention period. RtI assumes that a student without a learning disability will make rapid growth considering the high intensity of the intervention(s) provided.

When reviewing the student's growth compared with grade or age standards, the team may determine if the child is closing the gap towards achieving these standards. When analyzing student growth in terms of the rate of progress, the team assesses whether the student has a rate of progress commensurate with the intensity and duration of intervention provided. The team may consider whether the student's trajectory on his rate of growth will lead to achieving at grade level standards. If the team determines that

the student is not closing the gap towards grade level standards, and his rate of progress is not adequate, then the team may decide a comprehensive evaluation is warranted. Data collected from RtI processes specific to the student's performance compared to grade level standards and his rate of progress during the intervention is analyzed in the comprehensive evaluation along with these other assessments chosen by the team.

Tier 1. Tier 1 supports occur within the general education classroom, with the teacher being the primary interventionist. In Connecticut, districts are required to give students universal screening assessments in reading, writing, and math multiple times each year in an effort to identify students who are at risk, or below district and state grade level standards. Academic support through Tier 1 is provided through the differentiation of instruction within general education instructional environments and lessons. The teacher recommends students for consideration of Tier 2 support if the student does not demonstrate progress as a result of Tier 1 supports. The State of Connecticut (2008) defined the length of an intervention period as between eight and twenty weeks.

Tier 2. Tier 2 supports include an interventionist as a consultant for the teacher, and/or an additional instructional service provider to the student. With the shift from Tier 1 to Tier 2, students receive more intense interventions and, more specifically, an increase in the frequency and duration of interventions as determined by the teacher and the interventionist. At this level, the collaborating teachers share ownership and identify a specific, targeted goal for the student's performance within the intervention. Shared ownership is the practice of two teachers taking responsibility of individual student learning. Shared ownership can be exemplified by teachers co-planning lessons, co-analyzing student work, jointly deciding upon instructional materials, and reviewing

student progress together. Collaborative practice and shared ownership among the two teachers is key at Tier 2 because the teachers may teach the students in different settings and contexts. Students receive intervention support at the small group level at Tier 2. Periodically during the intervention period, progress monitoring assessments are administered. These are designed to measure incremental progress towards identified goals, and overall intervention assessment occurs at the end of the intervention cycle.

Tier 3. The Tier 3 level functions similarly to the Tier 2 level, but the frequency of interventions increases, and students are seen at a smaller student-teacher ratio, i.e., one-on-one or small group instruction. Teachers and interventionists continue to share ownership of the intervention at this point, with both having instructional and assessment responsibilities. Again, shared ownership and collaborative practices between the two teachers is paramount, as the student's success within the intervention can be significantly impacted by how much and how well teachers collaborate and view themselves as responsible for student learning. At the end of an intervention cycle, teams evaluate overall progress and decide whether to reduce support, change the targeted goal and continue Tier 3, or make a referral to special education if there is a lack of response to the intervention.

Instructional setting of the interventions. At RtI Tier 1 level, the classroom teacher takes ownership of instructional interventions, implementation of curriculum, progress monitoring, and evaluation of a student's overall growth. According to Buffum et al. (2010),

Differentiation for individual student needs cannot be optional at Tier 1. Whether in an elementary math lesson or a secondary social studies lesson, teachers must

scaffold content, process, and product on the basis of student needs, setting aside time to meet with small groups of students to address gaps in learning. (Buffum et al., 2010, p. 15)

At the Tier 2 and 3 levels, the classroom teacher and interventionist collaborate to design an intervention plan that increases the intensity from the previous level of support. At Tiers 2 and 3, the intervention is shared between the classroom teacher and the interventionist and both take ownership of instruction, progress monitoring, and evaluation of overall student growth. A basic assumption of the Tier 2 and 3 levels is that the interventions provided are in addition to core instruction, not in place of it. Buffum et al. (2010) discussed that if RtI's goal is to ensure that all students learn at high levels, then replacing core instruction fails to achieve this outcome.

In order for RtI Tiers 2 and 3 to be implemented with fidelity and the information gleaned regarding student progress to be considered valid, IDEA assumes that the interventions will be provided in addition to core instruction, which leads to the classroom teacher and the interventionist sharing ownership over student intervention. The National Research Center on Learning Disabilities (2007) stated that general and specialized service providers must be coordinated as part of a coherent system that is held accountable for the educational outcomes of students. Richards, Pavri, Golez, Canges, and Murphy (2007) stated that RtI requires the collaborative preparation and flexible definitions of school personnel. This is a core concept of RtI, but a change in policy does not necessarily lead to an immediate change in practice. Even though IDEA and RtI have been in existence since 2004, the State of Connecticut did not publish its guidelines for RtI implementation until August 2008 and required full implementation by September

2010. At this point many, if not most, classroom teachers learned that they needed to adjust to a new professional, collaborative role regarding students struggling to meet academic grade and age standards.

With the 2010 required adoption of the RtI approach in Connecticut, schools needed to probe the perceptions, beliefs, and best practices regarding shared ownership as well as the specific behaviors are associated with it. “For RtI to be successful, stakeholders must collaborate” (Murawski & Hughes, 2009, p. 269). While proponents argued strongly that the concepts of RtI would make schools more effective in meeting the needs of all students, a number of educators noted that RtI depends on the ability and skill of teachers to make drastic changes in their patterns of professional practice (Fuchs & Vaughn, 2003; Murawski & Hughes, 2009). Murawski and Hughes (2009) said that when meeting the needs of RtI implementation, teachers need to actively collaborate with their colleagues to make sure that lessons, data collection, and progress monitoring are consistent for students in Tiers 2 and 3. Haagar and Mahdavi (2007) stated that when teachers take on collaborative practices with other interventionists, this facilitates intervention implementation and fosters a collective sense of self-efficacy. The success of Tiers 2 and 3 within RtI, as well as the potential for reducing the number of referrals to special education, depends on teachers’ collaborative practices. Table 1.1 presents a comparison of the three Tiers within RtI.

Table 1.1

Comparison of Response to Intervention Tiers

	Tier 1	Tier 2	Tier 3
Focus	General education core practices	Students failing to meet grade level standards or have not responded to Tier 1 interventions	Students failing to meet grade level standards and/or have not responded to Tier 2 interventions
Setting	General education classrooms	General education classrooms and possibly other locations within the school designated for RtI	General education classrooms and possibly other locations within the school designated for RtI
Intervention	Differentiated instruction, e.g. small group work, materials, instruction, and assessments matched to student needs	Specially designed interventions matched to student needs, supplemental to differentiated instruction	Specially designed interventions to match students needs, more intensive than Tier 2 intervention
Interventionist	Teacher	Teacher and possibly RtI interventionist	Teacher and RtI interventionist
Duration	8-20 weeks	8-20 weeks	8-20 weeks
Frequency	2-3 times/week	2-3 times/week	3-5 times/week
Grouping	Small, flexible groups	Small, homogeneous groups, up to 1:5 teacher to student ratio	Small homogeneous groups or 1:1, 1:3 teacher to student ratio

Problem Statement

RtI changed teachers' roles making them accountable for the successes of all learners in their classrooms. Richards et al. (2007) stated that both general and special educators have critical and shared responsibilities in the RtI model. Benjamin (2011) found that collaboration reduced teacher isolation and the perceived threat of RtI implementation for less experienced teachers. In addition, Benjamin stated that teachers participating in collaborative efforts found comfort in the collective knowledge of their colleagues. Haagar and Mahdavi (2007) discussed that while researchers investigate types of interventions to support student learning in RtI, it is critical that the shift in practice for general educators be examined as well. Specifically, Tier 1 in RtI leaves the teacher in an autonomous role; however, Tier 2 puts the teacher in an inherently collaborative role with another teacher, the interventionist. Because these teachers share responsibility for the student's intervention and success, Tier 2 responsibilities include instruction, planning, and progress monitoring. Haagar and Mahdavi said that Tier 2 intervention requires teachers to increase their collaboration with other professionals in order to examine student work and make decisions about instruction.

Cook (2001) reported that students with mild disabilities were likely to be the ones their teachers wished to have removed from the classroom because they were difficult to work with. The shift between Tiers 1 and 2 involves an adjustment from teacher autonomy to teacher collaboration, but many general educators are not making this shift. "Teachers have indicated a resistance to providing adaptations and differentiating instruction.... and typically view Tier 2 intervention as neither their role nor realm of expertise" (Haagar & Mahdavi, pp. 256-261, 2007). A lack of shared

ownership between the teacher and the RtI interventionist in Tier 2 may result in disparate practices that both confuse the student and negatively impact student success. Gable, Mostert, and Tonelson (2004) stated that while collaboration is popular in schools, there is a disconnect between the intention of collaboration and what actually happens. Due to the relatively short period of time since the discrepancy model has been prohibited in Connecticut and the required implementation of RtI, little empirical evidence exists regarding the extent of the disconnect between the intention of collaboration and the practiced reality.

Theoretical Rationale

During the progression from early learning disabilities' definitions and legislation in the 1960s to IDEA 2004 and RtI, theory has informed the design of legislation and practices that support students who are at risk for academic failure. The dissertation research is informed by the following five theoretical understandings of learning disabilities and teaching: (a) Learning Disabilities Theory, (b) behaviorism, (c) Multiple Intelligences Theory, (d) Differentiated Instruction Theory, and (e) Shared Leadership Theory.

Learning disabilities theory served as the foundation for Kirk's (1962) definition of learning disabilities and the design of the Learning Disabilities Act of 1969. The Learning Disabilities Act introduced the Discrepancy Model which was the original identification process schools used when determining whether a child met the educational classification of learning disabled. Behaviorism, described by Watson (1924) and further explained by Skinner (1974), drove the design of IDEA 2004's RtI approach of teaching into and assessing discrete behaviors using targeted assessments to measure academic

performance as well as using these assessments as the indication of the presence of a learning disability.

Gardner's Multiple Intelligences Theory (1985) and Tomlinson's Differentiated Instruction theory (1999) expanded IDEA initiatives in that both stated that classrooms are made up of learners with varied interests, preferences, abilities, and styles, and it is the classroom teacher's responsibility to modify instruction to meet the needs of all learners in the class. The assumption of varied types of learners in a class is the foundation for Tier 1 supports in RtI. Avolio's view of Shared Leadership Theory (2011) provided insight into the shift teachers make from Tier 1 to Tier 2 in RtI and the collaborative practices and beliefs that must be present in order to jointly plan and implement an intervention for a student.

Statement of Purpose

The Connecticut Framework for Response to Intervention (2008) and the Connecticut Learning Disability Identification Guidelines (2010) required public school districts to provide early intervention through the RtI framework to students who are academically at risk. For a student who does not respond to academic interventions, the application of RtI framework is mandated in order to identify a student as having a learning disability. The RtI framework has three tiers of intervention, which districts are required to use, and each must contain the characteristics described in the Connecticut Framework for Response to Intervention. Walker (2004) stated that many teachers do not see themselves as interventionists; however, the willingness of teachers to implement interventions is essential in any school to the success of the RtI model.

Teachers have been autonomous leaders and practitioners in their classrooms; once their classroom doors shut, only their students observe their actions. However, RtI required that teachers move out of the autonomy in Tier 1 and into collaborative practices in Tier 2. The teachers' perceptions of collaboration, responsibility, and ownership of interventions have not been considered when they must share interventions at the Tier 2 level. Haagar and Mahdavi (2007) expressed that while teachers frequently work with colleagues to design lessons, they should extend collaborative efforts to finding new ideas to address the needs of small groups and individual children. The purpose of this phenomenological study was to describe the lived experience of ten K-5 teachers within Tier 2 of RtI.

Research Questions

The phenomenological research study contained one, overarching question: What are the RtI Tier 2 experiences like for teachers? The research sub-questions were:

1. What are the lived experiences of K-5 teachers who have participated in a Tier 2 shared intervention within a Response to Intervention model?
2. What factors have influenced K-5 teachers' experiences within a Tier 2 shared intervention?

Potential Significance of Study

Richards et al. (2007) said that RtI "has the potential to assist many struggling students by providing them necessary interventions and consequently reducing the number of students who are referred and placed in special education programs" (p. 63). In order for RtI to have been successful at the Tier 2 level, and to have prevented students from moving to Tier 3 and eventually special education, teachers and interventionists

must have collaborated to provide the intervention. “To work well, the RtI process certainly requires high levels of collaboration (Mahdavi & Beebe-Frankenberger, p. 71, 2009).

The potential significance of the dissertation study was to provide insight to school administrators, policy makers, and teachers regarding the readiness of general education instructional staff to meet the needs of struggling learners at the Tier 2 level within an RtI framework. With more knowledge regarding K-5 teacher perceptions and readiness, school leaders may provide appropriate and differentiated support for staff with the goal of meeting student needs. The dissertation study yielded meaningful information for school leadership personnel regarding the practices and structures that need to be in place in order for shared ownership of interventions at the Tier 2 level.

There have been minimal studies in the field of early intervention investigating the collaborative nature of providing interventions within RtI. Elliot and Busse (1993) found that few studies measured whether or not collaborative interventions were implemented accurately and consistently. Bailey (2000) stated that the research on federal education mandates reveals a lack of information on teachers’ perspectives of required change processes. The dissertation study hoped to shed light onto a different area of the RtI conversation: collaboration and shared ownership. The phenomenological study was intended to give a voice to a selected population of teachers regarding their experiences within RtI, as they were the practitioners most closely related to it every day.

Definition of Terms

The following terms were defined for the purpose of this study.

Collaborative practices outside of instruction. The practices that teachers and interventionists utilize so the instructional intervention is successful for the student.

Collaboration success. A thriving and effective partnership between a teacher and an interventionist within an RtI intervention.

Colleague peer perceptions. The view that teachers and interventionists have of one another as true professional equals in terms of rank and RtI responsibility.

Communication between the teacher and interventionist. The verbal and written interactions between the Tier 2 interventionists about student progress, instructional practices, teacher roles, logistics, and decision-making.

Data collection and documentation. The practices and processes related to the organization of assessment information that indicates how a student is responding to an intervention.

Discrepancy model. A method for identifying the presence of a learning disability that focused on the difference between students' cognitive ability and their academic achievement. In this model, evaluators used intelligence tests (IQ tests) to measure cognitive ability and standardized academic tests to measure academic achievement.

Facets of instruction. The instructional components and practices teachers and interventionists utilize when delivering direct intervention instruction to a student within Tier 2.

Goal design. The assignment of a specific student learning goal for the interventionists to work toward.

Intensity of intervention. The design of the direct instruction within an RtI intervention. More specifically, the intervention's level of intensity in terms of quantity and quality of services provided by both teachers and interventionists.

Intervention. An instructional service provided within the RtI framework to a student from a certified teacher that includes a focus on academics.

Interventionist. A certified elementary, reading, or special education teacher who does not serve as a K-5 general education teacher and provides interventions to students in RtI Tiers 2 and 3 within the RtI Framework in the State of Connecticut.

Learning disability. A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, mental retardation, emotional disturbance, or environmental, cultural, and economic disadvantage. (Individuals with Disabilities Education Act of 2004)

Protection of time. The efforts made by an administrator or a interventionist to have the time available that is needed to perform Tier 2 responsibilities, and also to adhere to an established schedule.

Reciprocal trust. The extent to which both interventionists equally rely on one another, respect one another's perspectives, have faith in the practices of one another, and feel comfortable with the work that each other is doing with the student.

Relationship aspects between the teacher and interventionist. The dynamics of the professional and collegial relationship between a K-5 teacher and a supplementary interventionist.

Response to Intervention (RtI). A tiered process for early intervention within the general education for students who are performing below academic grade-level standards. In addition, RtI is the process by which students may be identified as having a Learning Disability and is thus eligible for special education and related services within all public schools in the United States. RtI is included as part of the Individuals with Disabilities Education Act (2004).

RtI infrastructure components. The components not related to instruction, teacher roles, or relationships which teachers felt were critical in order for Tier 2 interventions to have a chance at being successful.

Sense of urgency. The extent to which a teacher felt that a student is in need of immediate academic intervention and the timeliness with which intervention service begins.

Support for teachers. The external help provided to teachers from colleagues or administration related to advice and guidance for Tier 2 interventions.

Teacher. A K-5 general education teacher who holds an active Elementary Education teaching certification in the State of Connecticut.

Teacher confidence. A K-5 teacher or interventionist's knowledge of RtI, instructional and assessment practices of teachers, decision-making abilities, and belief that the teacher or interventionist holds this knowledge.

Teacher evaluation. The formal, systemic processes adopted and enforced by school districts to assess a teacher's performance and make decisions about teacher placement.

Tier 1 within Response to Intervention. General education core curricula, instruction (including differentiation of instruction), overall school climate, and system of learning and behavioral supports for all students (State of Connecticut, 2008).

Tier 2 within Response to Intervention. Short-term interventions for students experiencing difficulties who have not responded adequately to Tier 1 core curricula and differentiation of instruction (State of Connecticut, 2008).

Tier 3 within Response to Intervention. More intensive or individualized short-term interventions for students who fail to respond to Tier 2 interventions (State of Connecticut, 2008).

Transparency. The observable procedures, processes, and practices that occurred in their Tier 2 experiences, and the same of their perspectives of Tier 2 execution school-wide.

Shared practice. Any instructional, assessment, or planning method that a K-5 Teacher and an Interventionist agree to use, design jointly, and implement independently in their respective teaching environments.

Shared ownership. A mutually agreed upon responsibility for student learning and associated instructional, assessment, and planning methods within the RtI framework between a K-5 Teacher and a Interventionist.

Shared decision making. A process in which two teaching professionals are equally responsible for choosing instructional methodologies, resources, materials, and assessments.

Student success. Academic achievement of a student upon receiving RtI interventions.

Chapter Summary

The implementation of the Individuals with Disabilities Act of 2004 has required schools to provide early intervention for students prior to evaluation for having a learning disability. Within RtI, eligible students may receive three Tiers of academic support with Tier 1 supplying the least support and Tier 3 containing the most support. At the Tier 2 level, teachers collaborate and share interventions with an interventionist. In order to support and understand teacher collaboration within Tier 2, research is needed to describe the perceptions of teachers regarding their intervention responsibilities at the Tier 2 level, and the nature of their collaboration with an interventionist over student supports. There has been limited research and discussion in the field that focuses on the collaborative requirements of Tier 2 in RtI. More specifically, there has been little research on how teachers experience the collaborative RtI process in every day teaching situations. The remaining chapters will review literature related to learning disability identification, the research methodology and research design used for the study, an analysis of the study's findings, implications of the finds, and suggested recommendations.

Chapter 2: Review of the Literature

Introduction

Each step in the historical evolution of the identification practices, policies, and instructional remediation for learning disabilities has been guided by relevant educational theory. Major theorists in the field of teaching and learning have influenced the design of both legislation and practice related to the mission of educating all students, regardless of learning style or disability.

This chapter introduces the relevant theories that have influenced the policy and practices pertaining to learning disabilities from 1969 to present. The review of literature is presented in two sections, the first focusing on theories related to learning disabilities identification and the second focusing on theories related to teacher practices of collaboration while supporting struggling students. Learning disabilities, behaviorism, multiple intelligences, differentiated instruction, and shared leadership theories have served as building blocks for legislation and instructional practice of their respective time periods. Each of these theories framed the evolutionary process of supporting students with learning difficulties and played a vital role in informing the legislation and practice behind public schools' responsibilities to meet the needs of academically at risk learners.

Reviews of Literature

The literature review presents a discussion of two theoretical models for identifying learning disabilities: the Discrepancy Model and the Response to Intervention (RtI) model. Each theory's key concepts, applications to learning disabilities, criticisms

and competing theories, as well as benefits and contributions, are analyzed in comparison with these two models.

Beginning in the early 1960s, American public schools have focused on how to meet the needs of diverse learners in the context of the general education environment. The term learning disabilities is widely believed to have been coined by Kirk (1962) while working with parents and education professionals who were concerned about the learning difficulties experienced by some children (Lerner, 2003). The Learning Disabilities Act of 1969 was enacted as a result of Kirk's federally accepted definition. Kirk (1962) defined learning disabilities as follows:

A learning disability refers to retardation, disorder, or delayed development in one or more of the processes of speech, language, reading, writing, arithmetic, or other school subject resulting from a psychological handicap caused by a possible cerebral dysfunction, and/or emotional or behavioral disturbances. It is not the result of mental retardation, sensory deprivation, or cultural and instructional factors. (p. 263)

Prior to the Learning Disabilities Act of 1969, the common practice for meeting the academic needs of a student not making adequate progress was to remove the student either temporarily, permanently, or regularly from the general education classroom for specialized instruction and support.

In the 1960s, public school learning disabilities programs were rapidly being established throughout the nation (Lerner, 2003). Lerner described the early Learning Disabilities programs as isolated, special classes. In the 1970s, the resource room model was established. This model provided a specialized classroom for students to receive

individualized support for part of their school day, while spending the rest of their day in their typical classrooms with peers. In the 1990s, the inclusion model was developed as a model for educating learning disabled students. In this model, children with learning disabilities were educated in their general education classrooms with their peers, rather than in a secluded setting with disabled students only. Lerner noted that statistics from the U.S. Department of Education reported that the placement of children with learning disabilities in general education classrooms increased from 15% in 1985-1986 to 44% in 1998-1999. Throughout this 40-year period, the dominant model for identifying students with learning disabilities was the Discrepancy Model. The Discrepancy Model was grounded by the tenets that a learning disability is evident when a student's academic performance was not commensurate with their cognitive ability or potential.

Theory supporting the Discrepancy Model. The Learning Disabilities Theory was developed by Torgesen (1986). Torgesen divided the theory into three paradigms: (a) neuropsychological, (b) information processing, and (c) behavioral. In this section, components of each three paradigms are discussed, as well as connection to unexpected underachievement.

Key elements of Learning Disabilities Theory. Torgesen's Learning Disabilities Theory (1986) was predicated on the following two assumptions; first, learning disabilities are the presence of unexpected underachievement, and second, the individual who is underachieving is not globally underachieving but instead has a specific pattern of strengths and weaknesses. Torgesen proposed three paradigms that became the foundation for different theories of learning disability. The three paradigms were (a) neuropsychological, (b) information processing, and (c) applied behavior analysis. Each

of these elements aimed to explain why unexpected underachievement may have existed within an individual's pattern of academic performance.

Neuropsychological paradigm. Torgesen (1986) explained that the neuropsychological paradigm attempted to understand intellectual and academic behavior in light of specific brain functions that may have been connected to it. This paradigm spoke to how well specific brain systems function when correlated with specific academic performance. Since specific intellectual performance is connected to specific areas of the brain, poor performance on specific intellectual tasks may be explained by a malfunction of that area of the brain. Lerner (2003) stated that all learning originates in the brain, and consequently, a disorder in learning may be caused by a dysfunction in the central nervous system.

Informational processing paradigm. Torgesen (1986) described the mind within the informational processing paradigm as being a manipulator of symbols, similar to a computer. "Theories within this paradigm offer hypotheses about the sequences of psychological processing operations (coding, transforming, comparing, storing, retrieving, sorting) that underlie performance" (p. 401). An analysis of patterns of errors may have explained why unexpected underachievement exists. Kirk and Chalfant (1984) stated that for an individual with a learning disability, underlying mental abilities and processes do not develop in a normal fashion. Further, they believed that an individual with a learning disability displays an uneven growth pattern in the brain, or strengths and weaknesses, in different mental processes.

Applied behavior analysis. Torgesen's (1986) third paradigm for learning disability theories was applied behavior analysis, which was based on behavioral theories

of learning. The applied behavior analysis paradigm attempted to explain behavior in terms of observable relationships between stimuli and reactions. “When behavior changes reliably in the presence of (environmental) manipulations, a functional relationship between the behavior and the stimulus exists” (Torgesen, 1986, p. 401). Lerner (2003) described behavior analysis as an application of behavioral psychology to teaching “requiring teachers to analyze a specific task that students are to learn and determine the skills needed to learn that task” (Lerner, 2003, p. 194). The teacher was expected to sequence sub-skill instruction in an ordered and logical manner and then evaluate the student’s responses. The analysis of individual response to instruction became the foundation of Response to Intervention (RTI) as a method for exposing unexplained underachievement and thus the presence of a learning disability.

Application of Learning Disabilities Theory. The development of the definition of learning disabilities has been a complicated process. The elements of Learning Disability Theory were not consistently evident in the various definitions proposed, which further complicated the development of a process for identification. Key elements of the Learning Disabilities Theory were found in the design of the Discrepancy Model for identification. However, these key elements were not as clearly evident in the versions of the federally adopted definition of Learning Disabilities.

Discussion of learning disabilities definition. Kirk (1962) defined learning disabilities as a disorder, retardation, or delayed development caused by a possible cerebral dysfunction and/or emotional or behavioral disturbances. This definition of learning disabilities excluded mental retardation and cultural or instructional factors. Bateman (1965), a student of Kirk’s, expanded the definition:

Children who have learning disabilities are those who manifest an educationally significant discrepancy between their estimated potential and actual level of performance related to basic disorders in the learning process, which may or may not be accompanied by demonstrable central nervous system dysfunction, and which are not secondary to generalized mental retardation, educational or cultural deprivation, severe emotional disturbance, or sensory loss. (p. 220)

Bateman's definition added the idea that learning disabilities were specifically designated by a significant discrepancy between potential cognitive ability and academic performance. Bateman stated that this discrepancy may or may not be related to a central nervous system dysfunction.

As the concept of learning disabilities emerged, these two leaders in the field, Kirk and Bateman, offered differing definitions, and the federal government created a task force to create a definition of Learning Disabilities. Hallahan and Mercer (2001) stated that the task force could not agree on a single definition, and decided to adopt two definitions, blending Kirk's and Bateman's ideas, but excluding any reference to a significant discrepancy.

The Learning Disabilities Act, included in Public Law 91-230 (1970), adopted the definition from the National Advisory Committee on Handicapped Children:

Children with special (specific) learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken and written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain

dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems that are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or environmental disadvantage. (USOE, 1968, p. 34)

This definition was used in 1977 when federal law enacted the Education for All Handicapped Children Act, also known as Public Law 94-142 (1975). However, the discrepancy terminology that had been excluded from the federal definition was included in the identification regulations developed to implement the law. As a result of the confusion between the law and regulations of 1977, the most widely used definition was the one adopted in Public Law 94-142 in 1975. This definition reads

A learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematic calculations. (P.L. 108-446, 2004, Sec. 620(b)6B)

This definition was included in the Public Law 101-476 (1990), the Individuals with Disabilities Education Act, or IDEA. Furthermore, this definition was used again used in Public Law 105-17 (1997), which was the reauthorization of IDEA.

Discussion of learning disabilities identification method. Rutter and Yule (1975) published a study that introduced the method of using the discrepancy between IQ and achievement scores as the indicator for unexpected underachievement, and thus a Learning Disability. Fuchs and Vaughn (2003) stated that the U.S. government specifically stipulated that educators could use the discrepancy model to identify

Learning Disabilities only if schools first ruled out a lack of learning experiences for a child's age and ability. Fletcher, Lyons, Fuchs and Barnes (2007) discussed the recommended procedures for identifying learning disabilities by the U.S. Office of Education in 1977.

States adopted the severe discrepancy between ability and achievement but defined it in their own ways. The discrepancy varied according to how it was calculated. For Example, the standard IQ score minus the standard achievement score was compared to the standard deviation. No specific criteria for determining the parameters of a significant standard deviation gap was provided to state departments of education, and thus states had no protocol to follow in determining what qualifies as a significant discrepancy between ability and achievement.

States arbitrarily set up a significant Standard deviation gap. (Bouman, 2010, p. 8) Therefore, a child may be identified as being learning disabled in one state, but not in another.

The federal definition of learning disabilities, PL 92-142, did not correlate with the identification regulations connected to it, and this caused much debate and confusion in the field. "...the federal Specific Learning Disability definition contained no reference to *underachievement*, which would have provided a valid basis for including its operational definition of discrepancy" (Kavale, Kauffman, Bachmeier, & LeFever, 2008, p. 142). Gallego, Durn, and Reyes (2006) pointed out that the Discrepancy Model method remained the standard through subsequent versions of special education law, the Education for All Handicapped Children Act of 1975 and Individuals with Disabilities Education Acts of 1990 and 1997. Kavale and Spaulding (2008) stated that the

discrepancy model was the accepted practice until it began to be seriously questioned in the mid-1990s.

Criticisms. A major criticism of the discrepancy model was that its proponents did not explain how the academic performance of students with a discrepancy differs from that of students without a discrepancy (Gresham, 2002). In examining the model, Gresham posed the question, are public schools regularly misidentifying students? Critics questioned how the discrepancy model was being applied with validity nation-wide. Furthermore, each state defined its discrepancy formula, or how it would determine if a discrepancy existed mathematically, and students were being labeled as learning disabled differently across the country. Shaw, Cullen, McGuire, and Brinckerhoff (1995) noted that learning disabilities should not disappear when a child crosses the state boundary. Cone and Wilson (1981), Forness, Sinclair, and Guthrie (1983), and Reynolds (1985) described several methods for determining a discrepancy score used in schools: (a) deviation from grade level, (b) ability-achievement discrepancy based on age or grade scores, and (c) ability-achievement discrepancy based on standard score comparisons.

Lerner (2003) criticized the IQ-Achievement discrepancy formula. Specifically, she criticized the use of an IQ score in deriving a student's potential in the process of learning disability identification. She argued that a child with a learning disability may have a depressed score on the IQ test because of the characteristics of his disability. For example, a deficit in language may lower the IQ score, lessen the discrepancy, and therefore make the child ineligible for special education under a learning disability (Lerner, 2003). Lerner also stated that a discrepancy formula does not identify learning disabilities in young children since they have not been exposed to many necessary

academic skills. She further argued that the discrepancy model was a wait-to-fail model. Lerner stated that the discrepancy formula is coined the wait-to-fail” approach because the child must wait several years and fail academically before being eligible for services.

Benefits. One benefit of the discrepancy model was described by Johnson, Mellard, and Byrd (2006). They believed that the best way to differentiate between underachievement and low achievement was to compare the performance with general cognitive ability. Kavale (2002) supported the notion that the discrepancy model was psychometrically defensible because it did not identify learning disabilities with any more reliability or validity better or worse than any other model that had been presented. Keough (2005) claimed that the discrepancy model was valuable because poor achievement could only be deemed unexpected when there is insight into what level of performance can be expected. This expectation of performance can best be obtained by cognitive ability tests.

Conclusion. In summary, Learning Disabilities Theories assumed the presence of unexpected academic underachievement as reflected by a specific pattern of individual strengths and weaknesses. Torgesen’s three paradigms of learning disabilities, neuropsychological, information processing, and applied behavior analysis, were popular theoretical explanations for why unexpected underachievement exists. The theory influenced the design of the two main processes for learning disability classification, the discrepancy model and RtI, both of which relied heavily on a behaviorist perspective.

Theories supporting Response to Intervention. The Response to Intervention (RtI) model became the next evolutionary step in identifying students with learning disabilities in public schools. Part B of the Individuals with Disabilities Education Act of

(2004) redefined the necessary identification processes and eligibility requirements for students with learning disabilities in public schools in the United States. The 2004 IDEA was a reauthorization of a previous version of the law from 1999, and was aligned with the tenet of the No Child Left Behind Act to use scientific, research-based interventions and data-based documentation of student progress. The Connecticut Framework for Response to Intervention (2008) and the Connecticut Learning Disability Identification Guidelines (2010) required public school districts to provide early intervention to students who were not meeting academic grade or age standards through the RtI framework. For a student who does not respond to academic interventions, the application of the RtI model was mandated in order to identify the student as having a learning disability.

The RtI framework has three Tiers of intervention, which districts are required to use, and each must contain specific characteristics. There are three theories related to Response to Intervention as a model for identifying Learning Disabilities: (a) behaviorism (Watson, 1924), (b) multiple intelligences (Gardner, 1985), and (c) differentiated instruction (Tomlinson, 1999). Each theory influenced the development, design, and implementation of RtI as a process for early intervention and also as a method for identifying learning disabilities. Behaviorism influenced the instructional and assessment components of RtI, while multiple intelligences and differentiated instruction influenced the design and implementation of instructional supports for students within RtI.

Key elements of Behaviorism Theory. Watson (1924) has been considered the father of behaviorist thinking. He described behaviorism as a theory of learning that

stated behaviors are learned through conditioning and through interaction with the environment. According to Watson, behavior could be studied and measured in a systematic and scientific way by focusing on what can be observed and measured. Skinner (1974) argued that systematic, scientific study of observable events, such as behavior and the stimuli that control it, was the only way to predict and control human behavior. Skinner spoke to the importance of analyzing one's patterns of responses to specific stimuli. Within the context of classroom instruction, Snow (2005) stated behaviorism sees knowledge as a deliverable quantity, and the behaviorist teacher is the classroom expert passing information along to the student. Behavioral approaches in education broke down content to be learned into small units that were taught and assessed individually. Watson's behavioral learning theory (1924) emphasized the reinforcement of correct behavior and the provision of immediate feedback as students tried to demonstrate they have mastered each small unit of the content taught.

Application to learning disabilities. IDEA 2004 adopted a similar definition of learning disabilities in P.L. 94-143, IDEA 1990, and IDEA 1997. This definition did not speak to discrepancies but remained committed to the concept from learning disability theory that a learning disability is not a global issue, but rather specialized to a specific process or set of processes, specifically listening, thinking, speaking, reading, writing, spelling, or mathematics. The reauthorized IDEA (2004) changed the identification procedures for learning disabilities away from the Discrepancy Model to include "a process that determines if the child responds to scientific, research-based interventions as part of the evaluation procedures...", otherwise known as RtI. Strain and McConnell (1992) discussed three fundamental principles of behavioral approaches that were directly

linked to early intervention and RtI: (a) assessing performance discretely; (b) planning and implementing individual, targeted interventions; and (c) monitoring and adjusting interventions, and assessing overall response.

The foundations of RtI were linked to an investigation conducted by the National Research Council (Heller, Holzman, & Messic, 1982). Their investigation assessed the validity of special education classification systems based on three factors: (a) the quality of the general education program, (b) the value of special education program in producing important outcomes for students, and (c) the accuracy and validity of the assessment process in the identification of a disability. The investigators believed that only when all three of these factors are considered valid can the learning disability classification be considered valid. The use of RtI as an identification method for learning disabilities conceptualized learning disabilities as being rooted in a failure to respond to treatment, through the use of a treatment validity identification model (Fuchs & Vaughn, 2003, p. 138).

The principles of RtI in practice differed from those of the Discrepancy Model. First, RtI attempted to rule out poor instruction as a cause for poor student performance and considered factors other than innate characteristics of the student as the reason for underachievement. “Response to instruction models make no assumptions about the underlying cause of the learning difficulty. Instead, such models recognize that the difficulty may lie within the child, within the instruction, or both” (Speece, Case, & Molloy, 2003, p. 147). Additionally, the evaluative information collected during this process had multiple purposes, including how to inform teacher instruction and how to identify students as having a learning disability. RtI functioned as an early intervention

method separately from also being an identification procedure. Prior to 2004, the identification process did not take on the role of early intervention.

...Children who respond poorly to generally effective interventions have a disability that requires specialized treatment to produce successful learning outcomes. In this way, a central assumption is that RtI can differentiate between two explanations for low achievement: inadequate instruction versus disability. If the child response poorly to instruction that benefits most students, then the assessment eliminates instructional quality as a viable explanation for poor academic growth and instead provides evidence of disability. Also, because most children respond nicely to validated intervention, RtI serves an important prevention function. (Fuchs, & Fuchs, 2007, p. 14)

Criticisms. Mastropieri and Scruggs (2005) expressed concern that RtI had not been carefully assessed with regard to its efficacy, reliability, validity, and utility prior to adoption. These authors stated that the field at large may fail those with learning disabilities if alternate procedures of identifying learning disabilities are not investigated. Another argument against RtI was that the main tenet of learning disabilities theory is the idea of unexpected underachievement. Unexpected underachievement was defined as the unanticipated, low achievement of an individual in contrast with their considerably stronger ability or potential.

Opponents of RtI argued that in order to identify underachievement and assess its severity, one must use standardized evaluations to represent the discrepancy that marks unexpected underachievement. “Discrepancy represents the operational definition of underachievement as a necessary, but not sufficient, condition to establish the presence

of, and eligibility for, specific learning disability” (McKenzie, 2009, p. 204). McKenzie (2009) argued that the reliability, validity, and fidelity of RtI’s implementation were far too difficult to assess and maintain across districts and states. He asserted that since each state defines the three tiers of instruction differently, and thus designs intervention programs differently, RtI’s validity as a classification model was questionable.

In February 2010, the Learning Disabilities Association held a Summit on Specific Learning Disabilities Evaluation, Identification, and Service Delivery in Baltimore, Maryland. Expert panel surveys were conducted by 58 professionals in the field regarding the present state of learning disabilities evaluation and identification methods. Hale et al. (2010) reported on the five major conclusions from this data:

Specific Learning Disabilities definition should be maintained and statutory requirements should be strengthened regarding identification procedures; neither discrepancy analysis nor failure to respond to RtI alone is sufficient for SLD identification; a third method of identification should be developed that considers a pattern of psychological processing strengths and weaknesses; an RtI model can be used to prevent learning problems, but comprehensive evaluations should accompany RtI for identification purposes; and assessment of cognitive and neuropsychological processes should be used not only for identification, but for intervention purposes, as well. (p. 2).

These five conclusions represented a new view of the learning disabilities identification debate that promoted the use of RtI and standardized measures together as evaluation tools for learning disabilities identification. These conclusions acknowledged the need to provide early intervention and that data derived from interventions should be

used to better understand students who are academically at risk. In addition, the recommendations recognized the potential benefits that comprehensive standardized evaluations can have on the identification process when combined with RtI information.

Benefits. The National Joint Committee on Learning Disabilities (2005) claimed that the RtI model for learning disability classification may reduce referral and qualification rates to special education. RtI focused on making sure that students receive adequate instruction prior to evaluation and thus ruled out a lack of quality instruction as a reason for underachievement. Using an RtI approach, teachers would not simply refer a child for an evaluation due to subjective or random factors. Another belief in favor of RtI was that it went against the wait-to-fail model or Discrepancy Model. Fuchs and Vaughn (2003) described traditional practices as waiting for students to have extreme academic difficulty before the teacher referred them for an evaluation through special education services. There was pressure put on the teacher to be able to assess when to refer the child based on observation, and as a result many students were identified as having learning disabilities relatively late.

Murawski and Hughes (2009) described the RtI model as a proactive approach in which classroom teachers instruct all students, instead of waiting for an outside team to validate that a child needs services and provides them. Foorman, Francis, Fletcher, Schat-Schneider, and Mehta (1998) stated that early intervention and instruction was the most effective instruction for struggling students. RtI reinforced that classroom teachers were responsible for every student in their class, and the instruction of those who were struggling academically could not be exported to someone else. “Only by systematically strengthening the quality of instruction and measuring the child’s response to that

instruction can inferences be made about the possibility that child deficits (i.e., disability) contribute to learning difficulties” (Speece et al., 2003, p. 147). In addition, RtI had the potential to effect more than improvements in core instruction in the general education classroom, but also influence whole-school, systematic change.

The logic underlying Response to Intervention can do more than enable schools to meet the challenges of No Child Left Behind and Individuals with Disabilities Education Act of 2004; Response to Intervention can revolutionize how schools do business and provide a comprehensive, high-quality system of education for all students. For example, high as well as low achievers will benefit from research-based general education curriculums differentiation of instruction...and data-driven decision making. In addition, the logic of RtI can benefit special as well as general education practices, by providing timely intervention matched to students’ needs, ensuring that students with disabilities are appropriately identified, and maintaining special education services for students who genuinely require them. (CSDE, 2008, p. 11)

Conclusion. As behaviorism served as the theoretical foundation for the design of the RtI process, RtI itself assumed that there would be diverse learners in a class who require different kinds of instructional approaches. Gardner’s theory of multiple intelligences (1985, 1993) and Tomlinson’s (1999) theory of differentiated instruction are two examples of intermediate theories that were compatible with general behavioral theories of learning but were more specifically focused on the relationship between cognitive abilities and methods of teaching.

Key elements of Multiple Intelligences Theory. Gardner (1985) proposed that each person has a level of all eight intelligences, and that, while the levels were different, they worked together in intricate ways. Gardner's theory asserted that people contained different strengths and weaknesses, and that a one-size-fits-all model of academic instruction cannot meet all learners' needs within one class. In order to be sensitive to the various levels of the eight different intelligences proposed by this theory, teachers must apply dynamic and responsive teaching practices.

In explaining why Gardner developed the theory of multiple intelligences, Armstrong (2009) stated that Gardner (1993) wanted to expand the discussion of human intelligence beyond Intelligence Quotient (IQ) tests that produced a single score indicating a person's intellectual potential. According to Armstrong, Gardner believed that a meaningful concept of intelligence had far more to do with the capacity for solving problems and creating products in a naturalistic setting than it did answering questions on an IQ test. "Gardner provided a means of mapping the broad range of abilities that humans possess by grouping their capabilities into the following eight 'intelligences': linguistic, logical-mathematical, spatial, bodily-kinesthetic, musical, interpersonal, intrapersonal, and naturalistic" (Armstrong, 2009, p. 6).

Application to Learning Disabilities. Gardner (1985) described the two select uses of symbolisms in teaching and assessment in public schools as linguistic symbolization and logical-mathematic symbolization. He stated that linguistic and logical aptitudes were the ones most often found on intelligence tests. IQ tests were used in assessing the discrepancy that represents underachievement found in learning disabled people prior to IDEA 2004, and many students were potentially identified as having learning disabilities

primarily because they did not have inclinations towards these linguistic and logical intelligence areas. According to Gardner, these students most likely had strong capabilities in one of the other intelligence areas he describes as part of the Multiple Intelligences Theory. Chapman (1993) claimed that many students with learning disabilities were identified by an antiquated and limited definition of intelligence.

Gardner's theory challenged the notion that IQ tests were a useful measure in determining whether a learning disability exists because they only assess linguistic and logical intelligence abilities. Sanders (1999) argued that Gardner found that there was too much focus on linguistic and logical abilities in the construction of intelligence, aptitude, and achievement tests. Teele (1996) stated that school tests, class assignments, and teaching methods typically emphasize linguistic and logical intelligences and overlook talents that may exist within Gardner's other five intelligence areas. Richards et al. (2007) stated that teachers need to look more closely at individual learning needs and develop strategies and skills that could be implemented to address them. Seeing students as individuals with various levels and degrees of intelligences could assist teachers in supporting students so that they did not require special education services.

Criticisms. In his theory, Gardner (1985) stated that the seven intelligences held equal value and import. Sternberg and Frensch (1990) criticized Gardner's Multiple Intelligences Theory because of this assumption. They elaborated that different cultures value different talents, and the intelligences are not valued equally within each culture. Sternberg asked whether an adult who is tone deaf, and thus has no sense of rhythm, can be considered mentally limited in the same way as one who has never developed any verbal skills.

Klein (1997) criticized Gardner's theory as being too broad to be useful for planning curriculum. Klein stated that research on the knowledge and strategies that learners use in specific activities, and on how they construct this knowledge, may prove more relevant to classroom practice than application of the Multiple Intelligences Theory.

Benefits. The main benefit of the Multiple Intelligences Theory within the discussion of Learning Disabilities was that through the application of Gardner's theory (1985), students who have struggled with traditional academic skills and topics of learning could be found to have talents and capabilities within one or more of Gardner's intelligence areas. Hearne and Stone (1995) stated that Gardner's work advanced collective knowledge beyond simple definitions of intelligence, and his theory offered a more holistic view of individual potential and intelligence. Sanders (1999) stated that through application of the Multiple Intelligences Theory, students with learning difficulties could become aware of their own strengths and be able to design study methods around their dominant intelligences. Furthermore, Sanders argued that all students could find the curriculum more accessible when it was differentiated to accommodate the various learning styles and intelligences in the class.

Key elements of Differentiated Instruction Theory. Another model related to RtI is the Differentiated Instruction Theory. This theory represented the kind of dynamic and responsive teaching needed to meet the needs of diverse learners in a class. Tomlinson (1999) was the foremost theorist in the field of differentiated instruction. Tomlinson and Imbeau (2010) described differentiated instruction as the practice of approaching students as different kinds of learners, and those differences profoundly influence how they learn and influence the scaffolding needed during the learning process. She stated that teachers

have a responsibility to meet all learners' needs by understanding the nature of how each student learns, and by adopting a flexible approach to teaching. She described the four categories of curriculum-related elements for differentiated practice: differentiation of (a) content, (b) process, (c) product, and (d) influence. These curriculum-related elements were based on three categories of student need and variance: (a) readiness, (b) interest, and (c) learning profile (Tomlinson & Imbeau, 2010).

Tomlinson (1999) defined each of the curriculum and student elements. Content was the knowledge, understanding, and skills we want students to learn. Process was how students come to understand or make sense of the content. Product was how students demonstrate what they have come to know, understand, and are able to do after an extended period of learning. Learning profile was a preference for taking in, exploring, and expressing content. Influence was how students' emotions and feelings impact their learning. Readiness was a student's current proximity to specified knowledge, understanding, and skills. Interest was that which engages the attention, curiosity, and involvement of a student.

Earl (2003) stated "Differentiation is making sure that the right students get the right learning tasks at the right time. Once you have a sense of what each student holds as 'given' or 'known' and what he or she needs in order to learn, differentiation is no longer an option. It's an obvious response" (Earl, 2003, pp. 86-87). Table 2.1 provides examples of differentiation instruction strategies based on Tomlinson and Imbeau's work (2010) that created options when readiness, interest, and learning profile are considered for content, process, and product.

Table 2.1

Matrix of Differentiated Instruction Strategies

	Readiness	Interest	Learning Profile
Content	Materials at varied readability levels	Range of materials that apply Key ideas and skills to a variety of real-world situations	Varied teaching modes (e.g., verbal, visual, rhythmic, practical)
	Spelling assigned by proficiency		Video or audio notes
	Alternate presentation	Teacher presentations designed to link to student interests	
	small group instruction		
	Highlighted texts		
Process	Tiered activities	Expert groups	Choice of working conditions
	Mini-workshops	Interest centers	
	Flexible use of time	materials based on student interests	Tasks designed around intelligence preferences
	Learning contracts	Independent studies	Blogs to share ideas
	Varied homework assignments	Interest-based options	
Product	Personal goal-setting	Use of student interests in designing products	Complex instruction
	Varied resources	Design a Day options	varied formats for expressing key content
	based on student independence		Use of contemporary technologies for student expression
	work at varied levels of complexity		Varied modes of expressing learning

Note. Adapted from *Leading and Managing a Differentiated Classroom* (Tomlinson & Imbeau, 2010).

Application to Learning Disabilities and benefits. Speece et al. (2003) described differentiated instruction as a model that supports RtI. According to Speece et al.,

differentiated instruction through RtI framework provides the potential to improve the general education environments and is a necessary component to meeting all students' needs within the general education environment. RtI uses two values of differentiation in its design: assessments drive the instruction, and student needs must be met in more forums than solely the entire class lesson. In its guidelines for implementing RtI, the State of Connecticut (2008) referred to differentiated instruction as a foundational idea in the implementation of RtI and adopted its own Differentiated Instruction Initiative to support Local Education Agencies in this work.

Walker-Dalhouse and Risko (2009) stated that IDEA 2004 allows for models of differentiated instruction to meet RtI needs and proposed that differentiated instruction will reduce the number of students qualifying for special education because they have been identified as learning disabled. The authors argued that too many students diagnosed as learning disabled were actually not achieving their academic potential because they received poor classroom instruction.

Poor classroom instruction may occur due to insufficient planning, assessment, and pedagogical practices, as well as from ignoring student learning styles when planning, assessing, and teaching. Walker-Dalhouse and Risko (2009) explained that the goal of helping teachers develop the skill set, dispositions, and perspectives needed to practice differentiated instruction will help them assume responsibility for adjusting instruction in accordance with student needs rather than following a prearranged sequence of content and instructional procedure. Tomlinson and Imbeau (2010) echoed the importance of teacher ownership further and stated that teacher ownership of student success leads to teacher leadership within a school. "Quite simply, the classroom teacher

is an irreplaceable leader in moving differentiation from an abstract idea on paper . . . to a way of life in the classroom” (Tomlinson and Imbeau, 2010, p. 9).

Criticisms. Stahl (1999) criticized differentiated instruction as a fad because there has been little empirical evidence that learning styles exist, and if they do, little assessment of those styles within the makeup of a class have occurred prior to instruction taking place. Stahl argued that there was little research to support that teaching lessons in a variety of ways to meet student learning styles is effective.

Conclusion. Gardner’s Multiple Intelligences Theory (1993) assumes that students have varied preferred methods of learning and reflecting knowledge that aligned with their specific pattern of intellectual strengths and weaknesses. Tomlinson’s Differentiated Instruction Theory is the companion teaching theory for meeting learners’ varied needs within a shared context. Tomlinson believed that teacher ownership of the success of every student in the class translates into teacher leadership. However, since ownership of instruction and progress monitoring is shared at the Tier 2 level of RtI, the success of RtI depends on the ability of the teacher to take a collaborative leadership role. Richards et al. (2007) stated that in the RtI model and collaboration between teachers is crucial for student success.

The Discrepancy Model and RtI model are the two main learning disability identification methods. Both models have connections to the definitions, legislation, and regulations associations with learning disabilities. Table 2.2 compares the discrepancy model and RtI by the theories associated with them, descriptors of the associated theory, and criticisms and benefits of the identification method.

Table 2.2

Comparison of Learning Disability Identification Methods

	Theory(ies) Associated with Method	Descriptors of Associated Theory	Criticisms of Identification Method	Benefits of Identification Method
Discrepancy Model	Learning Disabilities Theory (Torgensen, 1986)	Three paradigms Focuses on underachievement as a marker of a learning disability	Standardized measures do not correlate with academic tasks and demands Does not explain how students with a discrepancy differ from those without a discrepancy	Psychometrically defensible Useful in differentiated underachievement from low achievement
Response-to-Intervention	Behaviorism (Watson, 1924, Skinner, 1974) Multiple Intelligences (Gardner, 1985) Differentiated Instruction (Tomlinson, 1999)	Behaviors can be analyzed in response to specific stimuli Assumes that people learn differently 8 intelligences Dynamic and responsive teaching Can differ in content, process, product, influence	Does not utilize any standardized evaluations Insufficient in understanding the student's cognitive functioning Lack of fidelity of implementation	Rules out poor instruction as a reason for underachievement Proactive approach Can improve core instruction

Teacher practice related to RtI. Response to Intervention not only impacted the evaluation practices for students suspected of having learning disabilities but also the instructional practices of teachers. This section of the literature review focuses on teacher practices regarding collaboration and RtI. Shared instructional practices, shared

ownership, and shared leadership are explored as teachers transition from autonomous to collaborative professionals within the RtI process.

Teacher practice. The RtI framework was organized into three tiers. In the RtI framework, Tier 1 supports occur within the general education classroom, with the general education teacher being the primary interventionist. Tier 2 supports include an interventionist as a consultant for the teacher, and/or an additional instructional service provider to the student. With the shift from Tier 1 to Tier 2, students receive more intense interventions and, more specifically, an increase in the frequency and duration of interventions as determined by the teacher and the interventionist.

As a student transitions from Tier 1 to Tier 2 in RtI, the teacher shifts from an autonomous role to a collaborative one with an interventionist. This shift from isolation to shared practice was a departure from the expectations of teacher practice prior to RtI mandates. The traditional egg-crate model of teaching and learning in which individual teachers have been isolated behind the closed doors of their classrooms has been dominant in the United States for decades (Johnson, 2010). Since RtI, teachers have been working less in isolation and more in collaboration with colleagues during the planning, instructional, or assessment processes.

When a teacher functions in isolation, only the students observe their practice, and this limits opportunities for professional growth within a social context. This traditional model has been discarded by most successful school systems, which recognize that having highly qualified but isolated teachers is not enough (Fullan, 2010). The concept of shared practice, in which teaching is not just an individual act but a collective and connected activity within and beyond school walls, was quickly recognized by

researchers and educators as a highly effective strategy to improve both teaching and learning (Mishook, 2011).

Research supporting shared teaching practices has highlighted the benefits of teachers improving and learning when doing so in the company of colleagues. Pil and Leana (2009) found that teachers' ties and relationships to other teachers significantly predicted student achievement gains above and beyond individual teacher experience and classroom ability. With regard to RtI, teachers have been required to shift into the role of diagnostician and interventionist, which may have been new for many of them.

Friend and Cook (2000) stated that more teachers have realized that collaboration encourages a sense of shared responsibility for educating students. The shift to shared practice has led to a possible shift in culture within a school. "Professional development must address the organizational and cultural context needed to ensure continuing professional learning and development for all service providers" (NRCLD, 2007). Shared practice and shared ownership of student learning may lead teachers to evolve into shared leadership roles.

Shared leadership and decision making. According to Lambert (2003), shared leadership theory was based on four assumptions. The first assumption was everyone has the right, responsibility, and ability to be a leader. The second assumption was that leadership influences how people will participate. The third assumption was that educators yearn to be more fully who they are as purposeful, professional human beings. The last assumption was that leadership is an essential aspect of an educator's professional life.

The classroom teacher and interventionist responsible for the interventions at the Tier 2 or Tier 3 level of RtI share the leadership role of providing the intervention for the student. As the teachers assume responsibility for the student, they also assume a leadership role. Gastil (1997) stated that in order for shared leadership to take place, those involved need to pay attention to three things: ownership, sharing, and learning. In Gastil's study, two teachers who collaborated on an RtI intervention took ownership over their student's learning, shared successes and failures, and learned together. This kind of leadership needs to exist at the classroom teacher level in order for students to receive the optimal benefit from RtI at the Tier 2 and Tier 3 levels.

The practical application of shared leadership for a pair of teachers working together is within Tier 2 of RtI has been shared decision making. Brost (2000) stated that shared decision making has been an integral part of school reform intended to increase accountability and ownership for school performance. Danielson (2002) suggested that shared decision making may lead to improved classroom instruction, teamwork, and student achievement. Smylie, Conley, and Marks (2002) stated that teacher participation in shared decision making was positively related to student achievement. Lastly, Linek, Fleener, Fazio, Raines, and Klaklamp (2003) found that shared decision making improved teacher performance and increased student achievement in math and reading.

The application of the theoretical concept of shared leadership and the applied concept of shared decision making by teachers leads to shared ownership of student success. Figure 2.1 represents how the intersection of shared leadership and shared decision making create the foundation for regular shared instructional ownership between two teachers at the Tier 2 level in RtI.

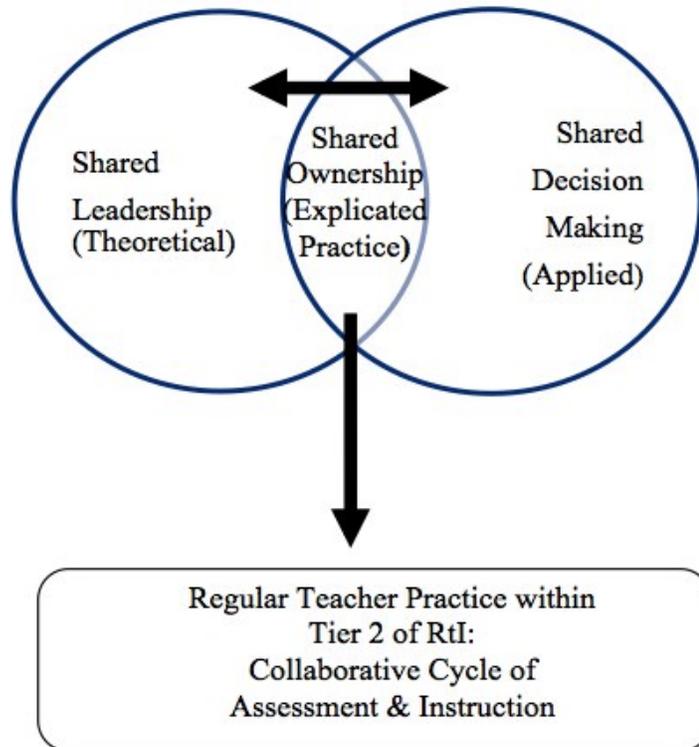


Figure 2.1. Venn diagram of shared ownership as it relates to RtI Tier 2.

Chapter Summary

The Learning Disabilities Theory, behaviorism, multiple intelligences, and differentiated instruction influenced the design and implementation of the RtI initiative in response to IDEA 2004. Shared Leadership Theory influenced how teachers view their collaborative responsibilities within Tier 2 of RtI. Chapter 2 reviewed the evolution of selected learning disabilities to the current practice of identifying learning disabilities. In addition, the chapter discussed the RtI framework which shifts the focus from learning disabilities toward teacher collaboration and shared ownership over student learning and success.

Chapter 3: Research Design Methodology

Methodology

This chapter describes the design of the research, defines the criteria for the research context and participants, and how data was collected and analyzed. The chapter also includes a discussion of the factors that influenced methodology decisions and design choices. The chapter is divided into six sections, including general perspective, research context, research participants, instruments for data collection, data analysis, and a summary of methodology.

General Perspective

Merriam (1998) described qualitative research methods as being designed to gain insight into a phenomenon of interest from the participant's perspective, not the researcher's. Qualitative research methods and design were chosen for this study because it allowed for the investigation into how human beings interpret and find meaning in their everyday lives. In addition, qualitative research allowed the researcher to study the "problem" or "issue" in the context in which it naturally occurs. Phenomenological research methodology was identified as the qualitative research method most appropriate to answer the research questions. Van Manen (1990) described phenomenology as a method that aims at gaining a deeper understanding of the meaning of our everyday experiences. He said that a phenomenologist asks, "What is this or that kind of experience like" (Van Manen, 1990, p. 20). Through asking these kinds of questions, Van Manen posited that one can find a universal essence of a phenomenon, and this may only

be found through a study of the particulars as they are encountered in the lived experience.

The aim of the phenomenological approach is to transform a lived experience into a textual expression of its essence. Van Manen (1990) further stated that the methodology of phenomenology tries to ward off any inclination to predetermine conclusions. The researcher grounds him or herself with one main question, and creates sub-questions to investigate with more specificity. The main question for the dissertation study was, what are RtI Tier 2 experiences like for teachers? In the RtI framework, teachers are solely responsible for Tier 1 instruction and intervention, while Tier 2 expects teachers to assume a collaborative role with another teacher (interventionist). The specific research sub-questions allowed for deeper investigation into the aforesaid main question.

Haagar and Mahdavi (2007) said that Tier 2 intervention through the RtI framework requires teachers to increase their collaboration with other professionals in order to examine student work and make decisions about instruction. Elliot and Busse (1993) stated that few studies measured whether or not collaborative interventions were implemented accurately and effectively. Bailey (2000) stated that research on federal education mandates reveals a lack of information on teachers' perspectives of required change processes. The phenomenological study conducted for this dissertation thus explored these areas of RtI by asking teachers to share their perspectives of collaboration and shared ownership within Tier 2 of RtI.

The overarching, main question that was investigated in this phenomenological study was, what are RtI Tier 2 experiences like for teachers? The specific research sub-questions used to further study the main question were:

1. What are the lived experiences of K-5 teachers who have participated in a Tier 2 shared intervention within the Response to Intervention model?
2. What factors have influenced K-5 teachers' experiences within a Tier 2 shared intervention?

The motivation to choose a phenomenological research approach derived from the design of the research questions. The research questions aimed to shed light on what the experience is like for individual teachers, and further identify the factors they perceived to have influenced their experiences. Moustakas (1994) stated that the development of descriptions of the essence(s) of these experiences do not serve as explanations or analysis, rather what was experienced and how it was experienced. Therefore, the research questions and problem statement called for the researcher to find the best way to describe the experiences of a population that is most integrally responsible for implementing federal and state mandates vis-à-vis RtI. Phenomenological methods allowed for such a depiction.

Research Context

Smith, Flowers, and Larkin (2012) stated Husserl believed that the grounding principle of phenomenological inquiry is that experience should be examined in the way and place that it occurs and in its own terms. As such, the research context in a phenomenological study is critical to gaining insights into participants' experiences. The research context for the dissertation study was a suburban school district in the New York City Metropolitan area.

The district being studied was comprised of multiple, public elementary schools structured in a kindergarten through Fifth grade model in each building. The research was

conducted in a room within the specific classroom in the elementary school building in which each participant taught. Throughout the dissertation, the school district is referred to as District A. At the time of the research, District A had roughly 4,900 students in grades prekindergarten through 12. The student to teacher ratio in general education classrooms was roughly 20:1. District A had fewer than 5% of students on free-reduced lunch status, fewer than 5% of the student population as part of a minority group, and 95% of graduating high school students attending college.

Research Participants

Creswell (2007) stated that phenomenology requires that participants in a study be carefully chosen as individuals who have all experienced the targeted phenomenon so that the researcher can describe a common understanding. Research participants for the dissertation study were chosen by a brief process that included the voluntary completion of a brief questionnaire (Appendix A). The questionnaire was sent via email to approximately 125 teachers within the district. The questions focused on demographic data such as years of teaching experience, grades taught, and understanding of the three tiers within RtI. On a separate document, teachers completing the questionnaire were asked to describe an RtI intervention they were involved with during the last year. After completing the questionnaire and completing the description, research participants were selected based on the following three criteria: (a) involved in a Tier 2 intervention in the last year, (b) taught between grades kindergarten through five, and (c) expressed a willingness to participate in at least one individual interview and a focus group.

Once questionnaires were reviewed, 10 teachers were invited to participate in the phenomenological study. Prior to beginning the interview, each participant voluntarily

read and signed the Assurance of Confidentiality (Appendix B) provided by the researcher. Participants were given a Barnes and Noble gift card of \$25.00 at the completion of the data collection process.

Research Collection Instruments

The primary data collection instruments were semi-structured, individual interviews and focus groups. These interviews and focus groups were audio-recorded and guided by specific questions that linked to the research questions. All questions connected to the main phenomenological question guiding the study: what are collaborative and shared ownership experiences like for teachers within Tier 2 of RtI? The focus groups were conducted with those teachers who participated in the individual, semi-structured interviews. These focus groups were less structured than the interviews in that the researcher acted as a facilitator of conversation between participants rather than as an interviewer who asked pointed questions that elicited an individual response. This focus group was also audio-recorded and later transcribed for analysis. Eight of the ten teachers participate in the focus groups.

Smith et al. (2012) described qualitative research interviews as a conversation with purpose. He argued that the aim of the interview is to assist interaction, which allows participants to tell their own stories in their own words. The authors explained that the participants are the experiential expert on the topic and should be given leeway to expound upon their responses. The dissertation study included a two-step data collection process. The first step of this process was individual semi-structured interviews with the participants. To provide the leeway Smith et. al. referred to, the semi-structured interviews were initially guided by interview questions, but participants were encouraged

to expand on their responses, share anecdotal stories, and were asked to elaborate further with examples. Additionally, Smith et al. explained that the interview requires a verbatim record of the data collection event. To this end, each interview was audio-recorded and later transcribed. The transcriptions included participants' sighs, pauses more than three seconds, and any other utterances included within their speech.

The secondary data collection instruments were two rating scales (Appendices C and D) developed by the researcher at the conclusion of transcribing and coding the individual interview transcripts. Focus group participants, at the end of their respective focus group, completed the rating scales. The first scale, the Student Success Scale, asked the respondents to rate five concepts in the order of their perceived importance for the success of the Tier 2 student within the intervention. The second scale, the Collaboration Success Scale, asked the respondent to rate five concepts in order of their perceived importance for the success of the collaboration between the two Tier 2 interventionists.

Data Analysis

After the individual interviews and focus groups were transcribed, the researcher highlighted significant statements, sentences, or quotes that provided insight into how the participants experienced the phenomenon. Moustakas (1994) referred to this highlighting process as horizontalization, and these highlights were grouped into what he called clusters of meaning. Once the statements were grouped into clusters of meaning, a textural description was written. According to Moustakas (1994), the textural description is a holistic depiction, sometimes as a narrative, of what the participants experienced individually. Moustakas recommended including a structural description, which speaks to a description of the setting that influenced how the participants experienced the

phenomenon. Following the completion of the textural and structural descriptions, the researcher wrote a composite description, known as the essence of the experience. This written piece targeted the common experiences of the participants and lead to a description of what RtI Tier 2 experiences were like for the participating teachers.

Summary of methodology. The dissertation study aimed to understand the experiences as perceived and described by teachers, and used phenomenological research to investigate the essence of a lived experience. A phenomenological research approach was the most appropriate research approach based on the problem statement and research questions designed for the study. Participants were volunteers selected by the researcher based on their responses to a screening questionnaire, which assured that the participants had the common experience of the phenomenon. Once individual interviews and focus groups were conducted, the conversations were transcribed and analyzed for emergent themes. These themes were grouped and used to develop a holistic essence of the teachers' experience. The essence was written in a descriptive and thorough manner.

Chapter 4: Results

Research Questions

The dissertation study was conducted to examine the lived experiences of K-5 teachers who have participated in a Tier 2 shared intervention within Tier 2 of a Response to Intervention model. The participants were selected based on their responses to the Questionnaire to Identify Participants (Appendix A). The electronic questionnaire was distributed to approximately 125 K-5 teachers. The participants' responses on the questionnaire were reviewed to assess that they had in fact experienced the phenomena being studied, and 10 respondents were invited to participate in the study. All 10 of the invited participants agreed to volunteer to participate in one individual interview and one focus group. All volunteer participants participated in the interviews, and eight participated in the focus groups and completed the rating scales.

The face-to-face interviews were conducted in each teacher's current classroom, and the focus groups were conducted at a conference room at a local library. Each focus group, Focus Group A and Focus Group B, included four participants. Prior to beginning each interview, each participant voluntarily read and signed the Assurance of Confidentiality (Appendix B) provided by the researcher. Lastly, each focus group participant was asked to complete two rating scales (Appendices C and D) developed by the researcher at the conclusion of his or her respective focus group. The first scale, the Student Success Scale, asked the respondents to rate five concepts in the order of their perceived importance for the success of the Tier 2 student within the intervention. The

second scale, the Collaboration Success Scale, asked the respondent to rate five concepts in order of their perceived importance for the success of the collaboration between the two Tier 2 interventionists. The rating scales are presented later in this chapter.

In the individual interviews, the participants were asked two questions:

1. Tell me about your experience within a shared Tier 2 intervention.
2. Tell me about the factors that influenced your Tier 2 experience.

Individual interviews were audio-recorded and then transcribed word for word by the researcher. Additionally, after each interview was completed, the researcher completed a journal entry describing interactions, participants' responses, and observations made during the interview process. In the focus groups, participants were provided with anonymous quotes from prior interviews and asked to discuss how they identified with the thinking evidenced by the quote. As in after the individual interviews, the researcher completed a journal entry describing the interactions, participants' responses, and observations made during the focus groups.

The research questions that guided interviews with the participants were

3. What are the lived experiences of K-5 teachers who have participated in a Tier 2 shared intervention within the Response to Intervention model?
4. What factors have influenced K-5 teachers' experiences within a Tier 2 shared intervention?

To answer these research questions, K-5 teachers who had participated in a shared Tier 2 intervention with an interventionist were interviewed. Demographic information and data from interview, focus group, and rating scales were collected. The results of these data

are presented in this chapter as themes and clusters of meaning, as well as by their relationship to each research question.

Demographic data of research participants. The interviews were conducted in the participants' current elementary classroom, outside of school hours at an agreed upon time. The focus groups were conducted in a conference room at a local public library outside of school hours at an agreed upon time. The research interviews and focus groups were conducted with adequate time for each participant to thoroughly share his or her experiences. Each individual interview and focus group was tape recorded and transcribed word for word by the researcher. The interview transcripts were reviewed and specific quotes were used to guide the discussion questions during the focus groups. Furthermore, the researcher's journal entries were analyzed in conjunction with the transcripts. Lastly, the rating scales were reviewed and examined as they compared with the findings from the transcript and journal entry analysis. The transcripts, journal entries, rating scales, and observations were used to identify common feelings and experiences of the participants.

Demographics for each participant included the current grade level teaching, other grade levels taught, years teaching in total, and years spent in the current school. A summary of the demographic data of the study participants is presented in Table 4.1. The study participants all had engaged in a Tier 2 shared intervention within the last twelve months. The participants currently were teaching in either kindergarten, first, third, fourth or fifth grade. Six of the participants also had taught in at least one other elementary grade level than their current grade. Five of the participants had been teaching between 10 and 15 years, three had been teaching between 4 and 9 years, one has been teaching

between 0 and 2 years, and one has been teaching between 16 and 20 years. Three of the participants had been teaching in their current school for between 0 and 2 years, one has been in his or her current school for between 2 and 5 years, and seven had been in their current schools for 5 or more years.

Table 4.1

Demographic Data of Study Participants

Participant	Current grade level teaching	Other grade levels taught	Years teaching in total	Years in current school
1	3	1, 2	10-15	0-2
2	K	-	10-15	5+
3	5	1, 2, 4	10-15	2-5
4	1	-	10-15	5+
5	5	3, 4	4-9	5+
6	1	-	0-3	0-2
7	K	2, 4	4-9	0-2
8	3	1, 2	10-15	5+
9	3	K, 1	16-20	5+
10	4	-	4-9	5+

Data Analysis and Findings

The first section of the data analysis is organized by research question. The second section is organized by rating scale. The data analysis process included three main steps.

5. Each interview and focus group transcript was read and analyzed for significant statements of meaning. Statements of meaning were those quotes from the conversations that the researcher deemed had significance in analyzing the phenomenon and answering the research questions.
6. These statements of meaning were analyzed in conjunction with the researcher's journal entries to derive clusters of meaning. The clusters of meaning represented a concept related to the Tier 2 shared intervention experience.
7. The clusters of meaning were analyzed to derive main themes. The main themes represented integral features of the Tier 2 shared intervention experience.

The four main themes derived from the analysis related to (a) functions, (b) roles, (c) interpersonal processes, and (d) RtI structures. Table 4.2 presents examples of statements of meaning, clusters of meaning and themes according to each research question. There were 187 statements of meaning, 13 clusters of meaning, and 4 themes found based on the individual interview and focus group transcripts.

Table 4.2

Examples of Statements of Meaning, Clusters of Meaning, and Themes

Research Question	Statement of Meaning	Cluster of Meaning	Theme
Lived experience	We have a good dialogue	Communication	Collaborative practices
	The paperwork is too much	Data collection and documentation	
Factors that influenced experience	She was non-judgmental	Reciprocal trust	Relationship between the teacher and interventionist
	I see her as a higher up than me	Peer perception	

Question 1: Lived experiences within Tier 2 shared interventions. The first question K-5 teachers were asked during the interviews was, would you please tell me about your experience within a shared Tier 2 intervention? This question generated two main themes: (a) collaborative practices outside of instruction and (b) facets of instruction. Four clusters of meaning were included within the first theme: (a) communication between the teacher and interventionist, (b) data collection and documentation, (c) goal design, and (d) teacher evaluations. For the second theme, three clusters of meaning were found: (a) intensity of intervention, (b) shared ownership, and (c) transparency. Figure 4.1 presents a frequency table of the clusters of meaning as they were coded within the interview and focus group transcripts by the researcher.

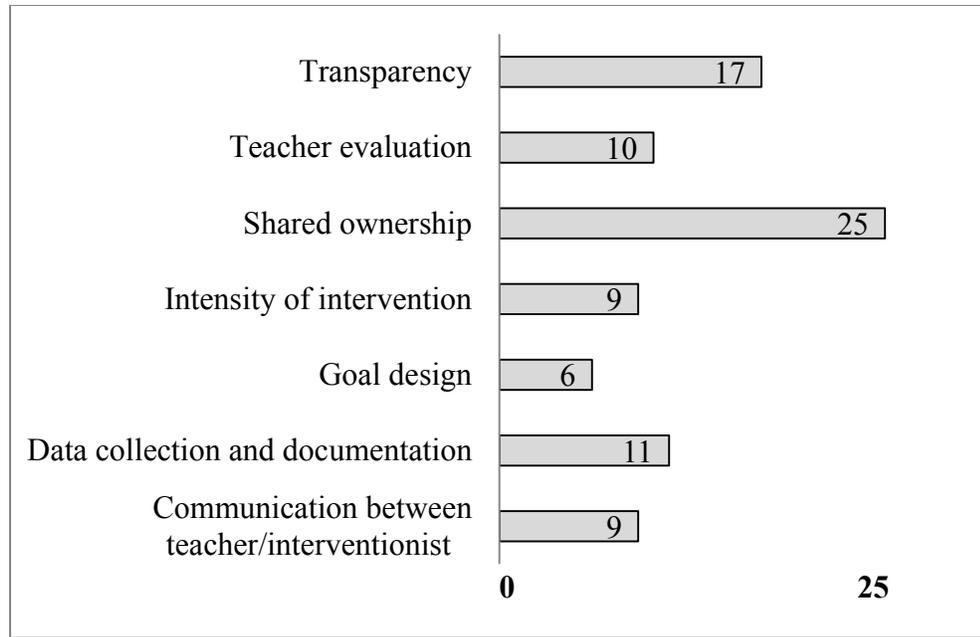


Figure 4.1. Frequency distribution of clusters of meaning found within interview and focus group transcripts research question 1.

Theme 1: Collaborative practices outside of instruction. The first theme derived from interviews and focus groups related to research question one was collaborative practices outside of instruction. The theme represented the practices that teachers and interventionists utilize so that the instructional intervention is successful for the student. Figure 4.2 presents the themes and clusters of meaning linked to the research question 1.

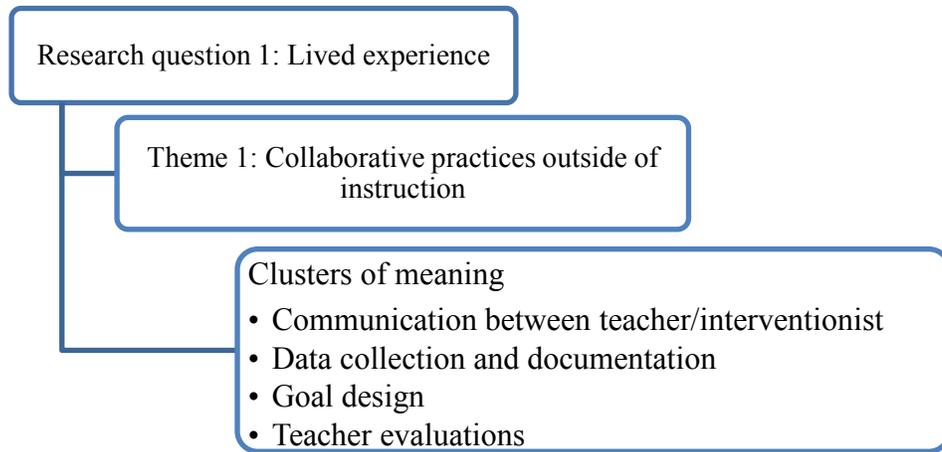


Figure 4.2. First theme and clusters of meaning for research question one.

Communication between the teacher and interventionist. The first cluster of meaning within the collaborative practices outside of instruction theme was communication between the teacher and interventionist. This cluster of meaning was defined as the verbal and written interactions between the Tier 2 interventionists about student progress, instructional practices, teacher roles, logistics, and decision-making. While exploring this cluster of meaning, five of the ten participants described ways they communicate with interventionists during a Tier 2 intervention. In addition, communication between the teacher and interventionist was a topic discussed in each focus group. While exploring the idea of communication between the teacher and interventionist, participants discussed challenging and successful communication experiences as well as their perceptions of the quality of the communication they engaged in.

In the Focus Group A, participants discussed the challenge of communicating with the interventionist on an ongoing basis. Participant (P7) explained that one advantage of having the interventionist provide her intervention services in the general

education classroom is “we can check in with each other immediately afterwards when she’s still there...we have that accessibility.” In Focus Group B, P4 explained that she recognizes that if regularly scheduled meetings between the interventionists cannot be scheduled, then “we end up talking on the fly, whenever we can... it doesn’t always happen.” Other participants nodded in agreement with P4’s comment. Another focus group participant added that she experienced the same difficulties and “the lack of communication makes it hard to stay on top of what we’re both doing with the student.”

In an interview, P8 described two different experiences with communication within the Tier 2 structure. She depicted one experience in which she found herself consistently seeking out the interventionist to communicate, and “then eventually feeling frustrated and waiting for her to come to me.” P8 expressed this frustration further by describing that when the two did speak, she “didn’t feel heard” by her colleague. The other experience P8 described portrayed a different means of sharing information between the two interventionists that fostered collegial communication. “Someone I work with this year takes pictures and posts them onto a shared drive, so if we can’t talk, I can look and see what they’re (interventionists) doing.” She went on to explain that this method of sharing information was not only timely and efficient, but could be helpful because both interventionists were “looking at the same student work.”

In the interview with P1, she described how she and the interventionist “were able to speak all of the time, and that was great.” She further explained that she does not think that kind of regular communication happens often within Tier 2 interventions. P6 also described her experience with having high accessibility to the interventionist because the intervention was provided within the general education classroom. She stated that they

“were able to stay on the same page in those conversations, they’re extremely helpful.”

The discussion around communication in the focus groups, as well as P1 and P6’s interviews, reflected a general feeling that regular communication was more difficult when the interventionists did not share a classroom environment with the general education teacher. Furthermore, the discussion showed that the teachers felt communication was key to monitoring student progress and future intervention success.

P4’s feelings about communication with the other interventionist focused less on the accessibility for communication, and more on the quality of the communication when it occurred. The participant commented that within the context of communications, she found that the conversation was “not a two way street. She (interventionist) asks me a lot of questions and provides me with a lot of feedback, but I never do the same for her. She doesn’t seek it out from me, either.” While explaining the details of her experience, P4 expressed that she had never realized until that moment the dynamics of her communication with the interventionist. She said she recognized that she felt resentful about it. P4 paused for an extended moment after this realization, and briefly shook her head in what appeared to be frustration.

Data collection and documentation. The second cluster of meaning within the collaborative practices outside of instruction theme was data collection and documentation. Data collection and documentation referred to the practices and processes related to the organization of assessment information that indicates how a student is responding to an intervention. During the interviews, 5 of the 10 participants engaged in a discussion about data collection and documentation, and this topic came up in both focus group conversations. Much of the participants’ commentary about data collection and

documentation centered on the difficulties they had finding time to properly collect data and maintain documentation on student progress. Teachers expressed frustration and anxiety about the pressure they feel to document properly. In addition, the commentary touched on the ways Tier 2 colleagues collect data on and then document student performance during a Tier 2 intervention.

During Focus Group A, P1 and P10 discussed the notion, “if you don’t write it down, it didn’t happen.” They described their experiences with balancing their typical instructional practices documenting their interventions, as well as how the student is progressing. P2 stated that she felt the documentation process was laborious and “so hard to keep track of... they need to figure out how to streamline it.” In the second focus group, P3 explicitly said that she feels the “paperwork is too much, and not reasonable for classroom teachers to do.” P5 described how he feels a disconnect between what he does with a student and, “what gets on the sheet... I am meeting with the student, but it’s not getting on the sheet. I think the former takes priority over the latter.” After this comment, P5 put her hands in the air, palms facing upwards and shrugged her shoulders. The conversations in the focus groups reflected that the teachers experience difficulty with keeping up with the level of detail and amount of documentation that they think is required within a Tier 2 intervention.

During the individual interview, P4 explored her feelings of frustration while sitting in meetings and the data and documentation is reviewed. “Sometimes we go into a meeting, my data is there, but there’s nothing else there. Where is the other interventionist’s information? I see no evidence of what’s happening. The information isn’t there.” Her experience reflected that she did not have the same troubles as other

teachers with finding time to document, but rather with holding her colleague accountable for equally doing the same for her part in the Tier 2 intervention.

P1 talked about her experiences with documentation as it related to her collaboration with the interventionists. She explained that part of their collaboration was around the data form itself. She stated, “If I’m having trouble filling out these forms, and she comes up and walks me through it. It’s helpful because otherwise I’m not going to get it done. But it would be nice to have a more efficient way.” She further shared that data documentation was a main reason for her and the interventionist to get together to have discussions about the intervention for the student. P3 detailed her experience in conversations with her interventionist and how they both “lamented the task of documenting everything... I think everyone has the best intentions, but it often doesn’t get done. Not high on the priority list.” She shared such examples along with the caveat, “just because everything isn’t on the data sheet doesn’t mean that we’re both not doing great stuff with kids.” After this comment, P3 crossed her arms and shook her head.

Goal design. The third cluster of meaning within the collaborative practices outside of instruction theme was goal design. Goal design referred to the assignment of a specific student learning goal for the interventionists to work towards. While exploring this cluster of meaning during interviews, four of the ten participants engaged in a discussion about the ways they design goals with interventionists during a Tier 2 intervention. In addition, goal design came up in Focus Group A. Statements were made by participants about the value of setting specific student performance goals at the start of an intervention, as well as positive and negative statements about collaboratively writing goals with Tier 2 colleagues.

In the Focus Group A, all four participants commented that from their experiences, setting a goal was a critical step in the early stages of a Tier 2 intervention. P10 shared, “you have to work on a goal together for them (the students). You have to choose a goal, attach it to progress monitoring, and talk and brainstorm about what we’re going to do to meet the goal.” All participants agreed that this was an important step that has to include input from both interventionists. Those who did not speak nodded in agreement with this idea. P1 went on to say, “all the interventions that I have had in Tier 2 that have failed have had very weak or no goals attached to them.”

During the individual interview, P3 described the experience of collaboratively setting goals with the interventionist. She explained that she leaned on the interventionist’s knowledge and expertise with goal setting because she felt less comfortable doing so. She shared that she “wasn’t too familiar yet with how to write a goal...with how to set a specific, measurable one. She helped me write a goal, which was huge.” P5 shared a similar experience, stating that she also looked to her interventionist for this kind of guidance. She described how she felt unsure of herself when writing a measurable goal for Tier 2, and she “was looking for collaboration in creating the goal itself. Just to start the process.”

Conversely, P7 described what she felt like was a negative experience with writing goals for Tier 2 interventions. She said that she did not feel like she was included in this process with the interventionist and that her input was not elicited. “I felt like the goals are written without too much teacher input.” She further clarified that much of her frustration around this experience was because she felt like she spent far more time with

the student than her Tier 2 interventionist, therefore she (the teacher) “should have a lot more say in what the goal priority should be.”

Teacher evaluation. The fourth and last cluster of meaning within the collaborative practices outside of instruction theme was teacher evaluation. While exploring this cluster of meaning, 3 of the 10 participants discussed this concept within their individual interviews, and it was a topic discussed in both focus groups. Teacher evaluation referred to the formal, systemic processes adopted and enforced by school districts to assess a teacher’s performance and make decisions about teacher placement. Participants shared thoughts and feelings about the ways they feel teacher evaluation is related to their work with interventionists during Tier 2 interventions. Many reflected that they had not considered how Tier 2 work is connected to teacher evaluations until this research process, while a minority of others expressed negative thoughts about how the new teacher evaluation system could incorporate evaluation of what teachers do in Tier 2 interventions.

In Focus Group A, P2 and P 7 made it clear that they never felt as though they were judged individually for the success of a student’s progress within a Tier 2 intervention. Rather, they said, “I never looked at the evaluation of the intervention like it was about me or her, individually” and “We’re in it together.” The feelings from the teachers in this focus group centered on their experiences of camaraderie with their Tier 2 interventionist when celebrating a student’s success or problem solving how to further intervene with the student. Another teacher in Focus Group A shared that he did not see teacher evaluation as a necessary part of Tier 2 intervention assessments. He said, “we’re

all trying our best, which is the most we can do every day. It would be unfair to complicate this already complicated process with teacher evaluation.”

Lastly, P1 said she did not feel as though her evaluation as a teacher was connected to what happened within a Tier 2 intervention for a student. She explained that in her experience she’s “never felt that pressure... if the intervention didn’t work, then we have another step to take. I have never seen it as a blemish on my record.” There were strong feelings reflected by the teachers in this first focus group that they do not feel pressured by their evaluation process when working with another interventionist in Tier 2. Further, they shared strong feelings, based on their experiences, that they see no need for their evaluations to take into account what specifically happens within individual Tier 2 interventions.

In Focus Group B, a teacher expressed a different perspective on teacher evaluation than was expressed in Focus Group A. This teacher said that in her experiences, much of the Tier 2 interventions “are put on the teacher” and “if I’m being evaluated and I’m working with someone who I don’t think is competent, I’m going to have some issues with that.” She described her knowledge of upcoming changes to the state teacher evaluation system, and explained that she has concerns that “if a student isn’t successful in an intervention, with this new evaluation system, will the interventionist be held as accountable as I will? Will it affect her evaluation as it does mine? Somehow I don’t think so.” In her interview, P5 clarified her view of teacher evaluation as it relates to Tier 2 similarly to the participants in the Focus Group B. She said “we’re judged on our student’s performance. The ‘team’ isn’t assessed; it’s just the classroom teacher. The evaluation is not of the team, just the teacher.” The experiences of

P6 revealed that the documentation is a part of her concerns around teacher evaluation in Tier 2, also. She explained that the documentation has been her way of “proving” what she’s done. P6 said “I think that teachers worry that if it’s not written on the sheet, it will be interpreted that we’re not doing what we’re supposed to.”

During Focus Group B, P3 echoed her colleague’s thoughts and stated that her perspective is that “the success of the student mainly falls on the classroom teacher, and I’m evaluated based on that.” P3’s shifted her body position after this comment from her hands folded on the table with both feet flat on the floor to both arms and legs crossed. A third participant in the focus group, P8, took a divergent perspective and detailed that she cares much more about the informal evaluations from her peers and students’ parents than the formal teacher evaluation process. She went on to provide the example,

If one of my Tier 2 students moves up to another teacher next year, and it’s clear the student has not made progress, what will that teacher think of me? That’s important to me. Will she think that of the interventionist, too? I don’t know.

Theme 2: Facets of instruction. The second theme derived from individual interviews and focus groups related to research question one was facets of instruction. This theme represented the instructional components and practices that teachers and interventionists utilize when delivering direct intervention instruction to a student within Tier 2. The three clusters of meaning were intensity of the intervention, shared ownership, and transparency. Figure 4.3 presents the themes and clusters of meaning linked to research question 1.

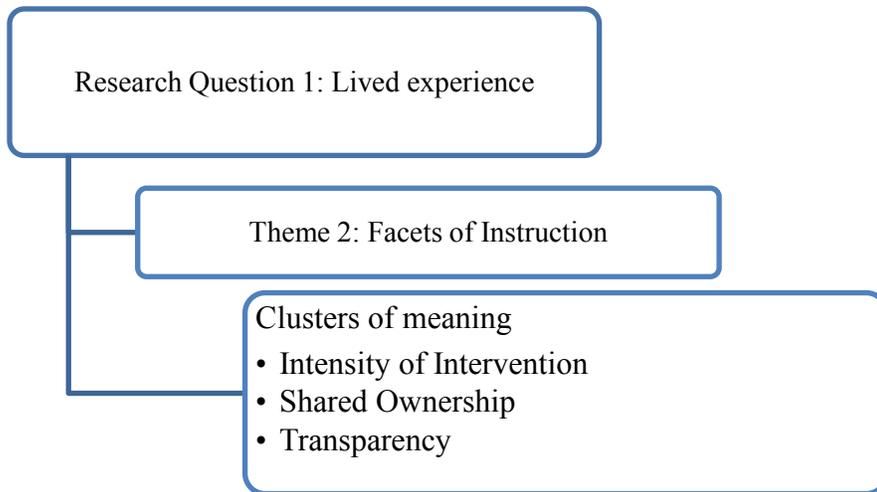


Figure 4.3. The second theme and clusters of meaning for research question one.

Intensity of Intervention. The first cluster of meaning within the facets of instruction theme was intensity of intervention. While exploring this cluster of meaning, five of the ten participants discussed this concept within their individual interviews. They shared thoughts and feelings regarding the design of the direct instruction within the intervention, more specifically the intervention’s level of intensity in terms of quantity and quality of services provided by both teachers and interventionists. Additionally, intensity of intervention was a concept that was discussed among participants in Focus Group B. Teachers informally defined the notion of “intensity” within an intervention as how much Tier 2 direct service sessions a child receives in a given week, by whom, and the quality of methods and materials used within these instructional sessions.

In Focus Group A, the teachers discussed the idea of intensity of the intervention as it related to small group or one-on-one instruction for the child. One teacher, P10, shared that she felt that an intervention should be “in a very small group, or more preferred, one on one. An intervention is supposed to be intense for the child, remedial. You can’t do that if you’re seeing the kid in a group of four or five other students.” P7

commented that in his experience it is difficult to meet all the students' individual goals when instruction is provided in a small group. He explained,

if we're going to take the time to create these goals for the intervention, then we need to design the instruction so that we're actually working on them. Too many kids in a group lead to trying to address various goals at once. I can't find a good way to do that.

P2 in the same focus group detailed her experience with designing small groups for students "who all have the same need." Furthermore, she shared that she and the interventionist kept groupings in mind when they created goals by "looking at the assessments and seeing who could be grouped first, and then we created their goals, instead of the other way around."

In individual interviews, teachers discussed the idea of intensity of intervention as it related to the frequency of intervention sessions provided to the student. P1 described her discussion with the interventionist when deciding how often her colleague would provide direct services to the student. She stated "I knew it couldn't be once a week thing. If that person only saw him once a week, it wasn't going to happen for him... it was the intensity that was particularly powerful. I think it was quantity." P6 described intensity of intervention from her experience as being a combination of her (teacher) sessions with the student and the interventionist's sessions.

I would work with the student twice each week, one on one. The interventionist saw her three times each week. We figured out between the two of us how to get the most for the student with both of our schedules. She (the student) was seen every day, which was awesome, and she made a lot of progress.

P8 and P9 both spoke of intensity of the intervention with regard to quantity of services and further consistency of implementation of services. They shared their experiences with Tier 2 interventions that were originally meant to have “one schedule,” as P9 put it, “but then didn’t always work out that way. I know she (the interventionist) didn’t mean to miss the times, but there were a lot of sessions missed.” P8 echoed a similar experience as P9, saying,

Consistency of seeing the kid was an issue. She (the interventionist) couldn’t make her session and I didn’t even know why. It was sporadic and uncoordinated. At times she would come into the classroom for services, and at other times she would pull the student out to her room. I never knew what to expect, even though we had made a plan!

Shared ownership. The second cluster of meaning within the facets of instruction theme was shared ownership. Shared ownership referred to a mutually agreed upon responsibility for student learning and associated instructional, assessment, and planning methods within the RtI framework between a K-5 Teacher and an interventionist. While investigating this cluster of meaning, 8 of the 10 participants discussed this concept within their individual interviews. Furthermore, shared ownership was a concept discussed among participants at both focus groups. Teachers described how shared ownership behaviors of both teachers and interventionists either were or were not present within their Tier 2 interventions. Additional comments were made about the environment in which intervention instruction is provided and how it relates to shared ownership.

In both focus groups, participants discussed the notion of shared ownership as it related to what teachers should see as their role and responsibility. Two teachers in each

focus group session explained that based on their experiences, the Tier 2 students never stop being the teacher's responsibility. P5 said, "you're always doing your end as the classroom teacher, your job is your job." P2 confessed that there were times in her Tier 2 experience that she wanted to

...pass of the student to someone else, and say, 'here, you figure it out now!' But I know I can't do that, it would never work anyway. I have to take as active of a role in it all as the other interventionist does.

In individual interviews, P7 and P10 indicated similar feelings from their experiences as the participants did in the focus groups. P7 stated that she knew she had to do "her part" and that she is "half of the puzzle." P10 echoed P7's thoughts, reiterating that she always knew the students were her responsibility at all times. "It was never my expectation or experience that they (the Tier 2 students) would be off my plate."

Three teachers in Focus Group B talked about shared ownership as it relates to how the students view them, their teachers. They stated that from their experiences, "when the kids see us together and doing the same stuff, we start to see ourselves the same way too." One participant discussed that in the situations in which "we collaborated more in my actual classroom, we had a more symbiotic relationship than we would have if not. We started seeing all the kids as 'our kids.'" These teachers directly associated the general education physical classroom environment as a conduit for fostering shared ownership of student success and necessary services for both interventionists. P5 further explored the idea that the general education classroom environment is "key" to adopting shared ownership. She explained that because all services were provided in the student's regular classroom, the teachers could see each other often and "it was more of a

collaborative effort...we knew it was everyone's job to share the responsibility for success. I think the attitude before was that they could become someone else's problem." She clasped her hands together as she made this comment to signify teamwork.

In other individual interviews, participants discussed their frustrations with what they believed to be a lack of shared ownership in their Tier 2 experiences. P4 stated that she felt she was consistently making collaborative efforts, but they were not met equally by her Tier 2 colleague.

I wouldn't say it was one hundred percent collaboration... it seemed separated to me still. I do what I do, she (the interventionist) does what she does. But I find I do most of the work and she just follows along.

Aligned with P4's feelings, P9 talked about the designation of a leader and a follower in her Tier 2 intervention. She felt as though in her experiences, she "took more of a leading role, and she supported me. Supported as in I asked for things and she gave them to me. I feel like everyone looks to the classroom teacher." P8 portrayed similar experiences to those of P9 with regards to shared ownership. She stated that she felt as though she had reasonable expectations of collaboration (and shared ownership), but she was consistently frustrated by the "imbalance of responsibility and ownership between me and the interventionist... No. There was not shared ownership or balance of ownership. I think the student success could have been better had there been better collaboration."

Transparency. The third cluster of meaning within the facets of instruction theme was transparency. Transparency referred to the observable procedures, processes and practices that occurred in their Tier 2 experiences, and the same of their perspectives of Tier 2 execution school-wide. While studying this cluster of meaning, 7 of the 10

participants discussed this concept within their individual interviews. Furthermore, the notion of transparency was explored among teachers at both focus groups. Participants discussed general transparency within the Tier 2 process as it functions in their individual schools along with experiences of transparent practices between them and their Tier 2 interventionists.

In both focus groups and in six interviews, participants expressed a lack of clarity around Tier 2 procedures and expectations. They stated that they experienced a lack of transparency, at times, for what their Tier 2 colleague was “doing.” Furthermore, multiple participants described a general sense of confusion of how Tier 2 “is supposed to run.” In Focus Group A, P1 shared that from her experience, she felt as though the interventionist did not have any more clarity than the teachers around Tier 2 expectations. “I bet the interventionists would say that there’s no consistency or clarity. How could we expect transparency then? I have a question, it’s always, ‘go ask someone else.’ You don’t always know who to go to.” P2 echoed this same idea by expressing that there is a lack of transparency with the information available. She felt that she experienced that

...people don’t seem to have the same information about what we have to do in Tier 2. I think they (the interventionists) are confused, so am I. It’s difficult to be proactive that way. I think we’re contradicting each other and not meaning to. I don’t know what to expect.

P5 and P7 shared difficulties with decision making in Tier 2. P5 explained how the lack of transparency in the “process fosters no decisions being made... There were a lot of meetings when decisions weren’t made. There was a lot of strategizing, but not always a decision made.” P7 said that she expects more from her school leaders in

making what is expected plain for all Tier 2 staff members. She said that she has not experienced anyone who she feels is “an expert at it, which makes it really hard. I go to people thinking they’re going to have answers, and they don’t.” In the second focus group, a participant shared her feelings that the transparency she’s sought for Tier 2 should come from the building principal and assistant principal. She saw an inconsistency within various leaders in her school, and explained that “this should be a conversation at a faculty meeting... when you have different leaders in one place, depending on where you go, you get a different answer.”

Summary. This section reviewed the content from the interviews and focus groups that related to the first research question. The first research question was, what are the lived experiences of K-5 teachers who have participated in a shared Tier 2 intervention within the RtI model? Two main themes emerged from the individual interviews and focus groups: (a) collaborative practices outside of instruction, and (b) facets of instruction. Each theme contained multiple clusters of meaning.

The collaborative practices outside of instruction theme was characterized by the practices that teachers and interventionists use so the instructional intervention is successful for the student. The four clusters of meaning found within the data collection and analysis processes associated with this theme were (a) communication between the teacher and interventionist, (b) data collection and documentation, (c) goal design, and (d) teacher evaluations. The facets of instruction main theme was characterized by the instructional components and practices which teachers and interventionists use when delivering direct intervention instruction to a student within Tier 2. The three clusters of

meaning derived from the data collection and analysis processes linked to this theme were (a) intensity of intervention, (b) shared ownership, and (c) transparency.

Question 2: Factors that influence Tier 2 experiences. Research question 2 asked of K-5 teachers during interviews was “Please tell about the factors that influenced your Tier 2 experience(s)?” This question elicited two main themes related to the interpersonal processes and structures within RtI: (a) relationship aspects between the teacher and interventionist and (b) components of RtI infrastructure. Three clusters of meaning were included within the first main theme: (a) colleague peer perceptions, (b) sense of urgency, and (c) reciprocal trust. For the second theme, three clusters of meaning were discovered: (a) teacher confidence, (b) support for teachers, and (c) protection of time. Figure 4.4 presents a frequency table of the distribution of the clusters of meaning as they were coded within the interview and focus group transcripts.

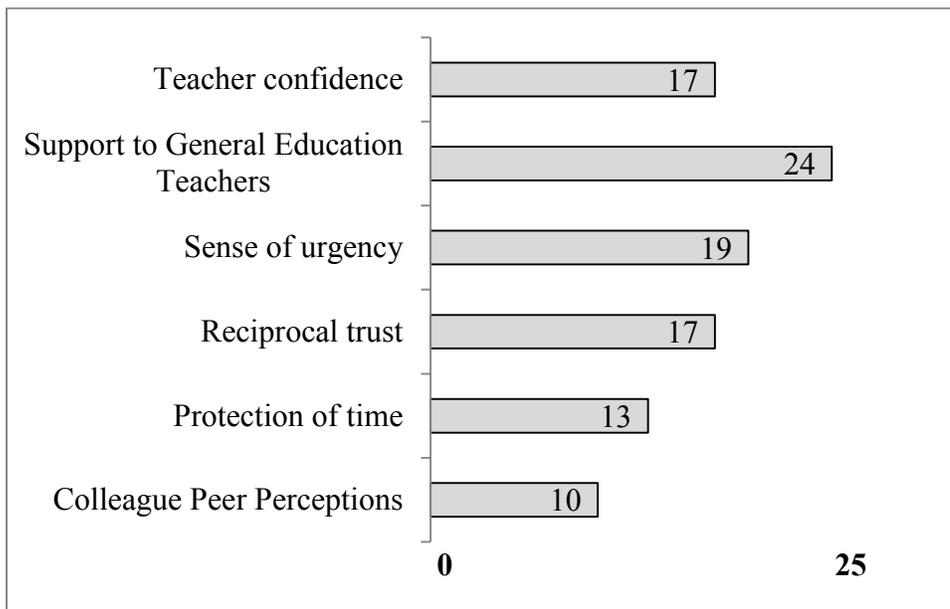


Figure 4.4. Frequency distribution of clusters of meaning found within interview and focus group transcripts for research question 2.

Theme 1: Relationship aspects between the teacher and interventionist. The first theme drawn from individual interviews and focus groups related to research question two was relationship aspects between a K-5 teacher and a interventionist. The second research question elicited much discussion within the interviews and focus groups about the way the interventionists cooperate and interact with one another, defined as the interpersonal processes between the interventionists. The second theme represented the dynamics of the professional and collegial relationship between the two Tier 2 interventionists. This section includes an analysis of each of these clusters of meaning as they relate to the characteristics and dynamics of the Tier 2 colleagues' working relationships. Figure 4.5 presents the first theme and clusters of meaning linked to research question 2.

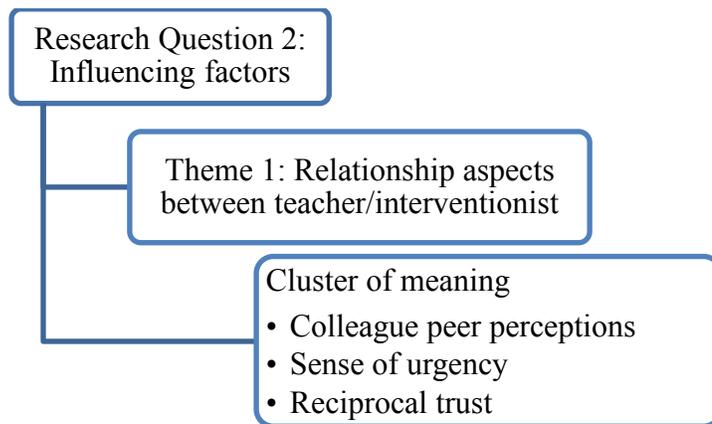


Figure 4.5. The first theme and clusters of meaning for research question 2.

Colleague peer perceptions. The first cluster of meaning within the relationship aspects theme was colleague peer perceptions. Colleague peer perceptions refers to the view teachers and interventionists have of one another as true professional equals in terms of rank and RtI responsibility. While exploring this cluster of meaning, 7 of the 10 participants discussed the concept within their individual interviews. They shared

experiences and feelings regarding how they perceived their Tier 2 colleague, and more specifically, the experiences they have had that played a role in shaping their perceptions of the interventionists. In these conversations, teachers discussed the factors that influenced whether or not after their experiences, they viewed their interventionists as peers. In addition, they explored how they think their Tier 2 partner perceived them.

Participants stated in their individual interviews that they did not see the interventionist as a peer, mainly because they did not engage in behaviors that would be associated with peer professional relationships. P1 said that she saw the interventionist as “hierarchically higher” than she (as a teacher). P1 further explained that she “looks at them as a person higher up” than she is because “they are running meetings, meetings cannot happen if they’re not there... and they function somewhat like mini-administrators. If they don’t think a child should be seen for an intervention, it doesn’t happen.” She leaned in closer to the researcher as she continued to speak. Additionally, she explained that she had never been asked her opinion by an interventionist, and “if we’re peers, we do that. There’s a give and take. I ask you, you ask me, it goes both ways.” P7 shared a similar experience, stating that she “saw her (the interventionist) as less of a peer” because this teacher did not “speak candidly about instruction and ideas and stuff like that.” She went on to explain that from her point-of-view, peers speak candidly about new ideas and ask for each other’s opinions. After making this statement, P1 looked off, away from the researcher for an extended moment.

In P4’s individual interview, the participant expressed that previous experiences have led to the belief that “if you have a personal relationship with the interventionist already, then you will get the support you need.” She felt as though “you would get more

if you were friends with the other person, not just working together.” When pressed for further clarification, P4 said that her she did not see in her experiences a clear line drawn between what professional peers should do and what social peers should do. She ended by asking the question, “If we are not social peers, does that mean we can’t be fully functional professional peers?”

P2 associated the concept of judgment with colleague peer perceptions. She shared that in her experiences, if she feels as though she’s not being judged by her Tier 2 colleague, then her perception of that person will be that of a peer. “It’s all about not judging.” She clarified, “peers don’t judge each other. Because it could go both ways. But if you’re judging me, you’re not a peer to me. You think you’re above me.”

Other participants felt differently about peer perceptions than those already described. In P3’s individual interview, she stated that she found that she had positive peer perception of the interventionists because “they were inviting.” Furthermore, because of this perception, she described their working relationship as having been “effective” and “collaborative.” P3 went on to detail how she made an effort to develop a good rapport with those with whom she works in order to foster positive peer perceptions. She stated,

They (the interventionists) also looked at me and had their perceptions about me. I wanted to make sure that I got a jump in making sure those were good so that we could work well together. It wasn’t just about how they presented to me, but also how I presented to them, too.

P10 described the interventionists as being people who are “happy to help” and she makes sure that she is “appreciative” of their support. This teacher’s experience was that

her Tier 2 colleagues were open to being asked things and working with others, and this engendered a “positive image” of them in her eyes.

Sense of urgency. The second cluster of meaning within the relationship aspects theme was an understood and shared sense of urgency between the teachers and interventionists. While exploring this cluster of meaning, seven of the ten participants discussed this concept within their individual interviews. In addition, this topic generated a lot of discussion in both focus groups. Sense of urgency referred to the extent to which a teacher feels that a student is in need of immediate academic intervention, and further the timeliness in which that intervention service begins. The participants shared experiences and feelings regarding their own senses of urgency, and also the same of the interventionists with whom they worked. In these discussions, teachers stated that they did and did not find themselves as having the same sense of urgency as their Tier 2 colleagues. Most often, the teachers said that they felt that they had a stronger sense of urgency than the interventionists with whom they worked. Additionally, they explored the repercussions of when a teacher and interventionist do not share the same urgency and concern for a student’s academic performance.

In her individual interview, P1 discussed how she felt that she had not been “heard” when requesting Tier 2 support from an interventionist within her school, and how the student did not receive services as soon as she would have preferred as a result. “You could beg them... I need help! I don’t even need help a lot, I need a little. And they won’t do it unless it’s a significant problem.” P4 echoed the sentiments of P1 and elaborated further. She said she had experienced a lack of shared understanding regarding the interpretation of student data. “At times it didn’t happen so easily. Again the data clearly

showed that progress is being made, so then why is there a wait and see approach? I'm not comfortable with that." P6 shared a delay in receiving Tier 2 support for her student, as well. She discussed that she "had hoped support from the other interventionist would happen sooner than it did." She went on to state that she "almost wished that we could skip Tier 1 when you know the situation is severe enough... I feel like we could have gotten started sooner." P7 shared a frustration around the notion of not being on the same page with the interventionist as it relates to student priorities.

I think the kids who maybe some of the specialists think need to be moved to Tier 2 get priority, whereas there are some kids who aren't on everyone's radar should stay on Tier 1... It feels like it gets pushed off.

In Focus Group B, teachers discussed the issues that arise when a teacher and a interventionist do not share the same sense of urgency for a student within Tier 2. One teacher said, "What I see as a problem, which others may not see as a problem, it's hard to say what's really, truly a problem that we can all agree on." Another teacher saw the value in another colleague analyzing a student in determining if an academic "issue" is present or not. He explained, "You need someone with a wider perspective than you have with just your class."

Participants commented in the individual interviews and Focus Group B that there is a sense of urgency for additional Tier 2 support for students in the primary grades, namely kindergarten, first and second. In Focus Group B, a teacher commented from her experiences that "having been a primary teacher for a while, I can see how it would be true that they (primary teachers) need the Tier 2 support more than at the upper elementary grades." In the individual interview, P3 shared this sentiment, "I think the

younger grade teachers need the interventionists more than we do.” P4, as a first grade teacher, explained that “first grade is extremely important... this is where you see the reading behaviors. And when you see a child who isn’t grasping them, it’s glaring.” P7, a kindergarten teacher, felt that same as P4 in her interview. She stated that (in kindergarten), “when they don’t pick up on basic things and routines, you worry, and we need the help earlier.”

Reciprocal trust. The third cluster of meaning that was found within the theme of relationship aspects between the teacher and the interventionist was reciprocal trust. While exploring this cluster of meaning, 4 of the 10 participants discussed this concept within their individual interviews. In addition, this topic was discussed thoroughly at the first focus group. Reciprocal trust meant the extent to which both interventionists equally rely on one another, respect one another’s perspectives, have faith in the practices of one another, and feel comfortable with the work that each other is doing with the student. The participants talked about their experiences and thoughts about the idea of reciprocal trust, both in positive and negative lights. Teachers discussed their behaviors and those of interventionists displayed at RtI meetings and how these behaviors impacted reciprocal trust for and from their Tier 2 colleague.

P1 shared how she “valued” her Tier 2 colleague and trusted her because the interventionist “took a lead.” She explained, “Honestly, I trusted her and what she was telling me made sense to me. I trusted what she was saying; I could tell she got it. She had a plan, and implemented it.” P2 mirrored P1’s comments in that she felt as though she could trust the other interventionist, and it had a positive impact on the student. “I had a very good connection with this person, and she made it easy. She knew where

everything was, and we didn't even have to talk much. It was an unspoken thing." P3 explained that her trust was built with the Tier 2 interventionist because this colleague made themselves available to her and were reliable. She exemplified this by sharing, "If I emailed her to try something new, she helped. When I had to confer with the kids, she sat with me with the kids. They (interventionists) are readily available... they are willing to cooperate and learn from people." P5 spoke of reciprocal trust from a wider lens, referring to the culture of the school in which she works. She felt as though "the culture here is that we have a lot of respect for each other." Therefore, the idea of reciprocal trust is inherent to what teachers do each day.

In Focus Group A, teachers discussed trust as it related to a colleague trusting them, as explicated by asking for teachers' insights and opinions. P10 shared never feeling comfortable giving an opinion to the interventionist, but rather receiving it from that person. "I have never even felt that I could say, that's not a good idea. You usually just take it (interventionist's opinions), they don't ask your opinion." Another shared, "Sometimes I feel like they're the teacher and I'm the student, no matter the situation. I think some of them gave themselves an added boost of entitlement or authority." These comments do not allude to reciprocity between the Tier 2 colleagues, but rather a one-way relationship of the interventionist providing input to the teacher.

Theme 2: RtI infrastructure components. The second theme derived from interviews and focus groups related to research question two was RtI infrastructure components. This theme represented the components that are not related to instruction, teacher roles, or relationships which teachers felt were critical in order for Tier 2 interventions to have a chance at being successful. The three clusters of meaning

associated with this theme are discussed in this section. These three clusters of meaning were teacher confidence, support for teachers, and protection of time. Figure 4.6 contains illustration of the second theme and clusters of meaning linked to research question two.

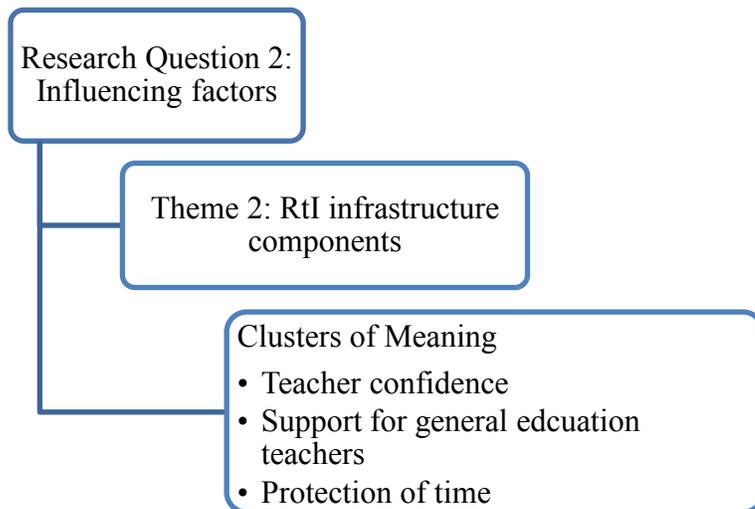


Figure 4.6. The second theme and clusters of meaning for research question two.

Teacher confidence. The first cluster of meaning within the RtI infrastructure theme was teacher confidence. While exploring this cluster of meaning, 6 of the 10 participants discussed the concept within their individual interviews. Additionally, teacher confidence was explored within both focus groups. Teacher confidence referred to a teacher or interventionist’s knowledge of RtI, instructional and assessment practices of teachers, decision-making abilities, and belief that the teacher or interventionist contains this knowledge. Participants shared both positive and negative experiences and feelings having to do with confidence they felt within themselves and the confidence they thought their Tier 2 colleagues held.

When discussing the confidence the participants had in the interventionists with whom they worked, both positive and negative experiences and feelings were communicated. In her individual interview, P1 stated that she felt the interventionist “had

her way of doing things as a specialist, she knows how to meet the needs of a student who is a reluctant reader... It was her, she had a plan. She knew how to propel him.” P3 stated similar experiences as P1 did, adding that she saw the nature of the interventionist’s role as having expertise that could be relied on. She stated that it was how she (the teacher) “perceived” her Tier 2 colleague. “I do think of her as a specialist... they (interventionists) have certain things that they focused on that we didn’t. It helps us.” P5 saw within her experiences that the interventionist had “tricks up her sleeve, and there’s always hope that they’ll give me more of an idea of how to help.” P7 also mentioned the confidence she had in a Tier 2 colleague because of the interventionist’s preparedness. She explained that the interventionist “had a plan” and “was ready to go.” P7 explained that the interventionist “seemed more confident about her knowledge about the process in general. With who I’m working with now, you’re not sure if she’s sure.” P8 stated specifically that the success of the intervention was related to “... in part, the confidence and competence of the interventionist.”

In the Focus Group A, P1 and P2 discussed their reticence to turn to the interventionist for guidance or support because this person did not exude confidence in her practice. One teacher shared that “I don’t trust her to go to her for professional development,” which may be an indication of this participant’s perception of the interventionist’s competence. Another participant expressed the same by saying, “I agree, me too.” During the individual interview, P7 explained her experiences with a interventionist who did not appear confident in her knowledge-base. “The interventionist I have now tends to look to other people... there’s a lot of turning to others and ‘what do

you think?” P7 emphasized that she valued a Tier 2 interventionist who has confidence, even if that colleague does not “have all of the answers.”

When talking about the participants’ self-confidence, their confidence mainly focused around two ideas: acknowledging that they need to improve, and professional growth they feel that they have made. In Focus Group A, P10 discussed how the data collection process has “forced” her to “be more aware” of what she’s doing. She stated, “It (documentation) keeps you honest.” Although she stated that documentation is not easy for her, her comments alluded to the idea that she has adapted and feels more confidence in her practice as a result. In the individual interview, P6, who is a first year teacher, reflected that she’s not as confident “because I’m a first year teacher,” and shared, “I’m OK with that.” P5 reflected in her interview that sometimes teachers are not always sure of the best course of action for a student. “My takeaway is that it’s really hard to know what you’re doing as a teacher. I feel a level of competence and it’s a lot of pieces to put in a puzzle.”

Participants also discussed their increased confidence as a result of improved practices because of their Tier 2 prior experiences. Some participants made comments about the positive impact that Tier 2 experiences have had on what they do with their students each day. P7 discussed how she’s “learned a lot about how to differentiate instruction and make it more learner-centered and how to group students. That’s been huge.” P3 echoed similar sentiments to the points made by P7. She stated, “I think I try to make more smaller groups for struggling kids. I do more spreadsheets now. I try not to teach them what they already know.”

Support for teachers. The second cluster of meaning within the RtI infrastructure theme was support for teachers. While investigating this cluster of meaning, 6 of the 10 participants discussed this concept within their individual interviews and multiple comments were made about this topic within the Focus Group B. Support for teachers was defined as the external help provided to teachers from colleagues or their administration related to advice and guidance for Tier 2 interventions. Participants shared universally that they feel more support is needed for teachers in order for them to be active participants in the Tier 2 interventions for their students. Some teachers discussed the benefits they have received from such supports, as well.

P5 discussed support she feels she needs in goal writing, which is an important part of intervention design process. “I was looking for support in writing the goal itself,” she explained. “I look for support in areas that are not my strong suit... Sometimes it’s hard to identify why a child is having trouble.” P3 also discussed having required support in order to set the instructional priority for her Tier 2 students, saying that “I needed someone to help me set up goals and the documentation form, which I found difficult.” P6 had an interesting perspective of support she felt she required, as a first year teacher. She was open and explicit that she wanted and needed help. “I want every resource for my struggling student. I am a first year teacher, anything I can get.”

P9 discussed how the experience of support within Tier 2 differed from expectations, specifically expectations of support from the interventionist. “I thought the interventionist would teach me how to come up with a goal, suggestions of what to work on. That did not happen.” P7 shared similar statements as P9 in that she had expectations that she would receive support from her interventionist, and that this was part of that

person's role. "We rely a lot on these people who are here to help us, and our expectation is that they are going to help... if you don't have help during this process, it's not worth it."

In Focus Group B, participants reflected on what they had learned from Tier 2 experiences, and the interventionists with whom they collaborated. P3 shared, "I have learned a lot from working with this person, and if I see something they do that looks good, I use it." P4 said that the interventionist is available to "tap them for information, and have gotten some good ideas." P2 explained in her interview that she did not learn anything new about RtI from the support she received within Tier 2 from her colleague, but instead learned new things to improve her overall instruction. She explained,

I didn't take anything away from it in regards to RtI. It was more that because she was here, other things would start getting better. Writing, reading. Because she was here, I would ask her general questions about teaching, and she would give me ideas about other stuff. So it spilled out into the rest of the curriculum.

This teacher's point was one that indicated that collaboration with a Tier 2 colleague can have a positive impact on a teacher's instruction entire class, not solely on the instruction with students within RtI.

Protection of time. The third cluster of meaning within the RtI infrastructure theme was protection of time. While exploring this cluster of meaning, 6 of the 10 participants discussed this concept within their individual interviews and multiple comments were made about this topic within the Focus Group A. Protection of time referred to the efforts made by an administrator or a interventionist to have the time available that is needed to perform Tier 2 responsibilities, and also to adhere to an

established schedule. The teachers all stated that they wish more time were available for Tier 2 intervention work, and that the interventionists are demanding and difficult to “stick” to, as P1 stated. Furthermore, some commented on frustrations they felt during their Tier 2 experiences due to their perception that time was not protected for Tier 2 by administrators and/or interventionists.

Participants lamented experiences they have had in which an agreed upon schedule of Tier 2 services to be performed by the interventionist was not followed. P1 explained that “A lot of times in the past, there’d be agreements to do things and then there’d be meetings and things like that, and then it wouldn’t always happen.” P10 reported similar experiences as P1 had, stating that “...everyone is overloaded. And the interventionists have good intentions, but are pulled in other directions. And the intervention we decided doesn’t always play out in reality.” These kinds of comments were also related to comments made by participants related to the demanding schedules of the interventionists, and the multiple roles they play in the schools. P2 said that she thinks that “their role is so huge that I don’t think they can do anything productive anymore.” P4 commented “their schedule needs to be protected” and sympathized with her interventionist about the difficulties she sees in her colleague’s position. “Her schedule is so busy and I don’t know how she’s keeping track. It’s really hard on them (interventionists).” In Focus Group A, P10 said, “I think there’s a level of expectation that these people are available, but they’re not. But it’s not their fault. I am sure they feel torn, as well.”

Lastly, participants commented on the struggles they experienced in finding their own time to perform Tier 2 responsibilities. P7 explained that she “had to go to two

separate RtI meetings during lunch, and then you get your time taken away.” P8 echoed this notion, explaining that “it’s very challenging to find time” and “finding time was hard.” P2 explained “How are you going to find time to talk? That didn’t happen all of the time because we didn’t have time.”

Summary. This section reviewed the content from the individual interviews and focus groups that related to the second research question, what factors have influenced teachers experiences within a Tier 2 shared intervention? The two main themes discovered were: (a) relationship aspects between the teacher and interventionist, and (b) RtI infrastructure components. The three clusters of meaning found within the relationship aspects between the teacher and interventionist theme were: (a) colleague peer perceptions, (b) shared sense of urgency, and (c) reciprocal trust. The three clusters of meaning derived from the data analysis process linked to the RtI infrastructure components theme were: (a) teacher confidence, (b) support for teachers, and (c) protection of time. Figure 4.7 presents a summary of the themes and clusters of meaning.

Question 1: Lived experience	Question 2: Influencing factors
<ul style="list-style-type: none"> • Theme 1: Collaborative practices outside of instruction <ul style="list-style-type: none"> • Communication between teacher/interventionist • Data collection and documentation • Goal design • Teacher evaluation • Theme 2: Facets of instruction <ul style="list-style-type: none"> • Intensity of intervention • Shared Ownership • Transparency 	<ul style="list-style-type: none"> • Theme 1: Relationship aspects between teacher/interventionist <ul style="list-style-type: none"> • Colleague peer perceptions • Shared sense of urgency • Reciprocal trust • Theme 2: Rtl infrastructure components <ul style="list-style-type: none"> • Teacher confidence • Support for general education teachers • Protection of time

Figure 4.7. Summary of the themes and clusters of meaning for both research questions.

Analysis of rating scales. The last data collection method used in the dissertation study was two rating scales designed by the researcher. The first rating scale was the Student Success Scale (Appendix C) and the second rating scale was the Collaboration Success Scale (Appendix D). After completing the 10 individual interviews and coding the transcripts, the researcher developed the two rating scales. The codes from the interview transcripts served as the concepts that the participants rated within these scales. Both scales asked the participant to rate five concepts in order of their perceived importance; one being the rating given to the concept perceived to have the least importance, and five being the rating given to the concept perceived to have the most importance. It is important to note that even though a concept may have been rated less important than others, which does not mean that the concept had little importance to the participants. The focus group participants completed these scales after participating in the focus group.

The Student Success Scale asked participants to consider the concepts provided and rate them based on how important he or she felt each concept is to the success of the student who is the focus of a Tier 2 intervention. The five concepts included in the first rating scale were (a) effectiveness of RtI meetings, (b) data collection and documentation, (c) choice of a specific, meaningful goal, (d) intensity of the designed intervention, and (e) communication between the teacher and interventionist. The Collaboration Success Scale asked respondents to consider the concepts provided and rate them based on how important he or she felt each concept is to the success of the collaboration between the teacher and interventionist. The five concepts included in the second rating scale were (a) reciprocal trust, (b) shared understanding of student performance, (c) regular communication, (d) shared responsibilities, and (e) transparency of information.

Student Success Rating Scale. The Student Success Rating Scale (Appendix C) asked the participants to consider five factors that can impact the success of the Tier 2 student within the intervention; that is, the extent to which the student academically succeeds and is no longer in need of the specific, Tier 2 intervention designed. The researcher chose five concepts derived from analyzing and coding the interview transcripts: (a) effectiveness of RtI meetings, (b) data collection and documentation, (c) choice of a specific, meaningful goal, (d) intensity of the designed intervention, and (e) communication between the teacher and interventionist. These five concepts were chosen because they were a mix of ideas related to both research questions, and addressed the four main categories from which the themes were derived from analysis: functions, roles, interpersonal processes, and structures. Figure 4.9 presents the distribution of the most important to least important concepts included in the first rating scale.

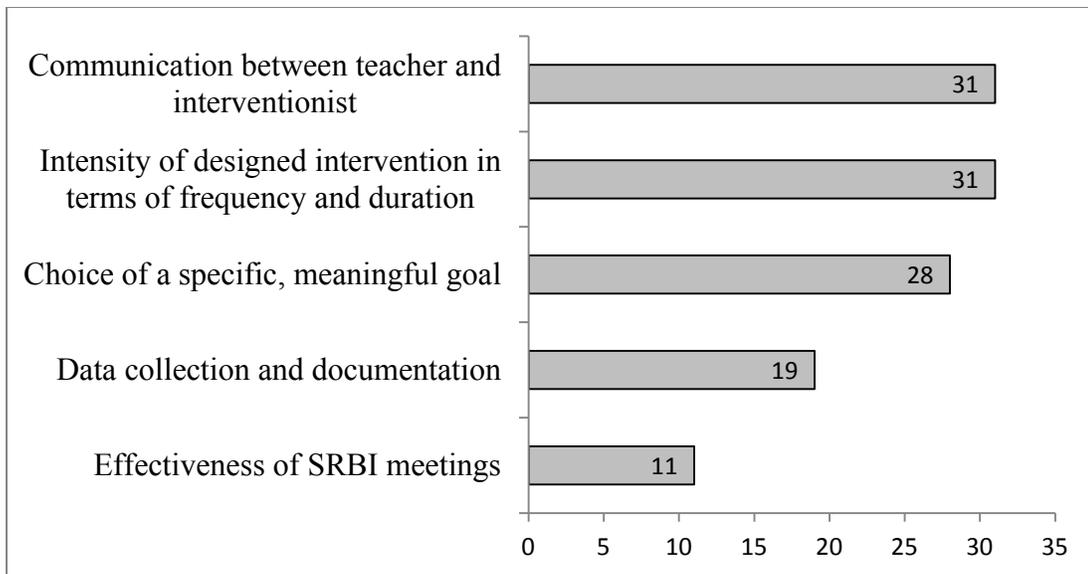


Figure 4.8. Teachers' perceptions of the importance of factors for student success within a Tier 2 intervention.

The focus group participants rated communication between the teacher and interventionist and intensity of the intervention to be equally most important for student success within the intervention. The choice of a specific, meaningful goal was rated just behind these first two, and effectiveness of RtI meetings to be the least important of the five options. Interestingly, communication between the teacher and interventionist was the concept that came up least frequently, in occurrence, during the interviews and the focus groups. However, in reviewing the discussion about communication between the teacher and interventionist cluster of meaning connected to the first research question, the commentary around focused mainly on a lack of communication or how valuable it was for the teacher when communication did occur on a consistent basis.

Related to this idea of a lack of communication was the idea of protected time, which was a cluster of meaning explored within the RtI infrastructure theme for the second research question. Many statements were made by participants that they did not

feel as though the interventionists' schedule was sacred and protected, and thus communication was and could be negatively impacted. Conversely, effectiveness of RtI meetings was rating to be the least important factor for student success, yet these meetings are designed to be a vehicle for communication.

The intensity of the intervention, in frequency and duration, was rated equally as important as communication between the teacher and interventionist for the success of the student in a Tier 2 intervention. Based on these scales, teachers felt as though the intervention needed to happen often and for a considerable period of time in order to positively impact the student. In the discussion about the intensity of Tier 2 interventions related to the first research questions, participants brought up the idea of protected time. Some related experiences of irregularity of intervening on the part of the interventionist due to the strains on this person's schedule. The concept of protection of time appeared to be connected to both of the most important factors rated for student success: communication and intensity of the designed intervention.

Collaboration success rating scale. The Collaboration Success Rating Scale (Appendix D) asked the participants to consider five factors that can impact the success of the collaboration between the Tier 2 interventionists; that is, the extent to which the teacher and the interventionist worked in partnership to implement the Tier 2 intervention. The researcher chose five concepts derived from analyzing and coding the interview transcripts: (a) reciprocal trust, (b) shared understanding of student performance, (c) regular communication, (d) shared responsibilities, and (e) transparency of information. These five concepts were chosen because they were prevalent topics of

discussion in the individual interviews. Figure 4.10 presents the distribution of the most important to least important concepts included in the second rating scale.

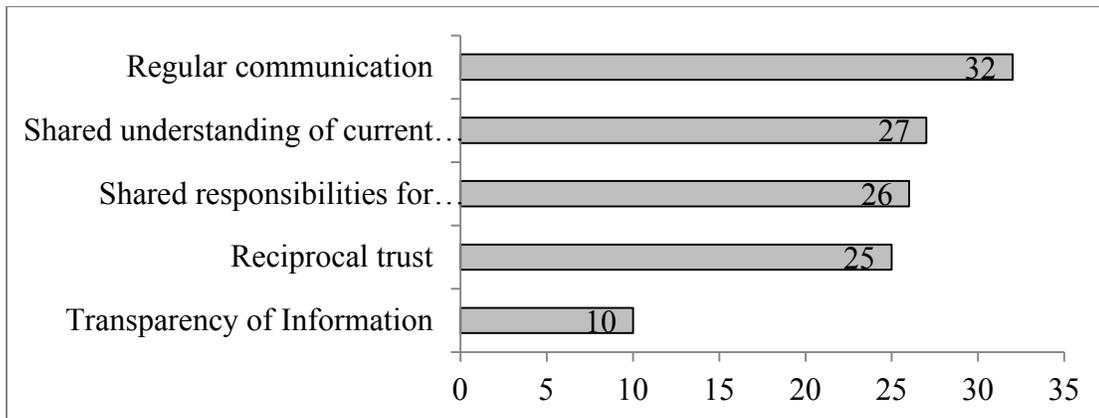


Figure 4.9. Teachers' perceptions of the importance of factors for successful collaboration between Tier 2 interventionists.

The focus group participants rated regular communication as most important for successful collaboration between the teacher and the interventionist. This mirrored the results from the first rating scale, which found communication between the teacher and interventionist to be most important for student success. Communication has played a recurring role in analyzing the functions, roles, interpersonal processes, and RtI structures based on the participants' experiences and perceptions.

The concept the participants found to be nearly as important as regular communication for the success of the collaboration was shared understanding of current student performance. This concept was likened to the shared sense of urgency cluster of meaning within the analysis of the second research question. In the commentary around shared sense of urgency during the interviews and the focus groups, some participants reflected frustrations during their experiences because they felt that the interventionist did not share their sense of urgency for the student and his or her performance. Also, some

explained how they thought the collaboration and intervention was more successful when they and their Tier 2 colleague were in agreement about student performance. Therefore, the results of this rating scale directly connected with the commentary participants provided about the importance of shared sense of urgency during the interviews and the focus groups.

Transparency of information was the concept that the raters found least important for a successful collaboration between the teacher and the interventionist. While some participants commented that they felt transparency was inherent between themselves and their Tier 2 colleague, others stated that there was a lack of transparency in their experiences. This idea of transparency relates greatly to reciprocal trust. When colleagues trust one another, they may feel a need to require less transparency of information or practices. Since this was rated least important of the five options provided, it may optimistically reflect that teachers want to trust their colleagues and thus felt transparency is not highly necessary at all times in order for them to collaborate successfully.

In summary, the two rating scales represented the focus group participants' perceptions of factors related to success for Tier 2 student performance, and separately for Tier 2 successful collaboration between the teacher and the interventionist. Communication was rated the most important factor in both rating scales, reflecting the participants' feelings that regular and quality communication is essential for a positive student response to the Tier 2 intervention and also for the interventionists to work well together.

Summary of Results

The participants were solicited to volunteer and appeared to be eager to participate in this study. They were selected based on their responses to the Questionnaire to Identify Participants provided to them electronically. Ten teachers participated in the interviews and 8 of the 10 participated in one of the two focus groups. Interviews were conducted first, then focus groups were held, and lastly, rating scales were filled out at the end of the focus group sessions. The researcher provided anonymity to participants in the interviews and the focus groups through the Assurance of Confidentiality form signed by the participants. It was critical that the dissertation research was conducted in the environment in which Tier 2 interventions take place, as well as in a non-judgmental and safe environment. Additionally, the researcher completed a field journal after each interview and focus group. The analysis of the transcripts from the interviews and focus groups, the rating scales, and the journal entries lead to the exploration of two main themes per research question, and multiple clusters of meaning within each.

When exploring the question of the experiences of participating in a Tier 2 intervention, multiple themes emerged related to teacher functions and roles of interventionists. When exploring the question of factors that influence Tier 2 interventions, multiple themes emerged related to interpersonal processes and RtI structures. The commentary from the interviews and rating scales provided substantiation of the results of the rating scales, which indicated that the raters felt that communication is paramount to a successful Tier 2 intervention. Additionally, the results of the rating scales revealed links between multiple clusters of meaning that transcended functions, roles, interpersonal processes, and RtI structures. Specifically, regular communication

and intensity of intervention were ideas that connected with the notion of protected time, and transparency of information connected with reciprocal trust. The essence of the experience of these ten K-5 teachers within Tier 2 of RtI was that the factors that influenced their experiences created great variability with how each experienced Tier 2. While the participants had common Tier 2 experiences within communication, data collection and documentation, instruction and assessment, and intervention design, the particulars of how each of these was experienced by each participant differed.

Chapter 5: Discussion

Introduction

This chapter presents the implications, limitations, and recommendations derived from the findings of the dissertation research study conducted to explore the lived experiences of K-5 teachers participating within the Tier 2 level of the Response to Intervention (RtI) model. Implications are discussed in terms of their relation to organizational procedures of schools, professional practices of teachers, and policy design at the state and federal levels. Furthermore, implications are shared as they relate to benefits and criticisms reported in the literature regarding RtI. Recommendations are discussed for future research, future actions and changes for organizational procedures, professional practice, and state and federal policy.

There has been no research reported in the literature that investigated the lived experiences of teachers who have participated in a shared intervention within the Tier 2 level of RtI. Classroom teachers and interventionists both actively participate in providing Tier 2 intervention services to students academically under RtI in the Connecticut. Prior and current literature in the field have addressed the potential positive and negative outcomes of utilizing RtI as a method for learning disability identification as well as a method for providing early intervention for students who are struggling to meet academic benchmarks. The research questions guiding the qualitative study are: (a) What are the lived experiences of K-5 teachers who have participated in a Tier 2 shared

intervention within the RtI model?, and (b) What factors have influenced K-5 teachers' experiences within a Tier 2 shared intervention?

The objectives of this study are to describe the lived experiences of K-5 teachers have had while participating in Tier 2 interventions, as well as to describe the factors that the participants identified as having influenced their experiences. The objectives of this study have been met, and the results are set forth in Chapter 4. The study has yielded common experiences of the phenomenon, and the factors that have influenced how the participants have experienced the phenomenon.

The problem statement outlined in chapter one includes a discussion of the current practices reported in the professional literature, revealing that teachers are experiencing a shift in professional roles as they participate in Tier 2 interventions; specifically, a shift within the collaborative practices with colleagues in Tier 2 (Haager & Mahdavi, 2007). Furthermore, Haagar and Mahdavi stated the need to examine the shift in practice for teachers. They explained that some teachers are not making this shift into the collaborative role that is characteristic of shared ownership. Gable, Mostert, and Tonelson (2004) stated that there is a disconnect between the intention of collaboration and the practiced reality in schools currently.

One goal of the dissertation study is to describe what K-5 teachers experience within Tier 2 of RtI to determine whether the concerns expressed in the problem statement were a reality for the participants. More specifically, the study sought to discover through the phenomenological description and analysis processes whether there is evidence of a disconnection between the intention of collaboration and the practiced reality. Also, the study describes the factors that influenced the participants' Tier 2

experiences in order to gain deeper insight into what creates a successful Tier 2 experience for the student and for the professionals involved.

Implications of Findings

The implications of the findings from chapter four are discussed as they relate to the relationship between the factors that influenced Tier 2 experiences and the variability between and within Tier 2 experiences as described by participants. Also included in this section are the results of the study compared with the review of literature on RtI and any unanticipated results of the research. The two research questions for this study are designed to explore, first, what participants' experiences were, and second, the factors that participants' perceived as playing a role in shaping their experiences. The data collection and analysis processes reveal that the participants' experiences are described in terms of two themes: their collaborative practices outside of instruction with interventionists, and facets of instruction that characterize Tier 2 practices. In addition, the analysis reveals two main themes describing the factors teachers perceived influenced their Tier 2 experiences: relationship aspects between the teacher and interventionist and RtI infrastructure components.

Correlation of results and research questions. In response to the first research question, seven traits characterize the teachers' Tier 2 experience with an interventionist: (a) communication, (b) intensity of the intervention, (c) data collection and documentation methods, (d) goal design, (e) perceptions of teacher evaluation, (f) shared ownership, and (g) transparent practices. The experiences of the participants within these traits vary greatly among the participants. While there is an expectation that, with any phenomenon, no two people will experience or interpret their experiences in the same

way, the amount of variability among participants within these seven traits could be inferred as worrisome to a school principal or school superintendent who is responsible for ensuring the fidelity of RtI implementation school-wide or district-wide. The variability may be perceived as worrisome because each Tier in the RtI model is meant to have assured components and structures for the sake of being able to properly assess student response to the intervention. However, across each of the seven shared traits there is inconsistency in how each trait was experienced as described in the individual interviews and focus groups.

Chapter 4 presents the findings of the research and analysis of the data collected from the individual interviews, focus groups, and rating scales completed by participants. Participants' descriptions of their experiences within the interviews and focus groups vary from one another. Specifically, no two participants' description aligns in regards to data collection and documentation, design of an RtI goal, communication practices with the interventionist, and the instructional responsibilities of the teacher and the interventionist. This lack of consistency in experiences calls into question the fidelity of the RtI structure as well as the reliability of the performance results of the student as indicated by assessments administered to students who are in Tier 2 of RtI.

The responses to the second research question may provide an explanation as to why teachers' experiences differ. Specifically, the clusters of meaning, or factors that influence the experience, related to the factors that influence teachers' Tier 2 experiences with an interventionist may be the reason why teachers describe their experiences differently. The factors are (a) peer perceptions of teachers and interventionists, (b) reciprocal trust, (c) shared sense of urgency, (d) teacher confidence, (e) supports for

teachers, and (f) protection of time. Often these factors are intangible, and not formally a component of the design of RTI or any of its Tiers. Yet, these factors play major roles in whether a teacher has a positive or negative experience. For example, colleague peer perceptions are connected to why teachers had different experiences with transparent practices in Tier 2. The way teachers perceived the interventionists correlates with how they engaged in transparent practices. Table 5.1 presents the described common experiences of the teachers within Tier 2 and the correlating factor that influence this experience.

Table 5.1

Lived Experiences and Correlating Influencing Factors

Lived Experiences of Teachers in Tier 2	Influencing Factors
Transparent practices	Colleague peer perception
Shared ownership practices	Reciprocal trust
Intensity of intervention	Shared sense of urgency
Goal design	Teacher confidence
Data collection and documentation	Supports for teachers
Communication between the teacher and interventionist	Protection of time

During interviews and focus groups, teachers described their lived experiences and then further described factors that they perceived influenced their lived experience. The lived experiences are consistent across participants, however they were described in a variety of ways due to how the corresponding factor influenced them. Colleague peer

perceptions appear to be the influencing factor that links to transparent practices within Tier 2 for teachers. Teachers' experiences of having transparency between themselves and the interventionists consistently included discussion about how they perceived their Tier 2 colleague. Those who had positive perceptions of their colleague experienced transparent practices within data collection, decision-making, and instructional practices. P3 stated in her interview that the interventionist was "inviting," and as a result, she (the teacher) had a positive image of the interventionist. Similarly, those who did not have positive impressions of their Tier 2 colleague also had negative descriptions of transparent practices. Those teachers who described the interventionists as not "feeling like a peer," shared less information with their colleague, knew less about their instructional practices, and did not share instructional materials. In Focus Group A, participants described a lack of clarity around expectations within Tier 2, which included a perceived lack of clarity on the part of the interventionist. Those who had positive impressions of their colleagues indicated that they shared ideas about student progress, materials, and teaching practices.

Experiences with shared ownership, described in the interviews and focus groups, were influenced by the participants' perceptions of reciprocal trust. Teachers who recalled positive experiences of shared ownership between themselves and the interventionist also brought up the idea of trusting this peer and being trusted. P1 stated in her interview that she trusted the interventionist because she had a plan. Those who felt as though they could trust the interventionist and that the interventionist responded with behaviors that also reflected trust had expressed that shared ownership was present in their Tier 2 experiences. Conversely, those teachers who felt that they could not fully

trust the interventionist or that the interventionist did not appear to trust them, did not have a positive experience with shared ownership. For example, P4 described her experience as not being collaborative, and “seemed separated” between her and the interventionist.

There is a positive correlation between both the teacher and interventionist having a similar sense of urgency for a student’s performance and the intensity of the Tier 2 intervention. Intensity of intervention is described in terms of how often a child was provided intervention instruction and for how long. Those participants who were on the “same page” as their colleague with understanding student current performance designed more intense interventions. In contrast, those not in agreement with how they perceived student performance did not have a shared sense of urgency, and thus the intervention designed was reported by the teacher to have inadequate intensity. For example, P6 described a delay in receiving Tier 2 support for her student from an interventionist because the teacher and the interventionist did not have a common understanding of student performance.

Teacher confidence and support for teachers is positively associated with the participants’ reports of a positive or negative experience with designing goals for interventions, as well as with data collection and documentation practices. Teachers who are confident in their practice and that of the interventionist reported positive experiences with designing goals for interventions. Teachers who report that they had adequate professional development support also report positive experiences with designing goals for interventions. P3 stated in her interview that she had learned a lot from the interventionist and used strategies learned from the interventionist on her own. On the

contrary, participants who felt a lack of self-confidence and support via professional development, detailed negative experiences with choosing and designing interventions and also with collecting and documenting data surrounding student response to the intervention.

The most prevalent topic emerging from the interviews and focus groups is communication practices between the teacher and the interventionist. When communication was discussed, the teachers also brought up the idea of “having time” to communicate. The concept of protected time describes the ability to communicate. Thus a positive or negative communication experience is closely associated with teachers and interventionists having time reserved and maintained in the schedule to communicate with one another. Teachers who discussed communication felt that the more communication they have with the interventionist, the more positive an experience they had. The more time protected for interventionists or administrators, the more positive the communication practices were reported to be. The less time protected in order to communicate, the more negative communication experiences were reported. For example, P10 reported that teachers and interventionists are “overloaded,” and interventionists are “pulled away” from RtI responsibilities to complete other tasks within the school.

In summary, the results of the first research question indicate that there are common traits that describe experiences within Tier 2 interventions for teachers, but how these traits are experienced varies greatly from one teacher to the next. For example, teachers described different ways in which they experienced communication with the interventionist, data collection and documentation, the instructional responsibilities of

teachers and interventionists, the process of designing Tier 2 goals, and how teachers and interventionists gain an understanding of student academic needs. The results of the second research question indicate that there are two consistent factors which influence the teachers' experiences of Tier 2 shared interventions with an interventionist: the relationship aspects between the teacher and interventionist, and RtI infrastructure components.

Study results and the reviews of literature. There has been much discussion in the literature surrounding the appropriateness of RtI as a classification model for identifying students as learning disabled. In addition, the literature has discussed the need for a model for providing early academic intervention to students who are not meeting age or grade standards. The results of this study support both positive and negative commentary in the literature concerning Tier 2 instruction and RtI in general.

For example, Mastropieri and Scruggs (2005) state that RtI has not been carefully assessed for efficacy, reliability, validity, and utility prior to adoption. This study has found that the lived experiences of the participants are consistent with issues of reliability, validity, and utility of RtI Tier 2 instruction and assessment related to the variability in implementation. McKenzie (2009) expresses concern with using RtI for learning disability classification because the reliability, validity, and fidelity of its implementation are far too difficult to maintain across districts and states. This study has found that teacher perception of implementation is difficult to maintain across elementary schools within the same district. McKenzie further states that since each district designs intervention programs differently, RtI's validity as a learning disability classification model is questionable. The dissertation study's findings mirrors these concerns with

using this model for learning disability identification. The findings indicate that each elementary school within one district designed intervention programs differently, thus supporting McKenzie's claim that RtI is implemented inconsistently and therefore is a questionable learning disability classification model.

Hale, Alfonso, Beringer et al. (2010) report on the conclusions from the Summit on Specific Learning Disabilities Evaluation, Identification, and Service Delivery that a student's failure to respond to RtI alone is insufficient for learning disability identification. Furthermore, the summit reports that the RtI model can be used to prevent academic failure, but the learning disability classification process should include more comprehensive evaluations. The dissertation study found that participants' perception indicates that there is great chance for variance with the implementation of Tier 2 practices due to influencing factors, and that this variance may influence the success of an intervention. The dissertation study supports the notion that a student's lack of response to an intervention may have been influenced by factors other than a learning disability, including human error associated with identification. The factors reported by the participants that may influence a student's lack of response to an intervention include peer perceptions of teachers and interventionists, reciprocal trust, shared sense of urgency, teacher confidence, supports for teachers, and protection of time.

Additionally, the dissertation study's findings support Murawski and Hughes (2009) statements that RtI is an effective means of providing early academic support to students not meeting age or grade-level standards. Participants report finding value in providing early intervention support to students and embrace their early intervention responsibilities via RtI. This study's results also aligns with Foorman, Francis, Fletcher,

Schat-Schneider, and Mehta's (1998) beliefs that RtI reinforces that classroom teachers are responsible for every student in the class. Teacher participants repeatedly expressed that they embrace their role in supporting Tier 2 students.

Additional findings and implications. This study yields three main additional results as indicated by teachers' perceptions of their lived experiences within Tier 2: (a) RtI's potential influence on general classroom instruction, (b) RtI's potential influence on classroom teacher evaluations by the building principal, and (c) development of informal hierarchical relationships between teachers and interventionists. Each of these three additional results may have an impact on teachers' professional practices and the culture of the school building.

The first additional finding is RtI's potential influence on general education instruction. This refers to the potential impact that collaboration between the teacher and the interventionist may have on teachers' regular instructional methods with all students in her class. Commentary from individual interviews and focus groups indicate that, for some teachers, their general teaching practices with their entire class is positively influenced by their partnership work with the interventionist. This outcome reflects that when two teaching professionals collaborate within a professional and emotionally safe environment, positive outcomes may be found for the entire class, and not solely the Tier 2 student(s). School principals and assistant principals have to ensure that they recognize the capacity building potential that a successful RtI collaboration can yield for a greater number of students than RtI students alone.

The second additional finding is RtI's potential influence on the evaluations that building principals conduct of classroom teachers. This refers to the potential negative

perspectives these participants may have about their teacher evaluation by their building principal because of unsuccessful RtI experiences. Specifically, participants acknowledged in their individual interviews and the focus groups that their own supervisory evaluation was directly related to the annual performance of their students. Therefore, if they had a student who made insufficient growth due to an unsuccessful teacher-interventionist partnership within RtI, they felt concerned that this would negatively influence the evaluation they receive from their school principal or assistant principal. School principals and assistant principals should consider the nuances of linking student growth on the supervisory teacher evaluations for those teachers who have RtI students. These school administrators may consider taking into account the role the interventionist plays in assisting the student to improve, as well.

The third additional finding of this study as described by the participants' experiences is the potential development of informal hierarchical relationships and perceptions between teachers and interventionists. This refers to a teacher viewing the interventionist as having more authority and decision-making power than teachers within RtI. Within individual interviews and focus groups, teachers reported feeling as though the interventionist was not a professional peer with him or her. Based on their experiences they described how they perceived the interventionists as having a closer connection with their building principal and/or assistant principal than teachers did. Teachers stated that, at times, they felt as though the interventionists had a higher standing hierarchically in the decision-making process within RtI than teachers did. School principals and assistant principals have to be perceptive of the possibility that teachers and/or interventionists may engage in behaviors that promote a hierarchical

structure between teachers and interventionists. The two staff members involved in RtI Tier 2 interventions are meant to act and be perceived as peers, and the success of their collaborative Tier 2 efforts may be predicated on how well they work together.

Unintended, informal hierarchies between peers may negatively influence collaborative partnerships and teamwork.

Summary. The implications of the findings from chapter four indicate that the factors with Tier 2 experiences as described by participants influence their perceptions of their Tier 2 experiences with an interventionist. Furthermore, for these teachers, the influencing factors may be the basis for the different ways teachers describe the Tier 2 lived experience. The findings of the study, however, suggest important implications for the implementation of RtI. The two research questions for this study were designed to explore the participants' lived experiences, and the factors that participants' perceived as having played a role in shaping their experiences. The implications of the study's findings suggest that participants experienced discrepancies from one another regarding the implementation of Tier 2 practices due to influencing factors, and this discrepancy may influence the success of an intervention. The implications of the dissertation study suggest that a student's lack of response to an intervention may have been influenced by factors other than a learning disability.

Limitations

There are three notable limitations to this phenomenological study. The first notable limitation is the researcher's prior experiences with Tier 2 and RtI, and the influence that those experiences may have had on the researcher's data analysis and findings. The researcher has had two years of experience as a staff developer for

elementary schools specifically within the area of RtI and has been involved in many Tier 2 interventions. The second notable limitation of this study is that 2 of the ten participants did not participate in a focus group and did not complete the two rating scales. The third notable limitation is that there is a lack of generalizability to this study because it was conducted with ten participants. The results of this study may not be generalized outside the experiences of the ten participants included.

Recommendations

The analysis of data collected via the research questions yielded implications that impact recommendations for organizational procedures, professional practice, and state and federal policy. Organizational procedures refer to the protocols, procedures, and formal routines that a school administration sets for its staff to follow. Professional practice refers to the instructional, assessment, and collaborative practices that teachers and interventionists make part of their typical practice. State and federal policies refer to statutes, regulations, and guidelines created at the federal and state levels, and implemented at the local level. Recommendations for actions within these three categories are discussed in this section. Recommendations for future research are presented as well.

Recommendations for organizational procedures. The organizational procedures of a school are the foundation for staff decision-making in order to execute individual and group responsibilities. RtI guidelines include specific procedures that an organization must perform in order for the model to work effectively. Specifically, RtI requires that organizations identify interventionists at each tier, utilize research-based assessments as universal screening measures, data review, and implement a design of

intervention options that allow for intensification from one tier to the next, including a referral process to special education. The dissertation study, however, suggested additional organizational procedures outside of the ones indicated by RtI guidelines that may be important to the sustainability of the entire model within a school building. These procedures are protected time and professional development.

Protected time is the effort made by a principal or assistant principal for an interventionist and/or classroom teacher to have the time available that is needed to perform Tier 2 responsibilities and to adhere to an established schedule. Professional development is training in RtI that results in improved teacher and/or interventionist practice and capabilities to perform RtI responsibilities. Protected time and professional development may need to be designed, communicated, and implemented by building principals and assistant principals.

Protected time. Part of the reason why study participants felt as though their interventions were not as effective as they would have hoped is because they felt time was not set aside and protected for RtI purposes. In interviews and focus groups, they described experiences with sudden schedule changes that resulted in time originally devoted to Tier 2 intervention practices being used for purposes not related to Tier 2. The first organizational procedure suggested to ensure the success of Tier 2 is time scheduled and protected for teachers and interventionists to plan instruction, discuss the scheduling of services, document Tier 2 interventions, share instructional practices and materials, review student data and progress, and participate in professional development, if necessary.

The next priority for time that is protected by administration is to consider if the role the interventionists play in each school are not such that they render them incapable of providing the intervention services to their designated students without disruption. Teachers stated that even when a quality Tier 2 plan was designed at the beginning of the intervention, it was not consistently carried out because the interventionists' time was unprotected. Therefore, principals and assistant principals need to recognize the notion for both teachers and interventionists to have protected time, be closely involved with creating teacher schedules, and monitor them periodically to ensure that they are availed the time they need to collaborate and separately to provide direct services to students. Efforts to protect the time of teachers and interventionists may increase support for sustainable interventions for students and collaborations for professionals.

Professional development. Another recommendation for organizational procedures for schools to consider is to provide support to teachers through professional development. The implementation of RtI has created a shift in professional practice for many teachers, and it needs to be assessed whether teachers have the proper training in RtI so they feel prepared to take on new responsibilities via RtI. Study participants shared that they felt a lack of confidence in specific practices and responsibilities within RtI, and were unsure of how to receive further support and professional development. A single training about the teacher's role as a Tier 2 interventionist is not sufficient. Teachers will likely require ongoing training to support and reinforce RtI instructional and assessment strategies. Part of this professional development should include efforts on the principal's part to cultivate a school culture of collaboration. Collaboration during Tier 2 of RtI would be easier and more effective for teachers if collaborative practices and behaviors

are a typical part of the school's culture and regular practices. Principals should consider how best to develop a culture that shares information, asks questions, elicits feedback, and motivates one another all of the time, not solely within RtI.

RtI is new for everyone; therefore whether one is an experienced or a novice teacher, there is a need for professional development related to the new responsibilities of the model. The new skills and knowledge that professionals acquire through training may encourage teachers to take ownership of student progress, carry out their RtI responsibilities, and collaborate effectively with colleagues. It is recommended that schools develop a professional development cycle that occurs at least annually to support teachers in being prepared and to expand their RtI responsibilities. Topics may include instructional strategies, assessment, data collection and documentation, trust building, communication, and analyzing student work. Principal and assistant principals may need to establish organizational procedures and staff development on various topics within RtI to support sustainable interventions for students and collaborations for professionals.

Recommendations for professional practice. RtI guidelines (Connecticut State Department of Education, 2008) suggest professional practices to ensure that the interventions at all Tiers provided to students are quality and rooted in research-based practices. Specifically, these guidelines indicate that teachers design interventions with a specific goal in mind, administer progress monitoring assessments intermittently, use research-based instructional materials and teaching methods, and collaborate with colleagues to analyze data and student performance. The findings from the dissertation study are consistent with the RtI guidelines and suggest additional professional practices that are important to the success of the intervention for the student as well as the success

of the partnership between the interventionist and the teacher. These practices are collaboratively analyzing student work, trust building, and transparent documentation. The interventionist and teacher must equally commit to implementing these professional practices in their instructional routines so that interventions are carried out with fidelity. Thus, teaching partnerships are fostered and nurtured.

Collaboratively analyzing student work. Table 5.1 shows that the factor associated with interventions designed with adequate intensity for the student was shared sense of urgency. Teachers described when their sense of urgency for the student was not equally matched by the interventionist's sense of urgency and when the intensity of the interventions, with regards to frequency and duration of services, was insufficient on both of their parts. The first step in the process of teachers and interventionists agreeing on how they view student performance and student need, is to sit down together to jointly analyze student work samples. The professional practice of examining student work provides teachers and interventionists the opportunity to discuss the underlying problem when a student is struggling academically, and to refer to tangible evidence in student work to support these beliefs.

Examining student work reduces subjectivity in the process by challenging the teacher and interventionist to arrive to a common understanding of student performance based on data and evidence. The discussion that yields from analyzing student work not only defines the pair's sense of urgency for the student, but may lead them to designing the student learning goal, choosing instructional materials and methods, and identifying progress monitoring tools. These latter practices are those that the RtI guidelines strongly suggest that teachers include as part of their intervention practices.

Trust building. In individual interviews and focus groups, teachers indicate that mutual trust plays a significant role in the success of their interventions and on the overall Tier 2 experience. Participants described the positive and negative influences that trust had on their Tier 2 experiences. Teachers and interventionists have to consciously acknowledge that when they engage in a collaborative teaching venture, as RtI Tier 2 is, they need to work to establish a relationship of mutual trust. The practice of trust building is one that can take time, or can happen more quickly, depending on the individuals involved. A recommendation] is for teachers and interventionists to begin the trust-building process by listening to one another. The act of listening allows the speaker to feel valued, and allows the listener to remember that he/she needs the input of her partner in order to fulfill her Tier 2 responsibilities. When one listens and asks clarifying questions, it connotes that they believe the speaker has something important to say, which can elicit trust from the speaker. The professional practice of listening is a critical corner stone of the trust-building development between the teacher and the interventionist for a Tier 2 intervention.

The next professional practice linked to trust building between teachers and interventionists is accountability. It is essential that the teacher and interventionist follow through with their individual Tier 2 responsibilities because they are equally dependent upon one another. If a teacher says she will fulfill a responsibility and fails to do so, her Tier 2 interventionist will have to make extra efforts in order to compensate for that unfulfilled responsibility. Resentment may develop between Tier 2 collaborators if one or both do not hold themselves accountable for executing the tasks they are assigned. When two colleagues are dependent upon one another as the teacher and interventionist are in

Tier 2, each must feel as though she can rely on the other to perform. Otherwise, Tier 2 is no longer a collaborative effort. Furthermore, communication also plays a key role with accountability and trust building. Communication regarding changes in roles, responsibilities, or issues in performing designated tasks can make a difference in maintaining trust between the teacher and the interventionist.

Transparent documentation. The final professional practice suggested by the study is that teachers and interventionists engage in maintaining transparent documentation. In their individual interviews and focus groups, teachers described times they were unaware of the interventionist's activities, the impact of the interventionist's instruction, and the details of the interventionist's methods and materials. Transparency leads to efficient services for the student because both Tier 2 colleagues can see what the other has tried, what is making a difference in student performance, and the trajectory of student progress. The documentation included in this practice may include assessment data, samples of student work, teacher notes and reflections, and ideas for future actions. It is recommended that the teacher and interventionist develop an efficient and effective way to maintain transparent documentation that works easily for both professionals. For example, a shared Dropbox or iCloud account can allow both professionals to save documents in the same place and view what each other has included. Or, more traditionally, teachers and interventionists can use a binder located in a shared space in which each partners can include or view information in it at a convenient time for either professional. This documentation should be clear enough for each to review and understand its contents. The documentation can also serve as the basis of conversations when formal meetings occur.

Recommendations for federal and state policy. The results of this study have lead to suggested recommendations for professional practices by teachers and interventionists, as well as organizational procedures designed by school principals and assistant principals. Suggestions for professional practice may improve the RtI Tier 2 performance of both teachers and interventionists. Suggestions for procedural practice may improve principals and assistant principals' abilities to develop a strong RtI infrastructure in school. A final area of suggested recommendations is within state and federal policy.

As discussed in the Review of Literature, there are questions in the learning disabilities field about the decision to link the Response to Intervention model to the identification process for learning disabilities. The federal government instituted RtI as the corner stone of the process for public schools to identify students with learning disabilities via the Individuals with Disabilities Education Act (2004), and the State of Connecticut (2010) required local school districts to implement its guidelines in accordance with this federal law. The results of this study have shown that Tier 2 of RtI is not consistently implemented across multiple elementary schools in one district. Therefore, one could surmise that the likelihood that Tier 2 is implemented consistently across district and state lines is infinitesimal. With this inconsistency in mind, it is recommended that the United States Department of Education and the Connecticut State Department of Education reconsider whether a student's lack of response to intervention through RtI processes is the most appropriate way to identify the presence of a learning disability.

The lived experiences of the participants provide examples unrelated to student performance and ability that influence the success of the intervention. It may be warranted to reconsider associating learning disability classification with the RtI process until there has been time for local school districts to enhance the consistency and fidelity of their RtI procedures and practices. Separately, RtI may continue to be an appropriate model for providing early intervention services to children to ensure that they are not referred to special education prior to exhausting supports within general education. However, utilizing RtI as an early intervention model within elementary schools does not have to translate to meaning that RtI also must serve as a special education identification process.

This study has suggested that variability in teacher and interventionist implementation of Tier 2 instructional strategies and collaborative practices may lead to poor student responses to interventions, and possibly further, the misidentification or over-identification of students with learning disabilities. Therefore, it is recommended that the U.S. State Department of Education, in partnership with the Office of Special Education Protections, consider how they can support states to support local districts in the implementation of RtI. Furthermore, it is recommended that the same department and agency reconsider whether there are other identification methods for learning disabilities that reduce the human error and inconsistency of implementation related to RtI.

The recommendations for professional practice for teachers and interventionists, procedural practice for principals and assistant principals, and for state and federal policy for lawmakers may allow for RtI to be successful in public school districts. These three categories of recommendations are each valuable in developing a strong infrastructure for

RtI to be successful in one school, and also for consistent implementation across schools and districts. Figure 5.1 presents the interdependent nature of professional practice, organizational procedures, and state and federal policy on the successful execution of RtI. Additionally, Figure 5.1 shows that state and federal policy may influence procedural practices, procedural practices may influence professional practices, and professional practices should be considered by policy makers in the design of state and federal policy.

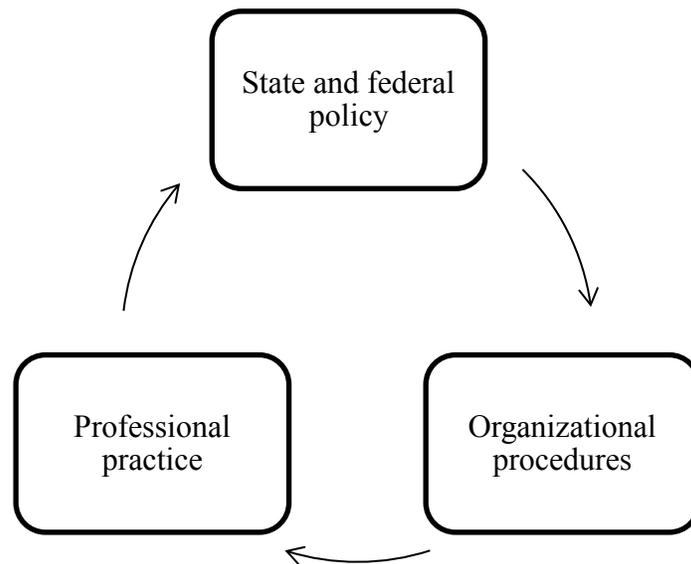


Figure 5. 1. Relationship between the study’s suggested recommendation areas.

Future research. RtI is relatively young in its inception; therefore, research should continue to be conducted on the questions around its use as an identification method for learning disabilities. The dissertation study described the RtI Tier 2 lived experience of the teacher only. It is recommended that similar studies be conducted to describe the lived experience of interventionists within Tier 2, as well as the lived experience of implementing RtI school-wide from an elementary building principal’s point-of-view. Moreover, it would be insightful to compare the lived experiences of these

three stakeholders (teachers, interventionists, and building principals) in order to gain a universal, school description of the Tier 2 experience.

It is also suggested that this same study be replicated in multiple other districts that have similar and different demographics and populations. It is critical for policy-makers at the state and federal levels to assess whether the issues with RtI implementation found in this study transcend demographic and population lines, and if perhaps there are different attributes that present within teach. It is also recommended that the United States Department of Education devise a means of gaining feedback from state departments of education, and from local school districts, regarding the effectiveness of using RtI as a method for identifying learning disabilities. Connecticut is a good candidate for the location of a study to be performed regarding perceptions of RtI's effectiveness because the model has been implemented longer there than in other states in the country.

Summary. The results of the data analysis for both research questions yield implications that influence recommendations for organizational procedures, professional practice, and state and federal policies. In addition, to these recommendations, suggestions for future research have been discussed. The timeliness for future research studies to be conducted is optimal because the RtI model has been implemented long enough to collect meaningful information about its issues and problems so that changes can be adopted to improve its success. Recommendations included for building procedures, teacher practices, and federal and state policies are made in the hopes that they will make it easier for schools to implement RtI consistently and effectively for student identification and educational benefits. The dissertation study has lead to

validating concerns raised in the learning disabilities field regarding the effectiveness and appropriateness of using RtI as a method for identifying students with learning disabilities.

Conclusion

This final section provides an overview of the entire dissertation.

Topic discussion. The reauthorization Public Law 108-446 (U.S. Congress, 2004), known as Individuals with Disabilities Act (IDEA 2004), changed the processes and criteria for identifying a student as having a learning disability in American public schools. IDEA 2004 mandated that States could no longer require the use of the discrepancy model, and instead must use a model known as Response to Intervention, or RtI. RtI is a two-pronged approach. First it is used as a method for identifying students with learning disabilities. Second, RtI provides a structure/process for providing early intervention for students who are struggling academically. Students are to receive increasing layers of specific intervention support through a three-tiered model that begins with less intensive interventions and proceeds to more intensive interventions if the student does not respond successfully to less intensive efforts. The three tiers are defined by levels of support and intensity, including duration and frequency of interventions, group size, and instructor skill level.

If a student does not respond to interventions and progresses through Tier 3, the RtI team (classroom teacher, interventionist, specialists, and administrator) assesses whether an evaluation is necessary to determine whether a learning disability exists. Under IDEA, a lack of response to intervention may signify the presence of a learning

disability. RtI assumes that a student without a learning disability will make rapid growth considering the high intensity of the intervention(s) provided.

Problem statement. Through RtI, teachers' roles are changing and they are held accountable for the successes of all learners in their classes. Haagar and Mahdavi (2007) discuss that while researchers investigate types of interventions to support student learning in RtI, it is critical that the shift in practice for general educators be examined, as well. Tier 1 in RtI leaves the teacher in an autonomous role; however, Tier 2 puts the teacher in an inherently collaborative role with another teacher (the RtI interventionist). Gable, Mostert, and Tonelson (2004) state that while collaboration is popular in schools right now, there is a disconnect between the intention of collaboration and what actually happens in school. Due to the relatively short period of time since the discrepancy model has been prohibited in the state of Connecticut, and the use of RtI has been mandated, little empirical evidence exists regarding the extent of the disconnect between the intention of collaboration and the practiced reality.

Historical progression of theories related to learning disabilities. During the progression from early learning disabilities' definitions and legislation in the 1960s to IDEA 2004 and RtI, theory informed the design of legislation and practices that support students who are at risk for academic failure. Learning disabilities theory served as the foundation for Kirk's (1962) definition of learning disabilities and the design of the Learning Disabilities Act of 1969. This act introduced the Discrepancy Model, which was the identification process schools were to undertake when determining if a child met the educational classification of learning disabled. Behaviorism, described by Watson (1924) and then further explained by Skinner (1974), drove the design of IDEA 2004's RtI

approach of teaching into and assessing discrete behaviors to measure academic performance, as well as using these assessments as the indication of the presence of a learning disability.

Gardner's Multiple Intelligences Theory (1985) and Tomlinson's Differentiated Instruction theory (1999) expanded IDEA initiatives, having both stated that classrooms will be made up of learners with varied interests, preferences, abilities, and styles. Furthermore, these theories indicated that it is the classroom teacher's responsibility to modify his/her instruction to meet the needs of all learners in the class. The assumption that there are varied types of learners in a class is the foundation for Tier 1 supports in RtI. Avolio's view of Shared Leadership Theory (2011) connected to the shift teachers make from Tier 1 to Tier 2 in RtI and the collaborative practices and beliefs that must be present in order to share an intervention for a student.

Statement of purpose and research questions. The purpose of this phenomenological study is to describe the lived experience of ten to twelve, K-5 teachers in a school district in the New York Metropolitan Area who participate in providing shared interventions in conjunction with an interventionist to Tier 2 RtI students. Phenomenological research contains one, overarching question that is at the heart of the researcher's inquiry. The following research questions are used in this study:

1. What are the lived experiences of K-5 teachers who have participated in a Tier 2 shared intervention within the Response to Intervention model?
2. What factors have influenced K-5 teachers' experiences within a Tier 2 shared intervention?

Research methodology. This phenomenological study was intended to give a voice to a selected population of teachers regarding their experiences within RTI, as they are the practitioners most closely related to it every day. Qualitative research methods and design were chosen for this study because they allowed for the researcher to investigate how human beings interpret and finding meaning in their everyday lives. Phenomenological research methodology was identified as the qualitative research method appropriate to answer the research questions. Van Manen (1990) described phenomenology as a method that aims at gaining a deeper understanding of the meaning of our everyday experiences

Research context and participants. The context for the study was a school district in the New York Metropolitan Area. At the time of the study, the district was comprised of multiple, public elementary schools that are structured in a kindergarten through Fifth grade model in a single building. The research was conducted in a room within the specific classroom in the elementary school building in which each participant teaches. This school district is referred to as District A. District A has roughly 5,000 students in grades prekindergarten through twelve. The student to teacher ratio in general education classrooms is roughly 20:1. District A has less than 5% of students on free-reduced lunch status, less than 5% of the student population is part of a minority group, and 95% of graduating high school students attends college.

Research participants were chosen by a brief process that includes voluntarily completing a brief questionnaire, titled Questionnaire for Identifying Research Participants (Appendix A). This questionnaire was sent via email to approximately 125 teachers. The questions include demographic data, such as years of teaching experience,

grades taught, understanding of the three Tiers within the RtI model. The respondents were asked to describe an RtI intervention they had been involved with in the last year.

All 10 study participants engaged in a Tier 2 shared intervention within the last twelve months. At the time of this study, the participants currently teach in either kindergarten, first, third, fourth, or fifth grade. Six of the participants had also taught in at least one other elementary grade level than their current grade. Five of the participants had been teaching between 10 and 15 years, three had been teaching between 4 and 9 years, one had been teaching between 0 and 2 years, and one had been teaching between 16 and 20 years. Three of the participants had been teaching in their current school for between 0 and 2 years, one had been in his or her current school for between 2 and 5 years, and 7 had been in their current schools for 5 or more years

Research collection instruments and data analysis procedures. The face-to-face interviews were conducted in each teacher's current classroom, and the focus groups were conducted at a conference room at the local library. Each focus group included four participants. At the conclusion of the focus group, each participant was asked to complete two rating scales developed by the researcher to identify and rank factors which influenced student and collaboration success in Tier 2. The researcher completed journal entries throughout the research process to record her observations during the data collection processes.

Findings. The data analysis from the first research question reveal two main themes characterized the participants' Tier 2 experiences: collaborative practices outside of instruction and facets of instruction. The clusters of meaning associated with theme of collaborative practices are: (a) communication between the teacher and interventionist,

(b) data collection and documentation, (c) goal design, and (d) teacher evaluations. For the facts of instruction theme, the clusters of meaning are: (a) intensity of intervention, (b) shared ownership, and (c) transparency.

The data analysis from the second research question show that two main factors influenced the participants Tier 2 experiences: relationship aspects between the teacher and interventionist and RtI infrastructure components. The three clusters of meaning are found within the relationship theme: (a) colleague peer perceptions, (b) shared sense of urgency, and (c) reciprocal trust. The RtI infrastructure components theme is characterized by three clusters of meaning: (a) teacher confidence, (b) support for teachers, and (c) protection of time.

The two rating scales represent the focus group participants' perceptions of factors related to success for Tier 2 student performance, and separately for Tier 2 collaboration success between the teacher and the interventionist. Communication is rated the most important factor in both rating scales. Communication receiving the highest rating as most important presents the participants' feelings that regular and quality communication is essential for student response to the Tier 2 intervention, and also for the teacher and the interventionist to work well together.

Implications of findings. The implications of the study's findings suggest an association between the factors influencing Tier 2 experiences, and the variability of Tier 2 experiences as described by participants. The experiences of the participants vary from one participant to the next, and also vary within one participants' Tier 2 experiences, if he or she had worked with more than one interventionist.

The factors that influence the experience relate to the second research question may be the cause for why teachers described their experiences differently. Often these factors were intangible and not formally included as a component of the design of RtI or any of its Tiers. However, these factors were perceived to play a role in whether a teacher had a positive or negative experience at the Tier 2 level.

Recommendations. The results of the data analysis for both research questions yield implications that impact recommendations for organizational procedures, professional practice, and state and federal policies. Recommendations for organization procedures are finding protected time and providing professional development on RtI for teachers. Recommendations for teacher professional practices are analyzing student work, trust building, and devising transparent documentation systems. This study supports the concerns raised in the literature regarding the effectiveness of RtI as a method for identifying students with learning disabilities (Mastropieri & Scruggs, 2005; McKenzie, 2009). The study has lead to recommendations that federal and state governments reconsider whether RtI is the most appropriate method for identifying a student with a learning disability in public schools. In addition to these recommendations, suggestions for future research include replicating this study in other populations, as well as replicating this study with different groups of participants.

References

- Armstrong, T. (2009). *Multiple intelligences in the classroom, (3rd ed.)*. Alexandria, VA: ASCD.
- Avolio, B. J. (2011). *Full range leadership development*. Thousand Oaks, CA: Sage.
- Bailey, B. (2000). The impact of mandated change on teachers. In N. Bascia and A. Hargreaves (Eds.) *The Sharp Edge of Change: Teaching, Leading, and the Realities of reform* (pp. 112-128). New York: Routledge Falmer.
- Bateman, B. (1965). An educator's view of a diagnostic approach to learning disorders. In J. Hellmuth (Ed.) *Learning Disorders*, (pp. 217-239). Seattle, WA: Special Child Populations.
- Benjamin, E. (2011) *Response-to-Intervention: Understanding general education teacher knowledge and implementation*. (Unpublished doctoral dissertation). Georgia State University, Athens, GA.
- Bouman, S. (2010). *Response-to-Intervention in California public schools: Has it helped address disproportional placement rates for students with learning disabilities?* (Unpublished doctoral dissertation). Claremont Graduate University, Claremont, CA.
- Brost, P. (2000). Shared decision making for better schools. *Principal Leadership (high school edition)*, 1(3), 58-63.
- Buffum, A., Mattos, M., & Weber, C. (2010). The why behind RTI: Response to Intervention flourishes when educators implement the right practices for the right reasons. *Educational Leadership*. 68(2), 10-16.
- Chapman, C. (1993). *If the shoe fits...How to develop multiple intelligences in the classroom*. Palatine, IL: IRI/Skylight Publishing.
- Cone, T. & Wilson, L. (1981). Quantifying a severe discrepancy: A critical analysis. *Learning Disability Quarterly*, 4, 359-372.
- Connecticut State Department of Education (2008). *Using scientific-research based interventions, Improving education for all students. Connecticut's framework for RTI*. Hartford, CT: Author.
- Connecticut State Department of Education (2010). *Guidelines for Identifying Children with Learning Disabilities*. Hartford, CT: Author.

- Cook, B. G. (2001). A comparison of teachers' attitudes towards their included students with mild and severe disabilities. *Journal of Special Education*, 34, 189-199.
- Creswell, J. W. (2007). *Qualitative inquiry and research design*. Thousand Oaks, CA: Sage.
- Danielson, C. (2002). *Enhancing student achievement: A framework for school improvement*. Alexandria, VA: ASCD.
- Earl, L. (2003). *Assessment as learning: Using classroom assessment to maximize student learning*. Thousand Oaks, CA: Corwin Press.
- Education of the Handicapped Act, Pub. L. No. 91-230, §602a, 84 Stat 177 (1970).
- Education of the Handicapped Act, Pub. L. No. 94-142, §620b, 89 Stat. 19 (1975).
- Education of the Handicapped Act Amendments of 1990, Pub. L. No. 101-476, §625b, 104 Stat. 21 (1990).
- Elliot, N. & Busse, R. T. (1993). Effective treatments with behavioral consultation. In J. E. Zins, T. R. Kratochwill, & S. N. Elliot (Eds.) *Handbook of Consultation Services for Children*. (pp. 179-202). San Francisco, CA: Jossey Bass.
- Fletcher, J., Lyon, G. R., Fuchs, L. S., & Barnes, M. A. (2007). *Learning disabilities: From identification to intervention*. New York, NY: The Guilford Press.
- Foorman, B., Francis, D., Fletcher J., Schat-Schneider, C., & Mehta, P. (1998). The role of instruction in learning to read: Preventing reading failure in at-risk children. *Journal of Educational Psychology*, 90, 1-15.
- Forness, S., Sinclair, E. & Guthrie, D. (1983). Learning disability discrepancy formulas: Their use in actual practice. *Learning Disability Quarterly*, 6, 107-114.
- Friend, M., Cook, L. (2000). *Interactions: Collaborative skills for school professionals* (3rd Ed.). New York, NY: Longman.
- Fuchs, L. S., Fuchs, D. (2007). A model for implementing responsiveness to intervention. *Teaching Exceptional Children*, 39(5), 14-20.
- Fuchs, L., Vaughn, S. (2003). Redefining learning disabilities as inadequate response to instruction: The promise and potential problems. *Learning Disabilities Research & Practice*, 18(3), 137-146.
- Fullan, M. (2010). *All systems go: The change imperative for whole system reform*. Thousand Oaks, CA: Corwin Press.

- Gable, R. A., Mostert, M. P., & Tonelson, S. W. (2004). Assessing professional collaboration in schools: Knowing what works. *Preventing School Failure, 48*(3), 4-8.
- Gallego, M. A., Durn, G. Z., & Reyes, E. I. (2006). It depends: A sociohistorical account of the definition and methods of identification of learning disabilities. *Teachers College Record, 108*(11), 2195-2219.
- Gardner, H. (1985). *Frames of mind: The theory of multiple intelligences*. New York, NY: Basic Books.
- Gardner, H. (1993). *Multiple intelligences: The theory into practice*. New York, NY: Basic Books.
- Gastil, J. (1997). A definition and illustration of democratic leadership. *Human Relations, 47*, 953-975.
- Gresham, F. M. (2002). Responsiveness to intervention: An alternative approach to the identification of learning disabilities. In R. Bradley, L. Danielson, & D. P. Hallahan (Eds.), *Identification of Learning Disabilities: Research to Practice* (pp. 467–519). Mahwah, NJ: Erlbaum.
- Haager, D., & Mahdavi, J. N. (2007). What can we reasonably expect of teachers in a three-Tiered reading intervention model? In D. Haager, S. Vaughn, & J. Klingner (Eds.) *Validated Practices for Three-Tiers of Reading Intervention*.
- Hale, J., Alfonso, V., Beringer, V., Bracken, B., Christo, C., Clark, E., Cohen, M., Yalof, J. (2010). Critical issues in response-to-intervention, comprehensive evaluation, and specific learning disabilities identification and intervention: An expert white paper consensus. *Learning Disability Quarterly, 33*(3), 223-236.
- Hallahan, D. P., & Mercer, C. D. (2001, August). Learning disabilities: Historical perspectives. Paper presented at the Learning Disabilities Summit: Building a Foundation for the Future, Washington, D.C. Retrieved from <http://www.nrld.org/resources/ldsummit/index.html>
- Hearne, D., & Stone, S. (1995). Multiple intelligences and underachievement: Lessons from individuals with learning disabilities. *Journal of Learning Disabilities, 28*(7), 439-448.
- Heller, K.A., Holzman, W.H., & Messick, S. (Eds.). (1982). *Placing children in special education: A Strategy for equity*. Washington, DC: National Academy Press.
- Individuals with Disabilities Education Act Amendments of 1997, Pub. L. No. 105-17, §673e, 111 Stat. 105 (1997).

- Individuals with Disabilities Education Improvement Act of 2004, Pub. L. No. 108-446, §614b, 118 Stat. 60 (2004). Johnson, E., Mellard, D. F., & Byrd, S. E. (2006). Challenges with SLD identification: What is the SLD problem? *Teaching Exceptional Children Plus*, 3(1).
- Johnson, S. M. (2010). How best to add value? Strike a balance between the individual and the organization in school reform. *Voices in Urban Education*, 27.
- Kavale, K. A. (2002). Discrepancy models in identification of learning disability. In R. Bradley, L. Danielson, & D. P. Hallahan (Eds.), *Identification of Learning Disabilities: Research to Practice*. (pp. 369-426). Mahwah, NJ: Erlbaum.
- Kavale, K. A., Kauffman, J. M., Bachmeier, R. J., & LeFever, G. B. (2008). Response-to-intervention: Separating the rhetoric of self-congratulating from the reality of specific learning disability identification. *Learning Disability Quarterly*, 31(3), 135-150.
- Kavale, K. A., & Spaulding, L. S. (2008). Is response to intervention good policy for specific learning disability? *Learning Disability Research & Practice*, 23(4), 169-179.
- Keough, B. K. (2005). Revisiting classification and identification. *Learning Disabilities Quarterly*, 28, 100-102.
- Kirk, S. A. (1962). *Educating exceptional children*. Boston, MA: Houghton Mifflin.
- Kirk, S., & Chalfant, J. (1984). *Developmental and academic learning disabilities*. Denver, CO: Love Publishing.
- Klein, P. (1997). Multiplying the problems of intelligence by eight: A critique of Gardner's theory. *Canadian Journal of Education*, 22(4), 377-394.
- Lambert, L. (2003). *Leadership capacity for lasting school improvement*. Alexandria, VA: ASCD.
- Lerner, J. (2003). *Learning Disabilities*. Boston, MA: Houghton Mifflin Company.
- Linek, W. M., Fleener, C., Fazio, M., Raines, I. L., & Klakamp, K. (2003). The impact of shifting from 'how teachers teach' to 'how children learn.' *Journal of Educational Research*, 97(2), 78-89.
- Mahdavi, J. N., & Beebe-Frankenberger, M. (2009). Pioneering RTI systems that work: Social validity, collaboration, and context. *Teaching Exceptional Children*, 42, 64-72.

- Mastropieri, M., & Scruggs, T. (2005). Feasibility and consequences of response to intervention: Examination of the issues and scientific evidence as a model for the identification of individuals with learning disabilities. *Journal of Learning Disabilities, 38*(6), 525-531.
- McKenzi, R. G. (2009). Obscuring vital distinctions: The oversimplification of learning disabilities within RTI. *Learning Disability Quarterly, 32*(4), 203-215.
- Merriam, S. (1998) *Qualitative Research and Case Study Applications in Education*. San Francisco, CA: Jossey-Bass.
- Mishook, J. (2011) Supporting the collective practice of teachers. Annenberg Institute of School Reform. Retrieved from <http://annenberginstitute.org/commentary/2011/06/supportingcollective-practice-teachers>
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage
- Murawski, W., & Hughes, C. (2009). Response to intervention, collaboration, and co-teaching: A logical combination for successful systematic change. *Preventing School Failure, 53*(4), 267-277.
- National Research Center on Learning Disabilities. (2007). SLD identification overview: General information and tools to get started. Retrieved from http://www.nrld.org/resource_kit/tools/SLDOverview2007.pdf
- National Joint Committee on Learning Disabilities. (2005) Responsiveness to intervention and learning disabilities. Retrieved from <http://www.ldonline.org/article/11498?theme=print>.
- Pil, F. K., & Leana, C. (2009). Applying organizational research to public school reform: The effects of teacher human and social capital on student performance. *Academy of Management Journal, 52*(6), 101-124.
- Reynolds, C. (1985). Critical measurement issues in learning disabilities. *Journal of Special Education, 18*, 451-475.
- Richards, C., Pavri, S., Golez, F., Canges, R., & Murphy, J. (2007). Response to intervention: Building the capacity of teachers to serve students with learning difficulties. *Issues in Teacher Education, 16*, 55- 64.
- Rutter, M., & Yule, W. (1975). The concept of specific reading retardation. *Journal of Child Psychology and Psychiatry, 16*, 181-197.
- Sanders, P. A. (1999). *The effects of special education placement on the multiple intelligence profiles of students with learning disabilities*. Fresno, CA: California State University.

- Shaw, S. F., Cullen, J. P., McGuire, J. M., & Brinckerhoff, L. F. (1995). Operationalizing a definition of learning disabilities. *Journal of Learning Disabilities, 28*, 586-597.
- Skinner, B. F. (1974). *About behaviorism*. New York, NY: Knopf.
- Smith, J., Flowers, P., & Larkin, M. (2012). *Interpretative phenomenological analysis*. Thousand Oaks, CA: Sage.
- Smylie, M., Conley, S., & Marks, H. (2002). Exploring new approaches to teacher leadership for school improvement. *Yearbook of the National Society for the Study of Education, 101*(1), 162-188.
- Snow, D. R. (2005). *Classroom strategies for helping at-risk students*. Alexandria, VA: ASCD.
- Speece, D. L., Case, L. P., & Molloy, D. E. (2003). Responsiveness to general education instruction as the first gate to learning disabilities identification. *Learning Disabilities Research and Practice, 18*(3), 147-156.
- Stahl, S. A. (1999). Different strokes for different folks? *American Educator, 1*-5.
- Strain, P. S., & McConnell, S. R. (1992). Behaviorism in early intervention. *Topics in Early Childhood Special Education, 12*(1), 121-142.
- Sternberg, R. J., & Frensch, P. A. (1990). Intelligence and cognition. In M. W. Eysenck (Ed.), *International Review of Cognitive Psychology*. Chichester, England: Wiley.
- Teele, S. (1996). Redesigning the educational system to enable all students to succeed. *NAASP Bulletin, 80*, 65-75.
- Tomlinson, C.A. (1999). *The differentiated classroom: Responding to the needs of all learners*. Alexandria, VA: ASCD.
- Tomlinson, C. A., & Imbeau, M. B. (2010). *Leading and managing a differentiated classroom*. Alexandria, VA: ASCD.
- Torgesen, J. K. (1986). Learning disabilities theory: Its current state and future prospects. *Journal of Learning Disabilities, 19*(7), 399-407.
- U.S. Office of Education. (1968). First annual report of the National Advisory Committee on Handicapped Children. Washington, DC: U.S. Department of Health, Education, and Welfare.
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Ontario, Canada: State University of New York Press.

Walker, H. M. (2004). Use of evidence-based interventions in schools: Where we've been, where we are, and where we need to go. *School Psychology Review*, 33, 398-407.

Walker-Dalhouse, D., & Risko, V. J. (2009). Crossing boundaries and initiating conversations about RTI: Understanding and applying differentiated classroom instruction. *The Reading Teacher*. 63(1), 84-87.

Watson, J. B. (1924). *Behaviorism*. New York, NY: People's Institute Publishing Company.

Appendix A

Questionnaire for Identifying Study Participants (Distributed via SurveyMonkey.com)

Name: _____

Current Grade Level: _____

What other grade levels have you taught? _____

How many years of teaching experience do you have? _____

How many years have you taught at your current Elementary School?

Please briefly describe what each Tier looks like in your school:

Tier 1:

Tier 2:

Tier 3:

How many students have you had this year in: Tier 1: _____ Tier 2: _____ Tier 3: _____

Who has provided interventions to your students within:

Tier 1: _____

Tier 2: _____

Tier 3: _____

Please briefly describe an intervention you've provided to a student in the last year:

Would you be willing to volunteer to participate in a study about RtI implementation that would consist of a one-on-one interview and a focus group?

Appendix B

Assurance of Confidentiality

As a volunteer participant in Elizabeth Wesolowski's research study, I acknowledge that I have willingly agreed to the following in order to maintain confidentiality:

8. I will not share the identity of the other participants in the focus group
9. I will not share the expressed opinions or experiences of other participants in the focus group
10. I will not reveal to others the schools or school districts the other participants are from in the focus group
11. Once this study is published, I will not reveal to others any of the above with potential readers

I have read and understood the bulleted terms above, and agree to abide by them.

Print Name:

Signature:

Date: _____

Appendix C

Student Success Rating Scale

Please order the following concepts based on your perception of their importance to student success within a Tier 2 intervention. Order them from 1-5, 1 being the “most important” and 5 being the “least important.”

_____ communication between the teacher and interventionist

_____ intensity of designed intervention in terms of frequency and duration

_____ choice of a specific, meaningful goal

_____ data collection and documentation

_____ effective RtI meetings

Appendix D

Collaboration Success Rating Scale

Please order the following concepts based on your perception of their importance to a successful collaboration between the teacher and the interventionists within a Tier 2 intervention. Order them from 1-5, 1 being the “most important” and 5 being the “least important.”

_____ transparency of information

_____ shared responsibilities for instruction, assessment, and decision-making

_____ regular communication

_____ shared understanding of current student performance

_____ reciprocal trust