Implementation and Effectiveness of the Response to Intervention (RTI) Program

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Abstract

The purpose of this research study was to determine whether or not student test scores on the Georgia Criterion-Referenced Competency Test (CRCT) were positively impacted by the implementation of the Response to Intervention (RTI) program. This paper will review the implementation and effectiveness of the RTI method.

Introduction

Response to Intervention (RTI) is an approach of service delivery implemented in schools nationwide. The implementation can be theorized as an outline for enhancing instruction and improving student outcomes. RTI is often discussed as a tiered prevention model in which students receive progressively intense interventions based on need. RTI is driven by individual student need as determined by continuing progress on efficient and easily administered progress monitoring measures. These measures provide an estimate of students' response to effective instruction. For students who respond less than satisfactory, increasingly intense instruction is available within the tiered model.

All students receive a fundamental level of prevention through the teaching of a research-based common core curriculum in the general education classroom. The basic level of prevention is commonly referred to as Tier I. If Tier I is effective, the majority of students will be able to sustain appropriate academic progress in areas such as reading and mathematics and meet academic benchmarks with little or no additional support.

However, it is likely that a proportion of students will require a more intense level of instruction, or a secondary intervention, often identified as Tier II. In Tier II, students who require additional support receive instruction in addition to that offered in Tier I. It is important to note that Tier II enhances Tier I; it does not replace Tier I instruction. A smaller percentage of students may require an even more intense level of intervention. This level of prevention, or Tier III, provides even more intensive support for these students. Instruction is strengthened in terms of content, group size, and duration. Students in Tier III are not able to make adequate progress in Tier I and Tier II without additional support.

Since 1976, the number of students carrying the Learning Disability (LD) label has increased by an alarming rate of almost 300% (Horowitz, 2014). This prompted the U.S. Department of Education to consider a change to the classification of LD in the Individuals with Disabilities Education Act (IDEA). This led to the RTI model. While RTI was primarily used as a prevention program, new federal education law has adopted RTI to determine eligibility of a student for special education services.

Location, History and Demographics

The research site is located in the rolling hills of Northwest Georgia in Bartow County. The community was established in 1850 and offers a great deal of history, culture, and recreation today. Primary industries include textile production, manufacturing of a variety of products, and local businesses. The community is situated near Lake Allatoona, and offers many outdoor and recreational opportunities. Culturally, the community features a vibrant downtown district and several diverse and widely recognized museums.

The research was conducted in the sole elementary school in the community's city school system. Historically, the school system has been strongly supported by the community. The target school serves approximately 1,010 students in grades 3 through 5. The population is evenly distributed between males and females. According to school system data, the ethnicity of the site school is 51.3% Caucasian, 22.7% African-American, 17.1% Hispanic, and 6.2% Multiracial, and Asian/Pacific Islander students 2.2% with a relatively small 0.5% percent identifying as other ethnicities. Approximately 62.6% of the students in the school are economically disadvantaged, as evidenced by the percentage of students who qualify for free and reduced meals.

According to 2010 census data, the median income for a household in the community was $41,162, and the median income for a family was $48,219. Males had a median income of $35,092 versus $25,761 for females. The per capita income for the city was $19,977. Approximately 8.9% of families and 11.4% of the population were below the poverty line, including 13.7% of those under age 18 and 15.4% of those ages sixty-five or over. The population of the target school closely mirrors that of the community in which it is located.

The School Improvement Plan for the target school states that 100% of students in every subgroup will meet or exceed the standards on the reading and mathematics portion of the state mandated assessment, which is the Georgia Criterion-Referenced Competency Test (CRCT). A review of data from the spring 2012 administration of the CRCT revealed that scores in the area of mathematics were the lowest of all subject areas at the target school. The current data from the 2013 CRCT reveals that students identified in Tier II or Tier III of the RTI program were still weak in the areas of reading and math compared to students not identified by the RTI program.

The purpose of this research study was to determine whether or not student attitudes about reading and mathematics were positively impacted by the interventions used in the RTI program. Data from

this research study will be used for staff development and pedagogical purposes, with the hope that attitudes and standardized test scores may be improved for all students in the target school.

Statement of the Problem

Teachers at the site school expressed concern that the students were not demonstrating high mastery on the Georgia Criterion-Referenced Test (CRCT) despite receiving appropriate Tier I instruction. Also concern was expressed that students were not displaying positive attitudes towards learning and school in general. Students lacked strategies and critical thinking skills that would allow them to solve problems efficiently and correctly. The purpose of this research study was to evaluate the effects of the implementation of the RTI program, in hopes that reading and mathematics skills and student perceptions of academics would improve. CRCT scores for the 2010-2011 and 2011-2012 are listed below showing the number of students who met, exceeded or did not meet the standards for the state test. These students received adequate Tier I instruction. As can be seen, there are a number of students who did not meet the standards for the high-stakes testing.

	Meets	Exceeds	Does Not Meet
2012 - 2013 school year	55.45%	32.65%	11.9%
2013 – 2014 school year	54.34%	40.16%	5.5%

Measurement Devices

The impact of the intervention will be measured by:

• Gathering CRCT data from previous school year and comparing to prior school years when students were not receiving RTI Tier 2 interventions.
• Conducting attitude assessment prior to implementation of intervention and at the end of the intervention, analyzing information for any improvements or declines.

Review of Literature

In December 2004, President Bush signed the reauthorization of the Individuals with Disabilities Education Act (IDEA) into law. The reauthorization of the IDEA had one major difference from earlier versions in that it allowed practitioners to use Response to Intervention (RTI) as a method to identify students with learning disabilities rather than the IQ-achievement discrepancy method (Fuchs & Fuchs, 2006). The IQ-achievement discrepancy method usually does not begin until third grade. RTI can be implemented in grades as early as kindergarten.

The current focus on standards-based instruction in public education requires students to develop increasingly complex skills and strategies in all subject areas. Common Core State Standards and high-stakes standardized testing also increase the demand that students be able to think deeply and critically in order to prove mastery and

progress in all academic areas. However, students do not all learn the same way, at the same pace, nor do they perform the same on high-stakes standardized testing. Some children show signs that they may not be learning in an expected manner at a very young age. These children may exhibit troubles in areas such as phonological awareness, perceptual-motor abilities, language development, and attention. All of these problems have been considered precursors of learning disabilities in older children (Coleman, Buysse & Neitzel, 2006).

The RTI model for school-aged children, at risk for learning disabilities, emphasizes pre-referral prevention and intervention. RTI can be differentiated from conventional methods of identifying students with learning difficulties in that it allows early and intensive interventions based on learning characteristics (Coleman et al., 2006). RTI does not wait for children to fail before providing necessary services and support.

In order to set a context for this research study, which focuses specifically on the RTI interventions, the review of literature examines current data to answer the following questions: What components are involved in the successful and effective implementation of the Response to Intervention model? What determines eligibility of students to receive RTI interventions and special education services? The review of literature will also examine the approaches to and components of RTI. Each component has strengths and weaknesses. The purpose of this review of literature is to explore these questions and to determine how RTI interventions can be implemented effectively and used by all staff members

to help students develop necessary skills needed to adequately show mastery of standards on high-stakes testing.

To adequately study the strategies of the RTI model and its effectiveness, the researcher first examined the research on the successful implementation of the Response to Intervention model and the approaches and components of RTI. The National Research Center on Learning Disabilities defines RTI as "an assessment and intervention process for systematically monitoring student progress and making decisions about the need for instructional modifications or increasingly intensified services using progress monitoring data" (Horowitz, 2014, p. 2). RTI is intended to reduce the occurrence of instructional failures by ensuring students are being provided high quality instruction. School districts can use RTI and provide interventions to students as soon as a need arises. This is very different from pervious methods which looked for an aptitude achievement discrepancy or the "wait to fail" approach. The key element of RTI is to provide early intervention when students first experience academic difficulties. With the goal of RTI being focused on improving achievement for all students not just those that may have a learning disability. The assumption behind this model is that when provided with quality instruction and remedial services, a student without disabilities will make satisfactory progress (Fuchs & Fuchs, 2006).

The concept of RTI is on the focus of the teaching and learning process. RTI is based on controlled scientific research. While some of the research is minimal, there is research to show that when RTI interventions are performed in the earliest years of school the student shows

more promise (Gersten & Dimino, 2006). Research also suggests when a student is able to connect what they are learning to a real world context, children are able to demonstrate mastery and understanding (Gertsen & Dimino, 2006). According to the Cotunga, Vickery and Carpenter-Haefele (2009), ninety five percent of children who have trouble learning to read can reach grade level if they receive specialized help early on. Kindergarten and first grade are deemed to be the "window of opportunity" to prevent long-term academic problems. Without early intervention, the gap between struggling students and their peers continues to widen over time (Cotunga et al., 2009). "The odds of becoming an average reader in the later elementary grades, if you are a poor reader in the early primary grades, is no better than fifty-fifty without intervention and, in fact, may be significantly worse" (Simmons, et al., 2008, p. 159).

Early detection and intervention without the requirements of a referral to special education are strengths of the RTI model. The RTI design is created to prevent the "wait and fail" method that exists in the IQ-achievement discrepancy model. RTI uses early intervention as a means to prevent failure and declares that if a student becomes more proficient in a subject area they will remain proficient. The irony of early detection is that the earlier we test students, the less accurate the results (Gersten & Dimino, 2006).

RTI is comprised of seven core principles representing recommended RTI practices. There has been debate about the principles of RTI and the features of RTI. While the principles of RTI never change, the features of the model may differ in each school system. National Association of Special

Education Teachers (NASET) identifies and clearly defines the seven principles of RTI as "(1) use all available resources to teach all students, (2) use scientific, research-based interventions/instruction, (3) monitor classroom performance, (4) conduct universal screening/benchmarking, (5) use a multi-tier model of service delivery, (6) make data-based decisions, and (7) monitor progress frequently ("Accommodations and Modifications", n.d.)

Implementation of RTI requires the development of valid and reliable assessment methods for students of all age levels (Gersten & Dimino, 2006). It is imperative that in addition to valid and reliable assessments, professional development is needed, as well as training in curriculum-based measurements for all staff members involved in the RTI process. Which staff members are involved in the RTI process? Staff members involved in RTI include regular education classroom teachers, special education teachers, Title One/Early Intervention Program (EIP) teachers, school counselors, and other remedial specialists (Huber & Kozleski, 2010). To effectively implement RTI and continue the dependability of the RTI process it is crucial to have professional development and on-site support. Training needs to include the use of evidence-based practices, effective professional development and effective implementation strategies (Huber & Kozleski, 2010).

While valid and reliable assessments for students may be developed and RTI appears to be affectively implemented, some systems are not reaping the benefits of RTI because they have failed to develop the correct thinking about Response to Intervention. Failure to develop the correct

thinking about RTI has led some systems to implement right practices for the wrong reasons. Far too many schools and districts are asking the wrong questions, like:

• How do we raise tests scores?
• How do we "implement" RTI?
• How do we stay legal?
• What's wrong with this kid?

These questions are guiding and shaping the schools and districts. High-stakes testing is a definite reality in public education. It is a critically flawed initial question that can lead to incorrect thinking about RTI. Many districts that first focus on raising test scores find that this way of thinking is beneficial if the goal is only to teach the standards but the goal in all systems should be to have the students learn the standards (Buffum, Mattos & Weber, 2010).

Many systems unfortunately view RTI as a mandated program that must be implemented. This view causes teachers to view RTI as single actions that need to be accomplished instead of an ongoing process devoted to improving teaching and learning. Because RTI was part of the reauthorization of the IDEA in 2004, many schools only view RTI implementation from a legal compliance perspective. This concern is understandable; however, many schools and districts are making RTI unreasonably burdensome (Buffum et al., 2010). This can cause teachers to decide against recommending students for interventions because they feel the process is not worth the paperwork. Lastly, at most schools when a student struggles in the regular classroom the school's first response is to refer the child for special education testing. RTI is built on the

approach that when a student is struggling, we turn our attention to finding better ways to meet the student's specific learning needs. Until schools can move away from these flawed questions, it is unlikely they will ever see RTI as anything more than a new way to identify students for special education (Buffum et al., 2010).

A flaw in the RTI models is found in the use of a universal screening tool. In typical RTI models, all students are screened in one or more academic areas. Students identified as "at risk" for learning difficulties through the use of a universal screener are provided specific interventions to target the at risk area. It is recommended to identify the pool of potential students early and often at each grade level. The goal of early identification is to increase the likelihood of at-risk students developing adequate academic competence. However, the problem with identifying using universal screeners is that you receive false positives and false negatives (Buffum et al., 2010). "False positives occur when students are deemed at risk when, in fact, they are not. False negatives are cases in which students who are not deemed at risk go on to perform poorly on a future criterion measure (Buffum et al., 2010, p. 16). "For a prevention system to work effectively, procedures for determining risk must yield a high percentage of true positives while identifying a manageable risk pool by limiting false positives" (Fuchs & Fuchs, 2006, p. 95).

While both three and four tier models of RTI have been implemented and described, it was observed that there is a widespread agreement that the first tier reflects general education and the final tier reflects special education (Coleman et al., 2006). Questions do still remain regarding

whether one or two tiers come between these points. It has been suggested that a possible solution is to view Tiers 1 and 2 as classroom prevention steps and Tier 3 as a combination of prevention and eligibility determination.

Tier 1 is designed to help teachers be preventive and proactive. Tier 1 should provide every student with high quality instruction and determine which students may need additional instructional interventions to make adequate progress (Coleman et al., 2006). Every student should be screened to determine whether regular classroom instruction will be sufficient or if the child may need additional support and interventions.

Tier 2 group interventions are used to address the needs of students who do not make adequate progress in Tier 1 (Coleman et al., 2006). Tier 2 should include differentiated instructional methods. These differentiated instructional methods may include small group instruction and curriculum modifications. It is anticipated that approximately fifteen percent of children will make adequate progress as a result of additional instructional support in Tier 2 (Coleman et al., 2006).

Tier 3 is designed to be more intensified, individualized instruction for students failing to make progress in Tier 2. It is assumed that a small proportion of students, possibly five percent, will continue making insufficient progress even with the use of Tier 3 interventions (Coleman et al., 2006). This small percentage of students may have a specific learning disability and should be referred for a more formal evaluation by a school psychologist (Coleman et al., 2006).

Progress monitoring is a large part of the RTI process. Progress monitoring is used to assess a student's progress or performance in those areas in which they were identified by universal screening as being at-risk for failure. Progress monitoring is the method used by teachers, or other school personnel, to determine if the student is making adequate growth from the interventions and additional instructional support. This allows teachers to identify students who are not making adequate progress, and help guide the construction of effective intervention programs for students who are not benefitting from typical instruction (Hoover & Love, 2011). Effective progress monitoring is achieved with consistent testing schedules. It is recommended that each student in Tier 2 or 3 receive progress monitoring on a weekly or bi-weekly basis. The use of monitoring allows the teachers to track the students and if the interventions are not increasing their rate of progress, a specialized intervention might be appropriate (Hoover & Love, 2011).

RTI has many positive aspects to consider. RTI is proactive. It begins to assess students that might be at risk as early as kindergarten. By doing so, RTI's goal is to put an end to school failure (Barnes & Harlacher, 2008). Assessment is completed using tools to establish a baseline with students. Once the baseline is established, this data can be used to determine whether or not a student is progressing within the confines of the general education curriculum (Duffy & Scala, 2012). Progress monitoring can then be used to determine the need for interventions for the students deemed at risk. Progress monitoring can also provide documentation to support these interventions (Huber & Kozleski, 2010).

The promise of identifying a deficit before the deficit grows is a definite strength of the RTI method. RTI also allows more collaborative decisions to be made and the data to be used to make curriculum, teaching and instructional decisions regarding each student (Keller-Margulis, 2012).

If implemented correctly, RTI will reduce the number of students referred for special education testing. RTI improves poor teaching methods through the use of evidence-based approaches, utilizes research-based interventions and effective progress monitoring to ensure every attempt is made to help make each student successful in the general education classroom (Crawford, Schatschneider, & Wager, 2008). The initial RTI interventions can occur in the general education classroom and provide students the extra support needed without being pulled into another classroom away from their peers. The RTI process has delivered increased quality and quantity of instruction supplied by every classroom teacher (Crawford et al., 2008).

In contrast to the above statements, potential problems exist with RTI. Potential problems include problematic reading instruction and poorly planned interventions (Coleman et al., 2006). A student could not make adequate growth due to the teacher lacking necessary training and skills to consistently implement the RTI model. The teacher may also be using a "one size fits all" approach instead of individualizing the intervention to the student's area of need (Barnes & Harlacher, 2008). "Unfortunately, the skill of contingent instruction never attains mastery (McEneaney, Lose & Schwartz, 2006, p. 120). Dependent instruction changes

with each intervention and needs to be tweaked with each student (McEneaney et al., 2006). More professional development and teacher education is needed. Professional development and teacher education will need to continue before teachers feel confident and are appropriately and effectively executing the RTI model (Keller-Margulis, 2012).

Lastly one major hurdle of RTI is for schools to gain the support and backing from academic coaches, reading and math specialists, administration, and Director of Student Services. School budgets are stretched. Sometimes it seems nearly impossible to find money to hire the needed staff. To be accepted and successful, the RTI model must "mesh with the lives of teachers in classrooms and the realities of the core programs they are using" (Deshler, Mellard, & Prewett, 2012, p. 31). When lack of support exists, the implementation of the RTI process becomes very challenging (Deshler et al., 2012). Teachers need support to be available and convenient and also need support on-site. This support will give teachers the ability to review information concerning progress and help create, model, observe, and give feedback regarding research-based interventions (Deshler et al., 2012).

Ultimately, RTI is designed to reduce the number of students referred for special education services and, at least, lessen the number of students wrongfully placed in special education programs. The cost to implement an effective RTI program in any school district may initially appear to be out of reach for struggling districts. However, when compared to the cost of a student placed in a special education program for their entire school career,

the cost is minimal (Deshler et al., 2012). Grants are available that may help with the initial startup costs for the implementation of RTI programs. Grant monies can be provided to help with staff training, curriculum purchases, new intervention programs, and ways to help the school make the transition simple and attainable (Deshler et al., 2012). The cost of teaching students with learning disabilities is two to three times higher than the cost of teaching regular education students (Fuchs & Fuchs, 2006). Therefore, finding new alternatives to special education services seems a crucial need for public schools.

CHAPTER THREE

In performing research to evaluate the effectiveness of the Response to Intervention Program (RTI) at the host school, the committee felt that it was important to look closely at the results for students when they were not in the RTI program and then compare to the results on the Georgia Criterion Referenced Competency Test (CRCT) after students spent a full year receiving interventions and additional support. The committee also wanted to see if the students felt more confident in their academic abilities after being in the RTI program. Students completed a questionnaire prior to beginning the RTI program to provide a baseline for their confidence level. The same questionnaire was given after students completed six months in the RTI program. The findings of the survey will be used by the committee to update and make necessary adjustments to the RTI program at the host school.

Each session is designed to provide appropriate interventions to the participating students. On a monthly

basis, the committee will come together to assess the program's progress and plan for future meetings.

In the end, the success of the RTI program at the host school will be measured by the results on the Georgia Criterion Referenced Competency Test . If an increase is shown in the student's scores then the goal of the program will have been achieved.

Statement of Hypothesis

This researcher collected data to test the following hypothesis:

1. Students who are participating in the Response to Intervention Program will perform significantly better on the standardized Criterion Referenced Competency Test than previous years when they were not receiving interventions and support through an RTI program.

Research Questions

Data was collected to answer two research questions:

1. How are students' state standardized test scores affected by the Response to Intervention program?
2. How are students' perceptions of their academic abilities/skills affected by their participation in the Response to Intervention program?

Participants

Participants in the study included approximately thirty-two students currently in fifth grade. The sample was composed of a mixture of male and female students of varying academic abilities and ethnicities. The sample was divided to include similar academic and demographic composition. Participants were selected

by a convenience sampling of fifth grade students at the site school. The researcher worked daily with the students used as samples for the study.

Instruments

Before conducting this research, the researcher received permission from Jacksonville State University to conduct human participation research. In addition, the researcher received approval from the host school system.

Several instruments were used to collect and evaluate the data in this study. The researcher compared the Georgia Criterion Referenced Competency Test (CRCT) scores from students not in the Response to Intervention Program in third grade and then identified to be in the RTI program in fourth grade. The researcher utilized the CRCT results for participating students as a valid and reliable means of assessing academic abilities. The researcher also created a survey to assess students' perceptions of their academic abilities. The survey was used as a pre-assessment and post-assessment.

Assumptions and Limitations

In conducting this study, it was assumed that each student in the study attended school regularly and was thus present for the intervention sessions. A second assumption was that all students were identified as needing additional support and not performing on appropriate grade level before and during the course of the study. A third assumption was that all students were in good physical health and came to school prepared to learn during the course of this study. A fourth assumption was that all students were familiar with survey formats and were able to complete the survey used in this study satisfactorily.

Several possible limitations existed in this research study. One limitation of this study was the amount of time each interventionist used teaching to the deficiencies of each individual student before the CRCT was administered. A second factor limiting the study was the small sample size (approximately thirty-two students) and the fact that only fifth grade students were included in the study. A final limitation in this study was the fact that researchers were not able to measure or account for the amount of time outside of class that student's in the study spent on academic extension activities. Additional outside academic practice might have altered the results of this study.

CHAPTER 4
Data Analysis

The researcher used teacher-designed student pre- and post-surveys, and scores from the Georgia Criterion Referenced Competency Test to gather data needed. The participants for this study were thirty-two heterogeneously grouped fifth grade students. A convenience sampling of students was utilized.

Academic averages from the Georgia CRCT were analyzed in order to answer the first research question. The data revealed that the year the students participated in the RTI program scored 20.84 points higher in mathematics, and 14.72 points higher in reading. 100% of the students met standards in reading with 37.5% exceeding the standards. 87.5% of the students met the standards in mathematics with 12.5% exceeding the standards and 12.5% of students not meeting standards in mathematics. Of the 12.5% of students not meeting the standards on the CRCT in mathematics all students improved their score by an average of 11.25 points. The

second research question was, "how are students' perceptions of their academic abilities/skills affected by their participation in the Response to Intervention program?" A student survey was given prior to and after being in the RTI program for approximately one year. The survey was used to gauge students' attitudes towards their own academic abilities.

Results

The results of this research study confirmed core beliefs about Response to Intervention held by the researcher. Analysis of data from the two sources utilized in the study: student-generated pre- and post-surveys of students' attitudes towards their own academic abilities and reading and mathematics scores from the Georgia Criterion Referenced Competency Test revealed that students performed better on state mandated tests after receiving explicit instruction designed by the Response to Intervention program. Likewise, students' perceptions of themselves and their academic abilities increased as a result of their improved problem solving abilities.

CHAPTER 5
Future Implications

In future studies of the Response to Intervention Program, it would be interesting to compare the effectiveness of the interventions not only on state mandated tests but also on academic performance in the classroom. While this research study focused mainly on the results from the Georgia Criterion Referenced Test the research and preparation of the review of literature exposed the researcher to an enormous variety of different evaluations of RTI for schools.

A second suggestion for future research would be to replicate this research study in several different grade levels. The present study was completed on a small scale, using only thirty-two students currently in fifth grade. A larger sampling of students, particularly including a variety of ages, would create a broader base of information about the effectiveness of the Response to Intervention program.

Based on the results of this research study, and on the collective experience of the researcher in their years in education, the researcher predicts students who are participating in the Response to Intervention Program as outlined in this review of literature, will produce positive results in both state standardized testing and student perceptions of their academic abilities.

Conclusion

The goal of this study was to measure the success of the Response to Intervention program at the host school. The researcher used both quantitative and qualitative data for this study, gathering quantitative data through scores on the Georgia Criterion Referenced Competency Test. Qualitative data was collected using a teacher-created survey of student perceptions of their academic ability. The researcher used an experimental design with convenience sampling for this study, and participants were a heterogeneously mixture of fifth grade students.

Academic success is reportedly affected by socioeconomic status, parental involvement, motivation, academic discipline and self-efficacy. While many of these factors are out of the control of school personnel the objective of this study was to see if interventions currently being

used were making a positive impact on student test scores as well as a student's perception of their academic ability. The results of this study produced a slight-advantage in post-intervention surveys, standardized scores and student self-perceptions. While the advantage was not statistically significant, the researcher felt that results of this study supported the effectiveness of a Response to Intervention program. It is clear that to arrive to a more definite conclusion about the effectiveness of the Response to Intervention program at host school; a more extensive study is needed. The skills developed through specific interventions are widely useful and transfer to other academic and everyday pursuits. Because of this, the researcher recommends that the current design of the Response to Intervention program continue at all grade levels. To best achieve this goal, teachers and interventionists should be provided additional training in Response to Intervention strategies and instruction in order to effectively prepare their students for academic and future life work.

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School Counselors and Multiracial Students: Factors, Supports, and Interventions

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Abstract
Multiracial students represent a growing population in school systems today. This diverse group of students and their families may encounter many challenges and race-specific issues in the school setting. School counselors are in a unique position to assist these students and their families become successful in meeting these challenges. The following identifies some of their potential challenges and issues, identifies the role of the school counselor, and provides information on interventions and supports.

School Counselors and Multiracial Students: Factors, Supports, and Interventions
While studies may differ on various aspects of the multiracial population, one point on which all researchers agree is that the multiracial population will continue to increase in the future and that the needs of this growing population must be identified and met (Choi, Harachi, Gillmore, & Catalano, 2006; Harris, 2002; Harris, 2003; Hays & Erford, 2014; Hud-Aleem & Countryman, 2008; Maxwell & Henriksen, 2012; Pedrotti, Edwards, & Lopez, 2008). In the school setting, school counselors are the professional educators able to help in the identification and meeting of these needs. Through the careful exploration of multiracial factors, school counselors can assist multiracial individuals and their families experience success in the school setting. This process includes working not only with multiracial students and families, but with school faculty, staff, and other members of the community. This paper will address the factors associated with multiracial identity, the role of the school counselor, and interventions and supports designed to address the challenges presented.