State policies and procedures on response to intervention in the Midwest Region
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June 2011

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**Issues & Answers** is an ongoing series of reports from short-term Fast Response Projects conducted by the regional educational laboratories on current education issues of importance at local, state, and regional levels. Fast Response Project topics change to reflect new issues, as identified through lab outreach and requests for assistance from policymakers and educators at state and local levels and from communities, businesses, parents, families, and youth. All Issues & Answers reports meet Institute of Education Sciences standards for scientifically valid research.

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State policies and procedures on response to intervention in the Midwest Region

Based on a review of state documents and interviews with state and local officials in six Midwest Region states, this qualitative study describes state education agency policy development and planning for response to intervention approaches to instruction. It also looks at the support provided to districts and schools implementing response to intervention.

Response to intervention is the practice of providing high-quality core instruction based on students’ needs, using data and progress monitoring to provide increasingly intensive educational interventions in a timely manner for students who struggle in core instruction (National Association of State Directors of Special Education 2005; National High School Center, National Center on Response to Intervention, and Center on Instruction 2010). It has garnered much interest among policymakers, researchers, and educators, both as a promising approach to improving student academic achievement and as an alternative means of identifying students for special education services. Since the 2004 reauthorization of the Individuals with Disabilities Education Act, which requires states to permit the use of response to intervention in evaluating student eligibility for special education, states have become increasingly interested in supporting, and in some cases mandating, this approach. However, few studies have been conducted on state-level response to intervention policy, planning, or support.

This report provides detailed information for state, district, and school education leaders and policymakers on the status of response to intervention in six Midwest Region states: Illinois, Iowa, Michigan, Minnesota, Ohio, and Wisconsin (Indiana declined to participate because its guidance on response to intervention was in development at the time of data collection, September 2009–March 2010).

Using a voluntary sample of six Midwest Region states, the study examines two research questions:

- What do the six states report about their interest in and planning and policy development for response to intervention?
- How and to what extent are the six states supporting response to intervention?

The following are the key findings:

- Interest in response to intervention was driven initially by the special education departments in each state, but state-level discussions of response to intervention are
now a collaborative effort between general and special education departments. Interview with state and local officials indicate that response to intervention is viewed as a vehicle for improving education for all students and informing decisions about eligibility for special education.

- Three states (Illinois, Michigan, and Minnesota) used pilot projects to plan for response to intervention.

- Planning by state education agencies often involved partnerships with response to intervention content experts and organizations such as the National Center on Response to Intervention and the State Implementation and Scaling-up Evidence-based Practices Center.

- One state (Illinois) requires the use of response to intervention in general education with all students. Another state (Iowa) requires its use to determine eligibility for special education; Illinois planned to do so in the 2010/11 school year.

- All state respondents emphasized the importance of allowing districts the flexibility to tailor implementation of response to intervention to their needs.

- Response to intervention is connected to other state initiatives in all six states. Officials in four states (Illinois, Iowa, Michigan, and Minnesota) reported that response to intervention is related to Reading First. All six states offer general guidance to districts and schools on what response to intervention typically entails. Four states (Illinois, Iowa, Michigan, and Wisconsin) have formulated initiatives guiding district implementation.

- Of the four states with response to intervention initiatives, Illinois, Iowa, and Michigan promote a three-tiered model (in which tier 1 provides evidence-based instruction for all students, tier 2 provides specialized group instruction for students who fail to make progress in tier 1, and tier 3 provides specialized intensive individualized instruction). Wisconsin’s model includes two tiers. All four models are designed for use in grades K–12 for behavior and reading. The models in Illinois, Iowa and Wisconsin can also be used with other subjects. Wisconsin’s model is used for students who exceed as well as students who fail to meet benchmarks.

- In all four states with response to intervention initiatives, implementation decisions—such as selecting interventions and designating staff roles—are left largely to districts and schools.

- To support implementation of response to intervention, all six states provide professional development to districts, often with the assistance of intermediate regional education agencies.

- The most common sources of funding for response to intervention initiatives are Individuals with Disabilities Education Act Part B funds (Illinois, Iowa, Minnesota, and Wisconsin); early intervention funds (Iowa, Michigan, and Minnesota); and state funds (Illinois, Michigan, Minnesota, and Ohio).
• All states have collected or are collecting data on the extent to which response to intervention is being implemented. One state (Michigan) has collected outcome data.

• Officials in three states (Illinois, Iowa, and Minnesota) mentioned that measuring fidelity of implementation is a challenge, especially because of the implementation flexibility given to districts.

While two states require the use of response to intervention (Illinois, in general education with all students, and Iowa for special education eligibility), all six states in the study support district implementation of response to intervention by providing general guidance on what it entails. State officials generally acknowledged the importance of maintaining district flexibility and local control. State and district officials indicated that state response to intervention models serve as a resource for districts and schools rather than a prescribed approach. States also support districts with professional development, technical assistance, and funding.

This study adds to the limited research on state-level response to intervention policy and practice. It provides a better understanding of policy development and implementation supports in the Midwest Region states and offers examples of response to intervention practices for states nationwide.

The findings are limited by the small number of interviews conducted—one per state and one per local district—and cannot be generalized beyond the study period, especially as state-level policies and supports are continually evolving and may have been updated since the completion of data collection. The report is nevertheless useful, because it maps the six states’ orientation to response to intervention and the steps each has taken to establish or support the approach in practice.

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Response to intervention is rapidly emerging as a promising reform strategy generating strong interest at state and local levels and across the education research and development community. This study responds to changes in response to intervention practice, specifically, the strengthening of federal policy that encourages the use of data-based decisionmaking systems, greater integration of special and general education to address the multiple needs of struggling students, and inquiries from educators and state policymakers on how states are approaching response to intervention. The study examines the status of response to intervention in six states in the Regional Educational Laboratory (REL) Midwest Region (Illinois, Iowa, Michigan, Minnesota, Ohio, and Wisconsin) focusing on state education agency interests, policy development, and support to districts and schools.

Policymakers and practitioners in the Midwest Region want to know how states are supporting response to intervention. Attendees at the Midwest Public Policy Institute at the Midwest Leadership Summit on response to intervention, in Rochester, Minnesota, in September 2008, approached REL Midwest representatives about how to access response to intervention research, with particular interest in surveys of state policies and procedures. During a question and answer session, state legislators asked the presenters for ideas on how to support response to intervention at the state level. This study responds to that request.

What is response to intervention?

Response to intervention is a multitier prevention framework for delivering education resources in which teachers implement evidence-based instruction with fidelity, regularly assess students to gauge academic progress, and continually adjust instruction to meet students’ needs (National Association of State Directors of Special Education 2005; Vaughn and Fuchs 2003). The federally funded National Center on
Response to Intervention (2010a, p. 2) defines response to intervention as:

integrat[ing] assessment and intervention within a multilevel prevention system to maximize student achievement and to reduce behavior problems. With [response to intervention], schools use data to identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions, and adjust the intensity and nature of those interventions depending on a student’s responsiveness, and identify students with learning disabilities.

The most common framework for response to intervention systems includes three tiers (Compton et al. 2006; Davis, Lindo, and Compton 2007; Marston 2005), which the National Research Center on Learning Disabilities (2005) describes as follows:

- Tier 1: Evidence-based instruction provided to all students in the general education classroom. Student progress is continually monitored.

- Tier 2: Small-group supplemental instruction provided to students who fail to make adequate progress in the general classroom. Programs and strategies are designed to supplement tier 1 instruction.

- Tier 3: Specialized and individualized intensive instruction provided to students who are not responding to tier 2 interventions.

In addition to serving as a framework for the strategic delivery of evidence-based instruction and interventions that can accelerate learning for all students (Johnson, Mellard, and Byrd 2006), response to intervention can function as a process for identifying students with learning disabilities. The traditional referral-based process for helping students with special needs has been criticized as a “wait to fail” approach—one that identifies students only after they have fallen behind academically (Fletcher et al. 2002). The monitoring and interventions provided through the response to intervention process can reduce the number of special education referrals (Kame’enui 2007), and the data collected can inform the referrals that do occur. Because response to intervention is used in both identifying and supporting struggling learners, it bridges general and special education, which are often disconnected.

Policy context

In response to recent changes in federal special education laws, interest in response to intervention has been growing in districts and schools as well as in the research community. Interest was further fueled by the 2004 reauthorization of the Individuals with Disabilities Education Act and its regulations, which require states to allow “the use of a process based on the child’s response to scientific, research-based intervention”—that is, response to intervention—in identifying specific learning disabilities (Individuals with Disabilities Education Act regulations §300.307). Districts may also use a portion of federal special education funds to support “early intervening services” such as response to intervention programs (Individuals with Disabilities Education Act regulations §300.226). As a result of the act and its regulations, most states have proposed or finalized changes to their special education laws on determining specific learning disabilities (Zirkel and Krohn 2008).

States are increasingly interested in supporting—and in some cases mandating—the use of response to intervention. Some state education agencies have supported response to intervention–like initiatives at the state level (Griffiths and Tilly 2007). Twelve states have developed policies requiring the use of response to intervention to determine
eligibility for special education services (Zirkel and Thomas 2010).

A qualitative study of six states in the Southeast Region that adopted response to intervention (Sawyer, Holland, and Detgen 2008) identifies four main reasons for doing so:

- To reduce the disproportionate representation of racial/ethnic minority students in special education.
- To better integrate general and special education.
- To boost achievement for all students.
- To assist in identifying students with learning disabilities.

The National Association of State Directors of Special Education (2005, p. 37) recommends that each state education agency “provide active leadership across general and special education” and “examine its current infrastructure to align, expand, and/or enhance the support it will provide for Local Education Agencies (LEAs) that are implementing response to intervention systems.” Studies of state policies and practices find that many states are fulfilling this role for response to intervention by supporting district implementation through such mechanisms as formulating a state initiative, allocating funds, disseminating general information, and providing technical assistance and professional development (Sawyer, Holland, and Detgen 2008; Harr-Robbins, Shambaugh, and Parrish 2009). State education agencies often allow districts flexibility in making decisions on implementing response to intervention (Hoover et al. 2008; Sawyer, Holland, and Detgen 2008; Stepanek and Peixotto 2009). In the REL Southeast and Northwest Regions, for example, many states allow districts to select their own tools and interventions for response to intervention initiatives, to set criteria for moving between tiers, and to determine the specifics of monitoring progress (Sawyer, Holland, and Detgen 2008; Stepanek and Peixotto 2009). Critics of response to intervention, particularly of broad state policies, cite the strain local implementation could place on a district’s or school’s resources while raising issues of inconsistency and lack of fidelity (Gerber 2005; Mastropieri and Scruggs 2005).

Research on the state role in response to intervention is limited (Harr-Robins, Shambaugh, and Parrish 2009; Sawyer, Holland, and Detgen 2008); no studies of the status of response to intervention policy or implementation supports have been conducted in the Midwest Region. This study provides an overview of the status of response to intervention in six Midwest Region states. It describes why state education agencies have considered adopting response to intervention, documents state policy development and planning, and identifies how states are supporting district implementation.

Research questions

The study examined two research questions using a voluntary sample of six Midwest region states:

- What do the six states report about their interest in and planning for response to intervention?
- How and to what extent are the six states supporting response to intervention?

The methodology used in the study is briefly described in box 1 and covered in detail in appendix A. Box 2 defines some of the key terms used in the report.
Research methods

This qualitative study consisted of a document search on response to intervention and interviews with state officials in six of the seven Midwest Region states (Indiana did not participate because the state department of education was developing policy and did not want to share information prematurely).

Data collection. A document review to identify any response to intervention policies or guidance in place and to collect detailed information on state models and procedures was conducted for each state between September 2009 and February 2010 (for a summary of the background search on response to intervention, see appendix B; for a copy of the protocol used for the document review, see appendix C). Three researchers conducted online searches using the key words “response to intervention,” “tiered intervention,” and “RTI” on each state department of education’s website. The researchers reviewed each document identified using 11 questions based on categories of importance, as identified in the response to intervention literature, and then produced document review summaries.

State officials were interviewed between December 2009 and February 2010. Interviews of 50–90 minutes, conducted by telephone with one state official for each state, used a semi-structured protocol with open-ended questions (see appendix D). The interviews collected detailed information on states’ experiences with response to intervention, planning initiatives, and policy development. They also allowed the researchers to verify the information obtained through document searches. Interviews covered the history of response to intervention and the factors that motivated the state to consider adopting it, how the policy was developed, planning and infrastructure, the model used, professional development and technical assistance, measurement of outcomes, and supports and barriers.

Local officials were interviewed during February–March 2010. These 60- to 90-minute interviews were also conducted by telephone using a semi-structured protocol with open-ended questions (see appendix E). The purpose of the interviews was to learn how one school district in each state adopted and implemented response to intervention.

Data analysis. The analytic framework for the study is based on the literature on developing and implementing response to intervention at the state and local level. The 2005 report by the National Association of State Directors of Special Education presents considerations for policy and implementation. Three Regional Educational Laboratory reports examine state response to intervention policies and models—in the Northwest (Stepanek and Peixotto 2009), West (Harr-Robins, Shambaugh, and Parrish 2009), and Southeast (Sawyer, Holland, and Detgen 2008) Regions. For this study, researchers identified what was common to the policies, models, and supports in other regions and designed the research questions, interview protocols, and report around these commonalities. They coded and summarized the interviews, using a system described in appendix A. To ensure that the summaries were accurate, they sent state and local officials the sections of the report that related to their state or district and asked for comments. (For a full description of the research methods, see appendix A.)

Key terms

Adequate yearly progress. A statewide accountability system, mandated by the No Child Left Behind Act of 2001, that requires each state to ensure that all schools and districts meet criteria for improvement each year as defined by states and approved by the U.S. Department of Education.

Curriculum-based measurement. The use of tools for measuring student competency and progress in reading fluency, spelling, mathematics, and written language that signal the teacher or school to revise strategies or programs. Curriculum-based measurement is a distinctive form of curriculum-based assessment because of two additional properties: each curriculum-based measurement test is an alternate form of equivalent difficulty, and curriculum-based measurement is standardized, with well documented reliability and validity.
Why This Study?

Five common aspects of fidelity include adherence, exposure, program differentiation, student responsiveness, and quality of delivery.

IQ–achievement discrepancy. Difference between scores on a norm-referenced intelligence test and a norm-referenced achievement test.

Learning disability/specific learning disability. The Individuals with Disabilities Education Act of 2004 defines a learning disability/specific learning disability in the following manner: The child does not achieve adequately for the child’s age or meet state-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child’s age or state-approved grade-level standards: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, and mathematics problem solving.

Positive behavioral interventions and supports. The teaching and reinforcing of appropriate behaviors, based on a problem-solving model, to prevent inappropriate behavior.

Probe. A brief, skill-specific assessment to determine student progress.

Problem-solving model. An approach, used in schools for more than two decades, that uses interventions, selected by a team, that target each student’s individual needs.

Progress monitoring. A scientifically based practice used to assess students’ academic performance and evaluate the effectiveness of instruction. Progress monitoring can be implemented with individual students or an entire class. The term also refers to the process used to monitor implementation of specific interventions.

Standard protocol model. An approach that uses one consistent intervention, selected by the school, that can address multiple students’ needs.

Tiered model. A common framework of multiple tiers that delineate levels of instructional interventions based on student skill needs.

Universal screening. Screening, typically brief, of all students at a grade level conducted as a first stage within a process to identify or predict students who may be at risk for poor learning outcomes. It is followed by additional testing or short-term progress monitoring to corroborate students’ risk status.

Source: For adequate yearly progress, IQ–achievement discrepancy, learning disability/specific learning disability, and progress monitoring, RTI Action Network (2010a); for decision rules, Individuals with Disabilities Education Act Partnership (2007); for positive behavioral interventions and supports, OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports (2010); for problem-solving model, progress monitoring, and standard protocol model, IRIS Center (2007). All other definitions are from Individuals with Disabilities Education Act Partnership (2010).
Overall, the study found the following:

- **State interest in response to intervention.** All six states in this study had considered the use of response to intervention as a way to promote the achievement of all students, as a way to identify students eligible for special education, or both. The states were also motivated by their experience with response to intervention.

- **Policy development.** One state (Illinois) requires the use of response to intervention in general education. One state (Iowa) requires its use in identifying specific learning disabilities; another (Illinois) will require its use for this purpose in 2010/11. All but one state (Iowa) also allow use of an IQ–achievement discrepancy model (see box 2).

- **Planning.** Although response to intervention is slightly more prevalent in special education than in general education policy, all six state officials interviewed emphasized that it is a general education initiative. State-level planning and discussion of response to intervention have been a collaborative effort by general and special education departments.

- **Support from state education agencies.** All six states offer guidance to districts and schools on what a response to intervention model looks like and involves. All six states provide professional development and technical assistance to districts and schools in order to share information on response to intervention rather than to prescribe how it should be implemented. Four states (Illinois, Iowa, Michigan, and Wisconsin) have formulated state models or plans. These plans allow districts flexibility in implementing response to intervention to meet their needs and resources. Officials in Illinois, Iowa, and Ohio are seeking technical assistance on measuring the impacts of response to intervention when district implementation varies across the state.

Some of the study findings match at least one of the previous REL reports on response to intervention:

- The desire to promote achievement among all students was a motivating factor in the Midwest Region. Studies of the West Region (Harr-Robins, Shambaugh, and Parrish 2009) and the Northwest Region (Stepanek and Peixotto 2009) concluded that states conceptualized response to intervention as a framework to guide overall school improvement.

- Only a small number of states in the REL studies mandate the use of response to intervention in general education. These include one state in the Midwest Region (Illinois), one in the Southeast Region (Sawyer, Holland, and Detgen 2008), and one in the Northwest Region (Stepanek and Peixotto 2009). Only the study of four West Region states and five additional states (Harr-Robins, Shambaugh, and Parrish 2009) found a substantial number of states (seven) that require response to intervention in general education.

- Only a few states mandate the use of response to intervention for determining eligibility for special education. Of the six states, only Iowa does so. Similarly, the other REL studies found no more than two states per region that required such use.

- States in the Midwest Region did not prescribe how response to intervention should be
implemented at the local level. This finding is in line with that of the Southeast Region study (Sawyer, Holland, and Detgen 2008).

What do six Midwest Region states report about their interest in and planning and policy development for response to intervention?

Results of the descriptive analysis are presented here; detailed state profiles are in appendix F.

*Reported reasons for adopting, introducing, or considering response to intervention.* The reasons officials adopted, introduced, or considered response to intervention varied across states (table 1).

Officials in three states (Illinois, Michigan, and Minnesota) cited the desire to improve achievement among all students. Education agency leaders in Illinois believed that promoting response to intervention broadly would benefit all students in the state. In 2006, Minnesota established eight pilot sites to study the variety of district response to intervention models and the impact of those models on student achievement. The impetus for developing the response to intervention initiative in Michigan was to improve services to all students through a multitiered model of support.

Two states (Iowa and Wisconsin) mentioned that their interest in response to intervention stemmed from discussions about how to improve the process for identifying students with disabilities. The Iowa state official interviewed mentioned reconsidering the IQ–achievement discrepancy approach to determine eligibility for special education after the 2004 President’s Commission on Excellence in Special Education report (Kennedy 2004) criticized its use. The state then began searching for a more proactive method to identify struggling students. Wisconsin was prompted to consider response to intervention as a result of the 2004 federal Individuals with Disabilities Education Act, which allows local education agencies to use an evaluation procedure to establish whether a child responds to scientific, research-based intervention as part of the process of determining eligibility for special education.

<table>
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<th>State</th>
<th>Main reason/factor</th>
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| Illinois | • To improve student achievement  
• To build on experience with problem-solving model |
| Iowa | • To assist struggling students  
• To improve the process for identifying students with disabilities  
• To address criticism of the IQ–achievement discrepancy approach in the report of the President’s Commission on Excellence in Special Education (Kennedy 2004)  
• To build on experience with problem-solving model |
| Michigan | • To improve student achievement  
• To promote critical features based on the Common Principles of Effective Practice initiative, which is based on principles from dropout prevention, positive behavioral interventions and supports, response to intervention, and Reading First  
• To build on experience with problem-solving model |
| Minnesota | • To improve student achievement  
• To address the requirements of the 2004 Individuals with Disabilities Education Act  
• To address achievement gaps  
• To build on experience with problem-solving model |
| Ohio | • To promote the use of a data-based decisionmaking |
| Wisconsin | • To improve the process for identifying students with disabilities  
• To address the requirements of the 2004 Individuals with Disabilities Education Act  
• To address achievement gaps |

*Source: Authors’ analysis based on interviews with state officials.*
Three states (Illinois, Iowa, and Minnesota) cited experience with problem-solving models. In Illinois, the state education agency wanted to expand on the problem-solving process used in five pilot sites. Iowa has used a problem-solving model statewide. In Minnesota a number of districts have considerable experience with a problem-solving model. Discussions about response to intervention in these states drew in part on that experience.

Initial and ongoing planning related to response to intervention. In discussing initial and ongoing planning for response to intervention, state officials mentioned collaboration between general and special education departments, the responsibilities of state education agency departments, pilot projects, and state education agency partners.

Collaboration between general and special education departments. In all six states, the initial interest in response to intervention came from special education departments, but response to intervention is now being considered as a general education initiative. Officials emphasized the importance of framing response to intervention as an approach for all students. In Iowa, the special education department involved the general education department and other educators in response to intervention planning in order to include different perspectives. The Iowa Department of Education agency decided to call the state’s tiered intervention model Instructional Decision Making, because staff believed that calling it response to intervention would give the impression that it was a special education effort. The Minnesota state official emphasized the importance of obtaining buy-in from both the general and special education departments.

Three states (Illinois, Iowa, and Wisconsin) began initial collaborative planning by creating a cross-divisional committee, or stakeholder group, to review the research, consider different response to intervention models, and discuss state needs. In Wisconsin, stakeholders across education departments worked together to define response to intervention for the state.

Experience with response to intervention initiatives compelled two states, Illinois and Ohio, to work collaboratively across departments. Illinois embarked on a five-year pilot project—the Alliance for School-based Problem-solving and Intervention Resources in Education (ASPIRE)—in 2006, housed primarily in the special education department. In 2007, the Illinois State Board of Education decided that the program should not be primarily a special education effort and that more departments needed to be involved for the program to be a true response to intervention initiative. The state’s curriculum and instruction division began working with the special education services division; other divisions in the state education agency became involved over time.

In Ohio, a previous response to intervention initiative, the Ohio Integrated Systems Model, was supported by Individuals with Disabilities Education Act Part B funds (federal funding designed to help state education agencies ensure that children with disabilities have access to a free appropriate public education). Although the model’s purpose was to improve outcomes for all students, many districts viewed it as a special education initiative. The state decided to redesign the initiative to promote a system that was clearly intended to benefit all students. The current initiative—the Ohio Improvement Process, a joint venture between general and special education—is a broad approach to school improvement that incorporates data-based decisionmaking. (The state intentionally decided not to focus only on response to intervention or to call the new initiative response to intervention.)

Department responsibilities in planning. In all six states, initial discussion of response to intervention was led by special education departments. Over time, responsibility was transferred to general education or shared between the two departments (table 2).
When asked to define the roles and responsibilities of various divisions in response to intervention planning, none of the state officials could isolate specific roles. Officials in five of six states (all except Ohio) mentioned the formation of a leadership team or work group, including representatives from various divisions within the state education agency to research and discuss response to intervention. Illinois formed a stakeholder group with representation from teachers unions, professional organizations, advocacy groups, the parents’ initiative group, and regional offices of education.

On challenges associated with cross-departmental collaboration, officials in two states (Iowa and Wisconsin) reported difficulties ensuring communication and consistently defining terms related to response to intervention. The Iowa official mentioned that general and special educators have different definitions of formative assessment (assessing students’ abilities and making associated adjustments to instruction). The Wisconsin state education official reported that communication styles vary across departments and divisions. In providing guidance to stakeholders, the special education or Title I team tends to use terms from federal education legislation, whereas the content and learning team and others rarely do. The officials from both states noted a continuing effort to work on communication between departments.

Pilot projects. Three states (Illinois, Michigan, and Minnesota) have established pilot sites to assist with initial or ongoing planning for response to intervention:

- The Illinois ASPIRE initiative was a pilot project based in five schools across the state. The pilot laid the groundwork for interest in response to intervention. When educators saw the approach working with struggling students, they wanted to expand it to all students and develop a broad policy statement.

- Michigan established a model demonstration project of academic and behavior supports in four schools. This work familiarized Department of Education staff with the principles and research supporting response to intervention in both reading and positive behavioral interventions and supports.
Minnesota established eight pilot sites in 2006 to study critical features of response to intervention. The Minnesota Department of Education offered seed money to study implementation and the effect of the districts’ problem-solving models on student achievement. The state continues to work with these sites and has developed a community of practice that has expanded to 40 sites. Lessons learned by implementers are used to inform policymaking and technical assistance.

**State education agency partners.** State officials reported working with consultants or content area experts, university staff, and other organizations. Four states (Illinois, Iowa, Michigan, and Minnesota) relied on content area experts in planning for response to intervention (table 3). All four worked with experts in positive behavioral interventions and supports. Illinois, Iowa, and Minnesota also worked with content experts in reading, and Illinois and Iowa worked with content experts in mathematics. Minnesota worked with experts in implementing response to intervention and systemic change initiatives. These content experts assisted states by providing guidance and by speaking to department staff. This contact informed state-level decisionmakers and increased buy-in.

Three states (Illinois, Michigan, and Minnesota) have worked with the State Implementation and Scaling up of Evidence-based Practices (SISEP) Center on response to intervention as part of this work:

- Illinois drew on SISEP’s expertise in scaling up response to intervention across the state.
- Michigan received a SISEP grant to expand its response to intervention initiative, the Michigan Integrated Behavior and Learning Support Initiative (MiBLSi), which had been under way for five years. The state request for proposal for an Individuals with Disabilities Education Act Mandated Activities Project grant included requests for a model that would promote research on positive behavioral interventions and supports and for a reading model in line with the recommendations of the National Reading Panel (National Institute of Child Health and Human Development 2000)—a federal panel convened in the late 1990s to assess the effectiveness of different instructional approaches in reading—and Reading First.
- Minnesota has developed a framework that incorporates common principles of effective practice. The principles were synthesized from

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<th>National Center on Response to Intervention</th>
<th>University staff</th>
<th>Technical assistance comprehensive center</th>
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<td>Illinois</td>
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<td>✔</td>
</tr>
<tr>
<td>Michigan</td>
<td>✔</td>
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<td>✔</td>
<td></td>
</tr>
<tr>
<td>Minnesota</td>
<td>❌</td>
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<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Ohio</td>
<td>✔</td>
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<tr>
<td>Wisconsin</td>
<td></td>
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<td></td>
<td>✔</td>
</tr>
</tbody>
</table>

\(a\) Illinois and Iowa involved experts in positive behavioral interventions and supports, reading, and mathematics. Michigan involved experts in positive behavioral interventions and supports. Minnesota involved experts in positive behavioral interventions and supports, reading, and implementation of response to intervention and systematic change initiatives.

**Source:** Authors’ analysis based on interviews with state officials.
the critical features of several early intervention and prevention initiatives, including positive behavioral interventions and supports, response to intervention, the Reading First school change model, and state implementation of scaling-up of evidence-based practices. Among the key components of the Common Principles of Effective Practice initiative are evidence-based practices, data-driven decisionmaking, and tiered levels of support that accelerate the learning of all students. These principles are being infused into technical assistance activities carried out across the state.

Other partners in response to intervention planning include the following:

The National Center on Response to Intervention, which provides technical assistance to states and districts in implementing proven response to intervention models, is assisting Iowa and Wisconsin. Iowa has received support from the center, and state education staff in Wisconsin will receive technical assistance.

• Local universities have assisted two states. In Illinois university staff evaluated the state’s pilot project. In Ohio university professors are working with state staff to standardize the presentation of response to intervention information in their preservice, inservice, and professional development for teachers.

• Federally funded centers are assisting Illinois, Minnesota, and Wisconsin with response to intervention guidance, materials, or both. All three states have worked with their regional comprehensive center—technical assistance centers that help schools and districts close achievement gaps and meet the goals of the No Child Left Behind Act. Illinois and Wisconsin have worked with the Great Lakes West Comprehensive Center, and Minnesota has worked with the North Central Comprehensive Center. In addition, Minnesota has worked with the Center on Instruction and the Center for Positive Behavioral Interventions and Supports.

State response to intervention policy: development and considerations. This section discusses policy issues on the use of response to intervention in the determination of eligibility for special education and in general education. It describes whether and how the six states in the study have connected response to intervention to similar existing initiatives.

Response to intervention policy. Under the Individuals with Disabilities Education Act of 2004, states must permit the use of response to intervention in identifying specific learning disabilities and mention response to intervention in special education policy. States may allow or mandate the use of response to intervention in place of or in addition to an IQ–achievement discrepancy method. Under the Individuals with Disabilities Education Act of 2004 states may no longer require “the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has a specific learning disability” and “must permit the use of a process based on the child’s response to scientific, research-based intervention.”

States may require the use of response to intervention for all students as a schoolwide instruction and progress monitoring system rather than solely as a data collection method to inform decisions about eligibility for special education. Five of the six states in this study do not require the use of response to intervention in general education (Illinois is the only state that does; table 4).

All six states have policies permitting the use of response to intervention as one method of collecting data to determine eligibility for special education services. Iowa requires the use of response to intervention and prohibits the use of an IQ–achievement discrepancy model. (Illinois, which requires districts to have response to intervention plans for general education, called for the use of
response to intervention to determine eligibility for special education in the 2010/11 academic year). Illinois, Michigan, Minnesota, Ohio, and Wisconsin allow the use of IQ–achievement discrepancy models. In Minnesota, for example, the official explained that districts will probably use a discrepancy model until the fidelity of response to intervention models is established. The state is currently focused on the quality of implementation; the next step will be to consider using response to intervention for determining eligibility. The state’s response to intervention community of practice is working to establish implementation standards and the criteria for determining when a school is ready to exercise its choice to use data from response to intervention to determine eligibility for special education. In Michigan, where use of response to intervention varies by region, the state left the eligibility determination rule open, allowing districts to use response to intervention, the IQ–achievement discrepancy model, or other methods.

**Relationship to other state initiatives.** Response to intervention is often blended with related initiatives to streamline work and reinforce common education goals. Connecting response to intervention with related initiatives may promote state-level consensus and support for response to intervention (Batsche et al. 2007).

All six state officials indicated that the state education agency emphasizes connections between response to intervention and existing programs. In four states (Illinois, Iowa, Michigan, and Minnesota), Reading First was described as a related initiative. In Illinois, staff giving presentations on response to intervention to Reading First districts have noted teachers and administrators nodding in agreement because of their familiarity with data and assessment. In Minnesota, the state education agency drew on the commonalities—known in the state as “critical features”—between the Reading First school change model4 and response to intervention for its Common Principles of Effective Practice initiative. In Michigan, integrating response to intervention with similar initiatives leads to efficiencies. In Wisconsin, educators involved with an earlier, related initiative had a better understanding of state response to intervention principles such as data-based decisionmaking.

Respondents described linking response to intervention to other initiatives. In Illinois, funding for the ASPIRE initiative ended in 2010. The state education agency is connecting the work at ASPIRE demonstration sites with its current response to intervention initiative. Wisconsin’s grant-funded Responsive Education for All Children (REACH) program, based on a response to intervention model, will end after the 2010/11 year. The initiative provides professional development, technical assistance, and school-level support for implementing a research-based multitier framework (Wisconsin Department of Public Instruction

### Table 4

<table>
<thead>
<tr>
<th>State</th>
<th>In general education</th>
<th>To determine eligibility for special education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>Districts required to have response to intervention plan by 1/2009</td>
<td>Required beginning 2010/11</td>
</tr>
<tr>
<td>Iowa</td>
<td>Not required</td>
<td>Required</td>
</tr>
<tr>
<td>Michigan</td>
<td>Not required</td>
<td>Permitted, not required</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Not required</td>
<td>Permitted, not requireda</td>
</tr>
<tr>
<td>Ohio</td>
<td>Not required</td>
<td>Permitted, not required</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>Not required</td>
<td>Permitted, not required</td>
</tr>
</tbody>
</table>

*One Minnesota statute requires “research-based interventions” before a referral is made for a special education evaluation. Another provides funding to districts that provide prevention services as an alternative to special education. Neither statute specifies response to intervention.

Source: Authors’ analysis based on document review and interviews with state officials.
Officials in the two states without response to intervention initiatives (Minnesota and Ohio) discussed the links between response to intervention and their current initiatives. Minnesota drew on four practices to develop the critical features of its Common Principles of Effective Practice initiative, linking response to intervention with positive behavioral interventions and supports, dropout prevention, and Reading First. In Ohio, the Ohio Improvement Process is being aligned with response to intervention; both initiatives involve a systematic approach to reviewing data and share the common belief that all children can learn when provided with high-quality instruction tailored to their needs.

**How and to what extent are six Midwest Region states supporting response to intervention?**

Support for response to intervention includes providing guidance on what to implement, how to implement it, and how to assess implementation and student outcomes. This section provides details and examples of how state education agencies in the four states with a response to intervention program (Illinois, Iowa, Michigan, and Wisconsin) support districts in implementing it (where appropriate, practices in Minnesota and Ohio are also described). Additional details are in appendixes F and G.

**State initiatives and models.** One way states support implementation of response to intervention is by providing formal guidance on their state response to intervention model (table 5). A model is a framework for how response to intervention is implemented in the state. This guidance may or may not be mandated.

The four states with response to intervention initiatives differ from the two states (Minnesota and Ohio) in which state education agencies simply provide information on what response to intervention typically entails. Overview materials provided by the state education agencies in Minnesota and Ohio mention the use of a three-tiered model based on the response to intervention literature, for example, but do not offer a specific state model.

**Model types.** Response to intervention models are generally of one of two types: a problem-solving model or a standard protocol model. Although both incorporate a tiered system, the models are distinct. According to the IRIS Center (2007, p. 1), “the problem-solving approach uses interventions, selected by a team, that target each student’s individual needs,” whereas “the standard treatment protocol approach uses one consistent intervention, selected by the school, that can address multiple students’ needs.” Models are often hybrids of these two types (Kovaleski 2007; Vaughn and Fuchs 2003): a standard protocol used with all students, followed by a problem-solving approach with individual students.

<table>
<thead>
<tr>
<th>State</th>
<th>Model name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>Response to intervention</td>
</tr>
<tr>
<td>Iowa</td>
<td>Instructional Decision Making</td>
</tr>
<tr>
<td>Michigan</td>
<td>Michigan’s Integrated Behavior and Learning Support Initiative</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>Wisconsin Response to Intervention Roadmap</td>
</tr>
</tbody>
</table>

Note: Michigan and Ohio do not have a response to intervention model. Source: Authors’ analysis based on document review and interviews with state officials.
Tiered intervention. A basic feature of a response to intervention model is a tiered system with levels of rising intensity of instructional support and resources. A three-tier system is most common (Compton et al. 2006; Davis, Lindo, and Compton 2007; Marston 2005). Three of the four states with state response to intervention models have a three-tiered system (Illinois, Iowa, and Michigan; table 6). The three models are consistent with the tiered intervention strategy described in the response to intervention literature, in which tier 1 encompasses core instruction for all students, tier 2 encompasses supplemental instruction, and tier 3 encompasses intensive instruction for a small number of students.

No states set clear parameters or criteria for moving students between tiers. Illinois provides general guidance on “decision rules” for placing students in tiers by referring districts to Florida’s problem-solving response to intervention model (Batsche 2007). Iowa’s Instructional Decision Making manual recommends that students “move from one cycle of instruction [or tier] to another as indicated by the data” (Iowa Department of Education 2007, p. 3). In Wisconsin decisions about when a student moves from core instruction (tier 1) are based on benchmarks, but the state lets districts define the benchmarks.

All four state models include the option to request a special education evaluation at any time during tiered interventions. None of the models includes special education as part of the tier system. In Illinois, the state response to intervention plan indicates that “eligibility decisions typically occur within tier 3 when students do not respond to the most intensive interventions but may occur at any tier. . . . [A] parent may request an evaluation at any point during this intervention process” (Illinois State Board of Education 2008, p. 4).

Grade levels and subjects. Response to intervention is most commonly associated with early literacy instruction, but it has been applied to other content areas, to efforts to improve classroom behavior, and to higher grade levels (Harr-Robbins, Shambaugh, and Parrish 2009; Sawyer, Holland, and Detgen 2008; National High School Center, National Center on Response to Intervention, and Table 6

<table>
<thead>
<tr>
<th>State</th>
<th>Model name</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>Response to intervention</td>
<td>All students: core curriculum meets the needs of at least 80 percent of students</td>
<td>Some students (at-risk): up to 20 percent of students may be identified as at-risk</td>
<td>Individual students (very small group): up to 5 percent of students may be identified as at-risk</td>
</tr>
<tr>
<td>Iowa</td>
<td>Instructional Decision Making</td>
<td>Core cycle: more than 80 percent of students proficient</td>
<td>Supplemental cycle: no specific number</td>
<td>Intensive cycle: no specific number</td>
</tr>
<tr>
<td>Michigan</td>
<td>Michigan’s Integrated Behavior and Learning and Support Initiative</td>
<td>Universal level: received by all students</td>
<td>Secondary level: received by 40 percent of students</td>
<td>Tertiary level (highly specific): received by 20 percent of students</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>Wisconsin’s Response To Intervention Roadmap*</td>
<td>Core instruction (high-quality, differentiated, culturally responsive, core academic and behavior instruction): received by all students</td>
<td>Instruction, collaboration/results monitoring, balanced assessment system: no specific number of students</td>
<td></td>
</tr>
</tbody>
</table>

a. Wisconsin’s roadmap differs from the typical triangle-shaped visual framework used in response to intervention; it does not have a set number of levels (see www.dpi.state.wi.us/rti/index.html).

Center on Instruction 2010). All four states with response to intervention models promote use of the model in all K–12 classrooms, but they give local districts flexibility in selecting grades for implementation. Many districts first implement response to intervention in elementary school before expanding it to higher grades as they gain experience with the model. All four states use response to intervention to help students academically and to improve student behavior. All four state models in this study are designed for use in reading. In Illinois and Wisconsin, the model can be used in all subjects. Iowa’s model is also used in math and can be used for other subjects, but according to the state official interviewed, assessment tools are lacking for subjects other than reading and math.

All four models are designed for use in helping students with behavior problems. Illinois considers improving classroom behavior as complementary to improving academics. The Illinois official explained that schools that have been the most successful with response to intervention, especially high schools, treat behavior as just as important as academics. Michigan refers to its model as an integrated model of academic and behavioral support. A local school official explained that although Michigan’s initiative focuses exclusively on reading and positive behavioral interventions and supports, the district had schools that urgently needed help in writing and math. The district therefore expanded Michigan’s model and applied it to these areas.

**State guidance on implementing response to intervention.** All four states let districts make most of the implementation decisions. Policies on interventions to be used with struggling students, defined roles for school staff, and specific recommended assessments differ across the states.

**District flexibility/local control.** Like state education agencies in other regions (Sawyer, Holland, and Detgen 2008; Stepanek and Peixotto 2009), all four states with response to intervention models studied here emphasized the importance of allowing districts flexibility in implementation:

- The Illinois Department of Education promotes local control: there is no state curriculum and no requirement to use state textbooks. Although the state requires districts to develop a response to intervention plan, districts can approach it differently, based on their expertise, resources, and local needs.

- Iowa has historically been a local control state. Although, Iowa requires the use of its response to intervention model in special education eligibility decisions, its use in general education is strictly voluntary for Iowa districts.

- Michigan’s focus is on the critical features of evidence-based practice and data-based decisions. Districts use a variety of approaches to implement those features.

- The Wisconsin Department of Public Instruction left decisionmaking up to districts and schools. The state is establishing a state response to intervention center, funded by an Individuals with Disabilities Education Act discretionary grant, to assist districts and schools. A regional district officer expressed appreciation for the flexibility given to districts.

Instead of mandating implementation procedures for response to intervention, the four states provide guidance on model components and processes. Iowa’s manual on Instructional Decision Making notes that although the process is “implemented differently in various school settings, there are key features to the systemic decisionmaking process that are necessary if each student is to progress” (Iowa Department of Education 2007, p. 3). The manual notes that all students should have access to a curriculum that demonstrates “rigor
Interventions. Although all four state models provide guidance on what should occur in each tier (see appendixes F and G for details), none of the states suggests specific interventions for students who are falling behind. All models emphasize the use of research- or evidence-based curriculum, instruction, and interventions. The website describing Michigan’s initiative (Michigan Department of Education, n.d. a) offers examples and support strategies at each tier but imposes no requirements.

All four models include differentiating instruction (see box 1) as part of tier 1 core instruction. Iowa’s guidance recommends the “earliest possible differentiation” in order to respond to students’ individual learning needs; teachers are encouraged to consider pacing, content, process, product, and environment in adapting instruction (Iowa Department of Education 2007). The Wisconsin Response to Intervention (RTI) Self-assessment for Schools and Districts states: “High quality instruction responds to individual differences in a learning community/classroom. Inherent to high quality instruction is rigorous content delivered through differentiated instruction” (Wisconsin Department of Public Instruction 2010e, p. 4).

All four states screen, assess, and monitor the progress of students as key pieces of response to intervention, but none specifies which assessments are to be used.

Assessment/progress monitoring. All four states screen, assess, and monitor the progress of students as key pieces of response to intervention, but none specifies which assessments are to be used. In Illinois, for example, many districts have had their own assessment systems in place for years, and some have designed their own assessments. Rather than prescribe assessments, states provide guidance about the purpose of assessments:

- Illinois’s response to intervention guidelines discuss three kinds of assessments to use: screening, diagnostic, and progress monitoring assessments.
- Iowa recommends the use of screening and diagnostic and formative assessments. The state defines screening as a method of collecting data for determining how each student is performing in a given area, diagnostic assessments as gathering information from multiple sources to determine why students are not benefiting from the core cycle, and formative assessment as the regular and systematic collection of data relevant to the stated goal (Iowa Department of Education 2007).
- Michigan’s initiative guidelines suggest using four kinds of assessments: screening, diagnostic, progress monitoring, and outcome assessments. It is the only state to provide guidance on how often to assess students. The Michigan Department of Education (n.d. c) states that in reading, universal screening occurs “typically three times a year” and that “diagnostic measures are used as needed for additional information on student reading performance and assisting in problem solving when student performance in reading is less than desired.”
- Wisconsin has designed a “balanced assessment system” that incorporates formative assessment (daily ongoing evaluation strategies), benchmark assessments (periodic diagnostic
and progress assessments), and summative assessments (large-scale standardized assessments). The Response to Intervention Roadmap guidance includes examples of possible assessments for each type of assessment.

**State support for implementing response to intervention.** This section describes the types of support states provide in helping regions, districts, and schools implement response to intervention. It also examines funding for these initiatives.

**Professional development.** All six states provide professional development on response to intervention. The Illinois official cited the need for a strong mechanism to disseminate response to intervention information across the state. The Wisconsin official mentioned the importance of school staff understanding the research base and background of response to intervention and noted that professional development deepens that knowledge over time.

States provide professional development for response to intervention in a variety of ways. Illinois, Iowa, and Wisconsin train staff in regional agencies, which in turn train school district employees on how to use response to intervention:

- In Illinois, 57 regional offices of education provide basic overview training in response to intervention to schools. The state has created 13 online training modules on response to intervention topics. Regional education offices will provide in-person training based on these modules in summer 2011.

- In Iowa, Department of Education coaches work with regional education agencies to set up teams that work with and train staff in school districts. Iowa also offers statewide training, during which school districts share their implementation stories.

- Wisconsin’s Department of Education does not have the capacity to provide large-scale professional development. It provides basic overview information on response to intervention and the state definition and relies on regional cooperative education service agencies for more detailed training. According to the state official interviewed, the drawback to this approach is that although the training sessions are based on the same state-provided content, interpretations of the content may differ. The state is establishing a response to intervention center that will provide more standardized professional development.

In Michigan, Minnesota, and Ohio, state education agencies provide professional development directly:

- The Michigan Department of Education offers professional development to school leadership teams through a core set of training sessions focused on the three-tier model, research related to core instruction, and positive behavioral interventions and supports for students. The training is prescriptive, in that all school leadership teams are trained in the same topics using the same training curriculum, but team time during training allows for differentiation to accommodate schools at all response to intervention skill levels. The Michigan Department of Education also partners with independent school districts to offer training both to schools that are participating in Michigan’s response to intervention program and to those that are not. State conferences are open to all schools, and the Michigan Department of Education staff give presentations on Michigan's response to intervention initiative on request. Separate training is provided to reading and behavior coaches.

- The Minnesota Department of Education has set up a community of practice to enable practitioners to discuss issues related to implementation, including how to make improvements and which tools have been particularly useful.
The Ohio Department of Education has given presentations on general guidance for response to intervention at the Office for Exceptional Children Special Education Conference.

Funding for professional development was identified as a problem by one state official (from Iowa). Funds are needed not only to develop and conduct training but also to hire substitute teachers while teachers are receiving training. An Illinois school district official noted that only a limited number of staff in each district are able to participate in the professional development offered by the state. In a district of almost 30,000 students, for example, only 20 people can attend state-provided professional development. The districts have responded by pooling resources and conducting professional development on their own, recruiting the same speakers and trainers as the state.

Technical assistance. State officials in Illinois, Iowa, and Wisconsin mentioned the major role of intermediate agencies in assisting districts. The Illinois official referred to the regional offices of education as “technical assistance outreach.” In Iowa, area education agencies provide most of the technical assistance, although some Iowa Department of Education staff work directly with districts. This interaction helps both the schools and the department better understand local struggles. The Wisconsin official mentioned that the intermediate service agencies were useful in implementing large-scale technical assistance plans to districts.

Michigan uses 10 regional staff, called technical assistance partners, instead of intermediate agencies, to provide technical assistance to schools, coaches, and principals. District coaches are responsible for working with schools in their districts. Information supplied on the MiBLSi website also serves as a form of technical assistance. The Michigan official argued that professional development must be followed by technical assistance to support district and school staff members who lack experience working with data or data-based decisionmaking.

An internal team at the Minnesota Department of Education created tools and a consumer guide presentation. The state is in the process of examining where technical assistance is needed. Minnesota does not provide response to intervention coaches, but the state is focusing on quality implementation of the critical features of the state’s Common Principles of Effective Practice initiative.

Funding. States rely on a variety of funding sources to support response to intervention activities. The most common is Individuals with Disabilities Education Act Part B funds. Funding is also provided through early intervention funds, state funds, state personnel development grant monies, and Title I, Title IIA, and Title III funds (table 7). In Illinois and Minnesota, state education agencies stress to districts that in seeking funding they should remember that response to intervention is about good instruction and that quality core instructional programs have multiple sources of funding. The official in Minnesota noted that certain federal funding sources cannot be used for screening students.

Assessing implementation and outcomes

Five of the six states in the study (all but Ohio) have assessed or are beginning to assess the extent to which response to intervention has been implemented in their state:

- Illinois has collected implementation data on its ASPIRE initiative.
- Iowa has gathered some implementation data but is not yet confident in the data.

Michigan is assessing its response to intervention initiative. The MiBLSi website provides a
TABLE 7
Funding streams for response to intervention in six Midwest Region states, 2009/10

<table>
<thead>
<tr>
<th>State</th>
<th>Individuals with Disabilities Education</th>
<th>Early intervention</th>
<th>State Act Part B&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Title I</th>
<th>Title III</th>
<th>Federal stimulus</th>
<th>Title IIA, Title III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✔</td>
</tr>
<tr>
<td>Iowa</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>Michigan</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Minnesota</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Ohio&lt;sup&gt;b&lt;/sup&gt;</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✔</td>
<td>✗</td>
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</tr>
</tbody>
</table>

a. Districts are permitted to use no more than 15 percent of their Part B funds to develop and implement early intervening services for children in K–12.
b. Information for Ohio is based on an interview with a district official. There may be additional sources of funding of response to intervention in Ohio.

Source: Authors’ analysis based on interviews with state officials.

...measurement schedule for administering various evaluation tools, including positive behavioral interventions and supports self-assessments, implementation checklists, and a planning and evaluation tool (Michigan Department of Education n.d. a).

- Minnesota is examining implementation of its response to intervention initiative in districts, particularly as it applies to academics.

- Wisconsin has started to collect implementation data by conducting a survey of schools.

Measuring fidelity of implementation—whether a model or intervention was implemented as intended—can be critical in assessing initiatives. Although three states (Illinois, Michigan, and Minnesota) have acknowledged the importance of measuring fidelity of implementation and discussed the challenges, only one state (Iowa) has collected data on fidelity. Area education agencies in Iowa visit schools to examine how effectively response to intervention is being implemented. This arrangement works well, according to the Iowa official interviewed, because districts are familiar with area education agencies through training and technical assistance; if state education agency staff went into schools to observe their work, the schools might find it threatening.

Three states (Illinois, Michigan, and Minnesota) noted the difficulties of measuring fidelity when implementation varies across districts:

- Although having strict state policies would make it easier to measure fidelity of implementation, the Illinois State Board of Education understands that districts and schools have unique characteristics and resources.

- Michigan acknowledges that some schools are doing a better job with implementation than others, which makes it difficult to measure state-level effects. Officials are examining the extent of implementation across the state and the relationship to student outcomes.

In Minnesota, districts are reluctant to abandon the IQ–achievement discrepancy model they use to identify students eligible for special education until they feel confident that response to intervention is being implemented with fidelity. Two states (Michigan and Minnesota) have moved beyond collecting implementation data to evaluating the effects of response to intervention. Michigan’s initiative is the only state model for which outcome data have been collected. According to the state official, schools have already seen improvement in student academic performance, a decline in the number of students in tiers 2 and 3, and a decline in the number of students who receive discipline
Several state officials discussed the challenges of evaluating response to intervention. Officials in three states (Illinois, Iowa, and Ohio) reported that they would like to learn more about how to reliably measure effects on academic performance and on the number of students identified for special education when district implementation of response to intervention varies.

**STUDY LIMITATIONS**

The information in this report was collected during September 2009–February 2010. In interviews with state and local officials, the study team verified that the documents reviewed were accurate. It is possible that some officials were misinformed and inadvertently provided inaccurate information. States might also have developed new policies since the interviews were conducted.

The study team interviewed one district and one state official in each state. Responses were not verified, so self-reported data might have been biased. All district-level respondents were early implementers of response to intervention; their perspectives may differ from those of more recent implementers. Moreover, they may have developed their models and policies in the absence of state policy or guidance. Interviews with additional respondents at each site might have provided different perspectives. Respondents noted much variability in the use of response to intervention locally; it is beyond the scope of this study to determine the effect within states of state policies and guidance.

Indiana declined to participate in the study, because it was developing its policy and did not want to share information prematurely. Its experience might differ from that of the participating states.

Researcher bias and subjectivity are inherent in qualitative research. For this reason, other researchers studying the same data might have reported different findings.
This appendix describes the study design, data collection, and data analysis.

**Study design**

This descriptive study, conducted between August 2009 and April 2010, incorporated two qualitative data collection strategies: document reviews and interviews with state and local officials who were involved in developing and implementing response to intervention policies. A background literature search (see appendix B) provided an analytical framework for the study’s research questions, document review categories, and interview questions. By drawing on the response to intervention literature and studies of state policy and implementation—including a 2005 report by the National Association of State Directors of Special Education and REL studies of the Northwest (Stepanek and Peixotto 2009), West (Harr-Robins, Shambaugh, and Parrish 2009), and Southeast (Sawyer, Holland, and Detgen 2008) Regions—the study team identified topic categories of importance in understanding state policy development and practices, such as the content of models and the nature of support to school districts by state education agencies. Researchers then collected data from six Midwest Region states for each category and compared results across states, identifying similarities and differences.

**Data collection**

*Document review.* Researchers conducted a document review for each state to identify policies or guidance in place and to collect detailed information on state models and procedures. The document searches and reviews were conducted between September 2009 and February 2010.

Three researchers at AED conducted online searches using the keywords *RTI, tiered intervention,* and *response to intervention* on each state department of education website to find documents that contained information pertinent to the research questions. In addition, researchers referred to the state response to intervention database (National Center on Response to Intervention 2010b) to check for additional documents.

The documents reviewed included state statutes, state guidance, presentations, and websites. Researchers did not review all documents related to response to intervention in each state. Rather, they reviewed documents for each state until they obtained answers to the questions shown in appendix C. This approach was adopted because the search functions of the websites of four states (Illinois, Indiana, Ohio, and Wisconsin) generated numerous pages that contained the keywords but no information relevant to the research questions.

Researchers reviewed 18 policy documents found on state department of education websites (table A1). During interviews with state officials, researchers verified that the identified documents were the most appropriate, accurate, and up to date. The official in Minnesota provided an additional document following the interview.

To begin the document review process, one researcher conducted a review for one state and developed an initial document summary. The rest of the researchers reviewed this document summary and the policy documents and met to discuss the findings. During this review process, researchers clarified the document summary rules. For example, the researchers decided to pull direct quotations from the policy documents for use in the review findings, so that they could refer back to original documents when they progressed to the cross-state analysis.

After this review, the study team divided up the states so that one researcher reviewed all documents from one state. If a document lacked information related to any of the 11 questions, the reviewer noted as much on the document review protocol sheet (see appendix C) and added observational notes to indicate the need for interview
### TABLE A1
Policy documents reviewed for six Midwest Region states, 2009/10

<table>
<thead>
<tr>
<th>State</th>
<th>Documents</th>
</tr>
</thead>
</table>
| Illinois  | Illinois ASPIRE <http://www.illinoisaspire.org/welcome/>  
|           | The Response to Intervention Plan <http://www.isbe.net/spec-ed/conf/2008/presentation_session27.ppt>  
|           | Writing the RTI (Response to Intervention) District Plan <http://www.isbe.state.il.us/rti_plan/rti_district_presentation9-08.ppt>  |
|           | Scaling up Response to Intervention (Rti) in Michigan <http://miblsi.cenmi.org/Presentations/Michigan%27s+integrated+behavior+and+learning+supportinitiativePresentations/tabid/691/ArticleType/ArticleView/articleId/276/Scalingup-Response-to-Intervention-Rti-in-Michigan.aspx>  
|           | Michigan’s Integrated Behavior and Learning Support Initiative <http://miblsi.cenmi.org/>  |
| Minnesota | Determining the Eligibility of Students with Specific Learning Disabilities <http://education.state.mn.us/MDE/Learning_Support/Special_Education/Categorical_Disability_Information/Specific_Learning_Disabilities/index.html>  
|           | Minnesota Statute: Specific Learning Disability (the Minnesota Department of Education provides the link to this statute on determining specific learning disability) <https://www.revisor.mn.gov/rules/?id=3525.1341>  |
|           | Wisconsin Response to Intervention <http://dpi.wi.gov/rti/index.html>  

Source: Authors’ search of state education agency websites.

Questions. Each reviewer also noted any inconsistency between documents within a state. If information was incomplete after cross-referencing document reviews, researchers asked the state official for the information. 

Interviews with state and local officials. The second step in data collection was to conduct interviews with officials from state education agencies and school districts. The background search for literature on state and local response to intervention...
policies was used to design the data collection instruments (see appendix B). The study team determined the topic categories of interest from studies and developed interview questions in order to obtain information on those topics.

Interviews with state officials. The purpose of the interviews with state officials was to gather detailed information on states’ experiences in considering response to intervention, planning initiatives, and developing policy. In addition, researchers verified the information obtained through document searches.

Interviews with state officials covered the following topics:

- Experience with response to intervention and factors that motivated the state to consider using it.
- Policy development, planning, and infrastructure.
- The state’s response to intervention model.
- Professional development and technical assistance.
- Measurement of outcomes.
- Supports and barriers.

(See appendix D for the protocol used for interviewing state officials.)

Potential state-level respondents were identified through online searches during the document review. The study sample was purposive; the research team aimed to interview individuals who had leadership responsibilities for planning and implementing response to intervention as well as knowledge regarding the adoption and implementation of response to intervention in the state. The sample was not meant to be representative of all perspectives on response to intervention in each state but rather to provide thorough information on the topic. Through REL Midwest, staff from the Great Lakes East and Great Lakes West comprehensive centers with experience working with the seven state departments of education were asked to verify the proposed contact list. No changes were made. Researchers then contacted the potential respondents by e-mail and subsequently by telephone, asking them to participate in the study. Officials from six of the seven states participated in the study (the official from Indiana declined to participate, because the state was developing policy and did not want to share information prematurely). Upon receipt of a signed consent form, researchers scheduled interviews with the officials.

Two researchers conducted each interview by telephone, using a semistructured protocol with open-ended questions. The interview protocol was created from the study’s topic categories, established to answer the study’s two research questions. Questions were tailored to both verify and clarify the material obtained online.

Interviews were conducted between December 2009 and February 2010. Each interview lasted 50–90 minutes. Five of six interviews were recorded (after acquiring permission from the respondent). The recorded interviews were transcribed. For the unrecorded interview, two researchers took notes.

Interviews with local officials. The purpose of the local interviews was to learn how one school district in each state adopted and implemented response to intervention. This information was meant to provide an example of what local implementation looks like within each state.

Interviews with local officials covered the following topics:

- Experience with response to intervention and factors that motivated the district to consider using it.
- Planning and infrastructure.
- The district’s response to intervention model.
• The influence of state guidance on local response to intervention policy or practice.

• Professional development and technical assistance

• Measurement of outcomes.

• Supports and barriers.

(See appendix E for the protocol used for interviewing local officials.)

To identify appropriate individuals for interviews, researchers used a snowball (or chain sampling) approach (Patton 2002), asking respondents to nominate a local official from a district or school with the most advanced implementation of response to intervention. This purposeful sampling of districts enabled researchers to gather rich, detailed information from districts with the most experience with response to intervention. Illinois, Iowa, Ohio, and Wisconsin nominated one school district each; Michigan and Minnesota each nominated one regional district, representing a cluster of smaller districts. Potential respondents were contacted by e-mail and subsequently by telephone. Researchers explained the purpose of the study and invited them to participate. Four school districts and two regional districts took part in the study. (The study team did not conduct a local interview in Indiana, because the state did not participate in the study.)

Interviews were conducted by telephone during February–March 2010. Each interviews lasted 60–90 minutes. All interviews were recorded (after acquiring permission from respondents) and transcribed.

Data analysis

The analytic framework for the study was based on the literature on response to intervention policy development and implementation at the state and local levels. The National Association of State Directors of Special Education (2005) identified policy and implementation matters to consider. REL reports studied these issues in the Northwest (Stepanek and Peixotto 2009), West (Harr-Robins, Shambaugh, and Parrish 2009), and Southeast (Sawyer, Holland, and Detgen 2008) Regions. Researchers for this study identified the common aspects in descriptions of policies, models, and supports in the literature and designed the research questions, interview protocols, and reports using the categories that resulted. To analyze the data, they used deductive content analysis of document reviews and interview transcripts (Elo and Kyngäs 2008; Hsieh and Shannon 2005), creating categories that corresponded to the research questions.

Analysis of documents. Once the document reviews were completed, researchers processed them with Atlas.ti, a qualitative software program. To do so, they first created four base categories: the nature of the document (for example, regulation, guidance, other), the state, the author, and the year published. They then entered the categories in Atlas.ti for each document review question. Because the document reviews were conducted in order to answer specific questions, researchers selected the text answer to each question and placed it under the appropriate category (table A2).

After completing the coding of the document review protocols, researchers generated reports for each category and wrote a document review summary of the findings by research question for each state. Two researchers split up the states, with one creating summaries for four states and the other creating summaries for three states. When necessary, researchers checked the documents to add examples. From these summaries, researchers created a matrix to identify commonalities and variances across states in each category.

Analysis of interviews. After deleting identifying information from the transcripts, researchers analyzed the documents using Atlas.ti. As with the document review analysis, researchers first used base categories in Atlas.ti to indicate the nature of the document (for example, interview) and whether it was state or local. They then entered in
## TABLE A2
### Topics covered by document review questions

<table>
<thead>
<tr>
<th>Research question/question from document review protocol</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research question 1: What do six Midwest Region states report about their interest in and policy development and planning for response to intervention?</strong></td>
<td></td>
</tr>
<tr>
<td>1. Does this document mention how this policy or material was developed? Does it justify the policy or approach? What are the problems identified? Who is promoting this policy?</td>
<td>Policy development</td>
</tr>
<tr>
<td>2. What does this document state about the role of response to intervention in this state? How does response to intervention relate to general education and special education? Is response to intervention required?</td>
<td>Law, regulations, guidance</td>
</tr>
<tr>
<td>3. What is the lead agency for response to intervention within each state department of education?</td>
<td>Division of responsibilities</td>
</tr>
<tr>
<td>4. How are tasks and responsibilities divided for response to intervention? Is it a general or special education initiative? Which state offices are involved in response to intervention planning and implementation?</td>
<td></td>
</tr>
<tr>
<td><strong>Research question 2: How and to what extent are six Midwest Region states supporting response to intervention?</strong></td>
<td></td>
</tr>
<tr>
<td>5. What response to intervention model is suggested (problem-solving protocol, standard treatment protocol, or hybrid model?) What does it look like? Is it mandatory?</td>
<td>Models of response to intervention</td>
</tr>
<tr>
<td>6. Is the model a tiered system? If so, what does it look like? How many tiers are there and how do they differ?</td>
<td>Tiered system</td>
</tr>
<tr>
<td>6a. What should happen in each tier? What is the teacher’s (classroom teacher’s, special education teacher’s, other teacher’s) role in response to intervention? What interventions are suggested and for what purposes? Is there any guidance for how to select interventions?</td>
<td>Tiered system: interventions</td>
</tr>
<tr>
<td>6b. Are any tools or assessments specified (for example, DIBELS, AIMSweb, ProgressPro)? How is the intervention monitored? What types of data are collected? Is it mandatory to collect and report data?</td>
<td>Tiered system: assessment</td>
</tr>
<tr>
<td>6c. What criteria are used to determine who moves up or down the tiers and when?</td>
<td>Tiered system: criteria for moving between tiers</td>
</tr>
<tr>
<td>6d. Is response to intervention used to determine eligibility for special education? How is it determined?</td>
<td>Tiered system: eligibility for special education</td>
</tr>
<tr>
<td>6e. Is response to intervention fidelity of intervention measured? What types of data are collected? Is it mandatory to collect and report data?</td>
<td>Tiered system: fidelity measures</td>
</tr>
<tr>
<td>7. If a tiered system is not suggested or if any other forms and interventions are suggested, what interventions are suggested? Why? What do they look like?</td>
<td>Untiered system</td>
</tr>
<tr>
<td>8. What are the targeted grade levels of response to intervention? What academic subjects (reading, mathematics, other)? Is response to intervention mandatory?</td>
<td>Grade level, academic subjects</td>
</tr>
<tr>
<td>9. Are there any activities the state education agency supports in connection with response to intervention (for example, support to educators in selecting specific models, summer institute, online modules)?</td>
<td>Technical support from state to local education agencies</td>
</tr>
<tr>
<td>10. Is there any mention of an implementation plan? Is there any mention of how response to intervention should be implemented and scaled up? Does the document mention anything about actual implementation? Is there any mention of spread of response to intervention in the state?</td>
<td>Implementation</td>
</tr>
<tr>
<td>11. Is there any mention of how response to intervention will be funded?</td>
<td>Funding for response to intervention</td>
</tr>
</tbody>
</table>

*Source: Authors’ search of state education agency website.*
the topic categories to match the interview questions. Where applicable, researchers used the same categories used in the document reviews; in a few categories, however—such as motivation for and interest in response to intervention—information was obtained only through interviews. Researchers also created categories for the data obtained from interviews with local officials. They then reviewed the transcripts and assigned text segments to the relevant categories (the unit of data was usually a paragraph).

Two researchers independently reviewed the first interview transcript and assigned the text to categories in order to discuss inconsistencies and refine the category definitions. The inconsistencies were few; the two researchers discussed their opinions and came to agreement on the categories that provided the best fit for the text. Researchers then refined category definitions in order to clarify their meaning. When multiple categories were mentioned in one paragraph, researchers assigned the paragraph to all relevant categories. Questions about this process were discussed during a weekly team meeting.

During interview data analysis, the team identified text segments from the district-level interviews that provided examples of local perspectives on state response to intervention policies and practices.

After categorizing the paragraphs, researchers generated a report from Atlas.ti for each category that included all assigned text segments. Researchers read the reports and created a summary of each category by state, adding information from the interview findings to the document review summaries. They then created a matrix of all the summaries by category and state, which they used to compare categories across states and identify similarities and differences. In order to ensure that the summaries were accurate, researchers sent respondents the sections of the report that related to their state or district and asked them to review it. Five of the six states made revisions that were incorporated into the report. Researchers used the analysis matrices and analysis summaries to create state profiles and the tables in the report.

Protection of confidentiality

Although no names or position titles appear in the report, confidentiality could not be guaranteed. State and local officials were told that their identity might be discernible to readers because they were selected from a small sample of possible respondents.

The study reveals identifying information about state and district experiences with policy development and implementation (taken from interviews) that is not available publicly. Respondents were asked to sign a consent form clearly informing them about the potential use in the study of such identifying information.

To offer some protection of confidentiality, the study team deleted respondents’ names from transcripts and interview notes. The computers on which the study team saved the transcripts and analysis documents were password protected and accessible only by the researchers. Digital files of the interviews were destroyed after transcription, and paper files were kept in a locked file cabinet. All documents and data will be erased or shredded three years after completion of the study.
To develop the research questions and analytical framework, researchers reviewed recent state-level studies of response to intervention as well as background materials and literature on response to intervention. The review focused on state-level planning and implementation. Researchers drew on the literature review conducted for the study of the REL Southeast Region (Sawyer, Holland, and Detgen 2008) and used the topic areas identified in that review as keyword search terms, together with RTI, response to intervention, and tiered intervention, searching for articles published from 2007 to the present. The research team conducted the search using Academic Search Premier and ERIC.

This appendix provides an overview of response to intervention. It is not an exhaustive review of the literature.

**What is response to intervention?**

The federally funded National Center on Response to Intervention (2010a, p. 2) defines response to intervention as follows:

Response to intervention integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to reduce behavior problems. With RTI, schools use data to identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions and adjust the intensity and nature of those interventions depending on a student’s responsiveness, and identify students with learning disabilities. (p. 2)

The core principles of response to intervention are that evidenced-based instruction is provided with fidelity, student progress is monitored frequently, students’ responsiveness to intervention is evaluated, and instruction is adapted as needed (National Association of State Directors of Special Education 2005; Vaughn and Fuchs 2003).

**Reasons for state interest in response to intervention**

Response to intervention has come to the forefront of education reform efforts in recent years, with both federal legislation and state initiatives promoting it and similar initiatives. Under the Individuals with Disabilities Education Act 2004, states are no longer required to use an IQ–achievement discrepancy approach to identify students with learning disabilities; response to intervention can be used in special education evaluation procedures.

The No Child Left Behind Act of 2001 stresses the importance of evidence-based practices, scientifically based research, and the monitoring of student progress (Brown-Chidsey and Steege 2005), all of which are key components of response to intervention. In addition to offering an approach to meeting legislative requirements, response to intervention is designed to provide effective early intervention to struggling learners that may help reduce the number of students needing assessment and special education (Kame’enui 2007) and accelerate learning for all students (Johnson, Mellard, and Byrd 2006). Response to intervention has also been adopted as a way of reducing the disproportionate representation of minorities in special education, better integrating general and special education, and improving achievement for all students (Sawyer, Holland, and Detgen 2008).

**Promotion of response to intervention**

State education agencies promote response to intervention in various ways. They develop state policy, establish a state response to intervention model, and provide support to districts and schools through professional development and technical assistance (Harr-Robins, Shambaugh, and Parrish 2009; Sawyer, Holland, and Detgen 2008).

**State-level policy development.** The number of states developing response to intervention policy

APPENDIX B  
BACKGROUND SEARCH ON RESPONSE TO INTERVENTION

APPENDIX B  
BACKGROUND SEARCH ON RESPONSE TO INTERVENTION
has been increasing. One year after the enactment of the Individuals with Disabilities Education Act 2004 regulations, 6 states required the use of response to intervention to identify specific learning disabilities and prohibited the use of an IQ–achievement discrepancy model, 26 states allowed both approaches, and 10 allowed some other research-based alternative to identifying specific learning disabilities (Ahearn 2009). A survey conducted in 2008 found that 26 states were in the planning or proposing stage on response to intervention regulations (Zirkel and Krohn 2008). An in-depth examination of state laws on response to intervention conducted in 2010 showed that the number of states requiring response to intervention for the identification of specific learning disability identification had doubled to 12 (Zirkel and Thomas 2010); 5 states prohibit an IQ–achievement discrepancy approach.

The National Association of State Directors of Special Education (2005) offers guidance on implementing response to intervention. It advises state education agencies to “provide active leadership across general and special education” and to “examine its current infrastructure to align, expand and/or enhance the support it will provide for LEAs [local education agencies] that are implementing response to intervention systems” (p. 37).

Three qualitative studies conducted by regional educational laboratories (RELs) indicate that although the majority of states support response to intervention, policy development in each state varies. In a study of the Northwest Region (Stepanek and Peixotto 2009), one state reported having a general education response to intervention policy and four states had policies related to determining eligibility for special education based on federal regulations. All five states provided support for response to intervention, including information dissemination, training, and technical assistance.

In the West Region, respondents from all nine states indicated that their state provided support to districts implementing response to intervention, varying from funding to technical assistance and training (Harr-Robins, Shambaugh, and Parrish 2009). Just two of the nine states require response to intervention for use in identifying students with specific learning disabilities.

In the Southeast Region, four of the six states had formulated response to intervention models, one had developed state policy requiring a three-tier model, and three were considering how response to intervention could be used in place of or in addition to existing procedures regarding eligibility for special education (Sawyer, Holland, and Detgen 2008). All six states were planning or providing professional development on response to intervention.

**Model components.** According to the National Association of State Directors of Special Education (2005, p. 21), implementation of response to intervention requires the following:

- Multiple tiers of intervention service delivery.
- A problem-solving method.
- An integrated data collection and assessment system to inform decisions at each tier of service delivery.

Although these components are common to most response to intervention approaches, response to intervention is implemented in various ways and procedures are not clearly defined (Kavale and Spaulding 2008; Scruggs and Mastropieri 2006). State education agencies often afford districts flexibility in making implementation decisions (Sawyer, Holland, and Detgen 2008; Stepanek and Peixotto 2009), which results in great variation in implementation across states. In the West, Southeast, and Northwest Regions, many states allow districts to select their own tools and interventions, set criteria for moving between tiers, and determine specifics of progress monitoring (Harr-Robins, Shambaugh, and Parrish 2009; Sawyer, Holland, and Detgen 2008; Stepanek and Peixotto 2009).
**Tiered intervention.** The basic response to intervention model has three tiers (Bradley, Danielson, and Doolittle 2005; Compton et al. 2006; Davis, Lindo, and Compton 2007). The Response to Intervention Action Network (2010b), a program of the National Center on Learning Disabilities, describes the three tiers as follows:

- **Tier 1.** “All students in Tier 1 receive high-quality, scientifically based instruction, differentiated to meet their needs, and are screened on a periodic basis to identify struggling learners who need additional support.”

- **Tier 2.** “In Tier 2, students not making adequate progress in the core curriculum are provided with increasingly intensive instruction matched to their needs on the basis of levels of performance and rates of progress.”

- **Tier 3.** “At this level, students receive individualized, intensive interventions that target the students’ skill deficits for the remediation of existing problems and the prevention of more severe problems.”

Response to intervention frameworks vary. Schools may incorporate two to seven tiers (Berkeley et al. 2009; Fuchs and Fuchs 2009). Fuchs and Fuchs (2009) note that this variation “creates confusion” (p. 250) in the design of response to intervention models and communication about them.

In determining the length of interventions and criteria for movement across tiers, response to intervention models often assess both the level and the rate of skill acquisition (Christ and Hintze 2007), as in the dual discrepancy method suggested by Fuchs and Fuchs (1998). Hughes and Dexter (2008) note, however, that there is no clear consensus among researchers on the types of criteria—such as cut scores—to use in identifying students who need supports in tier 1. States often leave decisions about such criteria up to districts and schools.

**Problem-solving/standard protocol model.** Response to intervention models are generally characterized as one of two types, problem solving or standard protocol. Both approaches use universal screening, multiple tiers, early intervening services, validated interventions, and student progress monitoring to inform decisions. The difference between the models is described by the IRIS Center (2007): “The problem solving model uses interventions, selected by a team, that target each student’s individual needs,” and “the standard protocol model uses one consistent intervention, selected by the school, that can address multiple students’ needs” (p. 1). A mixed-model approach incorporates use of a problem-solving model in tiers 1 and 2 while simultaneously using standardized interventions to “meet the needs of particular types of learners” (Hollenbeck 2007, p. 140). There are no empirical studies contrasting the two approaches. Policy recommendations from the National Association of State Directors of Special Education (2005) suggest that a mixed model may be “most desirable” at tier 2 (p. 24).

**Data collection and assessment.** Monitoring student progress through frequent assessments and collecting data are an important element of response to intervention. Using a case study design, Alonzo, Tindal, and Robinson (2008) drew on student performance data, interview and focus group transcripts, and field observation from three elementary schools to examine implementation of response to intervention. Their study suggests that the use of sensitive progress monitoring assessments as well as the willingness to use the data provided by those assessments are key factors in implementing response to intervention. A qualitative state study revealed that the most commonly used options for screening and monitoring progress are curriculum-based measures, benchmark tests, and commercial assessments (Sawyer, Holland, and Detgen 2008). Fuchs and Fuchs (1998) suggest the use of a “dual discrepancy” approach in screening students that involves the consideration of both performance and learning growth.

Studies of this approach are promising (McMaster et al. 2005; Speece and Case 2001). For example, a quasi-experimental study conducted by Speece
and Case (2001) on the validity of this dual discrepancy approach found that single-point screening was a less accurate and less sensitive indicator of reading difficulties. The experimental trial of McMaster et al. (2005) indicated that the dual discrepancy approach accurately distinguished between at-risk and average performer readers.

In a review of universal screening methods, Hughes and Dexter (2008) caution that although curriculum-based measurements and other measures can be helpful tools for monitoring progress, teachers must be adequately trained to use assessments effectively. In a terminology guide of response to intervention, Fuchs and Fuchs (2009) assert that because various assessments will be administered by different personnel across the three tiers, it is essential to closely coordinate services delivered to a student.

Grades and subjects targeted. As practitioners broaden their use of response to intervention from elementary to secondary schools, and from reading to other subjects, there is a need for studies of effectiveness. The majority of research studies of response to intervention focus on its use in elementary classrooms and with reading (Fuchs and Deshler 2007; Mastropieri and Scruggs 2005); recent state-level studies have shown that some states are promoting the use of response to intervention in middle and high schools and often in mathematics, in writing, and with behavioral issues (Harr-Robins, Shambaugh, and Parrish 2009; Sawyer, Holland, and Detgen 2008). There is also a need for studies of response to intervention effectiveness in the middle and upper grades (Council for Exceptional Children 2007; Dexter, Hughes, and Farmer 2008; Fuchs and Deshler 2007; National Joint Committee on Learning Disabilities 2005; Zirkel and Thomas 2010).

State support for professional development. The new roles and responsibilities required of school staff as part of response to intervention may require professional development for successful implementation of response to intervention. Although the literature on the role of professional development in response to intervention is not extensive (Bergstrom 2008), recent studies indicate that training should be ongoing (Hughes and Dexter 2010). In Batsche, Kavale, and Kovaleski (2006, p. 16), a dialogue on addressing current issues of response to intervention, Kavale suggests that because of the new approaches required of educators and the importance of implementing scientifically based practices with fidelity, “the amount of training should not be underestimated.”

In their terminology guide describing the primary, secondary, and tertiary interventions of response to intervention, Fuchs and Fuchs (2009, p. 251) suggest that implementing tier 3 interventions with struggling students requires “highly skilled” instructors. A quasi-experimental study on the effects of tiered instruction on high school academic performance notes that instructors need professional support in order to implement differentiation strategies successfully (Richards and Omdal 2007). Many school staff will be asked to take on new roles as part of a response to intervention system (Batsche et al. 2007; National Association of State Directors of Special Education 2005); professional development may support staff in these new responsibilities.
APPENDIX C
DOCUMENT REVIEW PROTOCOL

DATE THE DOCUMENT WAS CREATED: Date/year the document was created or issued

STATE: (Illinois, Iowa, Michigan, Minnesota, Ohio, Wisconsin)

NAME OF THE DOCUMENT: Title on the document; if it is not clear, provide description.

TYPE OF DOCUMENT: Select from
- Nonregulatory guidance
- Legislation
- Evaluation
- PowerPoint presentation
- Taskforce meeting minutes
- Tools or form
- Graphic
- FAQ/Q&A, other (please describe)

AUTHORS OF THE DOCUMENT: Specific individual’s name (if available) and the name of agency. If it is not clear from the document, write so, and provide where you found the document.

SOURCE: E.g., hard copy sent by [person’s name]. If online, write the address and the date retrieved.

REVIEWER: Reviewer’s name

DATE REVIEWED:

NOTE: Anything else that might be helpful for us.

DESCRIPTION OF THE DOCUMENT
A. Overview of the document reviewed: total pages, chapters
B. Any mention of the audience for this document?
C. If the document you are reviewing is a tool or form, describe its purpose. Is its use mandatory?

Policy development
1. Does this document mention how the policy/material was developed?

- Does it justify the policy/approach/support (e.g., state laws under the Individuals with Disabilities Education Act)?
- What are the problems identified? Are solutions presented?
- Who is promoting this policy? What are they promoting (related to RTI)?

Law/regulations/guidance
2. What does this document state about the role of RTI in this state? How does RTI relate to general education and special education? Is RTI required?

Division of responsibilities
3. What is the “lead” agency within each state DOE concerning RTI?
4. How are tasks and responsibilities divided around RTI? Is it a special education or general education initiative? Which state offices are involved in planning and implementation of RTI?

RTI models
5. What RTI model is suggested (problem solving, standard treatment protocol, or hybrid model)? What does it look like? Is it mandatory?

Tiered system
6. Is the model a tiered system? If so, what does it look like? How many tiers are there, and how do they differ?
- What should happen in each tier? What is the teacher’s (classroom teacher, special education teacher, other teachers) role in RTI? What interventions are suggested and for what purposes? Is there any guidance for how to select interventions?
- Are any tools or assessments specified (e.g., DIBELS, AIMSweb, ProgressPro)? How is the intervention monitored? What
types of data are collected? Is it mandatory to collect and report data?
• What criteria are used to determine who moves up or down the tiers and when?
• Is RTI used to determine eligibility for special education? How is it determined?
• Is RTI fidelity of intervention measured? What types of data are collected? Is it mandatory to collect and report data?

Untiered system

7. If a tiered system is not suggested, what interventions are suggested? Why? What do they look like? Who is responsible for doing them?

Grade level/academic subject

8. What are the targeted grade levels for RTI? What academic subjects (reading, math, other)? Is RTI mandatory?

Technical support from state to LEAs

9. Are there any SEA supports in connection with RTI? (e.g., support to educators in selecting specific models, summer institute, online modules)?

Implementation

10. Any mention of a state implementation/scale-up plan?

11. Any mention of how RTI should be implemented and scaled up?

Funding for RTI

11. Is there any mention of how RTI will be funded?

POTENTIAL SEA INFORMANTS

12. List names and roles of potential state informants.

REVIEWER’S COMMENTS

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
APPENDIX D
PROTOCOL FOR INTERVIEWS WITH STATE OFFICIALS

Start with introductions and brief description of overall project. Note that the bulleted lists are suggestions for alternate ways to ask the questions to clarify or probe for additional details necessary to sufficiently address the research questions.

The purpose of this interview is to gather information about the status of response to intervention (RTI) in your state. Through our initial research, we have examined the information available online about RTI/tiered interventions in [state] and would like to ensure that the policy and program materials we have are accurate and up to date. We also would like to hear details from you about your state’s model or approach, state infrastructure, and any future plans (e.g., current or planned professional development and/or technical assistance related to RTI). In addition, we are interested in hearing about your state’s experiences with implementation and any outcomes and/or lessons learned. And as discussed earlier, we will also request the names of a couple of districts/schools in your state that best meet the criteria for inclusion in our study.

The discussion today is voluntary and confidential. Although your state will be identified in our reports, your name and your title will not be used. If there is any particular background information that you wish to share but do not want associated with your specific state in the report, please let us know during the interview. As we have communicated, we would like to tape record our discussion with you. The discussion would be recorded solely for the purposes of ensuring data collection accuracy. We will destroy the tape once a transcript has been finalized. The interview will take approximately 60 minutes. If, at any point, you feel that you are unable to answer a question or would like to refer us to someone else for specific information, feel free to let us know.

I. Overall approach to RTI/history

1. What were the main reasons/motivating factors for your state in considering/adopting RTI?
   - What priority outcomes are targeted as a function of RTI in your state?

2. Please describe how your state reached the decision to support RTI.
   - Who were the key players in making the decision?
   - How did you collect feedback or opinion from different stakeholders in the process? Were district or school level staff involved? Were parents involved in the process? If so, at what stage?
   - What were the central issues of consideration in deciding to support RTI at the state level? Did they vary among stakeholders (e.g., general education, special education, administrators, teachers, parents)?

II. Infrastructure for RTI at the state level

3. Which departments and/or program areas (e.g., special education, general education) at the state level are involved in RTI? In what ways?
   - What are these departments’ or program areas’ relative roles and responsibilities in RTI efforts within the state? Who/which program areas are responsible, and how are they responsible for organizing and coordinating RTI at the state and local levels?
   - What/where is the locus of decision-making and leadership regarding RTI (i.e., between/among departments) at the state level? Who is leading the effort?
   - How do departments work together on RTI? What challenges did you
find (e.g., communication problems, resource sharing, data sharing)?
• [If the respondent does not provide challenges] What strategies do you use to coordinate these departments to work on RTI?

4. Does your state have any partners, such as a university research team, contractors, consultants, or other groups or individuals that have been involved in state-level RTI planning or implementation? If so, what is the extent of their involvement?

Written policies, regulations, procedures, and/or guidelines that support/guide RTI development and implementation within the state, including at the district and school levels

5. Please describe RTI-related policies, regulations and/or guidelines in your state. We found these policies on your state’s website [Note: List policies]. Did the state modify regulations to implement RTI? If so, what is the status of such revisions?
• How would you describe the overall approach of these (e.g., highly prescriptive)?
• What is the state’s role in district- and school-level implementation?

Funding

6. Is RTI structured and rolled out as a separate program or is it incorporated into any other existing programs such as Reading First?
• What were the major reasons to link/incorporate those programs together? What were the perceived benefits/advantages?

7. What sources of funds does your state use to support the RTI? We found from our online research that XXX funds are used to support XXX (e.g., PD, RTI academy,) Is this correct? Are there any additional funds your state uses to support RTI? How are funds allocated?

III. RTI model

8. Briefly describe how your state defines or operationalizes key components or elements (e.g., progress monitoring, criteria for student movement among tiers) of RTI [Note: If state is in the planning stage, ask to describe the state’s vision.]
• What interventions are provided? Are there any specific interventions that your state supports or encourages?
• What are the instructional options (standard protocol, problem-solving, or hybrid model)?
• How is progress monitored? What types of data are collected, how often?
• How is the fidelity of intervention implementation monitored?
• At what stage are special education assessments given and determination made?
• Who will provide the intervention? The general education teacher? Special education teacher? Reading specialist, or anyone else?
• How are parents involved in this process?

9. [If the state uses a tiered model] Could you describe what it looks like?
• How many tiers does the RTI model have?
• How does your state define tier I instruction?
• Please describe how you ensure and maintain the high quality of tier I instruction before moving at-risk students to upper tiers?
• Are there any specific interventions that your state supports or encourages?
• What were the bases of the decision to select specific interventions?
• What are instructional options (standard protocol, problem solving, or hybrid model)?

• How is students’ progress monitored? What types of data are collected? How often?

• What are the criteria for moving students between tiers?

• At what tier are special education assessments given and determinations made?

• How is fidelity of implementation of interventions monitored?

• Who provides the intervention at each tier? Is it under general education or special education?

• What are the bases of the decision to select this tiered model (e.g., research studies, modeling other states)?

• How are parents involved in this process?

10. Is response to intervention used in your state to determine eligibility for special education? Is it required?

  • Is it total replacement of the IQ–achievement discrepancy model with RTI, or dual discrepancy model?

11. If used but not required to determine eligibility, are there any differences in how districts/schools use RTI to determine eligibility for special education, and how they use it to address the learning needs of struggling learners who may not have a disability? Please explain.

12. [Only if we find this from our policy scan:] Please describe how your state’s approach to RTI is used to address the learning needs of high achievers.

IV. Current status of RTI

13. Roughly how many districts and/or schools in your state are using an RTI approach?

• Could you describe at what stage these districts are with implementation of RTI? Are they pilot districts, or are they target schools? [Note: Here we want to know these different stages of implementation.] What percentage of districts is in each stage?

V. Provision of professional development and technical assistance

14. Does your state provide professional development that specifically addresses the issues related to RTI? What types and how often?

Technical assistance

15. Please describe technical assistance (e.g., onsite planning assistance, provision of materials) your state receives to support RTI. (e.g., federal government’s support to the state)

  • What are the intended outcomes of this technical assistance?

16. Please describe what technical assistance and support your state provides to LEAs and/or schools.

  • Who is providing it (e.g., state education agencies, local education agencies, or outsourcing it)?

  • Who receives it (e.g., school psychologist, general education teachers, special education teachers, educational diagnosticians, administrators)?

  • What materials have been developed for technical assistance and/or professional development?

  • What are the intended outcomes of the support?

  • What is the cost of support? How long do LEAs and/or state receive the support?
• What is the source of funding for this support?

VII. Outcomes, supports and barriers

17. What are the key changes that can be attributed to RTI in your state? [If data-driven evidence exists: Could you provide us with the source of this information? Where can we find the report of it?]

18. Are data on impacts related to RTI collected and reported? If so, what do the data show (e.g., whether rates of identification or referrals for special education vary after implementing RTI; academic achievement of struggling learners may be improving?) [Note: possible answer will be annual progress report, APR, or state performance plan, SPP]

19. What conditions appear to support or facilitate RTI implementation? [If RTI is in the planning stages, what conditions do you anticipate will be necessary for successful implementation?] [Note: We anticipate that states will tell challenges of rolling out, while the district will report implementation challenges. We will capture the factors in the pilot interview and review other REL reports so that we have a list of possible factors we can try out with the respondents if they did not mention.]

20. What are the challenges and barriers to RTI implementation?

21. Is there any advice you would like to share with other states that are considering implementing RTI?

VII. Identification of districts or schools for local-level interviews

22. Our study also involves documenting RTI experiences of districts and schools. We are interested in districts and/or schools that have a relatively high experience level (relative to other districts or schools) with RTI implementation. These would not necessarily be districts/schools that are the most successful with RTI, but rather the most experienced. Could you please provide the name of a couple of districts/schools with the most RTI experience and that would likely be willing to participate in our study?

VIII. Wrap-up

23. What needs does your state have for technical assistance, research, or evaluation related to RTI that the REL could assist with?

24. Can we contact you in the future if we have additional questions or for clarification?

Thank you very much for your helpful information. At a minimum, we’d like to check in with you prior to publishing the report to ensure the information is accurate. This will entail sending a write-up of your state that will be close to the final version. We’ll ask you to read over the document and help us address general inaccuracies and/or concerns.
APPENDIX E
PROTOCOL FOR INTERVIEWS
WITH LOCAL OFFICIALS

Start with introductions and brief description of overall project.

The purpose of this interview with you is to gather information about to the extent to which your district/school supports response to intervention (RTI) or other tiered approaches. We have already spoken with __________ in your state to learn about the context of RTI from the perspective of state-level staff. Specifically, we’d like to speak with you regarding your district’s/school’s overall approach to RTI, how RTI is organized within your district/school, implementation experiences, and lessons learned. We are collecting information about state-, district-, and school-level experiences with RTI from six Midwest Region states (Illinois, Iowa, Michigan, Minnesota, Ohio, and Wisconsin). We will produce a brief report of this information. Our goal is for the report to highlight the experiences of and lessons learned from states, districts, and schools within the Midwest Region. Thus, we believe this interview with you will help the REL identify needs of local education staff that the REL could assist with in the future. We will be glad to share the brief report of our findings with you and your colleagues.

The discussion today is voluntary and confidential. Although your district/school will be identified in our report, your name and your title will not be used. If there is any particular background information about your district/school that you wish to share but do not want included in the report, please let us know during the interview. As we have communicated, we would like to tape-record our discussion with you. The discussion would be recorded solely for the purposes of ensuring data-collection accuracy. We will destroy the tape once a transcript has been finalized. If you prefer that we not use a tape recorder, we will not use one. The interview will take approximately 45 minutes. If at any point you feel that you are unable to answer a question or would like to refer us to someone else for specific information, feel free to let us know.

I. Overall approach to RTI

1. What were the main reasons/motivating factors for your district/school in considering/supporting RTI?
   - Who were the key players in making the decision?
   - How did you collect feedback or opinion from different stakeholders in the process?
   - What were the central issues of consideration in deciding to support RTI? Did it vary among the stakeholders (e.g., general education, special education, administrators, teachers, parents)?

2. To what extent has the state influenced your district’s/school’s decision to consider/support RTI?

II. RTI models

3. How, if at all, has the state influenced your district’s/school’s approach and implementation of RTI?
   - Using an adaptation of state RTI model (e.g., tier structure, student performance monitoring, intervention selection)?
   - Using state policies, guidelines, or procedures?

4. Please describe specific RTI or tiered intervention approaches your district/school uses. [Note: If details on the tiered RTI model are available in print form, please ask for copies. If district/school is using the state model, don’t need to collect details under 4a.
   a. Briefly describe how your district/school defines or operationalizes key components or elements (e.g.,
progress monitoring, criteria for student movement between tiers) of RTI.

- How many tiers does your RTI model have?
- Instructional options (standard protocol, problem solving, or hybrid model).
- Progress monitoring method and frequency of data collection.
- Monitoring fidelity of intervention implementation.
- Who will provide the intervention at each tier (general education teacher, special education teacher, reading specialist, etc.)?
- Where the interventions are provided.
- Criteria for moving students between tiers.
- How and the extent to which parents are involved.

b. (If applicable) Why did your district/school choose this specific model?
- What were the bases of the decision to select a specific model (e.g., research studies, modeling other states)?

c. Is RTI or a tiered intervention approach used for special education eligibility determination? If yes, please describe.

III. Infrastructure at the local level for RTI

Written guidelines, procedures, or policies that support/guide RTI development and implementation within the district or school

5. Are there specific guidelines or procedures your district/school has in place related to RTI?

6. If so, could you describe the overall approach of your district/school’s guidelines and procedures? For example, what parts or components of RTI are required of schools/staff and on which parts is flexibility permitted?

Systems integration

7. Could you please describe the roles of different district- or school-level staff relative to RTI? For example, which types of staff are involved in providing services within the different tiers? (general education teachers, special education teachers, remedial education staff and other practitioners, e.g., school psychologist)?

IV. Professional development, technical assistance, and resources

8. Is there professional development (PD) on RTI that is provided to district and school staff? Please briefly describe the PD.
- Who provides PD?
- What is the focus of the PD?
- To which types of staff is it provided?
- Has your school received PD from the state?

9. Have you received any technical assistance (such as on-site planning assistance) from the state? Please briefly describe.

10. Does your district/school have external partners that are involved in your district/school work on RTI? Please describe.

11. What sources of funds has your district/school used to support RTI?

V. Lessons learned

12. In your district’s/school’s experience, what factors would you say facilitate the adoption of RTI?

13. What would you say have been/are the main challenges your district/school has
deal with? And how has your district/school addressed these?

14. Is there any advice you’d like to share with other districts/schools that are considering an RTI approach?

VI. Wrap-up

15. What needs does your district/school have for technical assistance, research or evaluation related to RTI that our REL might be able to assist with?

16. Can we contact you in the future if we have additional questions or for clarification?

Thank you very much for your helpful information. At a minimum, we’d like to check in with you prior to publishing the report to ensure the information is accurate. This will entail sending a brief write-up of your district/school that will be close to a final version. We’ll ask you to read over the specific parts of the document and help us ensure that the information is accurate.
APPENDIX F
STATE PROFILES

Table F1 contains profiles of response to intervention policies for the six Midwest Region states in the study.

<table>
<thead>
<tr>
<th>State/feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Illinois</strong></td>
<td>Illinois was awarded a state personnel development grant from the U.S. Department of Education Office of Special Education ($1.85 million a year) for 2005–10. The purpose of this grant was to improve district capacity to provide early intervention services. Illinois used the grant to develop its Alliance for School-based Problem-solving and Intervention Resources in Education (ASPIRE) initiative, which involved five pilot projects. The ASPIRE project was led by the state’s special education department. In July 2007 a new state superintendent shifted the leadership of response to intervention so that the program is now jointly led by the special and general education departments. State education agency staff attended the response to intervention summit in December 2007, which encouraged staff to think about response to intervention in Illinois. Discussions about the initiative involved a collaborative process that included diverse stakeholders, such as parent groups, special education teachers, the teachers union, and the state board of education.</td>
</tr>
<tr>
<td>Policy development/ background</td>
<td>Illinois required schools to include response to intervention in their school improvement plan beginning in 2009/10. It requires schools to use response to intervention for special education determination beginning in 2010/11.</td>
</tr>
<tr>
<td><strong>Model</strong></td>
<td>Illinois promotes a three-tier, problem-solving model. Evidence-based decisionmaking is conducted by determining whether a student’s response to an intervention is “positive,” “questionable,” or “poor,” as measured by progress monitoring data. The state does not prescribe how core elements of response to intervention should be implemented locally, establish criteria for moving students up or down tiers, or identify specific interventions or assessments to be used. Assessments are used for screening, diagnosis, and progress monitoring. No specific information is provided about when and how often screening should occur. Intervention plans should be developed based on student need and skills of staff. Fidelity of implementation was measured as part of the ASPIRE initiative.</td>
</tr>
<tr>
<td><strong>Academic subject/grade level</strong></td>
<td>Behavior and all academic subjects, at all grade levels.</td>
</tr>
<tr>
<td>Professional development and technical assistance provided by state to districts and schools</td>
<td>The regional superintendent offices provide training sessions on response to intervention. The state provides face-to-face technical assistance to people who work with school improvement and district improvement plans. It is developing 13 modules on response to intervention. Regional education offices will provide in-person training based on these modules in summer 2011.</td>
</tr>
<tr>
<td><strong>Iowa</strong></td>
<td>Iowa has been using a problem-solving model in special education since the late 1980s. In the early 1990s, general education teachers began using a problem-solving model with students who were struggling. After the President’s Commission on Excellence on Special Education report (Kennedy 2004) was released, the state brought together about 40 people (from both general and special education) to develop a tiered initiative, called Instructional Decision Making. In developing this model, the state incorporated research on reading and on positive behavioral interventions and supports. It received support from the National Center on Response to Intervention. A committee of 80 educators reviewed the Instructional Decision Making plan. The initiative is overseen by both the general and special education departments.</td>
</tr>
<tr>
<td>State/feature</td>
<td>Description</td>
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<td>---------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Policy</strong></td>
<td>Iowa requires that response to intervention be used (in conjunction with other sources of data) to determine a student’s eligibility for special education. It does not require Instructional Decision Making for general education. Some districts are using response to intervention only to evaluate eligibility for special education.</td>
</tr>
<tr>
<td><strong>Model</strong></td>
<td>Instructional Decision Making uses both a problem-solving and a standard protocol approach. It is a tiered system with three &quot;cycles&quot;: core, supplemental, and intensive. Research- and evidence-based interventions are to be used in all cycles. Three forms of assessments—screening, diagnostic, and formative—are also required. Screening is administered three times a year. Student progress is monitored frequently, and decisions concerning movement between cycles are made by comparing students’ achievement with that of their peers. The state does not prescribe specific assessments but provides indicators for quality assessments (for example, is the assessment technically adequate? Is it aligned to the district curriculum?). The state does not prescribe specific interventions or specify who should provide them.</td>
</tr>
<tr>
<td><strong>Academic subject/grade level</strong></td>
<td>Behavior and all academic subjects, at all grade levels.</td>
</tr>
<tr>
<td><strong>Professional development and technical assistance provided by state to districts and schools</strong></td>
<td>The state provides online guidance to assist schools in implementing Instructional Decision Making. Rather than working directly with schools or districts, the state provides training to staff of area education agencies, who work with local districts supporting local implementation. The state organizes teams of reading consultants that review research on reading and reading strategies. This research informs professional development. State coaches are assigned to two to three area education agencies. These coaches assist area education agency coaches, who in turn work directly with districts and schools. The area education agency coaches provide technical support to assist schools in implementing interventions with fidelity.</td>
</tr>
<tr>
<td><strong>Michigan</strong></td>
<td>Michigan’s Integrated Behavior and Learning Support Initiative is funded through an Individuals with Disabilities Education Act mandated activities project and a state personnel development grant. At the time the state applied for the grant, a few demonstration sites were implementing positive behavioral interventions and supports and reading support. The grant specified that the state should use a model based on research in both areas. Initially, the Office of Special Education took the lead in crafting the proposal, although the state was interested in improving the academic performance of all students. The grant requires cross-departmental collaboration in leading the effort. The Office of School Improvement became part of the leadership team for the initiative in Michigan. The state worked with national experts on positive behavioral interventions and supports and response to intervention in creating Michigan’s model. Michigan’s initiative is a nonmandatory response to intervention model for general education. Schools must apply to take part in the initiative and then implement it schoolwide in reading and behavior. Schools need not use the initiative to determine eligibility for special education; use of the model for that purpose varies by district. Michigan’s initiative provides guidelines to participating schools; its website provides information to all schools.</td>
</tr>
<tr>
<td><strong>Model</strong></td>
<td>Michigan’s initiative is a mixed model, incorporating both the problem-solving and standard protocol approaches. The three-tiered model aims to strengthen universal instruction. It uses evidence-based practice, progress monitoring, and data-based decisions. State guidance specifies that interventions should be provided for about 30–60 minutes to students who are struggling. Second-tier interventions should be given for 10–20 weeks. Third-tier interventions are highly specific; students at this level may need several months or years of intervention. Guidelines do not specify who should provide the interventions. Student performance is measured through screening, diagnostic, progress monitoring, and outcome measures. Screening is typically performed three times a year to identify a student’s performance level and instructional needs for the school year. Diagnostic measures are conducted as needed. Participating schools are required to set up accounts and use database systems, such as Dynamic Indicators of Basic Early Literacy Skills, AIMSweb, and Schoolwide Information Systems (SWIS).</td>
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<table>
<thead>
<tr>
<th><strong>State/feature</strong></th>
<th><strong>Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic subject/grade level</strong></td>
<td>Reading and behavior, at all grade levels.</td>
</tr>
<tr>
<td><strong>Professional development and technical assistance provided by state to districts and schools</strong></td>
<td>Schools participating in Michigan’s initiative receive standardized training in research on response to intervention, positive behavioral interventions and supports, reading instruction, and use of data, including how to use universal screening. To take part in the initiative, schools must partner with an intermediate school district, a regional entity that represents a cluster of districts or individual schools, and identify a coach. The state trains and hosts meetings for these coaches, who then work with schools. Technical assistance is provided through regional facilitators. School implementation teams and coaches attend state conferences.</td>
</tr>
<tr>
<td><strong>Minnesota</strong></td>
<td>Minnesota has a history of using the problem-solving model for special education. In 2008 it received a state personnel development grant to work with the Center for State Implementation and Scaling Up of Evidence-Based Practice, for which the state created Minnesota’s Common Principles of Effective Practice, an integrated framework of common effective practices from dropout prevention, response to intervention, Reading First, and positive behavioral interventions and supports. In the process of developing this framework, Minnesota worked with nationally known experts in positive behavioral interventions and supports, special education, and response to intervention. The grant required cross-departmental involvement; the framework development was led by both general and special education. Minnesota was also interested in using response to intervention as a way to help schools make adequate yearly progress.</td>
</tr>
<tr>
<td><strong>Model</strong></td>
<td>The state provides some general guidance on response to intervention online, including a technical manual, Determining the Eligibility of Students with Specific Learning Disabilities. Documents online describe response to intervention as a problem-solving model with a three-tiered system; they also discuss using progress monitoring to gauge students’ response to interventions and screening students two or more times a year in order to target instruction. The state does not specify interventions or assessments to be used, although it does suggest functional behavior assessment as a possible means to measure student behavioral needs.</td>
</tr>
<tr>
<td><strong>Ohio</strong></td>
<td>Eight pilot sites are implementing response to intervention practices. The sites, which receive coaching and tools from the state, will share their experiences with the state in order to inform technical assistance needs and content areas.</td>
</tr>
<tr>
<td><strong>Policy</strong></td>
<td>The state supports but does not require the use of response to intervention for determining eligibility for special education. The regulations use the federal language from the Individuals with Disabilities Education Act; they do not mention response to intervention specifically. The state operating standards provide general guidance on how response to intervention is typically implemented. The state does not prescribe how to implement it. For the Ohio Improvement Process, the state provides guidance on how district- and building-level teams should analyze student performance data.</td>
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<table>
<thead>
<tr>
<th>State/feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
<td>None.</td>
</tr>
<tr>
<td>Academic subject/grade level</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>Professional development and technical assistance provided by state to districts and schools</td>
<td>The state works with universities, which provide preservice and inservice training to teachers on response to intervention to ensure that there is a common understanding of what the approach means.</td>
</tr>
</tbody>
</table>

### Wisconsin

**Policy development/background**

Discussion about response to intervention was initiated by the special education department, which was concerned about aligning special education policy with the language of the Individuals with Disabilities Education Act 2004. At the same time, the state department of education became concerned about an achievement gap. General and special education came together, convening a group of various stakeholders through the State Superintendent’s Collaborative Council. Together they created Wisconsin’s vision of response to intervention: “a process for achieving higher levels of academic and behavioral success for all students” (Wisconsin Department of Public Instruction, 2010a, p. 1).

**Policy**

A state document—“Wisconsin Response to Intervention Roadmap: A Model for Academic and Behavioral Success for All Students Using Culturally Responsive Practice” (Wisconsin Department of Public Instruction (2010d)—defines and provides a framework for response to intervention in Wisconsin. Specific implementation strategies, such as assessment tools to be used and intervention provided, are local-level decisions. Response to intervention is not required for determining eligibility for special education.

**Model**

The state defines response to intervention as “a process for achieving higher levels of academic and behavioral success for all students through high quality instruction, continuous review of student progress and collaboration” (Wisconsin Department of Public Instruction, 2010a, p. 1). The roadmap states that all students should receive high-quality, differentiated, culturally responsive core academic and behavioral instruction as well as universal screening. Based on universal screening results, teachers determine whether students are likely to not meet, meet, or exceed benchmarks. Students who are not likely to meet benchmarks are provided with interventions that meet with their needs; students who are likely to exceed benchmarks are provided with additional challenges. The state does not specify the number of tiers or prescribe interventions or assessment tools. Educators at the local level collaborate to make decisions about interventions and assessment tools.

**Academic subject/grade level**

Behavior and all academic subjects, at all grade levels.

**Professional development and technical assistance provided by state to districts and schools**

The state is establishing a response to intervention center to provide professional development. The roadmap on the state education department website is a resource for districts and schools. To assist districts in assessing readiness to implement response to intervention, the state developed a district self-assessment tool.

This appendix describes the features of the response to intervention models in Illinois, Iowa, Michigan, and Wisconsin (table G1). Ohio and Minnesota have not formulated state models.

<table>
<thead>
<tr>
<th>State and model</th>
<th>Type of model</th>
<th>Interventions</th>
<th>Data-based decisionmaking</th>
</tr>
</thead>
</table>
| Illinois Response to Intervention | Problem solving with three tiers | Interventions at each tier are selected based on problem identification, problem analysis, intervention development, and response to intervention. They are scientific and research based. All staff are available to provide interventions at each tier. | Intervention plans should be developed based on student need and staff skills. The student intervention plan is a single document that is integrated across tiers. Tier 2 and tier 3 interventions are used to ensure that student’s outcome at tier 1 improves. The tier level is raised until a positive response to intervention is identified. Student progress is monitored to identify whether the intervention is effective. State guidelines indicate following actions:  
  • Positive response (gap is closing, can extrapolate the point at which student will come in range of peers, even if goal is long range): continue intervention until student reaches benchmark (at least); fade intervention to determine if student has acquired functional independence.  
  • Questionable response (rate at which gap is widening slows considerably, but gap is still widening or gap stops widening but closure does not occur): increase intensity of intervention for a short period of time and assess impact. If rate improves, continue. If rate does not improve, return to problem solving.  
  • Poor response (gap continues to widen, with no change in rate): return to problem solving for a new intervention. |
### TABLE G1 (CONTINUED)

**Features of response to intervention models in Illinois, Iowa, Michigan, and Wisconsin**

<table>
<thead>
<tr>
<th>State and model</th>
<th>Type of model</th>
<th>Interventions</th>
<th>Data-based decisionmaking</th>
</tr>
</thead>
</table>
| **Iowa** | Mixed (problem solving and standard protocol) with three cycles (tiers) | • Core cycle: more than 80 percent of students become proficient following provision of research-based, differentiated instruction.  
• Supplemental cycle: students who are not proficient at core cycle are provided with supplemental cycle.  
• Intensive cycle: students who are not proficient at core or supplemental cycle are provided with intensive cycle.  
In all three cycles, research-based and evidence-based strategies and research-based instruction are used. An individual plan is created for students who receive supplemental and intensive cycles, which are offered to students who are not proficient in the core cycle as well as students who are beyond proficient. For students who are beyond proficient, the supplemental and intensive cycles are offered in place of the core cycle. Students who are not proficient receive supplemental or intensive cycle interventions in addition to the core cycle. | At all three cycles, screening, diagnostic, and formative assessment and progress monitoring are to be used. Information from screening identifies students in need of more assessment. Diagnostic assessments are conducted to determine instructional and behavioral needs. Formative assessments involve comparing student progress in response to intervention with past performance, comparing progress to expected performance, and assessing whether the student is responding to curriculum and instruction. The decision to discontinue the supplemental or intensive cycle is made by comparing a student’s performance with that of students in the core cycle. Formative assessment and progress monitoring data, district screening data, and observation data are used to determine whether student improvement is within the range of most core cycle students. |
| **Michigan** | Mixed (problem solving and protocol) with three tiers | A three-tiered system links research-based practices to student information and data in the following ways:  
• Universal level: instruction for all students.  
• Secondary level: instruction by 40 percent of students, usually, over a period of 10–20 weeks. Intervention focuses on specific skills to reduce risk of academic or behavior problems.  
• Tertiary level: highly specific instruction, received by 20 percent of students. Individualized intervention is designed to meet a student’s specific needs. Students may need this level of support for several months or years. | Screening, diagnostic assessments, progress monitoring, and outcome assessments are used. Assessment system should be continuous and flexible. Screening measures are used with all students, typically three times a year, to assist staff in identifying the level of performance and instructional needs for the school year. Diagnostic measures are used as needed to provide additional information on reading performance and assist teachers in problem solving when student performance in reading is less than desired. Progress monitoring measures are used to guide the effectiveness of reading intervention programs as well as assist teachers in moving students across reading instructional groups. Outcome measures (for example, the Michigan Educational Assessment Program, the Iowa Test of Basic Skills) are used to help gather information on system outcomes in reading. |
<table>
<thead>
<tr>
<th>State and model</th>
<th>Type of model</th>
<th>Interventions</th>
<th>Data-based decisionmaking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin Response to Intervention Roadmap</td>
<td>Mixed (problem solving/standard protocol)</td>
<td>All students receive differentiated core instruction. Based on universal screening, students who are not likely to meet benchmarks receive interventions based on student need; students who are likely to exceed benchmarks receive additional challenges based on student need. The state does not specify how an intervention should be identified; it indicates that the process of decisionmaking should involve collaboration among educators. The state does not specify who should provide interventions for students who do not meet or exceed benchmarks.</td>
<td>Collaboration, results monitoring, and a balanced assessment system are the elements of data-based decisionmaking. The state model states that educators should monitor student progress to determine if the intervention and challenge are effective. As students receive more interventions and challenges, both the intensity of result monitoring and collaboration among educators increase. Student progress should be reviewed using multiple measures, through collaboration among educators. Screening and formative, benchmark, and summative assessments should be conducted with all students. Progress in response to intervention is measured for all students who do not meet or exceed benchmarks. The state does not specify how progress monitoring should be conducted.</td>
</tr>
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</table>

Source: Interviews with state officials and review of the following documents: Illinois State Board of Education n.d.; Iowa Department of Education 2007; Michigan Department of Education n.d. a, Wisconsin Department of Public Instruction 2010a, 2010e.
1. A community of practice refers to a group of people who share a strong interest in what they do and who want to learn how to do it better by interacting regularly (Wegner 2006).

2. The purpose of the State Implementation and Scaling-up Evidence-based Practices (SISEP) Center, funded by the U.S. Office of Special Education Programs, is to help states establish adequate capacity to carry out effective implementation, organizational change, and systems transformation strategies to maximize the academic achievement and behavioral health outcomes of students statewide.

3. Reading First is a federal program designed to support effective reading practices in classrooms. The program incorporates a tiered-model approach to instruction as well as data-based decisionmaking, progress monitoring, and adjusted interventions.

4. The Minnesota Reading First School Change Model focuses on scientifically based reading research as well as on the research on “effective schools and teachers and successful school reform in which school staff work toward becoming a collaborative, learning community.” See www.mnreadingfirst.org/Presentations/RERFReport.pdf.

5. The study team was unable to determine whether Ohio provides technical assistance on response to intervention to districts. Ohio is therefore not included in this discussion.

6. Districts are permitted to use no more than 15 percent of their Part B funds to develop and implement early intervening services for children in K–12.


8. The original research proposal included additional search terms (see appendix B). They were not ultimately used because the team obtained sufficient information using these three terms.
REFERENCES


Fuchs, D., and Deshler, D.D. (2007). What we need to know about responsiveness to intervention (and shouldn’t


