RESPONSE TO INTERVENTION NEEDS ASSESSMENT

This survey research was conducted by Valerie J. Robnolt, James McMillan, and Amy Hutton to document the perceptions of elementary school personnel from five Metropolitan Educational Research Consortium (MERC) school divisions (i.e., Chesterfield, Colonial Heights, Hanover, Henrico, and Powhatan) regarding the implementation of Response to Intervention (RTI). First, participants (n=429) rated their effectiveness using research-based best practices in literacy and mathematics instruction. In addition, participants reported on the level of support from, and the extent to which they collaborate with, various personnel. Finally, they reported the number and type of professional development experiences they have had related to RTI and the greatest needs for professional development to improve or implement RTI, as well as general suggestions to improve the implementation of RTI.

With the reauthorization of the Individuals with Disabilities Education Improvement Act (U.S. Department of Education, 2004), Response to Intervention (RTI) became an alternative method of identifying children with disabilities. The following components are important to the implementation of RTI (Fuchs & Fuchs, 2006; Hughes & Dexter, 2011): (a) at-risk students are identified and monitored; and (b) instruction is multilayered, so that instruction intensifies as a student moves from one tier to another.

Overall, the majority of participants reported being very effective or highly effective in their instructional skills using research-based best practices in literacy and mathematics components, differentiating instruction, and using progress monitoring, formative and summative assessments. There was a relationship between teacher experience and ratings of effectiveness. Consistently, the more years of experience a participant had, the more effective s/he reported being with regard to literacy and mathematics components. Regardless of position, participants reported being most supported by general education teachers, special education teachers, Title I teachers, and assistant principals, and collaborating the most with general education teachers. The largest percentage of participants attended 1-2 professional development activities, and most were sponsored by the local school division.

The open-ended items revealed the following suggestions for more effectively implementing and/or improving RTI: (a) more professional development/training; (b) more time for planning, collaboration, and working with children; (c) more materials and resources, such as intervention materials and more personnel for intervention; (d) issues around paperwork; and (e) pulling children from core instruction for intervention.

References