

Implementing Intensive Intervention: Lessons Learned From the Field

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Executive Summary

The National Center on Intensive Intervention (NCII) has a mission to build district and school capacity to implement intensive intervention that will improve reading, mathematics, and behavioral outcomes for students with disabilities in Grades K–12 who have severe and persistent learning and/or behavioral problems. The purpose of this document is to present findings from an exploratory study of how five high-performing districts, which we refer to as NCII’s *knowledge development sites*, defined and implemented intensive intervention.

The findings from this study reflect the most common themes that emerged from the data across all five districts, related to factors that facilitated or created challenges in the implementation of intensive intervention. The findings may offer lessons that other districts can learn from when planning for, implementing, and working to sustain their own initiatives to provide intensive intervention for students with the most severe and persistent learning and/or behavioral needs. The following are the seven key findings from this study:

1. In all sites, intensive intervention was defined as a component of a **multi-tiered system of support (MTSS)**. These systems provided an infrastructure to support services for students with the most intensive needs, including those with disabilities, within the general education system.
2. The **use of data** to drive instructional decision making was pervasive in all sites, especially with respect to academic progress monitoring. In contrast, the use of diagnostic assessment data and behavioral progress-monitoring data was less defined and consistent.
3. All sites placed a heavy emphasis on **capacity-building practices** related to intensive intervention, including creating and maintaining broad stakeholder buy-in, building staff expertise, being flexible with scheduling, and making connections between intensive intervention and other related initiatives.
4. Meaningful engagement and involvement of **families** in decisions about program planning was important for supporting implementation of intensive intervention.
5. Identification and service delivery for **special education** occurred separately from and after a student received intensive intervention within the tiered intervention system.
6. Staff defined intensive intervention as a process involving **adaptation of a secondary intervention (Tier 2)**, consistent with components of NCII’s data-based individualization (DBI) framework. However, staff spoke more frequently and concretely about making *quantitative* rather than *qualitative* adaptations to interventions.
7. Although all sites described using secondary intervention programs (Tier 2) as a foundation for intensifying intervention, **fidelity of implementation** of these programs was inconsistent.

The findings that emerged from this study reflect common themes observed in the field, and prompted NCII to offer the following five lessons for consideration in implementing intensive intervention:

1. Intensive intervention is most likely to be facilitated when implemented as a component of a multi-tiered system of support.
2. Family engagement can be challenging, but is important to pursue to achieve successful outcomes for students with intensive needs.
3. Implementing intensive intervention in behavior brings a unique set of challenges, due largely to a lack of readily available tools.
4. Lack of clarity around the distinction between Tiers 2 and 3 in a multi-tiered intervention system can make it challenging to appropriately design and plan for intensive intervention.
5. Schools and districts should identify and seek to avoid hidden inefficiencies in the ways in which they use staff, particularly skilled special education staff, within the tiered intervention system.

Learning about how these five districts have addressed common challenges and mobilized limited resources to support students with intensive needs has helped NCII improve its own training and technical assistance work. It is our hope that the experiences shared by these districts can offer important insight and lessons learned for many other districts and schools around the country that either are starting, implementing, or fine-tuning programs for delivering intensive intervention.

Introduction

The National Center on Intensive Intervention (NCII) has a mission to build district and school capacity to implement intensive intervention that will improve reading, mathematics, and behavioral outcomes for students in Grades K–12 who have severe and persistent learning and/or behavioral needs. The term *intensive intervention* is not commonly understood, and variations abound in the literature regarding both its definition and implementation. The purpose of this document is to present findings from an exploratory study of how five high-performing districts, which we refer to as NCII’s *knowledge development sites*, defined and implemented intensive intervention. The findings are drawn from analysis of interviews with a limited purposive sample of key stakeholders in each district; therefore, they may not be interpreted as definitive or generalizable with respect to factors that universally support implementation of intensive intervention. We present these findings because they offer important lessons learned within these five districts and provide insight for other districts not only about what factors may support implementation, but also about how to address or avoid some of the common barriers to successfully implementing intensive intervention.

We purposively selected districts for this study that experienced notable success in educating their students with disabilities. We wanted to learn how this group of districts supported students with the most intensive academic and behavioral needs, and what factors they perceived facilitated their success. NCII recognizes the considerable contextual variation among districts and understands that successful practices in one district may not be as successful in another. Furthermore, we found that even high-performing districts experience challenges in implementing and sustaining intensive intervention. Nonetheless, the information we present here is intended to inform districts as they plan for implementing intensive intervention. We first present NCII’s conceptual framework for intensive intervention because it guided the development of our interview protocols and data analysis. Next, we describe the data we collected from the five districts, and the findings that emerged from these data. In addition, in the Implications section that concludes this paper, we offer NCII’s perspective on what these findings mean for effective, sustainable, broad-scale implementation of intensive intervention.

Conceptual Framework

NCII’s approach to intensive intervention is grounded in the concept of *data-based individualization* (DBI), a systematic method for using assessment data to determine when and how to intensify interventions in reading, mathematics, and behavior. DBI relies on the systematic and frequent collection and analysis of student-level data, modification of intervention components when those data indicate inadequate response, and use of teachers’ clinical experience and judgment, combined with a knowledge of evidence-based practice, to individualize intervention.

DBI is typically implemented within the context of a multi-tiered system of support (MTSS), such as response to intervention (RTI) or Positive Behavior Interventions and Supports (PBIS). An MTSS is a seamless, integrated system of academic and/or behavioral interventions that vary in intensity, are matched to students according to need, and are driven by team- and data-based decision making. In most cases, MTSS is conceptualized as having three “tiers” or “levels” including (1) core instruction that targets the needs of all students (often referred to as “Tier 1”), (2) secondary (or “Tier 2”) intervention for students who do not progress adequately in core instruction, and (3) tertiary (or “Tier 3”) intervention for students who do not respond adequately to either the core or secondary levels of intervention. Tier 3 typically involves intensive intervention.

DBI is an iterative, multi-step process that involves the analysis of progress-monitoring and diagnostic assessment data, followed by individualization of a validated academic or behavioral intervention program. The DBI process begins when data indicate that a student is making insufficient progress in response to a secondary (or Tier 2) evidence-based intervention program delivered with fidelity.¹ The first step is to implement the program with *greater intensity* (typically by making *quantitative* changes, such as a smaller group size or adding more time) and collect frequent progress-monitoring data. If the student continues to be unresponsive, diagnostic data are collected and analyzed to identify the specific skill deficits that need to be targeted. The results of the diagnostic assessment, in combination with the teacher’s analysis of what features of the intervention need to be modified to better support the student, help staff determine how to individualize the secondary intervention program to meet the student’s unique needs. Individualization at this stage often involves making *qualitative* changes to the instructional components of the program (e.g., adding vocabulary drills, increasing scaffolding) as opposed to quantitative changes, such as increasing the amount of time or decreasing group size. Upon implementing the change, the teacher continues to collect progress-monitoring data at regular intervals to help determine whether additional changes to the individualized intervention are required to support adequate student response. The DBI process provides a systematic way for interventionists to gradually intensify their instruction and support, based on data.

Although NCII did not specifically ask the knowledge development sites if they implemented DBI, our staff did ask questions about each of the major components of the DBI process (e.g., secondary intervention, progress-monitoring data, diagnostic assessment data, intervention modification). A greater familiarity with DBI may therefore be helpful for the reader of this document. A more detailed description of DBI and its components can be found on NCII’s website (see *Data-Based Individualization: A Framework for Intensive Intervention* at <http://www.intensiveintervention.org/resource/data-based-individualization-framework-intensive-intervention>).

¹ Delivering an intervention with *fidelity* means delivering it consistent with the way it was designed and implemented during research studies that have validated its effectiveness. Important components of fidelity include content, dosage/schedule, and group size.

Methodology

NCII selected five districts based on data suggesting strong performance for students with disabilities. We initially selected a pool of potential districts through two methods: (1) a statistical analysis of district-level academic achievement data for students with disabilities, and (2) nominations from members of NCII's Advisory Board. The first method was intended to identify sites with evidence of positive outcomes for students with intensive *academic* needs. The second method was intended to identify sites with evidence of positive outcomes for students with intensive *behavioral* needs. NCII staff then conducted telephone interviews with key informants from potential sites and used information obtained during these interviews to finalize the selection process. Researchers then conducted two-day site visits to each district, which included interviews and focus groups with key district and school-level staff. Below we describe our procedures for site selection, data collection, and data analysis.

Site Selection

Our first step in site selection was to identify districts where performance on state academic assessments for students with disabilities during the last five years had been consistently higher than what would be predicted based on the district's background characteristics and the state average. Analyses were conducted in three states: Florida, Massachusetts, and West Virginia. These three states met our criteria of (a) having publicly available and readily accessible data on all required variables for the analysis, (b) being within reasonable geographical proximity to our staff, and (c) not offering an alternate assessment based on modified standards.² Within these three states, we limited the analysis to those districts in which performance for students with disabilities met or exceeded the state average. We also limited it to districts with a proportion of students with disabilities that was at least equal to the proportion in the district's state. We did this to ensure that districts ultimately selected for the study were representative of other districts in the state in terms of the percentage of students with disabilities enrolled.

Next, within each of these three states, we applied multi-variate regression analysis predicting district-level achievement on standardized reading and mathematics assessments for the subgroup of students with disabilities.³ We based these analyses on

² For states that offer an alternate assessment based on modified standards, we assumed that the population taking this assessment would be our subgroup of interest. Therefore, we did not look at any states that offered this type of assessment to ensure that the academic outcome data (state assessment data) used for our analysis included the population of students with disabilities who have the most intensive needs.

³ For Florida and West Virginia, the outcome variables were the percentage of students with disabilities scoring at or above Proficient on the English language arts and mathematics portions of the Florida Comprehensive Assessment Test and West Virginia Educational Standards Test, respectively. For Massachusetts, the outcome variables were the Composite Performance Indices in English language arts and mathematics (0–100 score given to each district based on Massachusetts Comprehensive Assessment System performance) for students with disabilities.

a set of district background characteristics that included total enrollment, percentage of students identified for special education, percentage of students in special education in each disability category, percentage of students who qualify for free or reduced-price lunch, percentage of students who are English language learners, and percentage of students in each of the different racial-ethnic categories.⁴

The results of this analysis yielded a predicted level of achievement for students with disabilities in each district. We then identified the districts in each state for which the average difference between the actual level of achievement of students with disabilities and the predicted level of achievement was the highest during the past five years. In other words, students with disabilities were performing better than expected in these districts. These districts (18 in Florida, 93 in Massachusetts, and 23 in West Virginia)⁵ formed our initial pool of site visit candidates.

Next, we reviewed the results of the statistical analysis and identified the five top-ranked districts in each state in terms of the difference between actual and predicted levels of achievement. In some states, all of the top-ranked districts were similar in terms of location type (e.g., all suburban). Therefore, we identified some additional districts that were ranked between 5 and 10, but that were a different location type (e.g., urban or rural).

Finally, we conducted a secondary statistical analysis that mirrored the first with one exception: We included performance for students with disabilities in the prior year as a predictor. Because we were controlling for performance in the prior year, this second analysis represented consistently strong *growth* in performance each year. We used the first analysis as our primary analysis because we knew that districts that have consistently performed well during a five-year period may not see growth because they have always done well. Those sites were of primary interest to us. However, we also wanted to identify some districts that started with fairly low performance a few years prior, but have seen very strong growth in recent years. Therefore, we added to our group two districts that were the top ranked in this secondary analysis, but also still within the top 15 for the primary analysis.

Following review of the data, we sent e-mails to a total of 20 districts requesting telephone interviews to determine fit for a site visit. Seven districts responded and agreed to an interview. Using a semistructured interview protocol, we asked interviewees questions about the strategies they use to support students with disabilities who have the most intensive needs, and the local education agency (LEA) and school system components that facilitate their success. We ultimately selected one district in each of these three states where (a)

⁴ There was some variation across states in predictors included. For example, we did not include the percentage of English language learners in the West Virginia analyses because this variable was missing for several districts and was 1 percent or lower in all other districts. Similarly, racial diversity was very low in West Virginia, so we collapsed racial categories to only include one predictor called “percent nonwhite.”

⁵ The large number of districts in Massachusetts is due to the fact that many school districts in the state consist of one regional high school or one elementary school. We ultimately removed these districts from our pool when identifying the top five ranked in the state because we wanted to study districts as opposed to single schools.

outcome data showed strong performance for students with disabilities, (b) district leaders were able to clearly articulate a strategy for supporting students with disabilities who have intensive needs, and (c) district leadership could identify at least one school within the district that exemplified its vision for implementing intensive intervention and would be willing to accommodate a site visit.

The statistical analysis described above was limited to academic outcome data only. Therefore, in addition to identifying top-ranked sites in three states using the procedures described above, we sought nominations of sites in other states from members of our advisory board. We were particularly interested in sites that had demonstrated success in the area of behavior. NCII staff reached out by telephone to staff from four different districts that were nominated by members of the advisory board.⁶ For these sites, we conducted telephone interviews with a district representative or key informant to gather basic information about their program and data on behavioral outcomes for their students with the most intensive needs. After reviewing these data, we selected two of these districts for a site visit. Ultimately, our goal was to ensure that within the full group of five sites, there was diversity with respect to urbanicity, demographics, grade level represented in the example schools, and an intervention focus (academics or behavior). Detailed information on the five sites and the reason for their selection is provided in the section titled The Five Districts.

Data Collection

Once the five sites were selected, research staff conducted two-day site visits to each district. During each site visit, we met with district leadership and also visited one or two schools identified by district leadership as exemplary. Data collection during these site visits consisted of the following:

- Interview with district administrator(s) (e.g., special education director)
- Interview with school principal(s)
- Interviews with key school administrative staff (e.g., assistant principal, special education coordinator, school psychologist)
- Interviews or focus group with interventionists (e.g., special education teacher, social worker)
- Interviews or focus group with parents
- Document review (outcome data, progress-monitoring data, individualized education program (IEP) data, professional development documentation, policies/guidance related to intensive intervention)

⁶ One of these districts happened also to be one of the top-ranked districts from our statistical analysis of academic data.

Interviewees were selected in consultation with district and school administrators. We sought to interview staff in leadership positions, as well as staff who were most directly involved in the implementation of intensive intervention, for both academics and behavior.

Research staff used semistructured protocols to guide the interviews, with questions focused on (a) how intensive intervention is defined and implemented, and (b) district and school system components perceived to facilitate or hinder effective implementation of intensive intervention. Copies of interview protocols are included in Appendix A.

Data Analysis

All interviews were audiorecorded and transcribed prior to analysis. Interview transcripts were coded with Atlas.ti, a qualitative data analysis software package. An initial set of codes was developed prior to coding; these codes aligned with NCII's DBI framework for intensive intervention as well as the literature on implementation (Fixsen et al., 2005). For example, codes included the different components of the DBI process (e.g., progress monitoring, diagnostic assessment, intervention adaptation), factors related to implementing DBI (e.g., group size and composition, team-based decision making, scheduling), and common factors cited in the literature as supportive of effective implementation (e.g., leadership, staff buy-in, resources). This list of codes was modified regularly during the early phase of coding to accommodate common themes or patterns in the data that could not be captured by the initial list of codes. Appendix B contains the final list of codes that was used for the analysis.

A total of seven researchers contributed to the coding, although a core team of three researchers led the process, which included generating the initial code list, modifying the list based on feedback from and discussions with coders, and monitoring and troubleshooting issues that emerged during coding. Following coding, this core team of three researchers met to collaboratively review and analyze the coded data. The team identified common themes and sources of variation across the districts that were used to generate five overall findings that are described in this paper. These findings reflect themes that (a) emerged in all five districts, (b) were discussed repeatedly in several interviews within each district, and (c) were described either as a supporting factor or a barrier (or both) for the district in its efforts to implement intensive intervention. In the Findings section, we describe what the data reveal about how staff in the districts described these themes as they related to implementing intensive intervention. In the Implications section, we reflect on these findings and offer NCII's perspective on strategies that may lead to effective and sustainable implementation of intensive intervention.

Limitations of the Study

The districts that NCII selected for this study met criteria suggesting success with students with disabilities; however, some caveats are warranted. First, data demonstrating “success” within each of these districts were very limited. For those districts identified through the statistical analysis of state achievement data, it is important to note that these outcomes were for the students with disabilities population as a whole, *not* the subpopulation of students with the most intensive needs. During telephone interviews and site visits, we asked if districts or schools could provide us with some data demonstrating improved outcomes for their students with intensive needs, but none of them were able to do so. This was not necessarily surprising but rather illustrative of some of the challenges involved in identifying and tracking data for this population of students. For example, many of the staff we interviewed struggled with making a clear distinction regarding which students were “Tier 3” versus “Tier 2.” This issue is described further in the Findings and Implications sections of this document. Second, although we contacted 20 sites to interview, only seven responded and agreed to an interview. This limited our pool of districts from which to choose. It is possible that had we gathered information from a wider pool of candidates, we would have had the opportunity to visit districts with better data on success for their students with intensive needs or demonstrated success in both academics and behavior.

Nonetheless, the five districts we ultimately selected did meet our two primary criteria for selection, which were (1) evidence of positive academic and/or behavioral outcomes for their population of students with disabilities, and (2) a well-defined and clearly articulated strategy for implementing intensive interventions and for supporting teachers in implementing intensive interventions effectively. The staff members we met with during the site visits were insightful and candid in sharing their successes and challenges. Research on intensive intervention, especially about the implementation of intensive intervention in real-life settings, is limited. The experience of these districts contributes greatly to our evolving understanding of this complicated process.

The Five Districts

In this section, we provide a description of each of the five districts. Three of the districts (Hancock, West Virginia; Okaloosa, Florida; and Scituate, Massachusetts) were selected as a result of the statistical analysis of state academic assessment data. Two of the districts (Alton, Illinois; and Jenison, Michigan) were selected through advisor nomination. Table 1 summarizes key demographic indicators across the districts.

Table 1. Demographic Data by District (2011)

	Alton	Hancock	Jenison	Okaloosa	Scituate
Total Enrollment	6,276	4,308	4,652	24,695	3,275
Students With Disabilities	19.6%	19.2%	10.5%	14%	12.8%
Low Socioeconomic Status/Free or Reduced-Price Lunch	59.9%	49.0%	20.6%	38%	8.5%
Limited English Proficiency/English Language Learner	0.3%	0.0%	0.2%	1%	0.9%
American Indian or Alaska Native	0.2%	NR	0.2%	<1%	0.0%
Asian	0.7%	NR	2.2%	2%	1.1%
Black or African American	32.4%	3.5%	1.2%	12%	2.4%
Hispanic or Latino	2.1%	NR	6.0%	7%	0.8%
Native Hawaiian or Pacific Islander	0.0%	NR	0.4%	<1	0.2%
White	58.3%	94.5%	86.3%	71%	94.0%

*NR = Not reported

SOURCE: State education department websites

These five districts vary across demographic characteristics. Okaloosa is the largest of the five, with a total student enrollment of nearly 25,000 compared with enrollments of 3,000–6,000 in the other four districts. The size of the students with disabilities population ranged from 10 to 20 percent of total enrollment, with Alton and Hancock having the largest proportions of students with disabilities (19.6 and 19.2 percent, respectively), and Jenison and Scituate the smallest (10.5 and 12.8 percent, respectively). Alton, Hancock, and Okaloosa had relatively large percentages of their student population qualifying for free or reduced-price lunch (38–60 percent), and Scituate had the smallest percentage of students in this category (9 percent). Alton was the most racially diverse in terms of its student population, with 60 percent white and 32 percent African American students. The English language learner population was small in all five districts.

Alton, Illinois

Alton, Illinois, is a suburban district located in the southwest corner of Illinois, about 15 miles north of St. Louis, Missouri. Alton was selected for this study through nomination because of its focus on intensive intervention in behavior and recent evidence demonstrating positive behavioral outcomes for students with intensive needs. For example, since implementing intensive interventions for students with complex needs in 2006–07, Alton Middle School has seen a reduction in the percentage of students with six or more office discipline referrals, from 59 percent to 6 percent (Illinois PBIS Network, 2011).

Alton enrolls 6,276 students in Grades K–12, including 1,230 (19.6 percent) students with disabilities. The district has seven elementary schools, one middle school, and one high school. Sixty percent of the students are of low socioeconomic status. Less than 1 percent of students are English language learners or limited English proficient. The district is 58 percent white, 30 percent African American, and 2 percent Hispanic. The majority of students met or exceeded proficiency targets on their No Child Left Behind (NCLB) state assessment in 2011 in reading (64 percent) and mathematics (67 percent). Twenty-six percent of students with disabilities met proficiency in reading and 36 percent met proficiency in mathematics. This district represented the one exception among the group in that performance for students with disabilities was below the state average. However, our focus in gathering data from Alton was on their implementation of and success with intensive intervention in behavior rather than academics. Given the general lack of information from sites implementing intensive intervention in behavior, NCII thought it was appropriate and important to include this district.

NCII staff visited Alton in May 2012 and conducted four interviews or focus groups with the following people:

- The superintendent, director of special education, and PBIS external coach
- Two elementary school principals, one middle school principal, and an assistant principal from a high school
- One high school principal and two social workers
- One parent

Hancock, West Virginia

Hancock, West Virginia, is a rural district located at the northernmost tip of West Virginia. Hancock was selected for this study through NCII's statistical analysis, which placed Hancock among the top-ranked districts in the state in terms of the extent to which reading and mathematics performance for students with disabilities was higher than predicted. Specifically, between 2006 and 2011, an average of 31 percent of students with disabilities met or exceeded proficiency targets in reading, and 36 percent did so in mathematics. These percentages exceeded the state averages during this same time

period of 26 percent and 29 percent, respectively. In addition, Hancock was ranked first among all districts in the state when the statistical model controlled for achievement during the prior year. In other words, Hancock not only showed consistently high performance for its special education population during the past five years, but had consistently strong *growth* in overall student performance as well.

Hancock enrolls 4,308 students in prekindergarten through Grade 12, including 830 (19 percent) students with disabilities. The district has five elementary schools, two middle schools, two high schools, and one career and technical center. Ninety-five percent of students in Hancock County are white, 3 percent are African American, and 1 percent are multi-racial. Fifty-three percent of students are of low socioeconomic status and less than 0.01 percent have limited English proficiency.

NCII staff visited Hancock in May 2012 and conducted six interviews or focus groups with the following people:

- The district school psychologist
- The district special education director and director of elementary curriculum and instruction
- One elementary school principal
- The middle school interventionist
- Two elementary school special education teachers
- One elementary school parent

Jenison, Michigan

Jenison, Michigan, is a suburban district located about five miles west of Grand Rapids, Michigan. Jenison was selected for this study through nomination because of its successful involvement with Michigan's Integrated Behavior and Learning Support Initiative (MiBLSi). As an MiBLSi site, Jenison has received ongoing training and technical assistance on an RTI model that integrates school-wide implementation of PBIS and reading intervention.

Jenison enrolls 4,652 students in Grades K–12, including 488 (10.5 percent) students with disabilities. The district has six elementary schools, one middle school, and two middle/high schools. The district's students are 86 percent white, 6 percent Hispanic, 2 percent Asian, and 1 percent African American. Twenty-one percent of the students are economically disadvantaged. Less than 1 percent of the students are English language learners. In 2011–12, the percentage of students with disabilities meeting proficiency targets exceeded the state percentages for both English language arts (74 percent versus 52 percent) and mathematics (47 percent versus 32 percent).

NCII staff visited Jenison in August 2012 and conducted five interviews or focus groups with the following people:

- The school psychologist/RTI coach and special education director
- The director of personnel/curriculum, special education director, and school psychologist/RTI coach
- One elementary school principal
- A second elementary school principal
- The elementary school early intervention specialist, special education teacher, general education teacher, and school psychologist/RTI coach

Okaloosa, Florida

Okaloosa, Florida, is a small city district stretching from the Alabama border in the north to the Gulf of Mexico in the south, and is the home to several Air Force and Army facilities. According to NCII's statistical analysis of achievement data, Okaloosa was the top-ranked district in Florida in terms of the gap between the actual and predicted academic performance for students with disabilities during the past five years. Specifically, between 2006 and 2011, an average of 45 percent of students with disabilities met or exceeded proficiency targets in reading and 51 percent did so in mathematics. These percentages exceeded the state averages during this same time period of 28 percent and 33 percent, respectively.

The Okaloosa County School District enrolls 24,695 students in Grades K–12, including 3,457 (14 percent) students with disabilities, and operates 33 neighborhood public schools, which include two K–12 schools, one K–8 school, 19 elementary schools, seven middle schools, and four high schools. Students in Okaloosa are predominately white (71 percent), followed by African American (12 percent), Hispanic (7 percent), and Asian (2 percent). Thirty-eight percent are economically disadvantaged and 1 percent are English language learners.

NCII staff visited Okaloosa in May 2012 and conducted eight interviews or focus groups with the following people:

- The district director of student intervention services
- The superintendent, RTI coordinator, exceptional education and student services coordinator, school psychologist, chief officer of Quality Assurance and Curriculum Support, curriculum supervisor, and director of student services
- An elementary school principal and literacy coach
- A high school principal and an assistant principal
- An elementary Title I teacher, elementary behavior specialist, elementary social worker, and K–3 instructors

- Two high school special education teachers
- Two parents of elementary school students
- Two parents of high school students

Scituate, Massachusetts

Scituate, Massachusetts, is a suburban district located 25 miles south of Boston. Scituate was selected for this study because of NCII's statistical analysis, which showed consistently strong academic performance for students with disabilities during the past five years, relative to expected performance and to other similar districts in the state. In 2011, 51 percent and 36 percent of students with disabilities, respectively, met or exceeded state proficiency targets in reading and mathematics. This compares with the state average during the same year of 30 percent in reading and 22 percent in mathematics.

Scituate enrolls 3,275 students in Grades K–12, including 419 (12.8 percent) students with disabilities. The district has four elementary schools, one middle school, and one high school. The overwhelming majority of students in Scituate are white (94 percent). Nine percent of students are of low socioeconomic status and less than 1 percent are English language learners. Among the five districts visited, Scituate has the highest percentage of students overall meeting proficiency targets, with 88 percent deemed proficient in reading and 81 percent in mathematics in 2011.

NCII staff visited Scituate in May 2012, and conducted six interviews or focus groups with the following people:

- The director of special education, reading/English language arts (ELA) department head, and mathematics department head
- Two elementary school principals, one middle school principal, and one elementary team leader
- One elementary school psychologist, one elementary speech therapist, and four elementary special education teachers
- Two elementary special education teachers and an inclusion coach
- One elementary school psychologist
- Six parents of K–12 students

Findings

The findings from this study reflect the most common themes that emerged from the data across all five districts. These findings describe factors that *facilitated success* for these districts, as well as *challenges* that the districts were struggling with in the implementation of intensive intervention. All of the findings offer lessons that other districts can learn from when planning for, implementing, and working to sustain their own initiatives to provide intensive intervention for students with the most severe and persistent learning and/or behavioral needs. The seven key findings for this study were as follows:

1. In all sites, intensive intervention was defined as a component of a **multi-tiered system of support (MTSS)**. These systems provided an infrastructure to support services for students with the most intensive needs, including those with disabilities, within the general education system.
2. The **use of data** to drive instructional decision making was pervasive in all sites, especially with respect to academic progress monitoring. By contrast, the use of diagnostic assessment data and behavioral progress-monitoring data was less defined and consistent.
3. All sites placed a heavy emphasis on **capacity-building practices** related to intensive intervention, including creating and maintaining broad stakeholder buy-in, building staff expertise, being flexible with scheduling, and making connections between intensive intervention and other related initiatives.
4. Meaningful engagement and involvement of **families** in decisions about program planning was important for supporting implementation of intensive intervention.
5. Identification and service delivery for **special education** occurred separately from and after a student received intensive intervention within the tiered intervention system.
6. Staff defined intensive intervention as a process involving **adaptation of a secondary intervention (Tier 2)**, consistent with components of NCII's DBI framework. However, staff spoke more frequently and concretely about making *quantitative* rather than *qualitative* adaptations to interventions.
7. Although all sites described using secondary intervention programs (Tier 2) as a foundation for intensifying intervention, **fidelity of implementation** of these programs was inconsistent.

A more detailed description of these findings, and the evidence that supports them, follows.

FINDING 1: In all sites, intensive intervention was defined as a component of a multi-tiered system of support (MTSS). These systems provided an infrastructure to support services for students with the most intensive needs, including those with disabilities, within the general education system.

When selecting sites for this study, NCII did not include having an MTSS (such as RTI or PBIS) in place as one of its selection criteria. Instead, sites were selected based on strong outcomes for students with disabilities. Nonetheless, all five of the knowledge development sites did have an MTSS, and interviewees consistently described their MTSS as the vehicle through which they supported students who had the most intensive academic and behavioral needs. For example, students with the most intensive needs were frequently described as being in the top or third tier of support and as being previously nonresponsive to other interventions. Staff from multiple schools described the general process of a student moving between tiers of support as adding interventions and/or increasing the intensity of support when progress-monitoring data showed that current support was not enough. For example, one district administrator described the general process, noting that more intensive interventions were “layered on” when students were not responding to Tier 1 or 2 interventions.

On the academic side, all five districts implemented RTI. With respect to behavior, all five districts used some version of PBIS. Although the districts varied in terms of their experience with RTI or PBIS, staff in these districts provided similar descriptions of their RTI or PBIS systems as overarching frameworks that guide their approach to instructing all students. For example, when asked to describe the extent to which they use RTI, one principal responded, “It’s everything that we do....It’s every decision we make, whether it’s staffing resources or money to buy new programs.” For all of these districts, having academic and behavioral multi-tiered systems in place supported their implementation of intensive intervention in two ways. First, it provided them with a team structure that facilitated systematic and data-based identification and intervention decisions for students with the most intensive needs. Second, it provided a way for them to promote a shared responsibility for students with disabilities among general and special educators.

Team Structure

All sites relied on a team- and data-based decision-making approach to implement their RTI and PBIS systems. Teams consisting of special education and general education staff reviewed data on students not progressing in the core curriculum, and made decisions about who should receive intensive intervention, as well as what that intensive intervention should look like. Each site used a different name for its team meetings, but the general purpose and function were the same. In Hancock, each school had grade-level professional learning communities (PLCs), in which teachers and administrators met once a week to

review data and make decisions about which students were in need of more intensive intervention. Weekly data review meetings in Jenison, weekly RTI meetings in Okaloosa, and weekly Instructional Support Team (IST) meetings in Scituate served the same function. In Alton, each school had three separate teams that corresponded with the three tiers of the PBIS framework—a universal team, secondary team, and tertiary team. The tertiary team consisted of social workers and guidance counselors who met monthly with a PBIS coach to review data on students potentially in need of intensive behavioral intervention.

In addition to providing a structure for reviewing data and making decisions about intervention, interviewees consistently praised the value of the team meetings and their effectiveness in building consensus and support among staff regarding serving students with the most intensive needs. A principal in Jenison said,

Those data review meetings, I can't tell you how powerful those are. And truly, there is a lot of team-based decision making, a lot of buy-in, because they're part of that. And then there's also that opportunity to talk with our colleagues and feel comfortable saying this student is not as successful as I would like to see them be.

The director of special education in Hancock said, "I think the PLC approach has been dramatic in having everybody take ownership of the kids."

Shared Responsibility for Students With Disabilities

In each of the five sites, RTI and PBIS were seen as general education initiatives, with special education and general education staff jointly taking on responsibility for all students. Staff described the involvement of general educators in their MTSS as instrumental to their success in implementing intensive intervention. In Scituate for example, the special education director initiated RTI six years prior to our site visit and described how implementation had evolved during that time: "Not only is special education doing it [RTI], general education is...it's becoming less and less separate...it's almost blending. I mean, you can see it blending into just really one department eventually over time...it's definitely more unified." She shared a saying that reflects her district's shared vision around serving students with intensive needs: "We're all on the same team. We all own these kids and we all have to figure it out together." An administrator in Jenison spoke highly of the district's shared ownership between general and special educators for student progress, saying, "They own these kids. They own those results." A school psychologist from Hancock said that her advice to other districts looking to implement intensive intervention would be "to get your general teachers onboard with you." A district administrator in Alton, when asked what she thought would happen if PBIS was framed as a special education initiative, said, "I feel like we'd lose buy-in. Because the beauty of this system that we've created is everybody buys in."

FINDING 2: The use of data to drive instructional decision making was pervasive in all sites, especially with respect to academic progress monitoring. By contrast, the use of diagnostic assessment data and behavioral progress-monitoring data was less defined and consistent.

In all sites, academic progress monitoring was a well-established practice, with staff reporting that, for students in need of intensive intervention, they used a consistent set of tools and conducted progress monitoring at least weekly. By contrast, progress monitoring in behavior was less defined and consistently used. This was partly due to the fact that there were fewer available tools for monitoring progress in behavior than in academics. In these five districts, approaches to progress monitoring for students in need of intensive behavioral intervention included office discipline referrals (ODRs) and teacher-created direct behavior rating tools individualized for students.

Academic Progress Monitoring

In Hancock, Jenison, and Scituate, all staff with whom we spoke reported using DIBELS for progress monitoring in reading. For progress monitoring in mathematics, staff in Hancock used STAR Math, in Jenison they used easyCBM, and in Scituate they used AIMSweb. Staff in Okaloosa reported using weekly assessments that may include cold reads, Discovery Education Assessment probes, or classroom tests. Across all four of these sites, the use of data to monitor progress and drive instructional decision making was pervasive. In addition to the district-provided progress-monitoring tools, teachers reported using a variety of sources of formative assessment data to inform their understanding of students' progress and needs. As one district administrator in Jenison explained, "We are looking at DIBELS as one of our sources. I'd say it's probably the dominant source. But we've emphasized that that's not the only, you know, that we don't want to use just one source in the first place." Teachers in Okaloosa said that they brought with them to their weekly RTI meetings "any assessments, formative assessments... to show the growth or not growth over time."

In Jenison and Scituate, interviewees described the importance of having all staff (special education and general education teachers) using academic progress-monitoring data as part of their normal routine. A principal in Scituate stated that "progress monitoring could be done by the specialists or it could be done by the classroom teachers" because all teachers had been trained. In Jenison, a district administrator explained that:

Most of our teachers that are doing progress monitoring in some level are intervention specialists... But we also require all of our gen ed teachers to do some kids. And so I think that's been a huge component of it. I really think...that's been a positive.

Principals in Jenison agreed that progress monitoring is "definitely a shared responsibility."

Behavioral Progress Monitoring

Progress-monitoring data in behavior, on the other hand, were less consistently collected and used than in academics. None of the districts reported using a commercial behavioral progress-monitoring tool, although a school psychologist in Hancock did mention that they had looked into AIMSweb's behavior monitoring tool and were hoping the county would purchase it. The most common forms of behavioral progress-monitoring data were ODRs and teacher-developed tools that track target behaviors.

In Hancock, principals and teachers noted that the classroom teachers tallied target behaviors, and these data were used to monitor the extent to which student behavior was changing over time. In Jenison, a district administrator said, "As far as tracking [behavioral] outcomes... we don't have any really formal way of doing that." The administrator explained that the district used ODRs, attendance and suspension data, and the PBIS Network's School-wide Information System (SWIS) to track major and minor behaviors that occurred each day. A principal explained that when students get to Tier 3, "If they're most intensive, we graph their individual plans, whatever it is, with their goals...daily." Another principal said, "We have target behaviors, usually two. We track scatter plots of whens, wheres, what was happening before." In Okaloosa, an elementary school administrator reported that teachers would pick a target behavior and then "chart that child's behavior against the rest of the class." A teacher further explained, "We listen and try to focus on that one target behavior, and then specify the documentation based on that target behavior, whether it's a checklist or a tick chart, something like that, so we can just focus on that one behavior."

In Scituate, the director of special education said, "The data collection used for the academic piece is far... more proficient than the behavioral." A principal agreed, saying, "If it's academic, you're definitely progress monitoring to see what the differences are and if you need to alter your approach along the way. The behavior is more anecdotal, I think, than having a nice clean-cut statistical piece." In one school, an interventionist had created her own system for tracking student behaviors as follows:

We would take data on all the behaviors that we are monitoring...frequency data... how often do they exhibit a target behavior. Are they yelling out in class? Are they being non-compliant? Is there any aggression, stuff like that....So I track their data. You plot it out and you can see spikes in their behavior and you can track that back to certain things, sometimes... You track when they get high, when they get low, what's working, where were they sitting when their behavior was kind of more under control, and if you really look carefully you can find a lot of little things in that.

This teacher tracked data on a daily basis for the students she worked with, but there was no evidence that this kind of progress monitoring in behavior was consistently applied across the district.

In Alton, where behavioral intervention was the focus of our visit, staff struggled with how to monitor progress of students with the most intensive level of need. Staff reviewed ODRs weekly and sometimes daily, depending on the child, but for some students, interventionists created their own progress-monitoring systems based on individual goals. Interviewees described difficulties in determining “appropriate” progress. One social worker explained,

At the high school, it’s been a struggle for us because, for the secondary and check-in/check-out student...if they’re not responding with no referrals in 4 weeks, then they’re not being successful or they’re not viewed as responding, which to me, at a high school level, seems crazy. ...You know, I have a student...(who) never came to school, he had all Fs, sagged every day, had nothing. (Now) he’s coming to school, he’s in the work program, he has As and Bs, he sags every day, but to me, that’s an improvement. But maybe in the eyes of some it might not be, and people still get frustrated with him because he might still be lazy, this and that, but [to me]...that’s a huge improvement. So, I think we kind of have to look at it like that. Like, there may be a student whose referrals have reduced just, you know, instead of having seven at the first quarter, she now has four. To me, that’s an improvement.

The issue of using data to determine whether or not a student is responding was a constant source of conversation in Alton, and one that had not yet been fully resolved.

Diagnostic Assessment Data

Although it was clear that progress monitoring (particularly academic) was an important component of intensive intervention in all five sites, the extent to which staff collected and used diagnostic assessment as part of intensive intervention was less clear. Staff talked generally about gathering and analyzing data to drive instructional decision making, but these decisions were generally about *who* needed intensive intervention and about *when* it was necessary to make an intervention change, rather than about *what* kind of intervention change to make.

There were a few instances in which staff made reference to specialists in their schools using diagnostic assessment data to identify specific skill deficits. For example, a principal in Scituate explained,

At any point, any students who “pop,” the specialists meet with the teams and go through the data. And then they start digging deeper into any students who pop, who aren’t on IEPs already. And the other data—I mean we use a lot of real data, classroom data, whole journals, tests—our reading specialist will often bring the kids down and have that person take a test with her so that she can see their thought processes.

In Hancock, a special education teacher said, “When I think, oh, this may be a problem, that’s when I call the speech therapist and say... ‘can you do some more deeper testing?’ She can do more than I can do.” Other special education teachers in Hancock described how their math specialist used data to identify specific weaknesses: “She highlights what

skills they're weak in, and then she'll work with them. She'll tell me what to do with them. She'll work with them. She's kind of in-charge of that area. I don't have to do the STAR Math. She'll do that for us."

In all five districts, interviewees mentioned using functional behavioral analysis (FBA) as a diagnostic assessment tool for identifying appropriate interventions for students with intensive behavioral needs, but some described challenges in implementing FBA. One administrator described FBA as "the weakest link," and another said, "To do an FBA correctly, it just takes a really good amount of time, and it's been a real challenge for our department to get those done and meet the urgency that the teachers have."

FINDING 3: All sites placed a heavy emphasis on capacity-building practices related to intensive intervention, including creating and maintaining broad stakeholder buy-in, building staff expertise, being flexible with scheduling, and making connections between intensive intervention and other related initiatives.

Interviewees from all five sites described the need to build internal capacity to address challenges associated with the implementation of intensive intervention. More specifically, they acknowledged the need for sufficient funding, resources, and training to effectively serve students with the most intensive needs. Representatives from all sites described experiencing funding cuts and the associated challenges, in particular having to ask, motivate, and support staff to do more with less. A district administrator described the situation as "treading water while trying to build up systems and support systems to make life easier at the same time." Leaders in these sites prioritized the need to build internal staff capacity to sustain implementation of intensive intervention. The data from the knowledge development sites revealed four key strategies that leaders used in their approach to capacity building: (1) create staff buy-in around a common vision, priorities and strategic objectives; (2) enhance collective staff expertise and professional development opportunities; (3) promote flexible scheduling arrangements that allow sufficient time for staff collaboration and service delivery; and (4) connect intensive intervention to other related initiatives.

Common Vision and Buy-In

The importance of creating staff buy-in around a common vision, priorities, and strategic objectives emerged as a common theme among districts: "Buy-in is huge," explained one administrator. Another administrator explained their district's success by saying, "It goes back to the close teaming in the district and that we're all buying in to the one vision." Principals echoed this sentiment and one added, "Buy-in is an ongoing challenge. [We] need to constantly reassess the level of engagement and commitment of teachers and keep working on it."

When asked to describe their overall vision as it related to students with disabilities, many staff described the vision as one of inclusiveness, where the staff feel a sense of accountability for all students. Some described the vision as it related to achievement and outcomes: “We hold ourselves accountable for the proficiency and progression of all students. That is a belief statement and it’s just not words on paper.” Others were very specific about placement in the general education setting: “We’re a full-inclusion school district,” “the vision is that they [students with disabilities] be educated to the maximum extent possible in a gened setting,” and “we have the philosophy of we’re going to do whatever it takes to keep that kid as successful as we can in their general education classroom.” One teacher described the district’s vision as directly related to students with intensive needs: “We have a burning desire to teach children who need remediation. We do. It’s like our goal. It’s our focus.”

In practice, these inclusive visions described by interviewees required gaining buy-in from general education staff, and several interviewees noted that this was challenging, mostly because training and responsibilities for general education staff had often been framed as separate from special education. Various interviewees described how general educators had previously been left out of trainings related to students with disabilities, looking at individual student data, and delivering interventions as these areas were viewed as special education activities only. An administrator described how his/her school’s intervention team used to be: “We didn’t always (involve general educators). We just had the principal, school psych, and the intervention specialist, and we’d consult with teachers as needed.” However, as described earlier in this report, the framing of intensive intervention as a component of an MTSS was helpful in getting general education staff committed and involved in educating students with intensive needs. In particular, general educators had become more involved and invested in making decisions about students with intensive needs because they were participating in regular data review meetings.

Another successful strategy for increasing buy-in was to demonstrate to staff the effectiveness of intensive intervention. One principal shared that buy-in had been a challenge for many teachers in his school until they could see for themselves the effectiveness of new practices in their classrooms and school. He explained,

For my staff, you have to prove it. They’re very much proof-based and so implementing any kind of change is a little bit slower process because... they want to see that this really works, and they’re not going to accept me telling them it really works. They want to see that it works.

Administration in this district added that when teachers recognized the effectiveness of these practices for students with intensive needs, they were more apt to buy-in to those practices. “As we’ve gotten the more challenging kids, teachers have recognized and seen the effectiveness of those practices, so it’s made it more sustainable.”

Building Staff Expertise

Interviewees in all five sites spoke about the importance of utilizing professional development opportunities, and capitalizing on existing staff expertise for implementing and sustaining intensive interventions. District staff pointed to opportunities for professional development as crucial in terms of enhancing collective staff expertise. In addition, many interviewees named specific teachers, specialists, and administrators whose expertise has had a strong impact on their ability to meet the needs of all students. In all five districts, administrators relied heavily on a train-the-trainer model of professional development, in which small groups of staff would receive training and then deliver that same training, or an aspect of that training, to other staff. This strategy was described as a cost-effective way to reach all staff with necessary professional development, as well as a way to build greater in-house expertise and capacity among staff.

Administrative staff members in all five districts were very intentional in selecting staff to deliver professional development, capitalizing on existing expertise to build overall capacity. Literacy specialists, mathematics specialists, coaches, school psychologists, and school principals were all mentioned as key staff members involved in providing professional development to other staff. An Okaloosa administrator said,

We try to take some of our specialists like our literacy coaches and our staffing specialist, and those individuals get special training to meet the needs of all of our students, and we try to do a cross-support...so that we're more targeted and effective.

A school psychologist in Scituate said, "I'm always doing little refreshers at staff meetings that I think are helpful for the general staff classroom teachers and whatnot." An elementary school principal in Jenison commented, "Some of our administrators are our trainers for different areas."

In Hancock, Okaloosa, and Scituate, special education teachers also delivered much of the professional development, through formal and informal means. For example, if teachers learned something valuable at a conference or outside workshop that was not attended by other staff, they shared what they learned afterwards in a faculty meeting or some other venue. As a teacher in Hancock explained,

We take that to the other special education teachers also within the county. I mean, so we're always sharing. We may go to a professional development something, but we are sharing our information with all the other special education teachers in the county...we share that with the regular education teachers too.

In Scituate, the special education teachers and school psychologists interviewed described sharing their expertise on a regular basis with other teachers, often informally. One principal explained,

We lean on some of the expertise in our building. In the past couple of years, we've been probably lucky to secure some very talented people.... My intensive sped teacher...she's able to help kind of in a more informally professional development piece, talking to the staff during faculty meetings about different parts of behavior or consulting with a classroom teacher who's having problems and [is] unsure. The expertise...I'd say that's part of school culture when you respect each other.

Another staff member in Scituate described a more formal model of sharing expertise:

At least once a year... district-wide there have been teachers who have put on a workshop. And then you can pick from the workshops that are offered and you go and get informed by a peer. [The peer will say]... "this is working great for me, and for us, and in this school and in this classroom, and here's how we do it." And you really get engaged that way.

In Jenison, principals explained that their different areas of expertise (e.g., reading and mathematics) had allowed them to serve as "local experts" in these respective subject areas. In addition, administrators in this district used existing staff expertise by providing opportunities for staff to receive additional professional development to continue enhancing their expertise. In turn, these staff provided training to the rest of the staff in their respective areas.

The notion of using in-district staff to deliver professional development was universally described as important and instrumental to the success of these districts in implementing intensive intervention. As one administrator noted,

See, that's the problem of public education; we've always had pockets of people that were doing great things and superstars... [and] didn't even want to share. We just wanted to keep it close to home. But now, what we do is we push it out to everyone in our district.

Flexible Scheduling

Staff from all five districts mentioned that scheduling was a major challenge to ensuring that students with intensive needs were receiving the best intervention from the most skilled interventionists. An intervention specialist in Hancock declared, "time and scheduling" to be two of the biggest challenges for schools supporting students with intensive needs, and an interventionist in Jenison remarked, "I think my biggest hurdle is scheduling... It's really

hard to just find the time to give them everything that they need.” In the face of numerous scheduling challenges, the notion of flexible schedules emerged as a key factor in ensuring efficient and effective delivery of intensive interventions.

Staff from all five districts described various flexible approaches to modifying schedules in some capacity to allow time for intervention service delivery. Schedules were altered in a number of ways; for instance, adding instructional supports before and after school, and creating hybrid schedules so that concurrent school-wide mathematics and English language arts blocks facilitated cross-grade-level grouping for students requiring additional supports. During the interviews, interventionists and principals described struggles in creating a schedule with appropriate staff and interventions for students. A Hancock principal explained,

I have to be honest that, as good as I can make it sound, we are based on time, space and teachers. So some kids are going to just have to fit wherever we can try to put them in. We have been able to do some flexible grouping within grade levels.

Staff across sites noted that changing interventions and groupings based on student data is a part of intensive intervention that requires ongoing flexibility with respect to schedules. The use of flexible scheduling allowed schools to be more responsive to student needs in their intervention delivery. Leaders at a school in Jenison took a unique approach to managing a flexible schedule. As the principal described, “We have built a schedule that’s flexible enough to change resources, to change direction, to make sure that our students are getting what they need.” Staff described this schedule, which was displayed via a “big board” that was posted in a public place in the school. The board contained a daily schedule of who was providing what intervention, during which class, and in what space. Interviewees in the district explained that this process had gradually instilled a greater sense of flexibility in the school culture, as teachers had grown of anticipate changes after new rounds of data were analyzed. An added benefit was increased buy-in and commitment among general education staff: “I think this process of the big board has really helped expedite that culture change, too, including the gened teachers in that process....They know the groups, the needs of all the students in the school, not just their grade.”

One of the other ways that districts reported using schedule flexibility to respond to student needs was by changing the teachers of intervention groups to match the neediest students to teachers with the most expertise. An administrator explained that her goal in scheduling was “to remove obstacles so that the people that have the most expertise in terms of supporting and helping students are able to do the very best that they can.” She added, “We move people where we need to move them,” explaining that new student data could signal the team to rearrange the schedule, including interventionists, at any point.

In planning for flexible schedules that are responsive to student needs, district administrators described their scheduling process as starting with student needs and building supports from there. An administrator in Okaloosa explained that the staff met at the end of each year to discuss scheduling and grouping for the next year. They began by discussing student needs, both in academics and behavior. From there, they began allocating resources, including the time of Title 1 and special education staff. A Jenison principal summarized a similar approach to scheduling:

Your bottom line is you have to start with your student needs and you have to start with those things that you can't change. If you really look at it, there are very few things that you really can't change in terms of your schedule, the have-tos, and then you look at your resources and you go from there.

Making Connections to Other Initiatives

One of the ways that districts were successful in maximizing the resources that they could devote to intensive intervention was by connecting and linking intensive intervention to other related initiatives. For example, in a number of districts, administrators combined different funding sources to support students with intensive needs. Three of the five sites specifically mentioned utilizing Title I funds to support intensive intervention. An administrator from Okaloosa described the decision of melding Title I and Individuals with Disabilities Education Act (IDEA) funds, noting,

We've done it because it's appropriate to do, but we've also done it because there have been budget constraints and we want the best for our teachers and our students in regard to materials and resources for professional development, and sometimes a single budget doesn't provide that.

In addition to Title I funding, grants for related or broader initiatives were a common source of funding for activities and materials related to the implementation of intensive intervention. For example, Hancock had received a state grant to become an RTI pilot site. This opportunity provided the district with a subscription to DIBELS, along with professional development and trainings for teachers. A principal explained,

Up until that point—I will have to be honest—I don't think before seven years ago, we had usable data. We had forms of things of where kids were, but we never used data until the RTI process started for us as to what to do for a child.

Hancock also received a county grant for principals to receive training in PLCs, a process for collaboratively reviewing and making decisions based on data that aligned well with RTI and intensive intervention. "It just all fell in at the same time," described a principal, "The fact that we had data made the professional learning communities begin to flow." Staff reported that both of these initiatives contributed to their sense of accountability for the success of all students.

Similarly, in Jenison, support through MiBLSi (Michigan's Integrated Behavior and Learning Support Initiative) provided a source of funding and structure through which intensive intervention could be addressed. Alton was in its 11th year of implementing PBIS, and received support from the Illinois PBIS Network in the form of coaches and on-site coordinators at each school. Alton also used districtwide forms and processes for implementing intensive intervention that were consistent with those recommended by the National Technical Assistance Center on PBIS.

Many interviewees also mentioned training and professional development opportunities that were provided through existing initiatives. Staff in Alton described the supports that were available through their partnership with the PBIS Network, with social workers naming support from PBIS coaches as one of the top implementation factors enabling them to do their work. In Hancock, teachers attended RTI trainings held by the state and later entered into a professional development partnership with a local college that provides ongoing development for teachers. Through this partnership, teachers received support in using student data to make instructional decisions.

FINDING 4: Meaningful engagement and involvement of families in decisions about program planning was important for supporting implementation of intensive intervention.

During our site visits, we asked interviewees to describe how families were involved in decision-making processes about intensive intervention and also how they communicated with families of students with intensive needs. When answering these questions, staff in all sites described family involvement as important for ensuring success in implementing intensive intervention. As one principal explained, "If you don't have the buy-in with the family, this usually is not as successful." Interviewees described efforts they were engaging in to try to increase family involvement related to intensive intervention, but sites varied in the degree to which their staff reported success with these efforts. For example, in Alton, Hancock, and Okaloosa, when asked to describe the biggest challenges they faced in implementing intensive intervention, several interviewees cited a lack of family involvement. On the other hand, staff in Jenison and Scituate generally described family involvement as high. Regardless, each of these districts placed a priority on involving families of students with intensive needs in decision making and service delivery. They focused specifically on effective and systematic ways to communicate with families, and ensuring that staff understood and were addressing the challenging home lives from which many of their students came.

Regular and Systematic Communication With Families

A common strategy for involving families was to include them early on in referral processes and intervention decisions. Having multi-tiered systems in place, such as RTI and PBIS, helped with this process because of the focus on data and documentation *before* a student receives intensive intervention. Several interviewees noted that because parents were receiving regular communication about their child's progress in Tiers 1 and 2, it would not be a surprise when they received communication from the school about the need for more intensive intervention: "For those Tier 3 kids, we've already had multiple parent contacts... parents are aware"; "it's not a shock because we've been talking to those parents." One interventionist said, "I think the RTI model has given us the opportunity to really do a better job at working with parents," noting that when there is regular communication with data, "it helps parents see that there is a pattern, there's a definite pattern and you can't deny that kind of thing."

Staff reported communicating with families through e-mail, phone calls, and formal or informal meetings; most staff reported using data as part of this communication. For example, all sites used some form of daily behavior data tracking for students receiving intensive behavioral intervention, and sent these daily reports home to parents for review and signature. For students receiving intensive intervention in academics, staff reported regularly sharing and explaining progress-monitoring data to parents. Although most staff reported that parents liked receiving these data, many also acknowledged that some parents were not as receptive to it. A principal described how they would vary the extent to which they shared data according to the extent that parents wanted it, noting,

Everybody kind of works around what the family's needs are. Some families really want that data. They want to look at it, they want to participate in that. Some of them are comfortable with less, and they're okay with that. So, even that piece of involvement is accommodated.

The parents we interviewed also described receiving frequent communication from staff with data about their children's progress, and that staff always took the time to explain the data and answer questions.

Addressing Home Life Challenges

Several interviewees across all five sites spoke about the "incredibly difficult family lives" that some students had and the challenges associated with serving these students. Staff cited mental illness, poverty, abuse, neglect, and a history of negative experiences with school as factors affecting the families of many of their students with the most intensive needs. One principal said, "Some of the families won't come [to the school]. They've never really had a positive relationship with a school. But we continue to make the efforts." Another said, "The amount of mental health issues that we're dealing with [with]

students and families is much higher than we've ever had to deal with." In all sites, staff were very open about acknowledging these challenges and described strategies they were implementing to address them. For example, interviewees from all five sites described efforts to partner with community organizations to provide services, such as counseling, parenting classes, and food/shelter/clothing. They described these types of partnerships as critical for allowing the schools to better support the students: "If we can help parents... it makes it better for us. It helps in school too." An administrator in Alton spoke about how the school itself serves as an important community resource for families:

Parents and the community do rely heavily on us because we have resources and we have been consistent in that we say what we're going to do, we're going to do...we are as much of a community resource as anybody else out there, and they know that.

In addition, staff in all five sites reported conducting home visits as a strategy to gather information relevant to a child's needs as well as directly involve and support the family in meeting the child's needs. In three of the sites (Alton, Okaloosa, and Scituate), interviewees described the important role that social workers played in supporting families of students with intensive needs. One social worker explained,

I have the ability to do for the teachers what they don't have time to do, with talking to the parents...I kind of get a little more nosey and ask the questions that the teachers really don't want to ask that's a little bit more personal. And I have the ability to kind of work with the parents.

Other staff in these districts noted that because teachers are focused on instruction, they often don't have the time to gather necessary information about a student's family, so part of the social worker's role is "helping teachers understand what a home life is for a child." The social workers in these districts often conducted the home visits that other staff didn't have time to do. One district administrator said that social workers can "help families stabilize so that when kids come to school they're ready to learn." She also noted that without social workers, she would be unable to effectively meet the needs of her students with the most intensive social-emotional and behavioral needs.

The parents we interviewed all spoke positively about their relationships with staff, and mentioned the importance of having close and trusting relationships with the schools. As one parent said, "You just got to have a good relationship with the staff. If you don't have that, nothing's going to happen." Most parents mentioned the special education teacher as the person they communicated with the most, but all of the parents also described an overall school culture in which they felt like all staff truly knew and cared about their child: "It's like an enlarged family." They explained that this feeling of support and caring is what made them feel comfortable in trusting the school to make and implement decisions that were best for their child: "You trust that they're not just going to drop and leave. They're always on top." This trust and relationship also helped parents feel comfortable in

trying different strategies at home to support their child. One parent said, “I have not met one person here, I wouldn’t do anything they asked me...you don’t mind doing things for people that you trust, and I trust the school implicitly.” Another said,

You know [how] that saying goes: “It takes a village to raise a child.” That’s for me the success I believe because you reinforce it at home. I cannot do it on my own; they can’t do it without us. It’s a family. You have a relationship with them.

FINDING 5: Identification and service delivery for special education occurred separately from and after a student received intensive intervention within the tiered intervention system.

Despite articulating strong visions regarding inclusion and having infrastructures in place that facilitated collaborative and data-based decision making regarding the needs of all students, including those with disabilities, all five sites defined special education as separate from their multi-tiered systems of support. Although staff described using the RTI process to some extent for identifying students who were eligible for special education services, all districts were consistent in their belief that referring a student for special education should be used as a “last resort,” only after a student is delivered Tier 3 or intensive intervention. A special education teacher from Hancock noted, regarding the delivery of Tier 3 interventions, “It takes a while because we want to try interventions and see if it’s working, you know; we don’t want to leave anybody at special education if we don’t have to.” Likewise, special education staff in Scituate reported that after intensive intervention had been tried through the tiered support system, the final step would be to test students for special education eligibility: “They will always first go to Tier 3, and we’ll see... Maybe they just need a little bit more intensive intervention. It’s only from Tier 3 that we will ever refer. And often, they will have participated in more than one cycle.” A principal in Jenison described switching from an “intervention mode,” where numerous attempts are made to intensify interventions to promote student progress, to an “evaluation mode.”

Across districts, staff explained that referrals to special education should only happen after a student has been delivered the highest tier of intervention. However, because students would be receiving the highest level of intervention at the time of a referral to special education, if students were found eligible, little would change in the way a child receives interventions. Thus, little distinction was made between Tier 3 interventions and interventions provided to students through special education services. A principal from Jenison explained,

By the time we determine that we want to look at an IEP and we want to ... formally identify a student, we are giving them the maximum level of intervention that we can give them over the course of time and we are saying, hey, we need to move to that next step and now identify. We’ve already done extensive intervention before we even get to the point of identification.

School psychologists from Scituate and Hancock echoed this sentiment, adding that because staff were offering the most intensive level of intervention at the point of identification, often not much changed for a student in terms of services, beyond the fact that they were now labeled as a student with special needs. The school psychologist from Hancock explained,

By the time I'm testing them, they're usually...already receiving tier three interventions, and they're seeing in the schools that they cannot achieve at a rate that they need to without those interventions. So, at that point in time, really what's different is just I get the label.

In Scituate, a school psychologist noted that there are actually many overlaps between Tier 3 services and special education, and that “not a whole lot has changed” after identification. However, once students were referred and found eligible for special education services, their interventions were delivered by special educators rather than the mathematics or reading specialist as they had been in the RTI process.

One interviewee attributed the confusion about the relationship between special education and RTI to the fact that essentially two different teams of staff review data and make decisions about the same student:

Again, it does depend because technically, most of the kids that are learning disabled—they're on tier 3 anyway,—we do have children who move out, but again, the IEP sort of drives that instruction rather than the PLC [professional learning community] analysis of the scores ... so that's where it gets very confusing because you have the IEP process that really trumps everything. The IEP is the final say, and that's hard for people to understand.

Although staff in all districts described the services as essentially the same, whether they were implemented through special education or MTSS, the existence of separate processes and systems for managing data and service delivery suggests potential inefficiencies in the allocation of resources to serve these students with the most intensive needs, and potential differences in data-based decision-making processes.

FINDING 6: Staff defined intensive intervention as a process involving adaptation of a secondary intervention (Tier 2), consistent with components of NCII's DBI framework. However, staff spoke more frequently and concretely about making *quantitative* rather than *qualitative* adaptations to interventions.

NCII staff did not explicitly mention or ask interviewees about whether they used a DBI approach to delivering intensive intervention. However, consistent with the DBI framework, many staff spoke generally of “individualizing” an intervention or “varying” their instruction for students with the most intensive needs. As one interventionist in Hancock explained,

“My lessons and interventions change according to the data. If I’m not seeing results, I’ve got to change.” Another interventionist in Okaloosa said,

With this population, you’re always making adjustments. I mean, you may come in with one plan in mind, but you find right in the midst that it’s not going to work this way today, so you’ve got to make the adjustments.

According to a special education teacher in Scituate, “We adjust a lot, I feel like, sometimes, we ...sort of know if it is working or not working; we take from different things. I guess it’s individualized in a way.” In Alton, a principal explained, “Everything is done within that framework [PBIS]...(we) modify things within that framework based on the needs of the individuals...by definition, that’s what an intensive intervention should look like.”

Quantitative Versus Qualitative Adaptations

When asked to provide details as to *how* they might adapt an intervention to make it more intensive, staff more frequently referred to *quantitative* intensification strategies as examples (e.g., increasing frequency or duration of an intervention, reducing group size) than they did *qualitative* intensification strategies (e.g., scaffolding instruction, changing the instructional setting). For example, when asked to describe how interventions become more intensive, an interventionist in Hancock explained, “We’re going to switch the time that we’re working with them, or we’re going to add a couple more minutes, or we’re going to make a smaller group or a bigger group.” This interventionist went on to explain that “overall (intensive interventions are) a bit longer like 50 or 60 minutes for math and reading [compared to 30]...4 to 5 days a week” and that the group size is never more than three students. Other staff in Hancock agreed, saying that intensive intervention involved usually no more than three to five students in a group, and an additional 30 to 60 minutes of intervention time per session. Staff in Okaloosa also described intensive intervention as additional time (up to two hours per session) and smaller groups (a maximum of two to three).

A school psychologist in Scituate, when asked to describe the difference between Tier 2 and Tier 3 interventions, replied,

So, Tier 2 support, how we define it would be three times a week in a group of no more than four. And then Tier 3 support, the highest level of intervention would be four to five times a week, one-on-one or one-to-two.

Special education staff in Scituate agreed, with one teacher saying,

[Intensive] kids receive more doses of support, so maybe they had originally been just seeing someone or getting an additional dose of twice a week with more focused instruction. And then they come to the table a couple of weeks later, don’t like what they are seeing as far as progress, and up it—maybe do four to five times a week. It’s just more intensive doses....more time.

The same teacher explained, “The most intensive students, the ones we are really focused on become a group of...no more than three students. And then in some extreme cases, they will even do it in two.” The director of special education in Scituate agreed, describing the intensive interventions as those that are delivered to smaller groups or one-on-one.

In Jenison, a principal described intensive intervention in terms of these types of quantitative changes: “Math in particular; we try to provide an intervention that...is a smaller group of students and that in itself is the intervention...by reducing the size of the group, we can move those kids faster.” Another principal talked about time as a factor when intensifying an intervention, but also acknowledged that, oftentimes, increasing time is not enough:

We’ll talk about do we need to change the intervention in order to move faster? Do we need to increase time? Time really tends to be your first and number one thing because usually everybody is running on the bare minimum.

On the behavior side, staff also provided more concrete examples of quantitative ways than they did of qualitative ways to adapt an intervention. In Alton, a principal explained,

If the kid’s not responding to check-in, check-out, they could go into group or you might decide that the student needs an individualized check-in, check-out where they would check in with just one adult or they would get to check in with a peer or they would add an additional check-in, check-out time. So, that’s check-in, check-out with an individualized feature.

A principal in Jenison described a similar scenario:

Tier 3 We typically sit down as that team and say, what can we do? So, we crank up the check-in, check-out times ... we just really ramped up. We were checking in before school, before lunch, after lunch, before the end of the day, formally with the check-in, check-out process, graphing it, pulling his attention to it, all of that information.

Staff at all five sites also reported that intensive behavior interventions were individualized and involved combinations of many different interventions, but did not always give specific examples of how this might look. A principal in Hancock said, “We have behavioral interventions. I will tell you that they truly are an IEP process. They are really individualized. We do not have any planned program, anything in place except what that need of that student is.” A principal in Jenison described intensive intervention in behavior as: “FBAs, their individual behavior plans, revise and revise and revise.” A principal in Scituate said that the behavior plan “depends on the student.” Several staff in multiple districts mentioned using individual contracts with students receiving intensive behavioral intervention, which would spell out an individualized set of behavioral expectations for that student, and a clear set of rewards and consequences tied to those expectations.

Although the interview data included more concrete examples of quantitative rather than qualitative strategies for intensifying interventions, staff in all five sites were using both types of strategies. In fact, reports of qualitative adaptations to secondary intervention programs were quite common. However, staff comments on this issue revealed that these types of adaptations were often made *before* categorizing a student as in need of intensive intervention. So, although quantitative strategies for intensification seemed to represent the key distinction between Tiers 2 and 3, qualitative adaptations to intervention packages represented a general intervention approach for any student not progressing in the core curriculum. A parent in Scituate described the general philosophy of the district in this way: “It was pretty much like we’re going to throw everything at you. Then, as things go, we’ll withdraw and see what you need.”

Specialized Interventionist Expertise

Furthermore, interview data suggested that because teaching staff in these districts had such strong expertise, administrators trusted them to make qualitative adaptations at any time if they thought it was necessary. A district administrator in Hancock said,

All of our reading teachers at that intervention level have had training and have been given many types of interventions. One teacher might want to use this one, but has also used some of the others because no one child is the same, so you have to have a plethora of learning communities. Some use a variety of different things. We offer it, we show them what’s there, and then some of the choice is up to them. I mean, I don’t force them to use Wilson, for an example, but you do force them to use something.

A teacher in Hancock agreed with this general approach, saying, “But I mean there are times where I see some things happening.... I’ll change that. I’ll intervene on that more... I don’t have to sit down and have a big discussion.” When asked how decisions get made about how to adapt intervention platforms, a teacher in Okaloosa said, “It goes back to the teachers...what works for you, what you like, what works, and talking to somebody else if it doesn’t.” An elementary school coach in Scituate said the following:

One of the things that is striking to me...is that all of the teachers have this professional development, then within each of the buildings you have these resources. I think the part that works for kids is that their bag of tricks is pretty extensive and they don’t try to do a one-size-fits-all approach to how they’re educating kids. They have a good set of skills and so sometimes it is phonics based and sometimes it’s sight word based training and ... and sometimes it’s more conceptual. But the bag of tricks is just excessive.

A school psychologist in Scituate explained further,

I think they definitely use programs at times, but I think they’re also supplementing... they consult the special ed teacher and say, do you have any thoughts? Our special ed teachers are great, so they might have a really creative way to deliver a certain element of instruction.

In Jenison, a district administrator said, “The intervention specialists have been huge, have been key players...in my mind, they should be the brightest of the brightest, the most skilled,” A principal said,

They’re the people who support our intensive kids and our strategic kids and support all of us and helping us be better at what we do. I mean, they’re my experts. They’re my people that are out there figuring out what works with kids that struggle.

FINDING 7: Although all sites described using secondary intervention programs (Tier 2) as a foundation for intensifying intervention, fidelity of implementation of these programs was inconsistent.

Prior to beginning the DBI process, a student typically is delivered a strong, validated, evidence-based supplemental intervention. The teacher implements this platform with fidelity, in terms of the content, dosage and schedule, and/or group size. In all five NCII model sites, staff referred to evidence-based supplemental interventions that they use to support students who are not progressing in the core curriculum. However, there was variation regarding the extent to which implementation fidelity of these interventions was prioritized. Although most of the administrative staff we spoke with understood the need for fidelity, many staff reported that they made qualitative “tweaks” or “adjustments” to these intervention programs right away, rather than adhering to guidelines regarding program content and dosage.

In Alton, by all accounts, the fidelity with which teachers implemented their secondary intervention program (Check-In/Check-Out)⁷ was a critical component that was monitored carefully by administrative staff. A principal explained, “The fidelity of the intervention is ... the most [important]. It’s like, if we’re not doing it the way we’re supposed to be doing it, it’s probably not going to work.” The district, with the support of PBIS Network staff, provided fidelity tracking tools and training on those tools. However, district administrators also noted the challenges involved in ensuring that secondary interventions were implemented with fidelity. One said, “We have issues with fidelity and check-in/check-out. Because you understand the essence of it is... check-in, check-out throughout the day with the teacher, and some of the teachers are still just marking it all at the end.” Another explained that,

[Fidelity is] looked at, but it varies building to building. I mean, for one thing, if teachers are checking and marking...[but not] as they should, then it’s the administrator’s role at the table to say, “Oh well, hers aren’t consistent” and have the conversation. That’s what we encourage, but you know how that is.

⁷ Check-In/Check-Out is a secondary intervention that involves setting daily behavioral goals for a student and then building in frequent opportunities for feedback from an adult throughout the day on how the student is doing in meeting these goals.

Principals in Alton also described challenges in conveying the importance of fidelity to staff members. They reported that teachers sometimes would lose patience and not implement the intervention long enough. One principal, however, noted that sometimes it was clear immediately that Check-In/Check-Out would not work and the fidelity requirements became somewhat of a barrier to effective intervention:

I feel like sometimes we're very hand tied and we know that we shouldn't go with just a standard Check-In/Check-Out, but we need to go to a more individualized Check-In/Check-Out because there are specific skills that we're trying to teach these children. And to go here is going to be useless because we might get wrong data. He might look or she might look really good if we just use the card turn system. But if we're doing, "Are they turning in all their classroom work on time? Are they coming prepared for class?", then we're making a more individualized Check-In/Check-Out.

In Okaloosa and Jenison, interview data also showed an emphasis and priority placed on fidelity to secondary intervention programs, but there were challenges in ensuring that staff adhered to fidelity guidelines. A school administrator in Okaloosa stated,

That's probably one of our biggest challenges in the change of moving to RTI is knowing and everybody knowing that time has to go by, and that with fidelity these interventions have to be used to see if they are really working.

When asked if they were doing fidelity checks, the administrator responded, "In that they're reporting back on their items, I would say yes, but as far as walking in and looking...I think we kind of do that, but not necessarily go back and say you aren't doing what you said."

In Jenison, the administrators we spoke with understood the importance of fidelity and described conducting routine fidelity observations in the classrooms. However, they also described the tension that teachers often faced between wanting to implement an intervention with fidelity, but also wanting to adapt an intervention on the spot to help a student. These principals attempted to create an environment where teachers felt safe and comfortable navigating this tension. One of the principals said, "We have a sign in our room with a big board that says, 'First, do it right, then do it differently.' That's our motto." Another principal explained further:

We have a motto that goes something like...proper, appropriate modifications, not lethal adaptations... sometimes you need to...modify things, but not a lethal mutation. When you get away from the core pieces of whatever that intervention is, then it's lethally mutated. And we're very good at keeping track of the fidelity of the intervention and...the instructions.

She continued to say,

And so it's that conversation at data review and the safety to be able to say, "Oh well, I did it this way because I thought it would be better." And to not feel like you're going to get totally jumped on, but to know, when we left that meeting, it was obviously clear that you're going to go back and fix that. It's luck. It didn't work. And occasionally, very rarely, we have the opposite where somebody modified something that's research-based and it did better. And so then we're going to look at that too.

Examining and discussing interventions and the circumstances under which they work or do not work was an ongoing activity among teachers and administrators in the Jenison schools we visited.

In Hancock and Scituate, staff again described many different interventions that they used for students in need of additional support, but there was less of a focus on fidelity. For example, one principal described a number of interventions they used, including Read Naturally, Lexia Learning, and Wilson Reading. When asked about fidelity, the principal simply said, "I would say the one that we are the most scientifically structured to would be Wilson...as far as doing it the way it should be done," implying that fidelity was not always achieved with the other interventions. In Scituate, the approach that the teachers and principals described was to modify interventions right away, regardless of what tier the student was being served in. Fidelity to an intervention platform was never mentioned.

Implications for Intensive Intervention

Implementing intensive intervention is challenging and complex, for several reasons. First, intensive intervention is not a one-size-fits-all strategy that can easily be replicated. Staff members need to individualize their intervention approach for each student who requires it. Second, the students who require intensive intervention have the most persistent and severe learning and behavioral challenges. They do not respond to traditional forms of instruction and intervention that are effective for the large majority of their peers. As a result, those who teach them need very specialized expertise and strong technical skills. They need to be experts in analyzing multiple forms of data and using those data to make instructional decisions. Finally, with increased pressure on schools to meet accountability targets for all students, gaining buy-in to spend limited resources for a relatively small group of students (3–5 percent of the student population) is not always easy.

In this section, we offer NCII's perspective on the findings from this study by presenting five lessons for consideration on what is important for implementing intensive intervention. Each lesson draws on multiple findings from earlier in this report. Interestingly, the findings that emerged from this study are consistent with NCII's observations of what is happening in our technical assistance sites, districts that are receiving direct support from NCII for the implementation of intensive intervention. The lessons below include what we learned from this study and integrate what we have observed through our technical assistance work.

Lesson 1: Intensive intervention is most likely to be facilitated when implemented as a component of a multi-tiered system of support.

As stated in Finding 1, all five districts had a multi-tiered system of support (MTSS) in place, and defined intensive intervention as a part of that system. Staff in these districts also described how an MTSS contributed to their implementing intensive intervention successfully. For example, having a team structure to inform decision making in their MTSS regularly brought general and special education staff together to review and make decisions based on data. These teams made decisions about all students, including those with the most intensive needs. The heavy focus on data through the MTSS had contributed to a school culture in which using data to make instructional decisions was commonplace and second nature to all staff (Finding 2). Finally, because intensive intervention was embedded within the broader structure of the MTSS, staff understood how the needs of this relatively small percentage of students were connected to overall school success. This understanding helped to increase broad stakeholder buy-in and a commitment to devoting an appropriate level of resources to serving students with the most intensive needs (Finding 3).

Indeed, in NCII's technical assistance work, we have observed that sites that have their universal (Tier 1) and secondary (Tier 2) levels of intervention well established are better situated to implement their tertiary level (Tier 3) of intervention. Staff members in these schools are more comfortable with data and collaborative decision making, and have an easier time understanding and implementing the principles of intensive intervention. They also have more success gaining widespread support from their colleagues who are not working directly with this population of students, but who understand that better outcomes for students with intensive needs ultimately means better outcomes for everybody.

Lesson 2: Family engagement can be challenging but is important to pursue to achieve successful outcomes for students with intensive needs.

Finding ways to involve families in decision making and implementation of intensive intervention is a common challenge. For the districts that NCII visited, this was no exception (Finding 4). All of the districts described the challenges they faced in communicating with families, and securing meaningful involvement with their children's intervention planning and implementation. However, challenges aside, these districts made concerted efforts to reach out to families and find ways to keep them engaged. They understood that involving families was a priority and that families could be a powerful ally in terms of communicating the importance of intensive intervention to and gaining buy-in from a broad base of stakeholders. The parents with whom we spoke in these districts consistently acknowledged the positive ways in which school and district staff communicated with and involved them.

The most common theme that emerged from our parent interviews was trust. If parents felt like they had a close, trusting relationship with staff, they were much more comfortable and willing to collaborate with staff and take their advice on an intervention plan that would best meet the needs of their child, as well as support intervention efforts at home.

Lesson 3: Implementing intensive intervention in behavior brings a unique set of challenges, due largely to a lack of readily available tools.

All of the sites we visited were implementing tiered intervention systems in both academics and behavior; however, staff from all five sites also reported unique challenges they faced related to implementing intensive behavioral intervention. Alton was the only district that had data showing a decrease in office discipline referrals for students receiving Tier 3 intervention. Alton also was the only district that was receiving direct support for implementing Tier 3 behavioral intervention from the Illinois PBIS Network. This technical assistance support provided them with a model for intensive intervention (Complex functional behavioral assessment, wraparound, and RENEW at the high school level) and tools for monitoring progress and fidelity. For the other sites, staff members were largely fending for themselves when it came to behavioral progress-monitoring tools and intervention strategies (Finding 2).

This lack of readily available tools is compounded by what all sites described as the increasing intensity of need in their student populations. For example, several staff described a growing population of students and families with mental health needs. They noted the increased need for staff, usually social workers, to provide counseling, conduct home visits, and gather relevant informant about students' home lives to inform decisions about intensive intervention (Finding 4). The demands on schools to gather the right data and make the right decisions regarding how to meet a student's intensive behavioral needs were growing. Without a good set of available tools to support them, this represented a very real and daunting challenge for these districts.

Lesson 4: Lack of clarity regarding the distinction between Tiers 2 and 3 in a multi-tiered intervention system can make it challenging to appropriately design and plan for intensive intervention.

The data we collected from the five districts showed that staff tended to describe the difference between intervention in Tiers 2 and 3 in quantitative terms; in other words, intensive intervention (Tier 3) involved more time or longer sessions (Finding 6). However, in its data-based individualization (DBI) framework, NCII argues that intensive intervention sometimes involves more than just *quantitative* changes to a secondary intervention. It also may involve *qualitative* adaptations or modifications to secondary interventions. In the five

sites we visited, staff did describe making these kinds of qualitative changes, but were not able to clearly or consistently articulate how or when they made these adaptations. Many staff spoke of making qualitative adaptations in Tier 2, before a student was officially identified as in need of intensive intervention. These findings were not surprising. Very little research or best practice guidance exists on the notion of intervention adaptations and the ways in which they should maintain the essential components of secondary intervention. These districts, like many other districts with which NCII has worked, lacked a structured system for determining when and how adaptations should be made. This made it difficult for them to design and plan resources appropriately implementing intensive intervention.

Lesson 5: Schools and districts should identify and seek to avoid hidden inefficiencies in the ways in which they use staff, particularly skilled special education staff, within the tiered intervention system.

Implementing intensive intervention requires sufficient numbers of trained and qualified staff, who have adequate time within their day to do their jobs well. Districts and schools, therefore, need to be strategic in ensuring that their limited resources can cover the staff and time they need to effectively serve their students with intensive needs. The five districts we visited for this study all found ways to be efficient when devoting resources to intensive intervention (Finding 4). However, our staff also observed subtle ways in which these sites may have been unknowingly and unnecessarily overtaxing their available resources. These included (a) adapting and individualizing secondary interventions too soon, and (b) separating teams and decision-making processes for special education from their MTSS.

As described in Findings 6 and 7, secondary interventions were not always delivered with fidelity. For example, staff often described making qualitative adaptations to secondary interventions quickly, rather than delivering the program exactly as prescribed by the developer. This practice is quite common and one that we also have observed in our technical assistance sites. However, it holds potential hidden costs. Individualizing secondary intervention programs based on analysis of data requires highly skilled practitioners with specialized expertise and, in theory, should only be necessary for 3–5 percent of the student population. In many of the schools we observed or have worked with, interventions were being individualized for any student who was struggling in the core curriculum, which often translated to up to 20 percent of the student population. This had the unintended effect of overburdening the most skilled staff, who were designing and delivering those individualized interventions. When secondary interventions (Tier 2) are appropriately selected and then implemented with fidelity, they may be delivered by trained non-special education teachers or paraprofessionals, freeing up valuable time for interventionists to focus on the 3–5 percent of students who truly need intensive intervention.

Another way in which we observed inefficiencies in resource allocation was in the separation of special education from the MTSS, described in Finding 5. Staff in all five districts noted that the services that students received under Tier 3 of their MTSS were essentially the same as what they would receive under special education, but that formal referral to special education only occurred *after* having received services under Tier 3. NCII interpreted this separation as potentially problematic. First, students who need ongoing intensive intervention are most likely those who need special education services. Second, these separate processes were potentially resulting in a duplicative allocation of resources to the students with the same needs. For example, interviewees described how reading or mathematics specialists would deliver instruction to students identified as needing intensive intervention, while special educators would deliver instruction to those same students once identified for special education, even though very little about their services would change. We suggest that schools and districts work to integrate special education staff and evaluation processes more seamlessly into the existing structure of the MTSS. Special educators could be more directly involved in delivering intensive intervention, to students with and without disabilities. Also, decision-making processes for intensive intervention could happen simultaneously with evaluation and decision-making processes for special education.

Conclusion

The purpose of this document was to describe common themes that emerged from an exploratory study of five districts that had experienced success with their populations of students with disabilities. NCII visited these districts to learn more about how they were implementing intensive intervention, specifically about what factors had supported their success and what challenges they were facing. Some clear and consistent themes emerged from the data we collected. Most importantly, all five sites were implementing some form of an MTSS. The MTSS supported implementation of intensive intervention because it promoted a focus on team and data-based decision making, and also embedded support for students with intensive needs within a broader system that addresses the needs of all students. In addition, our data showed that all sites were data driven, focused on capacity building, and took proactive steps to communicate with and engage families in strategies for implementing intensive intervention.

The five districts also noted some common challenges. For example, systems for using data to monitor progress and make intervention decisions in the area of behavior were less developed than those in academics. Procedures for adapting secondary interventions to make them more intensive were not always clear or consistently applied. Also, special education staff and processes were not efficiently integrated into their broader systems of tiered support.

Overall, the findings from this study mirror much of what NCII has observed through its technical assistance work. Learning about how these five districts have addressed common challenges and mobilized limited resources to support students with intensive needs has helped NCII improve its own training and technical assistance work. It is our hope that the experiences shared by these districts can offer important insights and lessons learned for many other districts and schools around the country that either are starting, implementing, or fine-tuning programs for delivering intensive intervention.

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Appendix A: Data Collection Materials

District Administrator Interview Protocol

Thanks again for taking the time to speak with me this morning/afternoon. As you know, I am with the National Center on Intensive Intervention, which is funded by the U.S. Department of Education's Office of Special Education Programs. One of our activities is to identify a set of districts that have demonstrated strong academic and behavioral outcomes for their population of students with disabilities, and to learn from those districts about the strategies that their schools are using to educate their students with the most intensive needs. When we say "most intensive needs," we mean students with disabilities who don't respond to core or secondary academic instruction or behavioral programs, and who need individualized supports and services. We are *not* including students with significant cognitive impairments in this group. Before I continue, do you have any questions about how we are defining students with intensive needs?

[IF DISTRICT WAS IDENTIFIED THROUGH ANALYSIS OF OUTCOME DATA]:

Your district was identified as one of a small set of districts in [STATE] that, during the past five years, has consistently demonstrated state achievement test outcomes for your special education population that are higher than what would be predicted based on your district's background characteristics. We also conducted a telephone interview recently with [NAME OF SPECIAL ED DIRECTOR WHO WAS INTERVIEWED], and learned more about strategies that your district has been using to support students with disabilities who have intensive academic and behavioral needs. Based on that interview, we decided to follow up with a site visit to learn even more about what you all have been doing and the data that you have demonstrating success for your students with intensive needs. In addition to speaking with you, we will be meeting with other district and school personnel, and a few parents.

[IF DISTRICT WAS IDENTIFIED THROUGH A NOMINATION PROCESS]:

Your district was identified by [NOMINATOR] as one that is demonstrating positive outcomes for students with intensive [ACADEMIC AND/OR BEHAVIORAL] needs. Based on the information we've reviewed about [DISTRICT], we decided to follow up with a site visit to learn more about what you all have been doing and the data that you have demonstrating success for your students with intensive needs. In addition to speaking with you, we will be meeting with other district and school personnel, and a few parents.

The final product for this work will be a set of reports summarizing the information gathered across all of the district interviews and site visits. These reports will highlight best practices to share with other district and school administrators, policymakers, and other interested stakeholders. They will be made available on our website.

Before I start the interview, I would like to cover some logistical items. This interview will take about an hour. You are free to end it at any time and to pass on any question you do not wish to answer. I would like to assure you that all information obtained today will only be used for the purposes of this study to share your district's policies and strategies for supporting students who receive special education services. In our report, will be sharing the names of the districts, and we may possibly include quotes from this interview. If that happens, we will provide you with the opportunity to review the section where you are quoted to ensure its accuracy.

I'd like permission to record our conversation for note-taking purposes. No one outside the research team will listen to the recording unless you give your permission. If at any point you would like me to turn the recorder off, just let me know. Would that be okay?

Do you have any questions before we begin?

SECTION I. RESPONDENT AND DISTRICT BACKGROUND

1. I'd like to start by learning a bit about your professional background. Can you briefly describe your professional experience and current role in the district?

- Can you tell me about your role as it relates to the instruction of and support for special education students in your district?
- [IF INTERVIEWING A TEAM], can you tell me how you work together to support students with disabilities in this district? What are your distinct roles and how do you collaborate?

SECTION II. STUDENTS WITH DISABILITIES WITH INTENSIVE NEEDS

For this study, we are focusing on students with disabilities who have the most intensive academic and/or behavioral needs. In other words, this would include students with disabilities who need individualized supports and services; behavioral and/or academic instruction in the core and secondary levels was not sufficient for these students.

2. About what percentage of students in your district would you say fall into this subgroup?

- Academics?
- Behavior?

3. What criteria do you use to determine that a student needs intensive or individualized instruction?

- Academics?
- Behavior?

4. Based on the data that you have available to you, how would you describe the performance of this subgroup of students?

- What data (academic and behavioral) inform your understanding of outcomes and progress for this subgroup of students?
- Can you provide us with these data?

SECTION III. DISTRICT STRATEGY AND APPROACH TO INTENSIVE INTERVENTION

5. Can you describe your district's overall approach to implementing intensive intervention?

- What does intensive intervention or instruction look like in the area of academics?
 - Who delivers it?
 - How often?
 - What type of setting?
 - What kinds of strategies or programs are used?
- What does intensive intervention look like in the area of behavior?
 - Who delivers it?
 - How often?
 - What type of setting?
 - What kinds of strategies or programs are used?
- In what ways do you support the integration of academic and behavioral interventions?
- Does your approach to delivering intensive intervention build on or align with other initiatives in the district? How so?
- Does the approach to delivering intensive intervention vary by school?
- How do you ensure that supporting students with intensive needs is a priority in the district? How do you communicate this priority to schools and other stakeholders?
- Does your district have any policies or guidance documents specifically related to intensive intervention?
 - Can you provide with a copy of these policies/guidance?

6. What district leaders are most involved in supporting the implementation of intensive intervention at the school level?

- What specific roles do each of these leaders play in supporting school staff?
- Is there a leadership team?
- What decisions about intensive intervention are made by district leadership versus school leadership (e.g., decisions about resources, purchasing materials, data systems, scheduling)?

7. How do you ensure that school staff are qualified and have the professional development they need to effectively deliver intensive intervention (in academics and behavior)?

- What criteria are used when hiring staff who are responsible for delivering intensive intervention in academics and behavior?
- What types of professional development are provided to staff related to the delivery of intensive intervention? Who delivers this professional development (internal/external)?
- Is ongoing coaching support provided to staff related to the delivery of intensive intervention? Who delivers this coaching (internal/external)?
- How do you address staff turnover?

8. How do you ensure that school staff have the resources they need to effectively deliver intensive intervention (in academics and behavior)?

- How do district and school leadership communicate regarding resource needs?
- Who (district or building) coordinates purchasing of necessary resources/materials?
- What funding sources do you draw from to ensure that schools have the resources they need?

9. How, if at all, do external entities support you in implementing intensive intervention effectively?

- State government?
- Federal government?
- Community partners?
- Institutions of higher education?
- Parents?
- Other?

10. How do you evaluate your district's progress in educating students with disabilities who have intensive needs?

- What data do you review?
- Who is involved in reviewing these data?
- What are your benchmarks for success?

SECTION IV. CONCLUDING QUESTIONS

11. Based on your experience, what advice would you give to other district administrators about facilitating academic and behavioral success among special education students with intensive needs?

12. Is there anything else you would like to tell me about your district's success in producing relatively high achievement for special education students with intensive needs?

Thank you very much for taking the time to speak with us today!

School Administrator Interview Protocol

Thanks again for taking the time to speak with me this morning/afternoon. As you know, I am with the National Center on Intensive Intervention, which is funded by the U.S. Department of Education's Office of Special Education Programs. One of our activities is to identify a set of districts that have demonstrated strong academic and behavioral outcomes for their population of students with disabilities, and to learn from those districts about the strategies that their schools are using to educate their students with the most intensive needs. When we say "most intensive needs," we mean students with disabilities who don't respond to core or secondary academic instruction or behavioral programs, and who need individualized supports and services. We are *not* including students with significant cognitive impairments in this group. Before I continue, do you have any questions about how we are defining students with intensive needs?

[IF DISTRICT WAS IDENTIFIED THROUGH ANALYSIS OF OUTCOME DATA]:

Your district was identified as one of a small set of districts in [STATE] that, during the past five years, has consistently demonstrated state achievement test outcomes for your special education population that are higher than what would be predicted based on your district's background characteristics. We also conducted a telephone interview recently with [NAME OF SPECIAL ED DIRECTOR WHO WAS INTERVIEWED], and learned more about strategies that your district has been using to support students with disabilities who have intensive academic and behavioral needs. Based on that interview, we decided to follow up with a site visit to learn even more about what you all have been doing and the data that you have demonstrating success for your students who have intensive needs. In addition to speaking with you, we will be meeting with other district and school personnel, and a few parents.

[IF DISTRICT WAS IDENTIFIED THROUGH A NOMINATION PROCESS]:

Your district was identified by [NOMINATOR] as one that is demonstrating positive outcomes for students with intensive [ACADEMIC AND/OR BEHAVIORAL] needs. Based on the information we've reviewed about [DISTRICT], we decided to follow up with a site visit to learn more about what you all have been doing and the data that you have demonstrating success for your students who have intensive needs. In addition to speaking with you, we will be meeting with other district and school personnel, and a few parents.

The final product for this work will be a set of reports summarizing the information gathered across all of the district interviews and site visits. These reports will highlight best practices to share with other district and school administrators, policymakers, and other interested stakeholders. They will be made available on our website.

Before I start the interview, I would like to cover some logistical items. This interview will take about an hour. You are free to end it at any time and to pass on any question you do not wish to answer. I would like to assure you that all information obtained today will only be used for the purposes of this study to share your district's policies and strategies for supporting students who receive special education services. In our report, will be sharing the names of the districts, and we may possibly include quotes from this interview. If that happens, we will provide you with the opportunity to review the section where you are quoted to ensure its accuracy.

I'd like permission to record our conversation for note-taking purposes. No one outside the research team will listen to the recording unless you give your permission. If at any point you would like me to turn the recorder off, just let me know. Would that be okay?

Do you have any questions before we begin?

PART I. BACKGROUND

1. Please tell me about this school.

- Total population (demographic breakdown)?
- Percentage of students in special education?
- Percentage of students with the most intensive needs (academic and behavioral)?

2. Please tell me about your role in this school.

- How long have you been at this school?
- Can you briefly describe your professional background and experience?
- What is your role with respect to serving students with disabilities in this school?
- [IF INTERVIEWING A TEAM], Can you tell me how you work together to support students with disabilities in this school? What are your distinct roles and how do you collaborate?

3. As you know, your district was *[identified through a statistical analysis that we conducted as one of the top-performing districts in the state with respect to the academic performance of its special education population OR nominated by XXX as a district that has seen positive outcomes for students who have intensive academic and/or behavioral needs]*. Your district administration recommended this school as one that was performing especially well in the area of serving students with disabilities who have the most intensive needs. Do you agree with this assessment?

- What evidence/data do you have that demonstrates how successful your school has been in educating students with disabilities who have the most intensive academic and/or behavioral needs?
- Are these data that you can provide to us?

PART II. SUPPORTING STUDENTS WHO HAVE INTENSIVE ACADEMIC NEEDS

4. **To what extent does this school use a tiered instructional intervention system (e.g., response to intervention, a prereferral program)? Please describe.**
5. **In thinking about instructional intervention, how do you support students who do not respond to core instruction or even secondary instruction in a small-group setting? Can you walk me through the process that you follow when you identify a student who really needs the most intensive form of academic intervention?**
 - What type of data would you use to confirm that the student needs additional, more intensive support?
 - How are those data used?
 - What types of instructional decisions are made?
 - Who is part of the decision-making process?
 - How often are the data evaluated?
 - Are there standard decision rules or procedures in place regarding the use of data for this purpose?
 - What kinds of specialized supports are these students receiving? In other words, what do the interventions or individualized instruction “look like”?
 - To what extent are you using published intervention programs?
 - To what extent are teachers using adaptations, modifications, or strategies in addition to or instead of published intervention programs?
 - Who delivers the interventions or individualized instruction?
 - What is the typical group size when delivering intensive intervention?
 - How do you and/or your staff decide what interventions to use?
 - How frequently and for how long do you use different interventions?
 - In what setting(s) do students receive interventions and/or individualized instruction?
 - How do you monitor progress for these students?
 - What kinds of data are used?
 - How often are data reviewed?
 - Who (other than you) reviews these data?
 - How do you know if students are “responding” to the intensive intervention? How do you know if students are not? (And what do you do if they are not?)

- How do you ensure that students continue to receive appropriate supports throughout the entire school day?
 - How is time for intervention and/or individualized instruction scheduled into the school day?
 - How is intervention and/or individualized instruction aligned with core curricular content?
 - How do interventionists collaborate with classroom teachers to ensure that the student receives all of the supports that he/she needs throughout the day?
- How do you communicate with parents regarding the services you provide to their child?
 - How involved are parents in making decisions about services and supports?
 - How do you communicate information to parents about their child’s progress?

PART III. SUPPORTING STUDENTS WHO HAVE INTENSIVE BEHAVIORAL NEEDS

6. To what extent does this school use a tiered system for managing behavior at the school, class, and student levels (e.g., Positive Behavior Interventions and Supports [PBIS])? Please describe.

7. In thinking about behavioral intervention, how do you support students who do not respond to school-wide, classroom-based behavior management systems or secondary interventions? Can you walk me through the process that you follow when you identify a student who really needs the most intensive form of behavioral intervention?

- What type of data would you use to confirm that the student needs additional, more intensive behavioral support?
 - How are those data used?
 - What types of behavioral decisions are made?
 - Who makes decisions based on the data?
- What kinds of specialized supports are these students receiving? In other words, what do the behavioral interventions or individualized behavioral support “look like”?
 - To what extent are you using published intervention programs or evidence-based practices?
 - To what extent are teachers using adaptations, modifications, or strategies in addition to or instead of published intervention programs or practices?
 - Who delivers the interventions or individualized behavioral support?
 - How do you and/or your staff decide what behavioral interventions to use?
 - How frequently and for how long do you use different interventions?
 - In what setting(s) do students receive interventions and/or individualized behavioral support?

- How do you monitor progress for these students?
 - What kinds of data are used?
 - How often are data reviewed?
 - Who (other than you) reviews these data?
 - How do you know if students are “responding” to the intensive intervention?
How do you know if students are not? (And what do you do if they are not?)
- How do you ensure that students continue to receive appropriate supports throughout the entire school day?
 - How is time for intervention and/or individualized behavioral support scheduled into the school day?
 - How do interventionists collaborate with classroom teachers, mental health providers, and others to ensure that the student receives all of the supports that he/she needs throughout the day?
- How do you communicate with parents regarding the services you provide to their child?
 - How involved are parents in making decisions about services and supports?
 - How do you communicate information to parents about their child’s progress?

PART IV. SCHOOL AND DISTRICT SUPPORTING FACTORS AND CHALLENGES

8. We know that supporting students who have the most intensive needs is difficult work and requires support from the school system and the district to really work well. These next few questions have to do with these types of supporting factors.

- Does your approach to delivering intensive intervention build on or align with other initiatives in the school? How so?
- How do you ensure that supporting students with intensive needs is a priority in the school? How do you communicate this priority to school staff and other stakeholders?
- Are there specific school or district policies or guidance documents related to intensive intervention that you follow?
- In what ways do you support the integration of academic and behavioral interventions?
- What are the main types of professional development available for teachers and/or administrators at this school or set of schools, specifically focused on issues related to special education students and students with the most intensive needs?
- To what extent do special and general education teachers in this school or set of schools collaborate (formally and informally) to support students with the most intensive needs?

- What kinds of resources are available to teachers to support students with the most intensive needs (e.g., curricular/intervention materials, technology, access to consultants or coaches)? Are they sufficient?
- How does the leadership team at *this school* support teachers and staff in working with students who have the most intensive needs (e.g., bringing in extra support, adjusting schedules as needed, arranging for professional development, monitoring and providing guidance/advice, sharing data across school levels)?
- How does *district* leadership support teachers and staff in working with students who have the most intensive needs (e.g., bringing in extra support, adjusting schedules as needed, arranging for professional development, monitoring and providing guidance/advice, sharing data across school levels)?
- To what extent are families involved in educational decisions for supporting students with the most intensive needs? To what extent are families involved in the delivery of services and supports to students with the most intensive needs?
- Other?

9. From your perspective, what are the three biggest challenges for schools in supporting students with the most intensive needs?

- One:
- Two:
- Three:

10. How are you addressing the challenges identified in the previous question?

11. Do you think it would be possible to transfer the strategies you have mentioned to support students with the most intensive needs to other schools and districts? Why or why not?

12. Is there anything else you would like to tell us about how you support students with the most intensive academic and/or behavioral needs at your school?

Interventionist Interview Protocol

Thanks again for taking the time to speak with me this morning/afternoon. As you know, I am with the National Center on Intensive Intervention, which is funded by the U.S. Department of Education's Office of Special Education Programs. One of our activities is to identify a set of districts that have demonstrated strong academic and behavioral outcomes for their population of students with disabilities, and to learn from those districts about the strategies that their schools are using to educate their students with the most intensive needs. When we say "most intensive needs," we mean students with disabilities who don't respond to core or secondary academic instruction or behavioral programs, and who need individualized supports and services. We are *not* including students with significant cognitive impairments in this group. Before I continue, do you have any questions about how we are defining students with intensive needs?

[IF DISTRICT WAS IDENTIFIED THROUGH ANALYSIS OF OUTCOME DATA]:

Your district was identified as one of a small set of districts in [STATE] that, during the past five years, has consistently demonstrated state achievement test outcomes for your special education population that are higher than what would be predicted based on your district's background characteristics. We also conducted a telephone interview recently with [NAME OF SPECIAL ED DIRECTOR WHO WAS INTERVIEWED], and learned more about strategies that your district has been using to support students with disabilities who have intensive academic and behavioral needs. Based on that interview, we decided to follow up with a site visit to learn even more about what you all have been doing and the data that you have demonstrating success for your students who have intensive needs. In addition to speaking with you, we will be meeting with other district and school personnel, and a few parents.

[IF DISTRICT WAS IDENTIFIED THROUGH A NOMINATION PROCESS]:

Your district was identified by [NOMINATOR] as one that is demonstrating positive outcomes for students with intensive [ACADEMIC AND/OR BEHAVIORAL] needs. Based on the information we've reviewed about [DISTRICT], we decided to follow up with a site visit to learn more about what you all have been doing and the data that you have demonstrating success for your students who have intensive needs. In addition to speaking with you, we will be meeting with other district and school personnel, and a few parents.

The final product for this work will be a set of reports summarizing the information gathered across all of the district interviews and site visits. These reports will highlight best practices to share with other district and school administrators, policymakers, and other interested stakeholders. They will be made available on our website.

Before I start the interview, I would like to cover some logistical items. This interview will take about an hour. You are free to end it at any time and to pass on any question you do not wish to answer. I would like to assure you that all information obtained today will only be used for the purposes of this study to share your district's policies and strategies for supporting students who receive special education services. In our report, will be sharing the names of the districts, and we may possibly include quotes from this interview. If that happens, we will provide you with the opportunity to review the section where you are quoted to ensure its accuracy.

I'd like permission to record our conversation for note-taking purposes. No one outside the research team will listen to the recording unless you give your permission. If at any point you would like me to turn the recorder off, just let me know. Would that be okay?

Do you have any questions before we begin?

PART I. BACKGROUND

1. Let's begin by having you tell me a little bit about yourself.

- How long have you taught at this school?
- How long have you taught in this district?
- What grade(s) and subject(s) do you teach?
- What is your educational background/level of training?

2. What is your role as it relates to supporting students with the most intensive academic/behavioral needs at your school?

- Do you deliver the interventions and/or individualized instruction?
- Do you support other staff in delivering intensive interventions and/or individualized intervention?
- [IF INTERVIEWING A TEAM], Can you tell me how you work together to support students with intensive needs in this school? What are your distinct roles and how do you collaborate?

3. As you may know, your district was *[identified through a statistical analysis that we conducted as one of the top-performing districts in the state with respect to the academic performance of its special education population OR nominated by XXX as a district that has seen positive outcomes for students who have intensive academic and/or behavioral needs]*. Your district administration recommended this school as one that was performing especially well in the area of serving students with disabilities who have the most intensive needs. Do you agree with this assessment?

- What evidence/data do you have that demonstrates how successful your school has been in educating students with disabilities who have the most intensive academic and/or behavioral needs?
- Are these data that you can provide to us?

PART II. SUPPORTING STUDENTS WHO HAVE INTENSIVE ACADEMIC NEEDS

4. **To what extent does this school use a tiered instructional intervention system (e.g., response to intervention, a prereferral program)? Please describe.**
5. **In thinking about instructional intervention, how do you support students who do not respond to core instruction or even secondary instruction in a small-group setting? Can you walk me through the process that you follow when you identify a student who really needs the most intensive form of academic intervention?**
 - What type of data would you use to confirm that the student needs additional, more intensive support?
 - How are those data used?
 - What types of instructional decisions are made?
 - Who is part of the decision-making process?
 - How often are the data evaluated?
 - Are there standard decision rules or procedures in place regarding the use of data for this purpose?
 - What kinds of specialized supports are these students receiving? In other words, what do the interventions or individualized instruction “look like”?
 - To what extent are you using published intervention programs?
 - To what extent are teachers using adaptations, modifications, or strategies in addition to or instead of published intervention programs?
 - Who delivers the interventions or individualized instruction?
 - What is the typical group size when delivering intensive intervention?
 - How do you and/or your staff decide what interventions to use?
 - How frequently and for how long do you use different interventions?
 - In what setting(s) do students receive interventions and/or individualized instruction?
 - How do you monitor progress for these students?
 - What kinds of data are used?
 - How often are data reviewed?
 - Who (other than you) reviews these data?
 - How do you know if students are “responding” to the intensive intervention? How do you know if students are not? (And what do you do if they are not?)

- How do you ensure that students continue to receive appropriate supports throughout the entire school day?
 - How is time for intervention and/or individualized instruction scheduled into the school day?
 - How is intervention and/or individualized instruction aligned with core curricular content?
 - How do interventionists collaborate with classroom teachers to ensure that the student receives all of the supports that he/she needs throughout the day?
- How do you communicate with parents regarding the services you provide to their child?
 - How involved are parents in making decisions about services and supports?
 - How do you communicate information to parents about their child's progress?

PART III. SUPPORTING STUDENTS WHO HAVE INTENSIVE BEHAVIORAL NEEDS

6. **To what extent does this school use a tiered system for managing behavior at the school, class, and student levels (e.g., Positive Behavior Interventions and Supports [PBIS])? Please describe.**
7. **In thinking about behavioral intervention, how do you support students who do not respond to school-wide, classroom-based behavior management systems or secondary interventions? Can you walk me through the process that you follow when you identify a student who really needs the most intensive form of behavioral intervention?**
 - What type of data would you use to confirm that the student needs additional, more intensive behavioral support?
 - How are those data used?
 - What types of behavioral decisions are made?
 - Who makes decisions based on the data?
 - What kinds of specialized supports are these students receiving? In other words, what do the behavioral interventions or individualized behavioral support “look like”?
 - To what extent are you using published intervention programs or evidence-based practices?
 - To what extent are teachers using adaptations, modifications, or strategies in addition to or instead of published intervention programs or practices?
 - Who delivers the interventions or individualized behavioral support?
 - How do you and/or your staff decide what behavioral interventions to use?
 - How frequently and for how long do you use different interventions?
 - In what setting(s) do students receive interventions and/or individualized behavioral support?

- How do you monitor progress for these students?
 - What kinds of data are used?
 - How often are data reviewed?
 - Who (other than you) reviews these data?
 - How do you know if students are “responding” to the intensive intervention? How do you know if students are not? (And what do you do if they are not?)
- How do you ensure that students continue to receive appropriate supports throughout the entire school day?
 - How is time for intervention and/or individualized behavioral support scheduled into the school day?
 - How do interventionists collaborate with classroom teachers, mental health providers, and others to ensure that the student receives all of the supports that he/she needs throughout the day?
- How do you communicate with parents regarding the services you provide to their child?
 - How involved are parents in making decisions about services and supports?
 - How do you communicate information to parents about their child’s progress?

PART IV. SCHOOL AND DISTRICT SUPPORTING FACTORS AND CHALLENGES

8. We know that supporting students who have the most intensive needs is difficult work and requires support from the school system and the district to really work well. These next few questions have to do with these types of supporting factors.

- Is supporting students with intensive needs a priority in the school? How is that communicated to school staff and other stakeholders?
- Are there specific school or district policies or guidance documents related to intensive intervention that you follow?
- In what ways is the implementation of academic and behavioral intervention integrated and coordinated in this school?
- What are the main types of professional development available for teachers and/or administrators at this school or set of schools, specifically focused on issues related to special education students and students with the most intensive needs?
- To what extent do special and general education teachers in this school or set of schools collaborate (formally and informally) to support students with the most intensive needs?
- What kinds of resources are available to teachers to support students with the most intensive needs (e.g., curricular/intervention materials, technology, access to consultants or coaches)? Are they sufficient?

- How does *school* leadership support teachers and staff in working with students who have the most intensive needs (e.g., bringing in extra support, adjusting schedules as needed, arranging for professional development, monitoring and providing guidance/advice, sharing data across school levels)?
- How does *district* leadership support teachers and staff in working with students who have the most intensive needs (e.g., bringing in extra support, adjusting schedules as needed, arranging for professional development, monitoring and providing guidance/advice, sharing data across school levels)?
- To what extent are families involved in educational decisions for supporting students with the most intensive needs? To what extent are families involved in the delivery of services and supports to students with the most intensive needs?
- Other?

9. From your perspective, what are the three biggest challenges for schools in supporting students with the most intensive needs?

- One:
- Two:
- Three:

10. How are you addressing the challenges identified in the previous question?

11. Do you think it would be possible to transfer the strategies you have mentioned to support students with the most intensive needs to other schools and districts? Why or why not?

12. Based on your experience, what advice would you give to other interventionists about facilitating academic and behavioral success among special education students with intensive needs?

13. Is there anything else you would like to tell us about how you support students with the most intensive academic and/or behavioral needs at your school?

Parent Interview Protocol

Thanks again for taking the time to speak with me this morning/afternoon. As you know, I am with the National Center on Intensive Intervention, which is funded by the U.S. Department of Education's Office of Special Education Programs. One of our activities is to identify a set of districts that have demonstrated strong academic and behavioral outcomes for their population of students with disabilities, and to learn from those districts about the strategies that their schools are using to educate their students with the most intensive needs. When we say "most intensive needs," we mean students with disabilities who don't respond to core or secondary academic instruction or behavioral programs, and who need individualized supports and services. We are *not* including students with significant cognitive impairments in this group. Before I continue, do you have any questions about how we are defining students with intensive needs?

[IF DISTRICT WAS IDENTIFIED THROUGH ANALYSIS OF OUTCOME DATA]:

[DISTRICT] was identified as one of a small set of districts in [STATE] that, during the past five years, has consistently demonstrated state achievement test outcomes for your special education population that are higher than what would be predicted based on your district's background characteristics. We also conducted a telephone interview recently with [NAME OF SPECIAL ED DIRECTOR WHO WAS INTERVIEWED], and learned more about strategies that the district has been using to support students with disabilities who have intensive academic and behavioral needs. Based on this interview, we are following up with a site visit to learn even more about [DISTRICT] and the strategies it is using to support students with disabilities who have intensive needs. During this visit, we are conducting additional interviews with district and school personnel. We also wanted to speak with one or more parent representatives to learn about your perspective as it relates to these strategies.

[IF DISTRICT WAS IDENTIFIED THROUGH A NOMINATION PROCESS]:

Your district was identified by [NOMINATOR] as one that is demonstrating positive outcomes for students with intensive [ACADEMIC AND/OR BEHAVIORAL] needs. Based on the information we've reviewed about [DISTRICT], we are following up with a site visit to learn even more about [DISTRICT] and the strategies it is using to support students with disabilities who have intensive needs. During this visit, we are conducting additional interviews with district and school personnel. We also wanted to speak with one or more parent representatives to learn about your perspective as it relates to these strategies.

The final product for this work will be a set of reports summarizing the information gathered across all of the district interviews and site visits. These reports will highlight best practices to share with other district and school administrators, policymakers, and other interested stakeholders. They will be made available on our website.

Before I start the interview, I would like to cover some logistical items. This interview will take about an hour. You are free to end it at any time and to pass on any question you do not wish to answer. I would like to assure you that all information obtained today will only be used for the purposes of this study to share your district's policies and strategies for supporting students who receive special education services. In our report, will be sharing the names of the districts, and we may possibly include quotes from this interview. If that happens, we will provide you with the opportunity to review the section where you are quoted to ensure its accuracy.

I'd like permission to record our conversation for note-taking purposes. No one outside the research team will listen to the recording unless you give your permission. If at any point you would like me to turn the recorder off, just let me know. Would that be okay?

Do you have any questions before we begin?

PART I. BACKGROUND

1. Please tell me about yourself and your child.

- How long has your child been a student at this school/in this district?
- Does your child receive special education services? Can you describe these services? How long has he/she received these services?
- As you know, this study is focused on how schools support students who have intensive academic or behavioral needs. By "intensive," we mean that the student doesn't perform as well as he/she could with general education instruction, and requires specialized supports and services. Based on this definition, would you describe your child's needs as intensive? [IF NOT, MAY WANT TO STOP INTERVIEW UNLESS PARENT REALLY WANTS TO TALK]

2. How satisfied are you with this school and how your child's need are being met?

- How would you describe the culture of the school? How welcoming and open have staff been to supporting the needs of your child?
- To what extent did you select this school based on its reputation for providing intensive academic and/or behavioral supports?

PART II. SUPPORTING STUDENTS WITH INTENSIVE NEEDS

3. Please describe the intensive supports your child receives.

- Is the focus on academics, behavior, or both?
- When does your child receive these supports?
- How many other students receive supports at the same time as your child? In other words, if your child receives support in small-group settings, how many other students are in the group?
- What adjustments have been made to your child's school day schedule to accommodate these intensive supports?

4. Do you believe your child has benefitted from these services?

5. How do you determine if your child is or is not benefiting from these services?

6. Does the school share data demonstrating the progress your child has been making? If yes:

- What kind of data do you receive and how frequently?
- To what extent do school staff explain the data being shared with you?
- To what extent do school staff make clear to you the academic and behavioral expectations or goals for your child?

7. Please describe how you are involved in the process of educating your child.

- Participating in regular meetings with school staff?
- Making decisions about interventions and supports?
- Planning for delivery of supports?
- Discussing with school staff options regarding how you can support your child at home/outside of school?

8. Please describe how school staff members communicate with you about your child.

- Which staff members do you communicate with the most about your child?
- How available are school staff members to talk with you about your child?
- What methods does the school or teacher use to share information with you (e.g., phone calls, meetings)? To what extent does the school/teacher follow up to make sure you understood the information?
- How do you share information about your child with the school/teacher? Do staff ask you for this information?

9. What strategies do you think have been the most effective in helping your child? I know there are probably multiple strategies, but if you had to identify only *three* strategies employed by the school/district that you believe are the *most effective* in supporting students with the most intensive needs, what would those be?

- One:
- Two:
- Three:

10. From your perspective, what are the three biggest challenges for schools in supporting students with the most intensive needs?

- One:
- Two:
- Three:

PART III. CLOSING

11. Is there anything else you would like to tell us about how this school supports students with the most intensive academic and/or behavioral needs?

Appendix B: Data Coding Guide

Code	Description
Alignment with grade-level standards	Comments related to the extent to which content covered during intensive intervention aligns with grade-level standards
Alignment with IEP goals	Comments regarding the extent to which intensive intervention relates to and aligns with IEP goals
Criteria for intensive intervention—academic	Comments/discussion related to <i>how</i> students are identified as needing intensive intervention in the area of academics
Criteria for intensive intervention—behavior	Comments/discussion related to <i>how</i> students are identified as needing intensive intervention in the area of behavior
DBI	Any comments that seem to be describing the DBI process in general (even if the term DBI is not used)
Diagnostic assessment—academic	Refers to diagnostic assessment in academics—any kind of assessment used to identify very specific problem areas and strategies for addressing them; this would be something separate than progress-monitoring data
Diagnostic assessment—behavior	Refers to diagnostic assessment in behavior (e.g., FBA)—any kind of assessment used to identify very specific problem areas and strategies for addressing them; this would be something separate than progress-monitoring data
Funding	Refers to money received through grants or other means in order to implement the program; any mention of funding being an implementation challenge
Group size and composition	Refers to changing the size or composition of a small group as a form of “intensive” intervention. This can include individual (one-on-one) intervention
High expectations	Refers to having high expectations for students with disabilities (SWDs), believing they can achieve to high standards...anything like this and especially if discussed as a specific strategy for effectively educating SWDs who have intensive needs
Inclusion	Refers to including SWDs with general education students in classrooms, accountability systems, extracurricular activities...anything like this and especially if discussed as a specific strategy for effectively educating SWDs who have intensive needs

Code	Description
Individualized intervention strategies—academic	Refers to specific intervention strategies in academics that are not directly tied to any intervention platform
Individualized intervention strategies—behavior	Refers to specific intervention strategies in behavior that are not directly tied to any intervention platform
Intervention adaptation—academic	Comments related to if and how interventionists modify a standard treatment protocol in academics—can include changes to interventionist, group size, composition, frequency, duration, or strategies such as increased use of modeling, scaffolding, repetition, concrete learning opportunities, and fluency-building activities
Intervention adaptation—behavior	Comments related to if and how interventionists modify a standard treatment protocol for behavior—can include changes to interventionist, group size, composition, frequency, duration, or strategies such as increased use of modeling, breaking tasks into small steps, structured reinforcement systems, and use of motivation plans
Intervention frequency or duration	Refers to increasing the duration of and/or frequency with which an intervention is delivered as a form of “intensive” intervention
Intervention platform—academic	Refers to any standard treatment protocols (academic) used in secondary or tertiary intervention, either as a platform to be adapted or implemented with fidelity
Intervention platform—behavior	Refers to any standard treatment protocols (behavioral) used in secondary or tertiary intervention, either as a platform to be adapted or implemented with fidelity
Interventionist expertise—academic	Comments/discussion regarding who the interventionists are for academics—their background/qualifications, specific areas of expertise that they bring, and why they are valuable. Comments about interventionists that are not sufficiently qualified also would go here.
Interventionist expertise—behavior	Comments/discussion regarding who the interventionists are for behavior—their background/qualifications, specific areas of expertise that they bring, and why they are valuable. Comments about interventionists that are not sufficiently qualified also would go here.
Leadership	Refers to key personnel initiating aspects of the program and supporting or challenging other staff members

Code	Description
National/state policy	Refers to national/state requirements, influence, and political climate, or any reference to the <i>lack</i> of national or state policy and how that has inhibited implementation
Nonresponsive students—academic	Comments/discussion related to students who continue to be nonresponsive to intensive interventions in the area of academics
Nonresponsive students—behavior	Comments/discussion related to students who continue to be nonresponsive to intensive interventions in the area of behavior
Other implementation	Any other reference to factors that have supported or challenged implementation of intensive interventions
Placement	Comments related to where students receive intensive intervention (e.g., separate classes, general education classroom, pull-out/push-in, resource room)
Progress monitoring—academic	Refers to progress monitoring in academics— how do they do it, how often, who does it, under what conditions, what tools do they use, how do they use it to inform instruction?
Progress monitoring—behavior	Refers to progress monitoring in behavior— how do they do it, how often, who does it, under what conditions, what tools do they use, how do they use it to inform instruction?
Resources	Refers to technical support, professional development, materials, or personnel that enable operation of the program, or any reference to <i>lacking</i> resources as an implementation challenge
Scheduling	Comments related to when during the school day students receive intensive intervention, how schedules are adjusted, and other considerations
Scheduling/timing	Refers to the need to rearrange student or staff schedules (including challenges associated with the schedules) in order to implement the program
Shared vision/culture	Refers to believing in and working toward a common goal, or any reference to a challenge of implementation associated with a shared vision or culture
Staff buy-in	Refers to staff commitment and support, or any reference to <i>lack</i> of staff buy-in as a challenge to implementation
Staff capacity	Refers to staff knowledge and the ability to implement duties/program (or <i>lack</i> thereof)

Code	Description
Supplanting core instruction	Comments related to whether and the extent to which intensive intervention supplants core instruction (e.g., it is covering a different curriculum and the child does not receive instruction in core curricular content)
Supplementing core instruction	Comments related to whether and how intensive intervention supplements core instruction (e.g., Are they receiving it in addition to core curricular instruction? Does it align with core curricular content?)
Team-based decision making	Comments related to making decisions about intensive intervention as a team
Tiered academic intervention system	Refers to multi-tiered academic intervention delivery systems such as RTI, and specifically how intensive intervention fits within this system
Tiered behavioral intervention system	Refers to multi-tiered behavioral intervention delivery systems such as PBIS, and specifically how intensive intervention fits within this system

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