Teacher Educators and Response to Intervention: A Survey of Knowledge, Knowledge Base and Program Changes to Teacher Preparation Programs

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Abstract

With the 2004 reauthorization of the Individuals with Disabilities Education Improvement Act (IDEIA), the definition of a specific learning disability was significantly altered. No longer is it required that a student demonstrate a discrepancy between ability and performance to receive educational support (Horowitz, 1999). With this in mind, researchers developed a survey designed to ascertain information about faculty knowledge and understanding of RtI, faculty knowledge base and the degree to which this mandate has affected their teacher education programs. This study reports the results of a web-based survey completed by 84 teacher educators from 70 colleges and universities in New York. The findings focus on faculty knowledge, knowledge base, and teacher training program changes relative to RtI. Implications for preparing teachers for today's classrooms are also discussed.

Teacher Educators and Response to Intervention: A Survey of Knowledge, Knowledge Base, and Program Changes to Teacher Preparation Programs

In 1997, the National Joint Committee on Learning Disabilities (NJCLD) informed the Office of Special Education Programs (OSEP) of its concern with the discrepancy model used in the identification process of students with disabilities (Bradley & Danielson, 2004). This model required that students demonstrate a discrepancy between their predicted ability and their actual academic achievement. In reality, this translated into waiting for students to fail before support became available to them.

It is important to note that more than half of the students with disabilities receiving services in the public schools, principally in the general education classroom, are classified as having specific learning disabilities (USDOE, 2004). Therefore, the number of children involved is sizeable and the implications for all educators far reaching.

In response to NJCLD concerns, OSEP created the Learning Disabilities Initiative, which began as a comprehensive attempt to bring researchers, professional organizations, advocacy groups, educators, and other stakeholders to a consensus regarding the identification and implementation of improved procedures for Specific Learning Disabilities (SLD) identification. The Response to Intervention (RtI) Initiative grew out of this need to re-conceptualize the identification process for SLD.

Educational researchers have focused enormous energy looking at various aspects of RtI. Shinn (2007) examined the use of curriculum-based measurement in the process. O'Connor, Harty, & Fulmer (2005) studied the effectiveness of RtI as a means for identifying students at risk for learning disabilities. Sandomierski, Kincaid, & Algozzine (2007) and Fairbanks, Sugai, Guardino, & Lathrop (2007), and Sugai (2007) explained the similarities between RtI and positive behavioral support. In addition, Fairbanks et al looked at the relationships of the interventions and the tiered model. While all of this research is meaningful, additional attention is needed to investigate the impact of RtI on all the stakeholders, including teacher educators. This study seeks to examine teacher educator knowledge of RtI and the degree to which it affects teacher preparation programs.

RtI Defined

> There should be alternate ways to identify individuals with SLD in addition to achievement testing, history, and observations of the child. Response to…quality intervention is the most promising method of alternate identification and can both promote effective practices in schools and help to close the gap between identification and treatment (Bradley, Danielson, & Hallahan, 2002; p. 8)

As a model consistent with a shift of emphasis from process to outcomes for students with disabilities, RtI has emerged as a positive alternative to the discrepancy model of learning disabilities identification. This shift is viewed as important both practically and theoretically in the field of SLD because historically, the focus has been on diagnosis rather than intervention effectiveness. Current research investigates the effectiveness of traditional and innovative interventions (Burns & Senesac, 2005; McMaster, Fuchs, Fuchs, & Compton, 2005; Bradley, Danielson, & Doolittle, 2005; Ysseldyke, 2002).

The RtI approach represents multiple models, which share the following characteristics:

- Universal screening early in the first tier (Catts, Petscher, Schatschneider, Bridges, Mendoza, 2009).
- Multi-tiered intervention and problem solving approach (Marston, 2005; CEC Position Paper, 2007)
- Scientific, research-based interventions (Vaughn, Wanzek, Murray, Scam Macca, Linan-Thompson, Woodruff, 2009).
- Continuous progress monitoring to inform instructional decision making (Lane, Rogers, Parks, Weisenbach, Mau, & Merwin & Bergman, 2007)

- Provisions for referral for a comprehensive evaluation (Moore-Brown, Montgomery, Bielinski & Shubin, 2005; Ofiesh, 2006)

Universal screening measures assess students' academic or behavioral skills or abilities that are predictive of learning and achievement. Early screening is critical so that we do not have a "wait to fail" model. Universally screening students new to school or new to a district can ensure that children are overlooked in the screening process.

RtI is a multi-tiered service model, frequently described as a three-tier model. Tier one consists of research-based curricular instruction for all students. Tier two is research-based intervention designed for students who have demonstrated limited progress in tier one. These students are not achieving at the same rate as the rest of the class. Students who are having difficulty in tier one receive intense tier two intervention to supplement curriculum and instruction in the general education classroom. Tier three is for specific students who do not respond sufficiently in tier two and need even more individualized intense interventions. Tertiary interventions may include special education.

Under an RtI service delivery system, a problem solving team supports targeted students in the general education classroom. They meet and discuss outcome data and determine which intervention is appropriate for individual students. The model emphasizes student performance based on well-defined measures, such as those used in curriculum-based measurement.

Scientific research-based interventions may include direct instruction of strategic instruction. School staff is expected to implement research-based interventions to meet the needs of specific students. Selection of specific interventions is based upon proven success for skills addressed. Staff should examine curriculum options to ensure intervention effectiveness.

Continuous progress monitoring is defined as scientifically based assessment of students' academic performance in all tiers. It is done to determine whether students are making academic or behavioral progress. Progress monitoring can inform the school staff as they develop interventions at the next tier. Measures are directly related to grade and tier level as well as the curriculum.

The referral process ensures that when student performance indicates limited response or success in an earlier tier, a comprehensive evaluation is conducted to determine whether a student has a disability. Students with disabilities, identified as a result of the referral process, will be provided with individualized instruction.

According to Zirkel & Krohn (2008), the 2004 reauthorization of IDEIA effectively removed the longstanding federal requirement to use the aptitude/achievement discrepancy for the identification of SLD, and it now permits RtI to be used as an approach for identification. Specifically, the 2006 IDEIA regulations (300.307)(a) require each state to choose its SLD eligibility "criteria' from among the following options (Zirkel & Krohn, 2008):

(1) Severe discrepancy (may prohibit or permit),
(2) RtI (must permit),
(3) Other alternative research-based procedures--may permit (p.71).

The 28th Annual Report to Congress (2009) remind us that most students with disabilities (96%) spend at least part of each school day in a general education classroom—an average of 4.8 hours per day, meaning that RtI is largely a general education initiative. However, the impact of this new educational policy and legislation affects the roles of *both* general and special education teachers. This results in a challenge to teacher educators, who must revise teacher preparation to meet shifting responsibilities and the change in instructional practice.

Pre-service Teacher Preparation for RtI

A recent search of the literature reveals a dearth of articles on RtI and teacher preparation programs. It may be too early to see the ramifications of this lack of information at the post secondary level, but questions and concerns are bubbling up. In 2007, the Learning Disabilities Association of New York State issued a paper voicing unease with teacher preparation for RtI: "Ensuring teachers are adequately trained to appropriately deliver RtI in a general education classroom is also paramount to the success of RtI and the regulations do not adequately address teacher preparation requirements (p.2)."

Hougen (2008) reviews what specifically needs to be included in general education teacher preparation curriculum. She says, "Rarely have I seen Response to Intervention introduced in the general education pre-service teacher class. Rather it is presented as a special education initiative, though general education has primary responsibility for effective Tier 1 and 2 instruction (p.16)."

The preparation of all educators to assist all students, including those with disabilities, in meaningfully accessing the general curriculum becomes a critical component of successful large-scale implementation of RtI (Bradley, Danielson & Hallahan, 2002). At the university level, this need demands that teacher educators impart the correct knowledge and skills to pre-service teacher candidates. Hougen (2007) asserts that pre-service teachers can benefit from the opportunity to apply RtI principles and techniques as part of their professional preparation. Hougen outlines essential components of a pre-service teacher preparation program as well as professional development models:

- the integration of evidence-based instructional strategies in coursework and professional development modules
- the incorporation of scientifically-based reading instruction (SBRI) in coursework and professional activities
- the use of evaluative tools to determine the integration of SBRI into coursework and professional development .

In order for pre-service to develop skills necessary to RtI implementation, teacher educators must incorporate the essential components of RtI into their course instruction.

The following research examines current teacher educator knowledge and understanding of RtI in order to determine just what is being incorporated into teacher preparation programs, and how.

Methodology

Participants

Eighty-four faculty members from colleges and universities throughout New York State participated in this study. The expertise of respondents spanned general and special education, and included all developmental levels: early childhood, childhood and adolescence. Most participants considered themselves experts in special education with eight to eleven years of experience in higher education. Their departmental affiliation was equitably distributed across general education, special education, and combined programs. Sixty-six percent of the participants had eight to eleven years of experience in higher education. Thirty-one percent reported having seven or fewer years of experience (Table 1).

Table 1.
Demographic of Participants

Faculty Experience, Expertise & Affiliation					
Years of HE Experience	%	Area of Expertise	%	Department Affiliation	%
0-3 years	6%	Special Ed.	74%	General Ed	29%
4-7 years	25%	Secondary Ed.	26%	Special Ed	35%
8-11 years	65%	Early Childhd	16%	Sp Ed/Gen Ed	33%
No response	4%	Ear Ch Spe Ed	14%	No response	4%
Dept Size & Configuration					
Size of Dept	%	Ed Dept?	%	Faculty in Dept	%
<100	12%	Yes	81%	1-5	19%
100-299	36%	No	17%	6-10	25%
300-499	30%	No response	2%	More than 10	52%
500 or >	30%			No Response	4%
No Response	4%				
Type, Size & Location of Institution					
Type College/Univ	%	Size	%	Location	%
Private	73%	< 1,000	1%	Upstate NY	14%
Public	25%	1,000 – 2,999	26%	Western NY	14%
No Response	4%	3,000 – 4,999	23%	Northern NY	7%
		5,000 or >	46%	Capital District	5%
				Mid-Hudson	14%
				Long Island	37%
				New York City	6%
				No Response	2%

Instrument

Design: The RtI Survey was designed to gather information about teacher educators' knowledge about RtI, sources of their knowledge base, and their plans for teacher training in light of the RtI mandate. A team of researchers crafted the survey questions after careful review of the literature. Specifically, researchers considered the seminal work of O'Connor, Harty, & Fulmer (2005) Horowitz (1999), Bradley et al., (2007), and the Council for Exceptional Children's position paper (2007) on RtI.

Items were presented in two formats: multiple-choice (55%) and multiple response (45%). Content-related survey items were divided into three categories: eleven items pertained to faculty knowledge about RtI; five items to how faculty developed their knowledge-base about RtI, and four items to how faculty think RtI has/will influence teacher preparation program changes (Figure 1.) In consultation with an instrument specialist, the presentation of items was carefully planned and readjusted to ensure that item stems and response options were construct consistent.

Figure 1.
Overview of Survey to Teacher Educators

Category	Description	Percent
Item Formats:	Multiple choice	55% (11)
	Multiple Response	45% (9)
Focus of Survey Items	Faculty knowledge about RtI: • progress monitoring • interventions appropriate to progress monitoring • responsibility for tier 1 & 2 intervention • expected outcome of RtI—student performance • expected outcome of RtI—referral rate	55 % (11) 25% (5)
	Source of knowledge base: • primary source • hours spent in knowledge building • motivation to seek information about RtI	20% (4)
	Plans for Teacher Prep programs: • importance of RtI for pre-service teachers • professional responsibility for preparing teachers for progress monitoring • how RtI has changed/will change teacher preparation programs	

Web-based Survey: The computer-based survey was created with SNAP software. Researchers chose to use a web-based survey for a number of reasons: 1) our

audience of teacher educators use the Internet extensively and therefore we felt that this medium would yield a higher response rate and 2) the electronic format allowed for thoughtful responding at a preferred pace, without immediate time constraints (Chang & Krosnick, 2002). Use of this electronic medium allows researchers to eliminate the expense of paper distribution and the challenge of the low or no-response rate often typical of paper surveys. Educators use the World Wide Web as a research tool to acquire and disseminate valuable information. It also affords researchers the opportunity to expand their target sample without the cost of duplication and mailing (Dix & Anderson, 2000).

Preparation of the survey for a web-based format led researchers to a web-based instrument consultant. Consultation resulted in changes to the initial survey format (placement of demographic items) and presentation (font size and type, background display, and navigation tools) before piloting the instrument.

Piloting & Instrument Revision: The survey was sent to a pilot group of 20 higher education faculty involved in general and special teacher education at the graduate and undergraduate level, in and outside the state of New York. These individuals were selected based upon their expertise in learning disabilities, evidence-based practices, progress monitoring, and/or the implementation of educational mandates. The response rate was 30% for this pilot study. Feedback from the pilot led researchers to: 1) make wording changes, 2) reorganize items, and 3) include an additional item to the final instrument.

Wording changes were made to items specific to responsibility for implementation by tier. Items were rewritten to elicit opinions of participants (i.e., "Who is most responsible …" to "Who, do you think, is responsible …"), to more clarify item wording (i.e., "In your opinion, who is primarily responsible for the second tier of RTI?" to "In your opinion, who is primarily responsible for implementing further intervention when the initial intervention does not result in adequate progress?").

Reorganization of response options, question parameters, and overall organization of the survey was changed to ensure that like concepts and ideas were organized linearly. Item stems were also changed to elicit multiple and singular responses to instrument items. Finally, the item, "What are the key elements of RtI?" was added to the faculty knowledge section of the instrument.

Data Collection

The survey was emailed to faculty at the researchers' institution with a link to the computer-based survey. Four weeks later, the survey was sent to 287 members of the New York State Higher Education Support Center for Systems Change (NYSHESC) and the Task Force on Quality Inclusive Schooling**.** All responses were recorded electronically through the SNAP web-based survey. A total of 84 surveys were completed and returned after two mailings, yielding a 29% response rate. No further follow-up of non-responders was conducted.

The criteria for including returned surveys were: 1) response to item number one (How familiar are you with the Response to Intervention (RtI) mandate?) and 2) completion of at least 75% of survey items. All of the surveys received met these criteria.

Data Analysis

Three measures were derived from participant responses: Faculty Knowledge, Knowledge Base, and Program Changes. The "Faculty Knowledge Score" represents the total correct/acceptable item responses on this section of the instrument. This score reflects participants' grasp of the tenets of RtI as presented in IDEIA 2004. The "Knowledge Base Score" represents respondents' efforts to gather information and training about RtI. This score reflects participants' level of commitment to learning about RtI. Lastly, the "Program Change Score" corresponds to the influence of the RtI measure on teacher preparation programs. This score shows how participants have changed or plan to change teacher preparation programs as a result of the RtI mandate.

To establish the reliability of instrument items, item analysis statistical tests yielded Cronbach's Alpha of .785. Researchers were unable to establish predictive validity of the instrument at the time of this study, because no standardized test was readily available to assess similar knowledge of university professions on this topic.

A Multi-variate analysis of variance (MANOVA) statistical test was run to determine whether there are significant differences between the means scores of survey participants on three dependent measures: Faculty Knowledge Score, Knowledge Base Score, and Program Change Score. Two independent variables, Areas of Specialization and Self-reported Familiarity, were employed for this test. Wilks lambda results are reported for tests with a significance level of .05.

Results

A two-way MANOVA was computed for specialization and familiarity on Faculty Knowledge, Knowledge Base, and Program Change. Significant differences were yielded for familiarity with RtI: Wilks' lambda $F(9,72)=5.045$, $p=.000$. Results of the MANOVA are presented in a skeletal source table (Table 2).

Table 2.

Skeletal Source Table Familiarity x Specialization

Multivariate Analyses				Univariate Analyses							
					Fac Knowl		Knowl Base		Tchr Prep Prog Change	
Source	*df*	F	***p***	*df*	F	***p***	F	***p***	F	***p***
Specializ	6, 142	0.174	.983	2,73	0.137	.872	0.309	.735	0.110	.896
Familiarity	9, 72	5.045	.000	3,73	6.046	.001	10.139	.000	2.649	.055
Spec x Familiar *p=.05*	15,196	0.492	.943	5,73	0.557	.733	0.415	.837	0.445	.816

Univariate tests indicated a significant difference for Faculty Knowledge and Knowledge Base by familiarity: Faculty Knowledge F(3, 73)=6.046, *p*=.001; Knowledge Base F(3,73)=10.139, *p*=.000.

Means reported in Table 3 indicate a significant difference by familiarity. Participants who were very familiar with RtI yielded high mean scores for Knowledge and Knowledge Base. The more familiar participants were with RtI, the greater their Knowledge and Knowledge Base means.

Table 3.
Familiarity: Mean Scores by Dependent Measures

Familiarity		Faculty Knowledge	Knowledge Base	Program Change
Very Familiar	Mean	22.19	7.08	8.08
	n	26	26	26
	Std. Deviation	2.980	1.896	2.331
Familiar	Mean	21.09	5.91	6.86
	n	35	35	35
	Std. Deviation	3.861	1.788	2.088
Somewhat Familiar	Mean	20.12	3.76	7.59
	n	17	17	17
	Std. Deviation	5.711	1.921	3.222
Not Familiar at All	Mean	11.00	1.00	3.50
	n	6	6	6
	Std. Deviation	9.077	1.265	3.728
Total	Mean	20.51	5.49	7.14
	n	84	84	84
	Std. Deviation	5.256	2.476	2.751

After specialization yielded no significant difference in the two-way MANOVA, a one-way MANOVA was run for specialization on three dependent variables: Faculty Knowledge, Knowledge Base, and Program Changes to determine if there were differences by area of specialization.

Results indicate significant differences: Walk's lambda F=(6,158)=3.145, p=.006. Univariate tests indicated a significant difference on Faculty Knowledge and Knowledge Base: Faculty Knowledge F(2,81)=3.885, p=.024; Knowledge Base F(2,81)=8.1555, p=.001.

The pattern of means reported in Table 4 indicates a significant difference in participants with specialty. Special educators yielded higher mean scores for Knowledge. Participants with dual specializations yielded higher Knowledge Base means. The mean scores for Knowledge and Knowledge Base for general educators were lower than the mean scores of educators who specialize in special education or educators who specialize in special education and general education.

Table 4.
Specialization: Mean Scores by Dependent Variables

Area of Specialty		Faculty Knowledge	Knowledge Base	Program Change
Gen Ed	Mean	17.85	3.75	6.05
	n	20	20	20
	Std. Deviation	7.400	2.693	3.720
Sp Ed	Mean	21.69	5.81	7.60
	n	42	42	42
	Std. Deviation	3.960	2.110	2.528
Dual Specialization	Mean	20.68	6.45	7.27
	n	22	22	22
	Std. Deviation	4.412	2.220	1.830
Total	Mean	20.51	5.49	7.14
	n	84	84	84
	Std. Deviation	5.256	2.476	2.751

Summary

Results indicate a significant difference in means for Faculty Knowledge and Knowledge Base by the two independent variables: area of specialization and self-reported familiarity. Special educators knew more about RtI. Individuals with dual specialization (general education and special education) had a more extensive knowledge base. There was no significant difference in means for program change for either the two independent variables.

Discussion

When examining faculty knowledge of RtI, 72% of respondents reported that they were "very familiar" or "familiar" with RtI. Although a majority indicates a high level of familiarity, it is a concern that five years after the introduction of RtI in IDEIA (2004), 28% of teacher educators report that they are “somewhat familiar” or “not familiar at all.”

The implications for teacher preparation programs cannot be ignored. As public schools are scrambling to implement an RtI model, there is the expectation that recent education graduates will be ready to take part in the process. Without knowledge, faculty cannot design appropriate teacher preparation programs that meet the needs of public schools. As a result the gap between higher education and public schools widens.

Mellard & Johnson (2008) stated that the establishment of the RtI model represents a major shift in the roles and responsibilities of educators and their professional development, and greater collaboration between general and special educators. These changes extend to teacher education programs and the need for faculty to educate themselves about RtI so they can correctly inform their pre-service programs. Special educators and educators with dual specialization in special and general education, sought

out more resources and training than general educators. Whether this finding is a result of not viewing RtI as a general education mandate is not clear. Because RtI is written into the IDEIA (2004) legislation some general educators may not realize it is a general education mandate. They may also not understand their role in the process or the affect on instruction in their individual classrooms.

Kings-Sears, Boudah, Goodwin, Raskind, Swanson, (2004) ask [if] "We depend on truly highly qualified teachers to carry out RtI interventions... where are these people and how do they become 'highly qualified'? He further contends that "those who conduct teacher training and professional development must provide training and support through traditional and alternative models of teacher education (p.79)."

All respondents except those reporting no familiarity with RtI, recognize the need to incorporate the RtI model/mandate into teacher preparation. A very high percent, 93%, of teacher educators understand the importance of RtI to their teacher education programs. However, this study suggests that teacher educators have not yet made significant changes in the planning of teacher preparation programs. Unless attention is given to needed changes, teacher preparation programs will evidence a widening disconnect between higher education and schools across the United States.

Further Study

This study focuses on the knowledge and knowledge base of teacher educators in higher education. They represent only one set of stakeholders impacted by RtI. Further study is needed to examine the knowledge and knowledge based of classroom teachers and school administrators. Further study should also examine the fidelity of RtI implementation in public schools. In addition, research is needed to examine practitioners' knowledge & practice relative to RtI. Longitudinal research could examine the timeframe needed to systematically implement RtI and other educational mandates pertinent to educational reform.

Conclusion

This study is a first step toward establishing the current knowledge level of faculty and the evolving needs for teacher preparation with respect to response to intervention. Results provide a positive window into the current state of faculty knowledge, teacher education and pre-service teacher curriculum. However, it is only an initial look into an evolving process.

Thirty years ago, the intent of the Education for the Handicapped Act (EHA) was to find children, assess them, and place them in categorical programs (Prasse, 2006). Today, the intent of federal legislation focuses on student outcomes and performance, and access to quality instruction and learning. RtI has emerged as the model to implement this change. It is considered "a valuable model for educators because of its potential utility in the provision of appropriate learning experiences for all students as well as in the early identification of students as being at risk for academic failure (Johnson & Smith, 2008; p

46)." This dramatic change in the special education delivery system requires an equally compelling change in the way we prepare future teachers.

References

Bradley, R., Danielson, L. & Doolittle (2007). Responsiveness to intervention: 1997 to 2007. *Teaching Exceptional Children,* 39(5), 8-12.

Bradley R. & Danielson, L. (2004). The Office of Special Education program's LD initiative: A context for inquiry and consensus. *Learning Disability Quarterly* 27(4), 186-188.

Bradley, R., Danielson, L., & Hallahan, D. (2002). *Identification of learning disabilities: Research to practice.* Mahwah, NJ: Lawrence Erlbaum.

Burns, M. K., & Senesac, B. V. (2005). Comparison of dual discrepancy criteria to assess response to intervention. *Journal of School Psychology*, 43, 393-406.

Catts, H.W., Petscher, Y., Schatschneider, C., Bridges, M.S., Mendoza, K. (2009). Floor effects associated with universal screening and their impact on the early identification of reading disabilities. *Journal of Learning Disabilities* 42(2), 163-176.

CEC (2007). Position paper on Response to Intervention. http://www.cec.sped.org/AM/Template.cfm?Section=CEC_Professional_Policies&Template=/CM/ContentDisplay.cfm&ContentID=9213

Chang, L. and Krosnick, J. A. (2002). A comparison of the random digit dialing telephone survey methodology with Internet survey methodology as implemented by knowledge networks and Harris Interactive." *Paper presented at the annual meeting of the American Political Science Association, Boston Marriott Copley Place, Sheraton Boston & Hynes Convention Center, Boston, Massachusetts Online* <.PDF>. 2008-09-15 from http://www.allacademic.com/meta/p66294_index.html

Dix, K.L. & Anderson, J. (2000). Distance no longer a barrier: Using the internet as a survey tool in educational research. *International Education Journal* 1(2), 83-93.

Fairbanks, S., Sugai, G., Guardino, D., Lathrop, M. (2007). Response to Intervention: Examining classroom behavior support in second grade. *Exceptional Children* 73(3), 288-310.

Horowitz, S. (1999).The discrepancy formula: How the aptitude-achievement formula keeps educators from doing their jobs. *Adapted from a presentation by Dr. Horowitz at the 49th Annual Conference of the International Dyslexia Association.* Austin, Texas.

Hougen, M. (2008). *What teacher educators need to teach about evidence-based instruction and response to intervention*. TQ Source: On-line Discussion Board. The National Comprehensive Center for Teacher Quality. Retrieved from http://www.tqsource.org/forum/documents/EvidencedBasedInstructionalStrategiesHougenPaper.pdf

IDEIA (2004). *Individuals with Disabilities Education Improvement Act 2004* (P.L. 108-446).

Johnson, E. S. & Smith, L. (2008, January/February). Implementation of response to intervention at Middle School Counsel for Exceptional Children. *Teaching Exceptional Children, 40*(3), 46-53.

King-Sears, M. E., Boudah, D. J.,Goodwin, M. W., Raskind, M. H., & Swanson, H. L. (2004). Timely and compelling research for the field of learning disabilities: Implications for the future. *Learning Disability Quarterly* 27(2), 77-88.

Lane, K.L., Rogers, L.A., Parks, R.J., Weisenbach, J.L., Mau, A., Merwin, M.T., Bergman, A.A. (2007). Function-based interventions for students who are nonresponsive to primary and secondary prevention efforts: Illustrations at the elementary and middle school levels. *Journal of Emotional & Behavioral Disorders 15*(3), 169-183.

Marston, D. (2005). Tiers of intervention in responsiveness to intervention: Prevention, outcomes, and learning disabilities identification patterns. *Journal of Learning Disabilities, 38,* 539-544.

McMaster, K. L., Fuchs, D., Fuchs, L. S., & Compton, D. L. (2005). Responding to nonresponders: An experimental field trial of identification and intervention methods. *Exceptional Children, 71*(4), 445-463.

Mellard, D.F. & Johnson, E. (2008). *RTI: A practitioner's guide to implementing Response to Intervention*. Thousand Oaks, CA: Sage.

Moore-Brown, B.J., Montgomery, J.K., Bielinski, J., Shubin, J. (2005). Responsiveness to intervention teaching before testing helps avoid labeling. *Topics in Language Disorders* 25(20, 148-167.

O'Connor, R.E., Harty, K. R., & Fulmer, D. (2005). Tiers of intervention in kindergarten through third grade. *Journal of Learning Disabilities*, *38(6), 532-538.*

Ofiesh, N. (2006). Response to intervention and the identification of specific learning disabilities: Why we need comprehensive evaluations as part of the process. *Psychology in the Schools* 43(8), 883-888.

Prasse, D. P. (2006). Legal supports for problem-solving systems. *Remedial and Special Education, 27* (1), 7-15.

Sandomierski, T., Kincaid, D., & Algozzine, B. (2007). Response to intervention and positive behavior support: Brothers from different mothers or sisters with different misters? *Positive Behavioral Interventions and Supports Newsletter, 4*(2), 1–4.

Shinn, M.R. (2007). Identifying students at risk, monitoring performance, and determining eligibility within response to intervention: Research on educational need and benefit from academic intervention. *School Psychology Review 36*(4), 601-617. http://PAREonline.net/getvn.asp?v=7&n=19

Sugai, G. (2007). *School-wide positive behavior support and response to intervention*. A paper presented at Southern Maryland PBIS Summer Regional Conference. Waldorf, MD.

U.S. Department of Education (2004). *Twenty-sixth annual report to congress on the implementation of the Individuals with Disabilities Education Act*. Washington DC: Author.

Vaughn, S., Wanzek, J., Murray, C.S., Scammacca, N., Linan-Thompson, S. Woodruff, A.L. (2009). Response to early reading intervention: Examining higher and lower responders. *Exceptional Children*75(2), 165-183.

Ysseldyke, J. (2002). Response to "Learning disabilities: Historical perspectives." In R. Bradley, L. Danielson, & D. P. Hallahan (Eds.) In *Identification of learning disabilities: Research to practice.* Mahwah, NJ: Lawrence Erlbaum.

Zirkel, P. A. and Krohn, N. (2008). RtI after IDEA: A survey of state laws. *Teaching Exceptional Children*, 40(3), 71-73.