Commentary

Context Matters: Insight on How School-Based Factors Impact the Implementation of Response to Intervention and Achievement for Students With Learning Disabilities

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Response to Intervention (RTI) is a complex initiative which requires the ongoing support and communication of multiple stakeholders (e.g., teachers, administrators, support staff). The purpose of this paper is to examine RTI and direct application of the framework with public school practitioners. The paper is separated into several sections. First, critical components of the RTI framework are defined and reviewed in the existing literature. Second, the author will compare and contrast personal, anecdotal observations with the existing literature to explore gaps between research and practice in implementing schools. Finally, the author will discuss the impact of the divide on students with and at-risk for learning disabilities. Implications for practice and suggestions for future research will be discussed.

Response to intervention (RTI) is a process of tiered assessment and instruction practices designed to prevent student failure and promote student achievement (Fletcher & Vaughn, 2009). In Tier 1, a robust core curriculum is delivered by general education classroom teachers. Routine academic screens are used to identify students at-risk for learning problems. In Tier 2, struggling students are provided research-validated interventions and their progress is monitored. In Tier 3, students who do not make satisfactory growth are progressively given more intensive intervention (e.g., smaller group size, more intervention time). The purpose of increasing the intensity is to make an intervention more customized to students' specific deficits. Special education is generally considered to be responsible for supporting student needs in Tier 3 (Fuchs, Fuchs, & Stecker, 2010).

RTI and Learning Disability Eligibility

RTI has been endorsed and codified in law (Individuals with Disabilities Education Act, 2004) as part of evidence to find students eligible for special education as learning disabled (LD). This is in contrast to a widely used method of identification for LD. Historically, intelligence quotients scores (IQ) and standardized achievement tests were administered to determine if a student's

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intellectual ability significantly deviated from academic skills (Francis, Fletcher, & Stuebing, 2005). To illustrate, a student is evaluated for special education and obtained a score of 100 on an IQ test and a score of 85 on an achievement test. The state's threshold for a "discrepancy" is 15 points, so this information would be used as evidence of LD.

Unfortunately, the practice of discrepancy produces a number of detrimental consequences such as delay in intervention, non-dynamic assessment procedures, and failure to inform the instructional process. First, children do not receive a special education services until a child's discrepancy is large enough to be found eligible. Thus, struggling students are not provided the necessary help until a label of LD is assigned. This practice gave rise to the statement "wait-to-fail" due to the fact children have to continually fail and found eligible for an LD before school personnel provide support (Vaughn & Fuchs, 2003). This is problematic because it is now well established that literacy intervention is generally most effective if implemented early (Connor, Alberto, Compton, & O'Connor, 2014). Second, the evaluation procedures represent a single, static point in time. Thus, the discrepancy method fails to account for the measurement error inherent in present educational assessments (Fletcher et al., 1998). Finally, and most importantly, discrepancies provide limited information for educators to plan and implement beneficial instruction (Gresham & Witt, 1997). In sum, the accumulated evidence indicates the discrepancy method for identification and remediation results in a poor process for identifying and preventing academic problems.

"Simpler" RTI

Recently, the Institute of Educational Science (IES) funded by the United Stated Department of Education conducted a large-scale assessment on the impact of RTI in elementary school (Balu et al., 2015). The evaluation indicated the practice of RTI screening did not significantly improve student achievement for students scoring just above and below the 40th percentile on an assessment of reading. In fact, Balu and colleagues stated that it negatively impacted student achievement for students who appeared to require academic support. These results have led to skepticism and questions related to the efficacy of RTI (Johns, Kauffman, & Martin, 2016). For example, a recent commentary in *Education Week* suggested that RTI practices may be negatively impacting the children it was developed to assist (Sparks, 2015).

Conversely, some researchers have argued that RTI practices are not at fault, but all of the moving parts may not be feasible for school-based personnel to implement. In a recent article in *Exceptional Children*, Lynn Fuchs and Doug Fuchs (2017) reviewed large scale studies on the effectiveness of RTI. In their analysis, the authors discussed the results within the context of practitio-

ners struggling to implement components with fidelity and complete their other responsibilities. In light of their commentary, Fuchs and Fuchs proposed the use of a two-tier model. In this "simpler" model, general education (Tier 1) is responsible for providing a strong core curriculum, supplemental instruction and on-going progress monitoring. Students who are unresponsive to Tier 1 are referred to special education (Tier 2) for more individualized instruction and monitoring.

Now What?

The explicit purpose of RTI is to promote achievement and prevent academic failure. General education is held accountable to help struggling students by providing a wider range of supplemental services. Student progress is monitored and instruction is intensified for non-responders. Thus, students timely receive help without being identified for special education. Currently, these lofty ambitions do not appear to be documented (Balu et al., 2015). RTI in real world settings may not raise student achievement for struggling students. Based on this supposition, one could further assume RTI practices are failing students at-risk for and with LD. Since student achievement is not maximized, students at-risk for LD presumably are not making strides in performance. The resulting outcome of these statements suggest students are not significantly improving, then at-risk students may eventually be identified as having an LD. If these assumptions hold, schools may have moved from a "wait-to-fail" to "watch-them-fail" model (Reynolds & Shaywitz, 2009). In sum, specific purposes of RTI such as early intervention, to avert academic failure and avoid unnecessary labels for struggling students may not be happening for many students in schools.

Purpose

The aim of this paper is to determine the reasons behind implementation issues. It appears that practitioners have difficulty implementing key RTI practices with fidelity due to the complexity of the current model (Fuchs & Fuchs, 2017). This inability to attend to fidelity appears to be due to contextual factors that are prevalent at the school-level.

In light of the recent charged debates regarding the value of RTI, it seems timely to discuss issues and trends related to the implementation of RTI for elementary-aged settings. The purpose of this commentary is not to lend an authoritative voice on the subject of RTI nor the IES evaluation because other more qualified voices have already raised their views (i.e., Fuchs & Fuchs, 2017; Gersten, Jayanthi, & Dimino, 2017). In addition, this commentary is *not* to denigrate or suggest general or special education teachers are incompetent. (In my professional career, I have met a large number of passionate and adept educators who possessed a strong desire to see their students succeed and open to adapt practices to realize that goal.) As opposed to denigrating teachers, I plan

to review several of the essential practices in the RTI framework and discuss contextual factors on the local level to impede implementation. These reflections will consist of what is known from research and more than a decade of personal experiences as a school psychologist and special educator. Finally, I will offer suggestions for implications to policy and practice to improve the planning and implementation of RTI in schools.

Essential Components of RTI

The following section of the paper will address several important practices associated with RTI. I will define each practice, briefly review what is known from research on the topic and provide a perspective of problems that hinder school-level implementation. The components reviewed are considered to be vital for the implementation of RTI (National Center on Response to Intervention, 2010) which consist of (a) universal screening, (b) progress monitoring, and (c) data-based decision making.

Universal Screening

Universal screening is the process of quickly assessing the school population for potential academic problems. To use a medical analog, universal screening is similar to when an individual gets a blood pressure check during an annual physical. The purpose is to warn health care personnel of future cardiovascular problems. Through research, guidelines or cut-points have been established to indicate when an individual is at-risk for future heart problems. If an individual score above that at-risk cut-point (i.e., blood pressure of 140/80), the doctor will recommend a change in lifestyle (e.g., diet, exercise, medication) to prevent further heart disease.

To connect the medical analogy with education, screening provides a quantitative measure on the general health of academic programs. Typically, the entire population of school will be screened at least three times per year. Educators select a brief screening tool in one or more academic areas. The screening tools should have strong reliability and validity in predicting performance on important measures of achievement, such as high stakes assessments (Baker et al., 2015). For example, curriculum-based measurement (CBM) such as oral reading fluency (ORF), has consistently been shown to be a strong predictor of state accountability and nationally normed tests (Kilgus, Methe, Maggin, & Tomasula, 2014). Students that score below the cut-point are deemed to be vulnerable to potential reading problems and provided supplemental reading instruction. In a review on RTI practices, Gersten et al (2009) concluded that screening may lead to positive student achievement. To realizes these improvements, Gertsen and colleagues recommended all students are screened at least twice per school year. In addition, students whose risk level exceed the threshold

for the screening device receive more intensive instruction and regularly monitor their progress.

Gated-Screening. As part of the universal screening process, it has been recommended that practitioners use multiple measures to more accurately identify at-risk populations of students (Jenkins, Hudson, & Johnson, 2007). The rationale is a single measure screen often miss too many students who may need intervention (Fuchs, Fuchs, & Compton, 2012; Jenkins et al., 2007). This is referred to as a gated-screening process in the research literature (Compton et al., 2010; VanDerHeyden, 2009). The process includes several steps. First, educators use a short measure to initially screen all students. Next, students who fail the screen follow-up with a second, slightly more involved screening tool. Then students who fail the second screen receive supplemental instruction.

Researchers recommend practitioners use follow-up measures that mimic an instructional trial, such as dynamic assessment (Fuchs, Fuchs, Compton, Bouton, & Caffrey, 2007). Dynamic assessment is the process of using an instructionally relevant activity to test a student's competency in a particular academic domain. For example, Fuchs et al. (2007) developed a standardized decoding task to flexibility assess student word reading skills. Students are exposed to increasing difficult word patterns (consonant-vowel-consonant [CVC], CVCC, CVC "ing" words). If students perform below a predetermined threshold, they are provided intervention because their lack of skill mastery suggests a need for support.

There is accumulating evidence that dynamic assessment may be helpful for practitioners in the use of RTI (Van Norman, Nelson, Klingbeil, Cormier, & Lekwa, 2018). Fuchs, Compton, Fuchs, Bouton, and Caffrey (2011) used a dynamic assessment of decoding learning in the fall of first grade to predict response to reading instruction. Compared to other predictors of reading skills (i.e., alphabetic knowledge, oral language, on-task behavior), dynamic assessment was a substantial predictor end-of-first grade word reading and reading comprehension skills

Contextual Factors. Now that the purpose and research of screening have been reviewed, a short examination of what actually happens at schools will follow. I have observed the practice of universal screening occur across my years of serving in schools. In my experience, schools complete this RTI practice consistently; however, a few qualifications should be noted. First, according to the literature, most schools employ a single measure as part of the screening process (Jenkins, Schiller, Blackorby, Thayer, & Tilly, 2013; Mellard, McKnight, & Woods, 2009). In my experience, schools used multiple tools, but did not do so through a gated-process. Instead, they employed a protracted screening schedule by requiring teachers to administer both tools for all children. For example, the length of the screening battery varied with most teachers complaining it could

take up to 30 minutes to screen an individual student. This resulted in a screening window that lasted almost a month. We would typically not review beginning (September) of the year screening data until mid-October. Then, it would take several weeks to develop and staff interventions for struggling students. The consequence of this delay was the data was "stale" or no longer relevant for planning instruction. Additionally, this issue would impact the winter and spring screening decision making.

Second, classroom teachers were responsible for screening students which resulted in a major disruption of instructional time. Since screening is completed on a triannual basis, almost three months of instruction were interrupted by the schedule. During this time, I observed instructional assistants delivering the core curriculum. A central tenant of RTI is a robust, general curriculum delivered by a skilled general education teacher. The classroom teacher is clearly the most qualified individual to delivery this instruction to students. If the teacher is not implementing the curriculum due to other responsibilities, the core curriculum may not as effective in promoting student achievement. Furthermore, this problem weakens the overall RTI system. For example, if the RTI process is used prevent academic problems and meet state-level standards, but that element is compromised, that is going to impact the achievement for students at-risk for and with LD.

It should be noted that neither of these phenomena are well documented in the literature on universal screening. The evidence for the use of screening is primarily concerned with the technical qualities of the tools in relation to state accountability and nationally normed tests (Kilgus et al., 2014). It may be noteworthy for future screening studies to examine the factors related to school-level factors that may inhibit efficient data collection and use. Perhaps, studies examining these issues may illuminate potential barriers and solutions to more efficiently develop screening schedules and resulting data meetings.

Summary. School-level screening is key to measure the academic "health" of the student population. The practice alerts school personnel whether practices are effective and when changes need to be implemented. As outlined in my perspective, schools may not be implementing this practice with efficiency. Instead, school-personnel use a screening schedule that minimizes the impact data may have on decision making. This results in data that are "stale" for instructional planning. In addition, schools neglect to use gated-models of screening. Alternatively, the administration of an extensive screening battery precluded classroom teachers from providing a strong general curriculum to their students. As noted, this situation does not appear to prevent academic problems, but may also exacerbate learning problems for already struggling students. It may be helpful to better understand this experiences in future studies on screening.

Progress Monitoring

Progress monitoring is the process of assessing a student's reading skills over time. To return to the blood pressure example used earlier, if an individual is flagged at-risk for health problems and prompted to change their lifestyle, the doctor will recommend more frequent checks of blood pressure. The reason is to establish the changes lead to some improvement. Progress monitoring for academics works in a similar manner. The purpose is to evaluate the effectiveness of instruction on individual or groups of students. For example, when a student is identified as struggling, the teacher will implement a change to the instruction and over time collect data to see if the student improves. If the student does not improve, the teacher may elect to make another change. As can be surmised, progress monitoring is an iterative process. In other words, in response to student data, teachers may make several or more changes before finding the optimal instructional conditions for an individual student.

Under certain conditions, evidence supports the use of progress monitoring with students with mild disabilities (Stecker, Fuchs, & Fuchs, 2005). For individual students, educators must collect, graph and make instructional changes based on academic skill data. Stecker et al. recommend the use of technology (i.e., software) to assist in organizing student data and designing interventions based on skill deficits. In general, the literature recommends progress monitoring for students receiving supplemental instruction (Gersten et al., 2009).

Contextual Factors. Having examined the research on progress monitoring, I will now provide my perspective why this practice is difficult to implement on the school-level. In my experience, a lack of time is the most salient factor in the poor application of collecting student data. According to the literature, schools report colleting progress monitoring data at least weekly (Jenkins et al., 2013; Mellard et al., 2009). Data collection procedures are on schedules based on student needs. For example, schedules usually have students with higher levels of risk (i.e., at-risk) progress monitored weekly or bi-weekly. Students with low levels of risk are monitored less frequently (e.g., monthly). Progress monitoring schedules for progress monitoring typically set at the district level to ensure uniformity. Depending on features of an individual school's level of achievement, many of the students may have skills below grade level. This in-turn requires more frequent assessment from the classroom teacher. It is not feasible to expect teachers to progress monitor a large percentage of their students and maintain their other responsibilities. Unfortunately, I have seen this first hand in Title 1 schools whose responsibility is to instruct many students who were below grade level. Teachers in these schools often had multiple students that required weekly and bi-weekly assessment. This quickly became overwhelming to most teachers. Imagine, not only were the teachers' responsible to assess, but they were also

tasked to make necessary changes to an individual child's educational program when indicated by data. What occurred was predictable. Instead of meaningful changes, teachers typically made incremental or no changes. The result was struggling students continued to perform poorly and some were eventually referred for special education evaluations. Since the teachers were busy trying to keep up with this difficult balancing act of assessment and instruction, they viewed special education as the only way to help their underachieving students.

Summary. Progress monitoring represents a vital element in RTI. Educators collect student academic data and make decisions related to programming. Student not progressing as planned are provided modifications in instruction until an appropriate combination of adaptions positively affect growth in performance. Alas, adequate time and resources to complete these processes may not be available to most teachers at the school-level. At best, that results in poor instructional planning for struggling students. At worst, the consequences can mean special education as the only help available for teachers and students.

Data-Based Decision Making

Data-based decision making is the process of using student data to inform decisions (Filderman & Toste, 2017; Hamilton et al., 2009). The process consists of several phases. This practice can be used for groups of students or individual students. For the purposes of this example, we will focus on the individual level for a student who is struggling. First, student baseline data is collected and examined. These data represent the starting point for the student. Next, a goal is developed. The goal should reflect progress toward a level of mastery in either skill or content. Then, progress is monitored to assess the efficacy of the instruction.

In addition to monitoring the quantitative score from formative assessments, teacher reflect on student responses. This provides feedback on what specific content or skills require attention through instruction. For example, a teacher notices one of his struggling students' keeps mispronouncing a certain word pattern. That information or feedback should encourage the teacher to deliver targeted instruction meeting that student's deficits. Teachers who use assessment feedback appear to plan instruction more focused on student needs (Capizzi & Fuchs, 2005).

Contextual Factors. According to data on schools implanting RTI, the majority of schools collect data on students using multiple instruments (Jenkins et al., 2013). This means that teachers are expected to navigate several data sources, triangulate the information, and make informed instructional decisions. Regrettably, many teachers do not appear to possess skills to successfully and efficiently accomplish these tasks (Roehrig, Walton, Moats, Glover, & Mincey, 2008; Spear-Swerling & Cheesman, 2011). The most often cited barrier is a lack of preparation to interpret student assessment data (Akers et al.,

2016). Roehrig et al (2008) conducted a qualitative investigation on the topic of classroom teacher use of progress monitoring data for planning. The authors interviewed and surveyed teachers to obtain a thorough understanding of the strengths and needs of teachers for data-based decision making. The results indicated teachers used assessment data to monitor student progress but were unable to make meaningful changes to instruction for struggling students. The most often attributed obstacle was the decoupling of assessment data and instruction. In other words, the teachers did not know what to do with the test results and how to use them inform instruction.

Spear-Swerling and Cheesman (2011) discovered similar results when teachers were questioned about assessment knowledge and skills. The authors surveyed 142 elementary grade teachers on their familiarity with RTI assessment and instructional practices. Thirty-seven percent of surveyed teachers reported experience using reading CBM, an assessment tool frequently used in RTI models. Still, teacher responded with confusion on questions related to assessment. Specifically, teachers displayed a misunderstanding of the information generated through the use of CBM and how to monitor student progress.

Consistent with the literature, I have observed these problems firsthand. One particular anecdote occurred several years ago at a grade-level intervention meeting. The first-grade team was reviewing student data on an instrument titled nonsense word fluency (NWF). The tool is a measure of a student's basic decoding skills. Students are given provided a paper with printed short vowel-consonant and consonant-vowel-consonant words and directed to say each letter sound or read the word. The number of letter sounds or words read correct at the end of one minute is the score. A number of students performed poorly on the instrument and teachers felt this needed to be addressed. Their solution was to use nonsense word flashcards to increase student NWF scores. This suggested to me that teachers were "teaching" to the assessment because they did not understand the underlying construct measured. The purpose of NWF is to serve as indicator of basic word decoding skills. The ability to read nonsense words doesn't represent the end goal of reading instruction (Kaminiski & Cummings, 2007); pronouncing and understanding words is the objective. Unfortunately, teachers were missing this important point which is consistent with the literature on teacher use of assessment data to inform instructional decision making (Akers et al., 2016; Roehrig et al., 2008).

Summary. Educators are constantly bombarded with situations that require timely decisions. If my instruction is not effective, what should I do that may improve student outcomes? Should I refer my struggling student for a special education evaluation? The key is making informed decisions based on student data. However, it is difficult to make knowledgeable decisions without the proper level of training or expertise. As can be seen from the example, ill-

informed decisions may produce potentially harmful academic consequences. This example should further reinforce the necessary training for teachers to appropriately use student data for instructional planning.

Impact on LD Identification

As discussed initially, RTI implicitly impacts the identification and achievement of students with LD. The practices of screening, progress monitoring and using data to make instructional decisions effect how students are taught. Students who need support are provided more intensive teaching strategies designed to enhance their achievement.

Conversely, this may not be the case in practice. According to the National Center for Educational Statistics, 38.8 percent of students served under Individuals with Disabilities Education Act (IDEA) were in the category of LD; this is the most prevalent under the IDEA (U.S. Department of Education, 2017). To give this data some context, between 2006 and 2015 percentages of students served under the category of LD are 9 to 14 percent smaller (U.S. Department of Education, 2017). Nationwide, this suggests the number of students identified as LD as decreased slightly in the past decade. However, students with disabilities continue to significantly lag behind non-disabled peers in literacy achievement (NCES, 2015).

This is puzzling. If less children are being identified as LD, what is happening to the students who were previously referred and identified as LD? One possibility is students are getting "stuck" in the RTI tiers of prevention. Several years ago, the Office of Special Education Programs (OSEP; 2011, January 21) provided guidance to state special education directors on this issue. Specifically, the memo guided special education directors that special education evaluations and eligibility placements are not be constrained by RTI. For example, if a parent or school staff member suspected a student may have a disability, the student did not have to go through all three tiers of support before an evaluation could be initiated. This is troubling and suggests local-level administrative fiat was proving as an obstacle to special education and LD identification. Again, these actions demonstrate how implementation factors on the school-level maybe preventing students from receiving the specially designed instruction and protections afforded by the IDEA.

RTI: Flawed or Flawed Implementation?

RTI represents a complex system of interrelated practices designed to boost student achievement and identify students as eligible for special education. Most schools implementing RTI report the use of screening, progress monitoring, and decision making (Jenkins et al., 2013). These practices form a fluid, iterative process for making decisions and supporting student needs.

A major problem exists if one or more of RTI practices are implemented poorly because it may negatively impact outcomes. As illustrated through

research (e.g., Balu et al., 2015) and contextual-based examples, unintentional missteps in practice are occurring in schools. The subsequent outcome is delayed or weak interventions. Since these interventions are not aligned with students needs and occur too late, poor effects are anticipated.

The looming question remains: can educators and school staff implement RTI in its current form? My personal view is a resounding no. This is due to teachers having multiple responsibilities that overtax their classroom resources. For example, in Tier 1, classroom teachers are expected to deliver a rich and comprehensive general curriculum designed to prevent academic failure for the majority of students. However, a classroom may have a high level of skill diversity across students (Fletcher & Vaughn, 2009). The expectation for this condition is to differentiate to high, average, and low students. For anyone familiar with this problem, the teacher will be responsible for developing and adjusting materials, directions, activities and lessons for three or more varying levels of students. This is in addition to other obligations that further stretch teacher resources. Thus, this is not feasible in practice and lacking evidence in the literature (Gersten et al., 2008)

Another more pressing problem is attempting to allocate scant resources across three or more tiers of assessment and instruction. This requires developing and staffing interventions in Tier 2 and Tier 3. In addition, educators then hold meetings to discuss student problems and review data. In practice, this results in numerous meetings and reams of paperwork which frustrate teachers and give them the incorrect impression that RTI represents hoops to get students to special education (Santegelo, 2009).

These criticism of RTI and practitioners should not be viewed as pejorative. Similar to academics, policy makers, educators and parents, I want all students (including students with disabilities) to be successful. To accomplish this, it is clear an adjustment is necessary. As data-based decision making informs teaching, large scale systems fall under the prevail of this process. In other words, the system is not working and change is needed. Perhaps, the simpler model proposed by Fuchs and Fuchs (2017) may serve as a catalyst for research and practice. For instance, the proposed example reduces the number of tiers and may help practitioners streamline intervention processes. Of course, this is a data-based question that will best be answered through careful research and closely working with school-based personnel.

Future Directions

Further research might explore the efficacy of a two-tiered RTI model. This can be accomplished through research on "embedded" RTI proposed by Fuchs & Fuchs (2017). A sustained and rigorous line of study on this area can help establish effectiveness of the model. In addition, as Gersten et al. (2017) suggested, future studies use practitioners as the implementers. The reason for

this is two-fold. First, study results may provide insight how suggested obstacles identified in this commentary may be avoided or lessened. Two, contextual information from future investigations may establish an estimate on the amount and duration of support practitioners will need to sustain a functional RTI model. This will include carefully designed professional development and continuing assistance. Research of this variety is difficult to conduct. Mainly, these studies will be expensive in precious resources in higher education (i.e., time and money). Although costly, it will be necessary to test the effectiveness of this simple model of RTI and accurately describe the contextual factors that need to be reduced.

Implications for Practice

The discussion of RTI have a number of important implications for future practice. First, RTI planning committees at schools should seriously consider the recommendations from the Fuchs & Fuchs (2017) for a simpler or embedded model. As evidenced through research (e.g., Balu et al., 2015), the reality is three tiers of instruction are not practical or feasible for most schools' due to the complexity of the model. This should lead schools to adopt or modify RTI practices in accord better aligned with school-based needs and resources. An additional point to consider is the RTI process and special education referral. For instance, embedded RTI model has the benefit of overlapping with procedures for referral for special education. In most states, two scientifically research-based interventions are mandatory for eligibility. The component is to present as one part of evidence to suggest a student is non-responsive to general education. Adopting an embedded model may lead to schools to provide tiered intervention in general education and not stall special education eligibility evaluations.

Second, school districts and individual schools should identify structural barriers and discuss solutions. For example, as pointed out in the discussion on universal screening, the priority in using a lengthy screening battery is not aligned with research which a gated-screen maybe better to identify struggling students. Once obstacles are acknowledged, district and school staff can develop the means to reduce the impact on student achievement and instructional resources.

Caveats and Conclusions

A word of caution. I have worked exclusively for K-12 rural and suburban public-school districts in the Southeast. The schools that I worked in attempted to implement RTI predominately in reading and marginally in math and writing. Thus, my experiences reviewed in this article may not generalize to all settings, situations and academic domains. Taking these important points into consideration, I suspect my understanding and experiences with RTI may reflect the frustrations of practitioners in the field. After speaking with practi-

tioners and administrators from various geographical locations in the United States, the topics reviewed in this article still remains a significant concern.

To conclude, RTI remains a lighting-rod for debate. Those in opposition contend the model has not lived up to lofty expectations. On the other hand, RTI proponents assert weak outcomes on large-scale studies are a representation of bad fit between the current RTI model and school resources. Thus, the present conceptualization of the model is too complex for practitioners to implement with fidelity. Although in opposition, both positions implicitly have the goal of public education in mind: positive outcomes for all students. To realize these results, researchers will have to work closely with practitioners to develop a less complicated and feasible RTI model. This model should take into account the *real-life* setting of schools and lack of resources most (if not all) schools endure. Additionally, any new model will need to be clearly defined and undergo rigorous evaluation. Finally, the research should be interpreted with clear eyes and cautious observations to the avoid overstating the data. As this process moves forward, only then may practitioners confidently implement with the purpose of improved student achievement as an obtainable goal.

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