Response to Intervention (RtI) in the Social, Emotional, and Behavioral Domains: Current Challenges and Emerging Possibilities

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As many schools move toward a three-tier model that incorporates a Response to Intervention (RtI) service delivery model in the social, emotional, and behavioral domains, school psychologists may provide leadership. The decision-making process for filtering students through multiple tiers of support and intervention and examining change is an area where school psychologists are encouraged to apply their expertise regarding assessment and evidence-based interventions. This paper describes an implementation of behavioral and social-emotional RtI in an elementary school setting. Issues and challenges related to measurement of change (i.e., responsiveness to intervention) and identification of students for additional supports as well as emerging possibilities of incorporating qualitative information in the process are discussed.

Education professionals continue to struggle to address the needs of an increasing number of students who have social, emotional, or behavioral difficulties (U.S. Department of Education, 2008). Social-emotional and behavioral problems among students are associated with a variety of poor school-related outcomes (Greenberg et al., 2003; Zins et al., 2004). Too frequently, schools address student behavior problems by employing consequences such as detention, suspension, and expulsion (Skiba & Rausch, 2006). A disproportionate amount of time and energy is spent on serving a small number of students with social-emotional and behavior problems. One potential remedy for this issue is early identification of and intervention with students at risk for such problems. This approach, known as Response to Intervention (RtI), has been recommended as an alternative to the "wait-to-fail" approach that some schools have historically used (Gresham, 2005). Until recently, RtI has been primarily utilized in the academic domain to identify students with specific learning disabilities (Jimerson, Burns, & VanDerHeyden, 2007). However, RtI may also serve as an effective approach for preventing and remedying the social, emotional, and behavioral problems of students who respond to behavioral interventions and therefore do not need more intensive services in special education. On the other hand, students who continue to display behavior problems despite early interventions should continue to receive increasingly targeted services.

The intent of this discussion is to explore RtI as a service delivery model for social, emotional, and behavioral problems in schools. Specifically, the aim of this work is to describe the decision-making process to effectively and efficiently provide appropriate services to students in need of social, emotional, or behavioral support. To illustrate the social-emotional-behavioral RtI methodology presented herein, a case example from an action research collaborative project will be included. Finally, issues and challenges related to measurement of responsiveness to intervention and emerging possibilities will be discussed.

OVERVIEW OF RESPONSE TO INTERVENTION IN THE SOCIAL, EMOTIONAL AND BEHAVIORAL DOMAIN

Response to Intervention (RtI) has been characterized as "the science and practice of assessment and intervention" (Jimerson, Burns, & VanDerHeyden, 2007). RtI may also be described as the change in behavior as a function of intervention (Gresham, 1991, 2002). RtI is typically comprised of five core

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components: (a) a continuum of evidence-based services available to all students (Martson, Muyskens, Lau, & Canter, 2003); (b) ongoing monitoring of student progress (Gresham et al., 2005); (c) a systematic decision-making process of determining student progress in the academic or behavioral domain (Vaughn, Linan-Thompson, & Hickman, 2003); (d) implementation of increasingly intensive interventions when students do not demonstrate improvements in response to other interventions (Fairbanks, Sugai, Guardino, & Lathrop, 2007); and (e) evaluation of special education services for students who do not demonstrate improvements despite implementation of increasingly intensive interventions (Fuchs, Mock, Morgan, & Young, 2003).

One of the fundamental principles of RtI, underlying all of the core components noted above, is the importance of matching the severity of student problems with appropriate intervention intensities (Gresham, 2004). Toward this end, the United States Public Health Service delineates three levels of prevention outcomes: primary prevention, secondary prevention, and tertiary prevention. Primary prevention seeks to prevent harm and secondary prevention seeks to reverse harm for those students at-risk for school problems (Gresham, 2004). Tertiary prevention also seeks to reduce harm, but is aimed at students with the most severe difficulties (Sugai, Horner, & Gresham, 2002).

All levels of prevention outcomes in the social, emotional, and behavioral RtI framework call for effective interventions utilizing evidence-based strategies that prevent problems rather than react to problems by employing aversive consequences. Early identification and intervention can prevent the escalation of problems into more debilitating forms of social-emotional and behavioral functioning.

Burns, Deno, and Jimerson (2007) discuss RtI in terms of the basic steps involved in problem-solving to unify efforts to operationalize RtI and to test its efficacy in identifying students for service. Assorted problem-solving models exist in the literature, perhaps the most specific details the steps as: (a) Identify the problem, (b) Define the problem, (c) Explore alternative solutions to the problem, (d) Apply a solution, and (e) Look at the effects of the application (IDEAL; Bransford & Stein, 1984). Figure 1 illustrates the Three-Tier Response to Intervention model and the IDEAL Problem Solving Model.

Figure 1. *Matrix Representing the Three-Tier Response to Intervention model and the IDEAL Problem Solving Model (Bransford & Stein, 1984).*

		IDEAL Problem Solving Model				
		Identify the problem	Define the problem	Explore alternative solutions to the problem	Apply a solution	Look at the effects of the application
Three-Tier Response to Intervention Model	**Tier I** Provided to all students	Implement core curriculum and universal screening to identify problems	Collect data to rule out classwide or curricular problems	Generate potential classwide interventions if necessary	Implement classwide remedial interventions or make instructional modifications	Continue benchmark assessment to determine if the class progresses
	Tier II Addressing needs of 10-15% of students		Collect data that are essential to understanding and clearly defining the basis for the problem	Generate a list of evidence-based strategies to intervene class-wide or small group level	Implement explicit instructional strategies to address the problem area for a small-group of children	Outcome assessment to examine progress on at least monthly basis
	Tier III Addressing needs of 5-10% of students		Collect additional data that are essential to understanding and clearly defining the basis for the problem	Generate a list of evidence-based intensive individualized interventions	Implement evidence-based intensive individualized interventions to address the problem area	Frequent (twice weekly) outcome assessment to examine progress

Figure reprinted with permission of authors, original source: Burns, M. K, Deno, S., & Jimerson, S. R. (2007). Toward a unified model of Response to Intervention. In Jimerson, S. R., Burns, M. K, & VanDerHeyden, A. M. (Eds.), *The Handbook of Response to Intervention: The Science and Practice of Assessment and Intervention* (pp. 428-440). New York: Springer.

Screening

A variety of strategies for screening have been proposed to identify students who may qualify for selected interventions. Behavior rating scales can provide global estimates of student behavior across various domains (Riley-Tillman, Kalberer, & Chafouleas, 2005). For example, the Behavioral and Emotional Screening System (BESS; Kamphaus & Reynolds, 2007) assesses a range of behaviors that can be used by parents, teachers, and the student.

Whereas the BESS is a screening *instrument*, the Systematic Screening for Behavior Disorders (SSBD; Cheney, Flower, & Templeton, 2008) is a general screening *process*. It identifies students who may be at risk for developing externalizing and internalizing behavior disorders (U.S. Department of Education, 1995). The SSBD uses a multiple gating procedure that utilizes progressively more precise and specific screening instruments to identify youth who need help. The three stages in the SSBD screening process utilize teacher nominations, ratings, and observations. Within a behavioral RtI framework, these screening procedures may occur after implementation of a school-wide or class-wide universal intervention to identify students who warrant further attention.

Conducting systematic and direct observations is another strategy for identifying students who may benefit from selected interventions. This requires a trained observer to operationalize the target behavior, observe the student in a systematic way, and score the data in a consistent manner (Salvia & Ysseldyke, 2004). For example, the Behavior Observation of Students in Schools (BOSS; Shapiro, 2003) uses momentary time sampling to determine the frequency of a specific behavior, such as how often the student is out of his or her seat.

Intervention and Evaluation

After the identification of students for selected intervention at the secondary prevention level, the next important consideration stems from the purpose of, or the answer sought from, implementation of selected interventions. Within the three-tiered RtI model, the question at the primary prevention level is whether students are responding to a systematic, evidence-based universal intervention. At the tertiary prevention level, the concern is whether students are responding to targeted and individualized interventions. In this way, the questions that the primary and tertiary prevention levels seek to answer are fairly straightforward. The secondary prevention level, between the primary and tertiary levels, follows up on the universal prevention efforts and seeks to answer whether the lack of response to the universal intervention was due to an insufficient intensity of intervention or a poor match to the student's needs (McIntosh, Campbell, Carter, & Dickey, 2009). Answering this question incorrectly may lead to inappropriate special education eligibility decisions (Fuchs, Mock, Morgan, & Young, 2003). Malecki and Demaray (2007) offer further discussion and guidelines relevant to the implementation of assessment for social behaviors using an RtI framework (see table 1).

This leads to the challenge of establishing decision rules for determining the extent of effectiveness or student's responsiveness to the intervention. This is particularly salient when implementing social and behavioral interventions, in which the criteria for improvement are less clear in comparison to academic interventions targeted to improve specific skills based on a preset criteria (e.g., the student is able to read 90 words per minute). In fact, in academic domains, the RtI model has extensive amounts of research, particularly in the area of reading (National Institute of Child Health and Human Development, 2000). National benchmarks provide educators with specific criteria whether students are on target, advanced, or falling behind the normative sample. However, such a metric does not currently exist in the domain of social behavior. Gresham (2005) adds that metrics for determining the effectiveness of RtI in the social and behavioral domain are still in their infancy.

Cheney and colleagues (2008) examined the utility of metrics recommended by Gresham (2005) to evaluate the progress of students who were at risk of developing emotional disturbance (ED) and enrolled in a selected group intervention. They found that percentage of change and effect sizes were the most useful metrics to identify students who responded to the intervention versus those who did not respond. This suggests that a systematic and effective process of evaluating responsiveness to intervention may include continuous, ongoing progress monitoring and calculation of percentage of change and

Table 1. *Summary Outline to Guide Implementation of Assessment of Social Behaviors within an RtI Framework.*

Question to Answer	Assessments to Use	Considerations	Purpose of Assessment
What is the target behavior?	Choose appropriate target social behavior(s)	The target behavior must be clearly and operationally defined.	To choose an appropriate target behavior for prevention/intervention based on school need or goals
What are the current levels of this behavior? Are 80 to 90% of students succeeding in this area at Tier I?	Conduct Tier I Assessment with Review, Interview, Observe, and/or Test	Tier I assessments should be easy to collect on entire school population	To understand the current levels of the target social behavior in the school, to create normative data or benchmark criteria
Implement Tier I universal interventions school-wide and continue data collection. Assess at-risk students for potential Tier II interventions.			
Do some children need more intensive intervention (Tier II)?	Conduct Tier II Assessment with Review, Interview, Observe, and/or Test	Tier II assessments should provide information to aid problem analysis and intervention development.	To determine how to develop interventions for children that are not responding to Tier I interventions.
Are the interventions being implemented effective (at Tier II)?	Conduct Tier II Assessment with primarily Observe & Test	Data collected to monitor Tier II interventions should be able to be gathered repeatedly and reliably.	To determine students' response to intervention at Tier II.
Are the Tier I interventions being implemented effective?	Conduct Tier I screening Assessment with Review, Interview, Observe, and/or Test	Tier I assessments should be easy to collect on entire school population	To monitor the levels of the target social behavior in the school and compare against previously identified benchmark criteria
Continue Tier I universal interventions school-wide with necessary changes and continue data collection. Implement and progress monitor Tier II interventions. Identify and develop interventions for Tier III			
Do a few children need more intensive intervention?	Conduct Tier III Assessment with Review, Interview, Observe, and/or Test	Tier III assessments should provide information to aid problem analysis and intervention development.	To determine children that did not respond to Tier II interventions and are in need of more intensive interventions
Are the interventions being implemented effective (at Tier III)?	Conduct Tier III Assessment with primarily Observe & Test	Data collected to monitor Tier III interventions should be able to be gathered repeatedly and reliably.	To determine students' response to intervention at Tier II.

Table reprinted with permission of authors, original source: Malecki, C. K., & Demaray, M. K. (2007). Social behavior assessment and response to intervention. In S. R. Jimerson, M. K. Burns, & A. M. VanDerHeyden (Eds.), *The Handbook of Response to Intervention: The Science and Practice of Assessment and Intervention*. (pp. 161-171). New York: Springer.

effect size based on the data gathered through progress monitoring.

The current action research project took place at a public elementary school within a suburban school district in a midsized city in Southern California. The principal and school psychologist identified concerns regarding increasing numbers of discipline referrals and overall disruptive behavior among third-grade students. A collaborative problem-solving team consisting of the principal, school psychologist, university faculty supervisors, and school psychologist interns met and discussed concerns and possible solutions to this issue.

METHOD

Participants

Participants for this study included 55 third-grade students from three classrooms (2 third-grade classes and 1 third- and fourth-grade combination class). Of the participating students, 49% were female, 71% identified as Hispanic/Latino, 9% Caucasian, 6% Asian, 6% African American, and 9% other.

Procedures

Universal Intervention (Tier I). Considering the presenting challenges, the problem-solving team determined that all students could benefit from lessons on impulse control. Two school psychologist interns implemented lessons from the *Second Step: A Violence Prevention Curriculum* in to all third grade students[1]. Specifically, the Impulse Control lessons were implemented. These interventions were delivered twice per week for a total of five sessions. One intern facilitated the lessons while the other provided classroom support, ensuring that the students were engaged and participating. The classroom teacher was also present during the lessons and helped to manage disruptive behavior when necessary. The students were administered the Knowledge Assessment both before and after the intervention. Each session was approximately 45 minutes long.

Selected Intervention (Tier II). After the universal intervention was implemented, the teachers completed a student nomination form, listing students they believed might benefit from additional support through selected interventions in a small group setting. Two groups were formed: six boys were selected to focus on an additional impulse control lessons and three girls were selected to work on empathy and friendship skills. *The Second Step Curriculum* was utilized for these additional lessons; however, other materials were used to supplement emerging issues within the groups. For example, as the sessions progressed, it became apparent that the students from both the girls and the boys group could benefit from assertiveness training. Role-plays and games were used to demonstrate the importance of being assertive (e.g., telling a peer to stop distracting you; telling a friend that your feelings are hurt). In addition, behavioral modification methods (i.e., star charts in which students earn stars and redeem rewards) were used to encourage meaningful participation within the small groups. The two groups met separately, once per week. Each intern was in charge of one group and facilitated the lessons. Each of the groups met for 15 sessions.

Table 2. *Pre- and Post-Assessment Mean Scores for Each Domain (Tier II)*

	Boys (n = 6)		Girls (n = 3)	
	Pre	Post	Pre	Post
Cooperation	11	14.5	14.6	15.3
Assertion	12.5	14.3	14	14.6
Empathy	12.7	13.1	16.6	15.6
Self-Control	12.7	13.3	11	12.6

Note. Higher raw scores indicate better adjustment in the given domain.

[1]*Second Step: A Violence Prevention Curriculum* (Committee for Children, 1992) is an intervention that promotes social skill development. The curriculum teaches specific skills that are important for healthy social-emotional development, including empathy, impulse control and problem solving, and anger management. Evaluations of *Second Step* suggest that the program yields sustained improvements in students' actual behaviors, knowledge, attitudes, and motivation (Committee for Children, 2002). Due to the presenting concerns regarding the behaviors of third grade students, lessons on impulse control were selected and implemented as the universal intervention.

Targeted Intervention (Tier III). While the students were receiving selected interventions, the interns engaged in periodic check-ins with the teachers. One student in particular was identified as struggling with emotional issues, and it was suggested that he receive intensive, targeted intervention. This provided transition from the delivery of selected interventions to targeted interventions. Given that the presenting concern was primarily emotional (e.g., fluctuating moods) rather than a skill deficit (e.g., impulse control, empathy), the school psychologist implemented strength based, cognitive-behavioral therapy. This student continued to receive targeted intervention for the remainder of the school year (i.e., 2 months).

Measures

The following measures were used to examine changes in student knowledge and behaviors, and to inform decisions regarding the relative need for additional support.

Knowledge Assessment for Second Step (KASS; Committee for Children, 2004). The *KASS* is a self-report measure developed by the authors of the *Second Step* curriculum to assess knowledge in social-emotional skills. The *KASS* consists of several problem situations and related social-emotional skills knowledge questions presented to students that they respond to in writing. It is designed to be utilized in a pre- and post-test format. Administration, scoring, and interpretation are standardized with directions provided in the *KASS* manual. Instructions, problem situations, and questions are provided both orally and in writing for students, who are allowed as much time as needed to complete the assessment. The authors indicate that a pilot test and a field test were conducted in 2002-2003, followed by revisions and further field testing in 2003-2004; however, no data is available (Committee for Children, 2004).

Social Skills Rating System (SSRS; Gresham & Elliot, 1990). The SSRS is a multi-rater assessment used to observe changes in attitudes, beliefs, and behaviors. It may be used to identify students at risk for academic and social difficulties as well as their strengths, to inform follow-up assessments, and to guide the selection of intervention strategies. Parent, teacher, and child reports are available. The child self-report version of the *SSRS* includes four factors: cooperation, assertion, empathy, and self-control. The internal consistency of the SSRS subscales ranged from .51 to .91, with a mean internal consistency of .75 (Gresham & Elliot, 1990).

RESULTS

Universal Intervention

Descriptive statistics on the *KASS* raw scores indicate that the mean scores for the pre- and post-assessment at this level were 6.24 (SD = 3.62) and 8.70 (SD = 4.04), respectively (the raw scores were used because the *KASS* does not provide conversions to standardized scores). Of the 43 students who took both the pre- and post-assessment, 81% of the students improved their score (n = 35), 14% of the students' scores stayed the same (n = 6), and 5% of the students' scores decreased (n = 2). A calculation of effect size based on mean scores and standard deviations of the pre- and post-assessment data reveal a large effect (d = .64). Additionally, the percentage of change from pre- to post-assessment was 39.4%.

Selected Intervention

For the students identified for Tier II interventions, mixed results were demonstrated on the *KASS*. Several students' scores improved (n = 4), one decreased (n = 1), several revealed no change (n = 2), and others were absent during either the pre- or post-assessment administration (n =2). Essentially, over half of the students that the teachers identified for selected intervention improved their scores from pre- to post-assessment. Additionally, given this discrepancy, only the information gathered from the teacher nomination process (i.e., the list of suggested students to receive selected interventions) was included as part of the decision-making process of filtering students from Tier I to Tier II interventions. A discussion will follow regarding the implications of this.

The SSRS was also administered to the children during the first and last session.

Boys' group. The mean raw scores on the *SSRS* pre-assessment suggest higher functioning and adjustment in the domain of empathy and self-control compared to cooperation and assertion (See Table 2).

This was contrary to teacher reports of these students having the most difficulties with impulse control. The teachers suggested that the social skills group focused on self-control, given that this was an area they had observed the students having the most difficulty with in the classroom. With this feedback from the teachers, the decision was made to provide lessons on self-control despite the pre-assessment suggesting that they may be fairly well adjusted in this particular skill set.

The pre- and post-assessment data indicates that of the six students, four students' scores improved overall while two students' scores decreased (See Table 3). An increase in standard scores was observed from pre- to post-assessment (M = 81.9, SD = 9.1; M = 86.7, SD = 9.9, respectively; d = .51). The percentage of change from pre- to post-assessment was 5.91%.

Girls' group. The mean raw scores on the *SSRS* pre-assessment for the girls suggested higher functioning and adjustment in the domain of empathy (See Table 2). Similar to the findings for the boys' pre-assessment, these results were contrary to teacher reports, who communicated that the students could benefit the most from friendship and empathy training. However, their mean score for empathy was the highest among the four domains. In addition, their mean score was lowest for self-control, suggesting this to be an area demonstrating the most need for additional support. However, based on teacher reports, the decision was made to have empathy training as the focal point of the selected small group intervention.

The pre- and post-assessment data indicate that of the three students in the group, two of their scores improved and one student's score decreased (See Table 3). An increase in standard scores was observed from pre- to post-assessment (M = 89.3, SD = 3.5; M = 95, SD = 7, respectively; d = .81). The percentage of change from pre- to post-assessment was 6.35%.

Table 3. *Pre- and Post-Assessment Standard Scores for the Social Skills Rating System (Tier II)*

Boys		Girls	
Pre	Post	Pre	Post
72	94	86	103
69	71	93	90
87	91	89	92
84	80	-	-
91	86	-	-
88	98	-	-

Targeted Intervention

The student identified for targeted intervention received ongoing, intensive individual counseling. The school psychologist met with him weekly and used clinical judgment to detect the student's progress in counseling. In the present context, no pre- or post-test measures were utilized at this stage given the school psychologist's use of clinical judgment in lieu of quantitative data collection. However, measures addressing specific target areas and sensitivity to change are optimal in this context.

DISCUSSION

A three-tiered, RtI framework for social, emotional, and behavioral issues affords an opportunity to provide additional, meaningful supports for students who are at-risk but may not qualify for special education services. The current action research collaborative project illustrates how a social, emotional, behavioral-oriented RtI system may be implemented in an elementary school setting.

One of the major challenges faced was in the evaluation of students' responsiveness to the interventions and the identification of students requiring additional supports (see Malecki & Demaray, 2007 for further discussion). In the identification of students to receive both Tier II and Tier III interventions, pre- and post-assessment data and teacher nominations were used. The challenge rested on the cases in which the pre- and post-data did not match teacher reports. For example, of the nine students who received selected interventions in Tier II, four of the students' scores from the pre- and post-assessment in Tier I improved, while several of the students' scores either remained the same or went down (several were also absent either during the pre- or post-assessment date).

There may be a variety of reasons for each student's performance that is not directly related to their responsiveness to intervention. For instance, students may not have scored higher for the post-assessment because their pre-assessment scores were already high to begin with. Other students may have had difficulties comprehending the items and thus scored low on both the pre- and post-assessment. In addition, knowledge, or a score indicating knowledge, may not necessarily translate to the desired behavior. Students may know how to respond to questions about controlling their impulses, but may not be able to act out the skills that they articulated in their responses. These are considerations to be made when interpreting student's pre- and post-assessment performance.

Regardless of students' pre- and post-assessment performance, had the teachers nominated students to receive selected interventions (Tier II) *before* the implementation of the universal intervention (Tier I), it is possible that they would have nominated the same students that they actually identified *after* the students received the universal intervention. That is, the teachers would have chosen the students they observe to be in need of additional support, regardless of the pre- and post-data.

For RtI in the academic domain, the use of quantitative measures (e.g., words read correctly per minute as a proxy for reading fluency) may be sufficient to determine student's current skills and performance. However, for RtI in the behavioral domain, the use of pre- and post-assessment data by itself has been elusive in fully detailing a student's social, emotional, and behavioral functioning. Metrics to evaluate the progress of at-risk students have been developed, with research supporting its usefulness to gauge responsiveness to intervention (Cheney et al., 2008; Gresham, 2005). However, as Gresham (2005) states, metrics for determining the effectiveness of RtI in the social and behavioral domain are still in their infancy.

In a time of increasing accountability, school psychologists likely feel pressure to provide evidence to demonstrate the effectiveness of various interventions that they deliver. Pre- and post-assessments are administered to detect changes in students' attitudes, knowledge, and behavior and can be used as a tool to demonstrate the effectiveness of an intervention. In addition, it can be used as a proxy of students' responsiveness to intervention, such that students who made minimal improvements may be identified for increasingly intensive and targeted interventions.

In addition to these quantitative assessments (e.g., self-, teacher-, and parent-report measures), qualitative information may provide value in the decision-making process providing additional information relevant to which students filter through the RtI service delivery model. Systematic observations of students in a variety of settings (e.g., classroom, playground) and teacher interviews can provide information that may not be apparent when examining only self-report questionnaire data. In fact, in this instance, teacher input was the primary influence in the identification of students to receive selected (Tier II) and targeted interventions (Tier III). This points to the importance of a multifaceted evaluation process by which information is gathered from a variety of sources.

However, without a systematic procedure for incorporating qualitative information, school psychologists run the risk of compromising objectivity in the decision-making process. The collection and interpretation of both quantitative and qualitative data must be objective and psychometrically sound. For instance, systematic direct observation systems such as the Student Observation System (SOS; Reynolds & Kamphaus, 2005) and the Behavioral Observation of Students in Schools (BOSS; Shapiro, 2003) could be used to gather a random sampling of student's behaviors. In addition, teacher interviews should be coded systematically. Unfortunately, collecting systematic direct observation data for even a handful of students suspected to be at-risk for behavioral and social-emotional difficulties and coding information gathered through interviews is beyond the scope of resources for most school-based practitioners.

Limitations and Future Directions

Manipulation of methodologies employed in this action research project was limited by school-level factors (e.g., requests by principal and school psychologist to focus interventions on third grade). However, this real world context offers a discussion of challenges and future directions in the implementation of social, emotional, and behavioral RtI.

The inclusion of a school-wide systematic screening to identify areas of risk was discouraged by the

principal, given her preference for utilizing qualitative and professional judgment rather than quantitative information. The limited time and resources available may create resistance from the administration in implementing systematic screening to the entire school population. School psychologists should emphasize the importance of objectivity in assessment, and qualitative information should be considered in conjunction with quantitative data.

CONCLUSION

The roles and responsibilities of some school psychologists may change considerably as schools move toward an RtI service delivery model, not only in the academic domain but in the behavioral and social-emotional domains as well. In some instances, the role may shift from an emphasis on assessment and evaluation for special education services to early identification, intervention, and progress monitoring. Given their unique training and knowledge, many school psychologists are in a position to provide leadership in the development and implementation of processes pertaining to RtI. Applying principles of data-based decision making, school psychologists should corroborate information from various sources to meet the needs of students within an RtI system.

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