Indicator Explanation

DOMAIN	EFFECTIVE PRACTICE	INDICATOR
Leadership	Customize and target support to meet needs	1C.4 School leaders ensure a schoolwide continuum of integrated support that is organized into a three-tiered framework is available and used by teachers to provide equitable access to resources for all students.

Schools should provide a tiered system of instructional and behavioral supports to meet the learning needs of all learners. The Response to Intervention (RtI) approach was developed to address the needs of struggling learners and is defined by the National Center on Response to Intervention as follows:

> Response to intervention integrates assessment and intervention within a multi-level prevention system to maximize student achievement and reduce behavioral problems. With RtI, schools use data to identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions and adjust the intensity or nature of those interventions depending on a student's responsiveness, and identify students with learning disabilities or other disabilities. (as cited in Bernhardt & Hébert, 2017, p. 1)

Upon initial screening, students are divided into tiers (or levels) and given the proper level of instructional support: Tier 1 represents high-quality evidence-based core instruction and/or social/behavioral programming provided to all students, Tier 2 interventions are added to target support for students at risk of failure in specific academic/behavior areas (most often provided in the general classroom and in small groups), and Tier 3 interventions supplement instruction for students with significant risk identified through screening or who fail to make progress with tier 2 support (Bernhardt & Hébert, 2017; Sugai, n.d.). When students fail to make progress even after extended tier 3 supports, they may be referred for special education (Powers, et al., 2008; Hoover & Love, 2011; Gamm, et al., 2012). While many schools will have most (80%) students succeeding with core instruction alone (tier 1), schools with large numbers of at-risk learners are likely to have fewer (20%) fall into this category.

A broader term, multi-tiered systems of support (MTSS) has also been used more recently to address the needs of all learners (not just those struggling); however, frequently the terms are used interchangeably (Gamm, et al., 2012; Kansas Multi-Tier System of Support, 2010). RtI and MTSS shift the focus away from deficit views of children towards how instructional quality can be enhanced to meet children's needs; as a result, unnecessary referrals of racial and linguistic minority students for special education services may be reduced (Bernhardt & Hébert, 2017; Duffy, n.d.; Hoover & Love, 2011; Powers, Hagans, & Busse, 2008). RtI has been used primarily at the elementary and middle school levels, with little research reported on its implementation at the high school level (Bartholomew & DeJong, 2017; Duffy, n.d.; Fuchs, Fuchs, & Compton, 2010). MTSS however, is receiving increased attention at the secondary level; secondary teachers, however, will need supplemental training on selecting and implementing inclusive evidence-based practices within these systems (Freeman et al., 2016; Mahoney, 2020).

The research base generally provides strong support for the use of tiered instructional and behavioral systems; elementary studies of the impact of RtI on reading and math show strong effects for many of the components of RtI (e.g., see IES practice guides on RtI for reading and math by Gersten et al., 2009). Hattie's (2017) most recent meta-analysis research yields powerful effect sizes for RtI (1.29), with the potential to considerably accelerate student achievement. A recent national evaluation, however, found that RtI had limited or negative impact, particularly for students on the upper end of tier 2 (see Balu et al., 2015). Researchers have subsequently pointed to the need to examine the degree to which many of the interventions in the study were implemented with fidelity in schools (Fuchs & Fuchs, 2017; Gersten, Jayanthi, & Dimino, 2017). Problems with successful implementation of RtI and MTSS models have been noted in other research, leading many to advocate that schools measure the degree to which these models are implemented with fidelity so that improvements can be made where necessary (e.g., Ruffini, Lindsay, McInerney, Waite, & Miskell, 2016). This brief will review research that addresses best practice for schools implementing tiered instructional and behavioral intervention systems of supports that benefit all students' learning needs.

What are the components of an effective tiered system of instructional and behavioral supports and interventions?

Valid and reliable screening processes for academics and behavior. Schools must use universal screening and progress monitoring assessments to identify students who need strategic and intensive interventions (Bernhardt & Hébert, 2017). These brief academic assessments should provide data by student, class, grade, and school (Bernhardt & Hébert, 2017; VanDerHeyden, 2013). Screening measures should produce reliable and valid scores that represent mastery of key objectives and/or forecast future learning outcomes and should be administered regularly (often three times per year), and efficiently (e.g., requiring no more than 45 minutes of class time within a single day) (VanDerHeyden, 2013). These universal screening data also provide an "aerial view" of patterns of performance within the school for each school-wide subject area (e.g., reading and math), and for each grade and classroom. If the vast majority of students is struggling, for example, within a particular grade level and subject area, this signals the need for further review of core instruction (tier 1) and possibly targeted professional development (Duffy, n.d.; VanDerHeyden, 2013).

School teams must develop a process to distinguish students at risk for poor academic performance or behavior from those not at risk (Bernhardt & Hébert, 2017; Kansas State Department of Education, 2013). Once screening data are collected (both academic and behavioral), learning outcomes or objectives must be developed; these outcomes or objectives may be expressed in terms of cut scores, benchmarks, decision rules, or guidelines for how students will move across the intervention tiers. School teams must choose evidence-based instruction/intervention practices that are linked to each level of intervention and put systems and supports in place for the implementation phase (Sugai & Horner, 2009). It is critical that schools align scores and standards to their systems of proven interventions; for example, instead of a student simply being identified as below grade level and put at risk for special education identification, RtI or MTSS immediately assigns that student to a corresponding level of intervention (Gamm, et al., 2012). Student placements are fluid as teams assess how they do or not respond to different intervention levels (Kansas State Department of Education, 2013).

Implementation and documentation of evidence-based instruction aligned with individual student needs across all tiers. Instructional quality within the general education classroom (tier 1) is a primary focus when implementing tiered systems; learning difficulties may often arise from poor core instruction, leading to misidentification for special education services (Hoover & Love, 2011; Kansas State Department of Education, 2013). Using the "aerial view" of screening data can help educators target where general education improvements are necessary (VanDerHeyden, 2013). The success of tiered interventions relies on educators knowing which evidence-based strategies and materials to use and how to adjust them when they do not meet student needs, as well as ensuring consistently high implementation in each classroom (Duffy, n.d.; Hoover & Love, 2011; Stuart & Rinaldi, 2009). Higher tiers of support should represent means of intensifying and tailoring core instruction to support students with additional needs; for example, students might have additional time, meet more frequently, or work in smaller groups as they receive more intensive supports (Fuchs & Fuchs, 2006).

Tiered instructional systems also require that all service providers (special education and general education) align their resources and practices to prevent struggling students from receiving different instructional approaches from their teachers in each tier, causing confusion and poor progress (Chard, 2012). It is critical that special educators and general educators collaborate to understand and coordinate the instruction occurring within the other tiers to maximize students' learning outcomes (Hoover & Love, 2011).

As stated previously, research shows that many schools struggle with implementing RtI and MTSS intervention systems effectively (Ruffini, et al., 2016). MTSS and RtI are complex systems, and lack of organization and collaboration can inhibit implementation and result in poor student outcomes (Chard, 2012). Thorough documentation of how interventions are selected and assigned and the degree to which they are implemented with fidelity, is essential in order to make the effective data-based decisions required within MTSS and RtI systems (Bernhardt & Hébert, 2017). Data from screening tools must be documented at a variety of levels (schoolwide, grade level, classroom, and individual student) so that instructional teams can analyze results and determine student progress between testing dates (Fuchs & Fuchs, 2006). Teams must also document the benchmarks or cut scores they identify to guide student placement and the corresponding instructional strategies and support needed (Stuart & Rinaldi, 2009). Documentation should always be an ongoing process rather than an event; documenting an entire school year's worth of tier 2/3 interventions at one time suggests weak fidelity of implementation. Documentation forms should be carried from one year to the next to help with evaluation of implementation outcomes, and to help teams and teachers begin instruction and intervention at the appropriate levels each year (Bernhardt & Hébert, 2017).

To monitor the fidelity and integrity of implementation of RtI/MTSS, schools can collect several kinds of data. Direct observation by teacher peers, the RtI/MTSS team, coaches, or administrators of intervention activities in each classroom can help determine whether interventions are being implemented effectively; these observation data should not be used for evaluation purposes (Bernhardt & Hébert, 2017). Teachers can also be asked to self-report their use of intervention activities using checklists; however, these data can be unreliable and should be paired with other types of data. Reviewing lesson plans and work samples in collaborative groups can be valuable for professional learning, and in some cases established teams can conduct these reviews and provide careful documentation of results. Schools are also recommended to consult the curricular materials and instruction/intervention approaches used within the school; purchased materials often include fidelity checklists or observation forms to allow schools to assess implementation (Bernhardt & Hébert, 2017).

Collaborative instructional teams implement data-based progress monitoring and decision-making. RtI and MTSS are prevention-oriented models that include all students and staff within the school to ensure the accuracy of data interpretation, intervention placement, and instructional effectiveness. Schools must create an infrastructure for instructional teams to collaboratively review and use data to inform their instructional decisions (Dulaney, Hallam, & Wall, 2013; Prewett, Mellard, Deshler, & Stern, 2012). These instructional teams also provide an opportunity for professional development and support and may operate as professional learning communities. These teams must receive regular and ongoing training and support, as they meet regularly to review student data and adjust the placement of students into intervention tiers as progress is made (Duffy, n.d.; Stuart & Rinali, 2009; Prewett, et al., 2012). One study demonstrated that districts implementing tiered intervention systems with fidelity provided weekly half days for students or additional professional learning days for teachers to allow sufficient time for this critical process (Dulaney, et al., 2013). All relevant staff should be included in intervention training and team meetings; this inclusion both emphasizes the teamwork necessary for implementation and provides opportunities to create shared practices and materials appropriate for each tier (Donavan & Shepherd, 2013; Hawes, Johnson, & Duina, 2020).

Collaborative instructional teams must consider data from multiple sources, such as progress monitoring/screening, behavioral data, and formative assessments to form a complete picture of each student's performance (Prewett, et al., 2012). These collaborative teams can then consider trends across grade levels, classes, and students and identify issues that can be addressed through adjustment to instructional techniques or strategies within tier 1, learning these new intervention strategies/techniques together in a collective way (Donovan & Shepherd, 2013; Kansas State Department of Education, 2013). For students who do not respond to large-scale instructional changes, school teams then deter- mine the tiers and types of intervention that would best meet their needs. Teams must establish and continually review benchmarks, cut scores, or guidelines to determine which students need additional supports, and then group them by similar levels of need or particular skill areas where they require support (Stuart & Rinaldi, 2009). Instructional teams are responsible for assessing the impact of interventions provided, and for moving students up and down the hierarchy of interventions as they experience success or challenges. These teams must also consider timelines for reasonable implementation and skill building when determining how frequently to monitor student progress; for example, tier 3 interventions may require more frequent monitoring and subsequent review than interventions at tier 1 (Kansas State Department of Education, 2013).

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