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Introduction

In a global economy where the most valuable skill you can sell is your knowledge, a good education is no longer just a pathway to opportunity – it is a prerequisite.

—Barack Obama

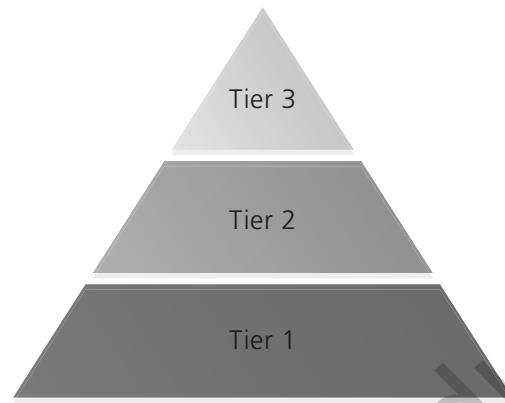
This book is about doing the right work. Success in school is the factor that most directly predicts the length and quality of students' lives. A student that fails to succeed in our F–12 system is three times more likely to be unemployed, 63 times more likely to be incarcerated and, on average, lives at least a decade shorter than a university graduate (Breslow, 2012; Tavernise, 2012). Like any other professionals who make life-altering decisions on behalf of those they serve, educators have a professional and ethical obligation to utilise practices proven to best ensure every student succeeds. The very definition of *profession* is a vocation that requires specialised training in the practices deemed most effective in the field (“profession”, n.d.). When a preponderance of evidence proves that a particular process, protocol or procedure is most effective, professionals are not merely invited to use it, but instead are expected to conform to these technical and ethical standards.

When it comes to how educators should respond when students struggle in school, the research and evidence in our field have never been more conclusive – response to intervention (RTI) is the right way to intervene. Also known as a multitiered system of supports (MTSS), RTI is a systematic process to ensure every student receives:

The additional time and support needed to learn at high levels. RTI's underlying premise is that schools should not delay providing help for struggling students until they fall far enough behind to qualify for special education, but instead should provide timely, targeted, systematic

interventions to all students who demonstrate the need. (Buffum, Mattos & Weber, 2012, p. xiii)

Traditionally, the RTI process is represented in the shape of a pyramid (see figure I.1).



Source: Buffum et al., 2012.

FIGURE I.1: Traditional RTI pyramid.

The pyramid is commonly separated into tiers: Tier 1 represents core instruction, Tier 2 represents supplemental interventions and Tier 3 represents intensive student supports. The pyramid is wide at the bottom to represent the instruction that all students receive. As students demonstrate the need for additional support, they receive increasingly more targeted and intensive help. Because timely supplemental interventions should address most student needs when they are first emerging, fewer students fall significantly below year level and require the intensive services Tier 3 offers, creating the tapered shape of a pyramid.

RTI ranks in the top-three education practices proven to best increase student achievement.

Based on his meta-analysis of more than 80 000 studies relating to the factors inside and outside of school that impact student learning, researcher John Hattie (2009, 2012) finds that RTI ranks in the top-three education practices proven to best increase student achievement. When implemented well, RTI has an exceptional average yearly impact rate of 1.07 standard deviation (Hattie, 2012). To put this in perspective, consider the following.

- ▶ A one standard deviation (1.0) increase is typically associated with advancing student achievement within two to three years (Hattie, 2009).
- ▶ Based on longitudinal studies, the yearly typical impact rate of a classroom teacher's instruction ranges between 0.15 and 0.40 standard deviation growth (Hattie, 2009). This means a school that successfully implements RTI leverages a process that is considerably more effective than a school that leaves it up to individual, isolated teachers to meet students' instructional needs.
- ▶ The greatest home or environmental factor that affects student learning is a family's economic status. Students that come from more affluent homes – defined as middle class or higher – gain a yearly academic benefit of 0.57 standard deviation growth per year (Hattie, 2009). This home support contributes to an achievement gap on standardised tests between affluent

households and students of poverty that has grown more than 40 per cent since the 1960s (Reardon, 2011), while the college graduation rate gap has increased more than 50 per cent since the late 1980s (Bailey & Dynarski, 2011). RTI's impact rate of 1.07 – more than twice as powerful as what some students might receive at home each night – provides educators a proven, powerful tool to close the United States' largest achievement gap.

Equally important, we know that a successful system of interventions must be built on a highly effective core instructional program, as interventions cannot make up for a toxic school culture, low student expectations, and poor initial instruction. Fortunately, our profession has near unanimous agreement on how to best structure a school to ensure student and adult learning.

Comprehensive study of the world's best-performing school systems finds that these systems function as professional learning communities (Barber, Chijioke & Mourshed, 2010; Barber & Mourshed, 2007). Additionally, virtually all our professional organisations endorse PLCs (DuFour, 2016). When implemented well, the PLC process is the best way to build the learning-focused culture, collaborative structures, instructional focus and assessment information necessary to successfully respond when students don't learn.

At a time in which our students' lives depend on educators utilising practices proven to be most effective, should we allow professional educators to disregard this overwhelming evidence and cling to outdated procedures? Would this be acceptable in any other profession? Imagine if you are diagnosed with a life-threatening illness, and you ask your doctor to identify your best course of action. In response, your doctor says, "There is a treatment process that, based on over 80 000 studies, is the most effective way to cure your illness. It is proven to be multiple times more powerful than traditional treatments used throughout most of the past century. Additionally, the most successful hospitals in the world utilise this practice, and virtually all our medical organisations endorse this treatment."

How would you respond? "When can we start?"

Now imagine if your doctor knows of this near unanimous professional consensus on the best possible treatment of your illness, yet disregards it and utilises a less effective, outdated procedure. You would be outraged. We would consider such actions as professional malpractice, profoundly unethical and grounds for removal from the field. Knowing what we know today about how to best respond when students struggle, there is no debate: implementing RTI within a professional learning community framework is the right work.

Knowing what we know today about how to best respond when students struggle, there is no debate: implementing RTI within a professional learning community framework is the right work.

If RTI Works, Why Is There Still an Achievement Gap?

In autumn 2015, the following headline appeared on *Education Week's* front page: "Study: RTI Practice Falls Short of Promise" (Sparks, 2015). The research, which the National Center for Education Evaluation and Regional Assistance conducted, studies the yearly reading progress of over 20 000 Years 1–3 students. It finds that Year 1

students who received reading interventions actually did worse than identical peers who did not receive the RTI support. More troubling, students who were already in special education or older than average for their year level performed “particularly poorly if they received interventions” (Sparks, 2015, p. 1).

Yet, when you dig deeper, the researchers find that the implementation practices at a majority of the participating schools were misaligned to the guiding principles of RTI, including the following.

- ▶ Sixty-nine per cent of schools in the impact sample offered at least some intervention services *during* Tier 1 core instruction. As noted, “In such schools, intervention may have displaced instruction time and replaced some small-group or other instruction services with intervention services. As a result, reading intervention services may have been different from, but not necessarily supplemental to, core reading instruction” (Balu et al., 2015, p. ES-11). A basic tenet of RTI is that we should provide interventions *in addition* to effective Tier 1 core instruction, not in place of it. When students miss new critical year-level core curriculum to receive interventions, it is akin to having students take one step forward (improvement in a remedial skill), while taking one step back (missing a new essential year-level skill).
- ▶ The study finds that “even in schools using the more traditional model of providing intervention services only to readers below grade level, classroom teachers played an additional role and provided intervention services to 37 percent of those groups in Grade 1” (Balu et al., 2015, p. ES-11). RTI advocates that staff members with a higher level of expertise in a student’s target area of need should be the ones providing the interventions. While a classroom teacher might meet these qualifications, it would be unrealistic to expect that same teacher to always have more effective ways to reteach this skill to the same students who did not learn it the first time. Our experience is that teachers don’t save their best instructional practices for Tier 2 interventions. More often, teachers provide students with the same pedagogies from core instruction, only in a smaller group setting.

When interviewed about this study, co-author Fred Doolittle states, “We don’t want to have people say that these findings say these schools aren’t doing RTI right; this turns out to be what RTI looks like when it plays out in daily life” (as cited in Sparks, 2015, p. 1). We strongly disagree with his interpretation.

To apply this conclusion to a similar situation, we know that there is tremendous consensus in the medical field regarding the best ways to lose weight in a healthy and effective way. According to the Cleveland Clinic (n.d.), “To lose weight, you must eat fewer calories or burn up more calories than you need. The best way to lose weight is to do both.” Translated into practice, this means the best diets should include eating better and regular exercise. Armed with this knowledge, millions of people each year commit to diets based on these principles, yet more than 90 per cent of their efforts fail (Rodriguez, 2010). Should we assume then that the current research behind losing weight is at fault? Should medical researchers conclude, “We don’t want to hear that

people aren't dieting right – this turns out to be what eating less and exercising more looks like when it plays out in daily life.”

In reality, and as the Cleveland Clinic (n.d.) makes note of, the reason why most people don't lose weight is because they briefly commit to eating somewhat better and increasing their exercise but ultimately fail to make these practices part of their ongoing lifestyle. Likewise, many schools are committing to some disjointed efforts at interventions but are failing to fully commit to the collaborative, learning-focused PLC lifestyle required to ensure every student's success.

Common Missteps When Implementing RTI

While we disagree with Doolittle's interpretation of the findings, unfortunately, the study's results – that many schools are failing to see the gains in student achievement that RTI can provide when implemented well – did not surprise us. We have directly led the RTI process as site and regional practitioners and have subsequently assisted hundreds of schools around the world. Throughout our travels, we have found that many site educators, regional administrators and state policymakers misinterpret key concepts, skip critical steps, look for short cuts and fail to discontinue traditional practices that are counterproductive to the RTI process. In addition to the two RTI implementation mistakes from the study (Sparks, 2015), nine other common missteps include the following.

1. Viewing RTI primarily as a process to identify students for special education
2. Viewing RTI as a regular education process
3. Building interventions on an ineffective core instructional program
4. Failing to create a guaranteed and viable curriculum
5. Using mismatched and misused assessments
6. Relying too heavily on purchased intervention programs
7. Perpetuating ineffective interventions
8. Focusing too much on what the staff cannot directly influence
9. Assuming some students are incapable of learning at high levels due to innate cognitive ability or environmental conditions

Viewing RTI Primarily as a Process to Identify Students for Special Education

There is an important *secondary* benefit of RTI – educators can use it as a process to identify students with learning disabilities. When all students have access to essential year-level curriculum, highly effective initial teaching and targeted interventions when needed, a vast majority of them succeed. If a student does not respond to these proven

There is an important *secondary* benefit of RTI – educators can use it as a process to identify students with learning disabilities.