

RESPONSE TO INTERVENTION AND TEACHERS' PERCEPTIONS:

A CASUAL COMPARATIVE STUDY

by

Misty Howington Cox

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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ABSTRACT

The purpose of this quantitative, causal-comparative study was to assess the perceptions of teachers regarding the Response to Intervention (RTI) initiative and its implementation. Specifically, the researcher was trying to determine (a) if there is a significant difference between the perceptions of general education teachers and those of special education teachers regarding RTI, (b) if there is a significant difference between the perceptions of teachers in the elementary school setting and teachers in the middle school setting, and (c) if there is a significant difference between the perceptions of teachers based on their years of teaching experience. The Bailey-Tarver Survey Instrument was used to gather data on teachers' perceptions and administered via Survey Monkey. The sample population for the survey included 144 ($N=144$) certified teachers at the elementary and middle school level in a Northeast Georgia school district. Descriptive statistics and independent samples t tests were used to analyze the data obtained from the survey. The study revealed that there is no significant difference between the perceptions of teachers regarding the RTI process based on area of certification, school setting, or years of teaching experience. Results from this study will help school districts better understand teachers' perceptions and opinions of the RTI process, and this information can then be used to help improve implementation and maintain the fidelity of the RTI program. Future research should compare the perceptions of teachers across all three school levels, elementary, middle, and high, as well as comparing the roles and perceptions of general education teachers and special education teachers in the RTI/MTSS framework.

Keywords: Response to Intervention, teacher perception, special education eligibility

Dedication

I would like to dedicate this work to my three wonderful children who have been by my side throughout this entire process. Even though we went through the lowest time in our lives as a family right in the middle of my coursework, you did not let me give up on my dream. You put up with a stressed and overwhelmed mother and continued to love me even at my worst. Always remember that you cannot get ahead of God's plan for your lives. Good things will come on God's timeframe. Never give up on your dreams and never doubt that I will always be your biggest supporter.

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I would like to acknowledge the love and support of my husband and my parents throughout this process. Despite the many setbacks and obstacles that I encountered, they never let me give up on myself or on my dream of completing my degree. Their faith in me never faltered and I will be forever grateful for their love and support.

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List of Abbreviations

English Language Learner (ELL)

Every Student Succeeds Act (ESSA)

Individuals with Disabilities Education Act (IDEA)

Multi-Tiered Support System (MTSS)

No Child Left Behind (NCLB)

Response to Intervention (RTI)

CHAPTER ONE: INTRODUCTION

Overview

The purpose of this quantitative, causal-comparative study was to assess the perceptions of teachers regarding the response to intervention (RTI) initiative and its implementation.

Chapter One provides a background on the RTI initiative, including the origins of the program and the laws and acts that have resulted in its adoption by school districts throughout the United States. The background section also includes a description of the most common approaches to RTI used by schools and a detailed outline of the primary characteristics and components of all RTI programs. The problem statement examines the scope of the recent literature on RTI and teachers' perceptions of its implementation and effectiveness. The purpose statement describes the primary goals of the study and is followed by the significance of the current study. Finally, the research questions are introduced, and definitions pertinent to this study are provided.

Background

According to Von der Embse, Schoemann, Kilgus, Wicoff, and Bowler (2017), teachers' perceived levels of stress tend to vary from day and may result in the use of more frequent counterproductive teaching practices; however, despite these stressors, teachers are still held accountable for the academic growth of their students. When academic or behavioral benchmarks indicate that a student is not performing to his/her highest level of learning, teachers are required to seek innovative instructional strategies with the primary goal of narrowing the achievement gap, all while also balancing their other job-related duties and responsibilities (Satterfield, 2020). If teachers are unable to help students close these academic gaps, the final result is too often special education.

Educational options for struggling students and concerns over the rapidly increasing number of students being served in special education have been the topics of conversations within the educational community for years (Jahnukainen & Itkonen, 2015). The Individuals with Disabilities Education Act (IDEA, 2004) opened the door for the use of a multi-tiered system of support as a model for securing additional help for all students, diminishing the number of special education students, and decreasing the rising costs of special education services (Jahnukainen & Itkonen, 2015). The Response to Intervention framework was designed as a strategy to aid in the early identification of students with learning disabilities and to also prevent the over-identification of students to special education due to an inappropriate diagnosis (Satterfield, 2020). The introduction of the RTI framework created a paradigm shift in the educational system as educators were required to pursue other interventions, strategies, and approaches before recommending testing or attempting to diagnose a child (Cowan & Maxwell, 2015).

Research has shown that programs using a multi-tiered level of support have made a major impact on educators' identification and remediation of students with special education needs and on schools' early intervention efforts (Preston, Wood, & Stecker, 2016); however, while RTI has come a long way since its inception, researchers are still seeking ways to overcome common obstacles to the program's successful implementation and overall effectiveness (Preston et al., 2016). Bineham, Shelby, Pazey, & Yates (2014) found that while there are many advantages to RTI, including the early identification of struggling learners, a decrease in referrals to special education, and a reduction in the disproportionality of minorities in special education, there are also many obstacles to a successful implementation of an RTI program. According to Bineham et al. (2014), common obstacles include poor treatment

validity, confusion in the process of diagnosing a disability, and a lack of professional development for teachers. The findings of Bineham et al. (2014) provide further support for Gerber's (2005) belief that the fidelity with which RTI is implemented relies heavily on consistency among teachers. As teachers are often required to change their current thought processes and assumptions about the best teaching practices for struggling students, in order for RTI to be successfully implemented, it is important to have a solid understanding of how teachers' perceptions influence instructional practices in the classroom (Rhodes, 2014).

The origins of RTI can be traced back to multiple fields including behavioral consultation, data-based program modification, and learning disabilities (Bergan, 1977; Deno & Mirkin, 1977). While it has also been influenced by other sources such as parent groups and educational psychology (Preston et al., 2016), Heller, Holtzman, and Messick (1982) are recognized as being one of the first to conceptualize the origins of RTI in their theory that general education teachers are ultimately responsible for providing multiple interventions to students who are struggling and for documenting student progress within these interventions (Preston et al., 2016). Heller et al. (1982) held that, in order to decrease the overidentification of students for special education, general education teachers must follow the steps as prescribed before making a referral for special education. Heller et al. believed that "the measure of the child's potential is not his or her initial performance, but the degree of progress made in response to instruction" (p. 62). Even though the beginnings of RTI were first conceptualized in 1982, it was not until more than 10 years later before the idea of using a multi-tiered approach in the general education classroom was reintroduced at the federal level (Fuchs & Fuchs, 1998).

The roots of the tiered model of interventions currently being used in the field of special education are based on the preventive models historically used in the field of social and health

administration (Shonkoff & Meisels, 2000). While preventive measures have been a part of special education for decades, Kauffman (1999) suggested one of the first recognized direct applications of three levels of prevention (i.e., primary, secondary, and tertiary prevention) in the context of special education interventions to target emotional and behavioral problems. Even though the basic premise of RTI is not new, it was not officially recognized as a formal program until the passage of the No Child Left Behind Act (NCLB) (2001) which charged educators with applying scientifically based research in instruction and intervention (Thorius & Sullivan, 2013; Voulgarides, Fergus, & Thorius, 2017). NCLB brought about sweeping and significant changes within the education system in the United States, including placing emphasis on the importance of providing high quality, research-based instruction and interventions to all students (Klotz & Canter, 2007). It also started the practice of formally holding schools and teachers accountable for the progress their students make on a yearly basis through the use of mandated standardized assessments and required that special education students not only have access to the general education curriculum but also participate in all standardized assessments (Jahnukainen & Itkonen, 2015). In the accountability movement under NCLB, authority was moved from the local agency to the state level for schools that did not improve their performance. It is for this reason that researchers have proposed that the current tiered model used in RTI can actually be viewed as an evolution of special education from a civil rights frame to one of education and accountability (Itkonen, 2009; Jahnukainen & Itkonen, 2015).

RTI gained even more prominence with the reauthorization of the Individuals with Disabilities Education Act (IDEA) (2004), which stated that schools “may use a process that determines if the child responds to scientific, research-based intervention as part of the evaluation process” (614[6]B) when identifying students with learning disabilities. This

reauthorization, which allowed states to use RTI for both the prevention and identification of learning disabilities, was due to increased concerns that the IQ-achievement discrepancy-based model historically used had become a “wait to fail” model (Al Otaiba et al., 2014; Jahnukainen & Itkonen, 2015; Kovaleski, 2007; Reschly, 2005; Voulgarides et al., 2017). Students often had to become so far behind their peers and “fail” before they received any support or interventions; and, for many students, the academic gap had become so large by that time it was almost impossible to close it. Evidence-based interventions and instructional response had not been a part of the discrepancy model, and it was often difficult for teachers to determine if students were struggling because they did not respond to the interventions or if they were still struggling because they had not received adequate instruction in the classroom (Vellutino et al., 1996; Voulgarides et al., 2017). Supporters of RTI believed that the use of a multi-tiered response model would allow teachers to better determine which students have a true disability and which students simply have not received evidence-based instruction. More recently, the Every Student Succeeds Act (ESSA) passed in 2015 increased the focus on improving outcomes for all students, especially for those students who have been historically underserved in public schools. Under ESSA, the focus remains on the use of a multi-tiered system of support, such as RTI, as a means for better meeting the needs of struggling learners and improving outcomes for all students (Georgia Department of Education, 2019). Following the 2004 reauthorization of IDEA, RTI has been widely adopted in special education policy as one of two available options or as the only available option for the determination of learning disabilities. As such, what began as a special education program for supporting effective instruction and interventions for students exhibiting academic difficulties has become the primary general education policy for the

determination of learning disabilities (Vouyoukas, Tzouriadou, Anagnostopoulou, & Michalopoulou, 2017; Waitoller & Thorius, 2015).

RTI is a multi-tiered system of intervention used to help educators differentiate between students struggling because of a lack of adequate instruction and students struggling because of an actual disability (Fuchs & Fuchs, 2006; Werts et al., 2014), and two common approaches have emerged since its inception: a problem-solving approach individualized for each student and a more standardized approach that follows a standard treatment protocol for all students (Preston et al., 2016). The problem-solving model of RTI utilizes an individualized approach focused on tailoring instruction to meet students' specific needs, and it is based on the belief that if the "right" general education is provided students will make progress and special education services will not be needed (Fuchs & Fuchs, 2006; Fuchs, Fuchs, & Stecker, 2010). The first phase in this approach involves the teachers identifying students that are not making adequate progress in the general education classroom at Tier 1 and meeting with the parents to develop an intervention plan for the student. A problem-solving model is then employed to identify and analyze the problem, consider appropriate interventions, set reasonable goals, implement the intervention, progress monitor growth, assess the effectiveness of the intervention, and revise and create a new plan as needed (Artiles, 2015; Fuchs et al., 2010; Ikeda, Tilly, Stumme, Volmer, & Allison, 1996; Martson, Muyskens, Lau, & Canter, 2003; Thorius & Maxcy, 2015). When a student continues to struggle at Tier 1, the teacher then meets with a school level team and follows the same problem-solving model to design and implement a more intensive Tier 2 plan. If the student still does not show adequate growth at this more intensive level, then the student is moved to Tier 3 where the teacher meets with a more specialized team, which may include school psychologists and special educators, to explore more interventions and options at

Tier 3 (Burns, Pulles, Helman, & McComas, 2016; Preston et al., 2016). Throughout the process, progress monitoring is completed frequently. If the student continues to not make adequate progress, a referral is made for special education services at Tier 4 (Fuchs et al., 2010; Ikeda et al., 1996; Jimerson, Burns, & VanDerHeyden, 2016).

The second commonly used model of RTI is known as the standard treatment protocol, and it is based on the use of a uniform instructional platform implemented with all targeted students (Preston et al., 2016). The standard treatment protocol is similar to the problem-solving model because it also focuses on early intervention and the identification of students with a specific learning disability; it differs from the problem-solving model because a distinction is maintained throughout the process between general education and special education (Fuchs & Fuchs, 2006; Fuchs et al., 2010). In this approach, a universal screening is administered to all students in the school and all students scoring below a specified criterion are automatically considered for RTI. More intensive Tier 1 interventions are implemented for a period of 5 to 8 weeks, and students who do not make adequate progress with these interventions are moved to Tier 2 where interventions are administered during small group tutoring sessions for a minimum of 30 minutes per day for 4 days a week for 8 to 10 weeks (Fuchs & Fuchs, 2006; Fuchs et al., 2010). Tier 2 is considered time sensitive and students are progress monitored frequently, and those students not making progress are evaluated for special education services at Tier 3 (Fuchs & Fuchs, 2006; Fuchs et al., 2010). In this approach, the interventions often involve explicit instruction using a scripted or partially scripted research-based program.

The three-tiered structure of RTI is the model most commonly implemented in public schools, and while reading is the most developed area interventions also provide support for mathematics and behavioral concerns (Jimerson et al., 2016; O'Connor, Bocian, Beach, &

Sanchez, 2013; Voulgarides et al., 2017). The tiers within the RTI process are defined in terms of intensity based on time and focus (Batsche, 2014; Martinez & Young, 2011). Tier 1 interventions are universal because they are available to all students and aim to prevent academic and behavioral problems. It is anticipated that around 80-90% of the students will respond positively to the interventions at Tier 1 (Lindsey, 2008). Tier 2 interventions are more individualized and are designed to bring about rapid improvement. They are intended to be short-term, frequently accessed, highly effective, and flexible (Hawken & Horner, 2003). It is anticipated that around 10-15% of students will need Tier 2 interventions in order to be successful in the academic setting (Lindsey, 2008). Tier 3 interventions are highly intensive academic and behavioral interventions that are provided to students not experiencing success or growth at Tier 2. It is anticipated that 1-5% of students will require Tier 3 interventions (Avant & Lindsey, 2015). Students who continue to struggle at Tier 3 are considered for special education eligibility on the basis of their failure to respond adequately to evidence-based interventions and on the belief that poor instruction has been ruled out as a factor (Artiles, 2015; Voulgarides et al., 2017). Throughout all the tiers, decision making, and instruction are guided by data (Gillis, 2017; Sharp, Sanders, Noltemeyer, Hoffman, & Boone, 2016). Students who respond to the interventions and make progress at a satisfactory rate either remain at their current level of intervention or are moved back down the tiers. Students that do not respond to the interventions and do not make progress at a satisfactory rate are moved up the tiers where interventions are further intensified (Werts et al., 2014).

While there are several different approaches to RTI, they all share four primary components: (a) define the student's area of weakness; (b) develop a plan of intervention specific to the student's needs; (c) implement the intervention; and (d) monitor the student's

progress at regular intervals (Bender & Shores, 2007; Martinez & Young, 2011). Bradley, Danielson, and Doolittle (2005) identified several core components of RTI, including high-quality classroom instruction, universal screening, progress monitoring, evidence-based interventions, and fidelity of interventions. According to Gersten et al. (2009), the Institute of Education Services identified five core components for effective implementation of RTI: (a) a universal screening, (b) a high-quality core reading and math program, (c) progress monitoring, (d) tiers of intervention with increased intensity, and (e) fidelity of implementation. While all RTI frameworks are grounded in the prevention of school failure, reliance on curriculum-based measurements of student growth to determine the need for academic or social interventions, and early application of appropriate interventions (Thorius & Maxcy, 2015; Voulgarides et al., 2017), the most critical component of any RTI program is fidelity of implementation. If not implemented with fidelity RTI will fail, no matter what it is based on or what other core components are present.

The primary goal of RTI is to provide struggling students with the interventions and supports that they need to become more successful in the general education classroom; it is a means for supporting students before they fall hopelessly behind (Frey & Fisher, 2011). Throughout all of the tiers, students are exposed to evidence-based instruction and interventions; however, in order for RTI to be successful, it is imperative that the interventions are not only targeted to the student's area of weakness, but are also research-based, accurate and easy to implement (Martinez & Young, 2011; Mellard, Stern, & Woods, 2011). As teachers become more adept at implementing different interventions across the tiers, students' responses to the interventions will improve, ultimately decreasing the number of special education referrals and placements (Fox, Carta, Strain, Dunlap, & Hemmeter, 2009). While research has shown that the

RTI process can be an effective program to use with struggling students, a program is only effective if those implementing it truly believe in what they are doing and if the program is implemented with fidelity. The program can only be implemented with fidelity if those responsible are fully trained in the program, understand the process and their role in the process, and have the resources and materials needed to implement the program effectively.

Even though RTI has come a long way since its' inception and has been included in educational law since 2004, teachers and staff are still reluctant to fully implement them as an approach to educational change (Avant & Lindsey, 2015). Some teachers resist adopting RTI because they are content with maintaining the status quo, while others resist because they do not fully understand the rationale behind the change. RTI is a data-driven, general education program and the success of implementation will be impacted by teachers' perceptions of the overall effectiveness of the program, as well as their own ability to implement it (Rhodes, 2014). Failure to address these perceptions and concerns may hinder the effectiveness of the program, and even create further resistance to the RTI initiative (Werts et al., 2014).

Problem Statement

While there is a growing body of research available regarding the tiered instruction model, many of these studies focus on the effectiveness of RTI on students' academic and behavioral outcomes (McAlenney & Coyne, 2015). Even though the core components of the academic interventions typically seen in RTI are not new to the classroom (Reagen, Berkeley, Hughes, & Brady, 2015), there is a lack of research regarding teachers' perceptions of these interventions and how they are being implemented within the RTI framework (Barton, Holt, & Thompson, 2020). Giangreco and Suter (2015) found that while research continues to emerge regarding the academic and social/behavioral outcomes for students participating in RTI, few

studies are available regarding the connections between factors impacting service delivery and the implementation and evidence-based practices. Much of the current research that has been done on teachers' perspectives and the contextual influences of RTI used a qualitative design involving case studies at individual schools (Barton, Holt, & Thompson, 2020; Hogle, 2018; Lally, 2017). There is a lack of quantitative research on teachers' perceptions regarding the RTI process, specifically research done to determine if there is a significant difference in the perceptions of teachers based on their area of certification, school settings or years of service.

As RTI models are being implemented by public schools with increasing regularity, it is important to consider the perspectives of the teachers who are directly involved in the implementation. Even though the RTI framework involves the whole school, it is the teachers working at the classroom level who are primarily responsible for instruction at Tier 1 and delivering additional supports and interventions at Tier 2 (Lally, 2017). Research has shown that successful implementation of RTI begins in the classroom at the level of the teacher, and "given teachers' integral role, it is important to examine teachers' attitudes, beliefs, perceptions, and challenges with respect to RTI to identify the appropriate actions, interventions, and supports necessary for the successful implementation and sustainability of RTI" (Castro-Villarreal, Rodriguez & Moore, 2014, p.105). As teachers bear the primary responsibility for implementing RTI at the classroom level, the successful implementation of the program ultimately depends on the systems and features in place to support them (Lally, 2017); therefore, it is critical that teachers' perspectives of the RTI initiative are better understood and addressed throughout the implementation process. The problem is that literature has not fully addressed teachers' perspectives regarding RTI and failure to address these teacher concerns may result in problems with both implementation and maintaining the fidelity of the program; therefore, it is vital that

we consider the opinions and perspectives of teachers as they are critical to a successful implementation of the RTI framework.

Purpose Statement

The purpose of this quantitative, causal-comparative study is to assess the perceptions of teachers regarding the response to intervention (RTI) process and its implementation.

Specifically, the researcher is trying to determine (a) if there is a significant difference between the perceptions of general education teachers and those of special education teachers regarding RTI, (b) if there is a significant difference between the perceptions of teachers in the elementary school setting and teachers in the middle school setting, and (c) if there is a significant difference between the perceptions of teachers based on their years of teaching experiences. This information is vital to the field of education because, when implementing reform efforts, the more information that schools have about the perceptions of key stakeholders, the more likely that they will be able to make decisions that positively affect the entire school community. As the key stakeholders in any educational reform, understanding teachers' perceptions is crucial to understanding and successfully implementing such far-reaching reforms as RTI.

In this causal-comparative study, the independent variables were the area of certification (i.e., general education and special education), school setting (i.e., elementary school and middle school), and years of experience (i.e. 0-5 years and more than 5 years), and the dependent variable will be teachers' perceptions of RTI. The targeted population for this research includes general and special education teachers working at either the elementary or middle school level, and the sample for this study was drawn from elementary and middle school teachers in a large school district in Northeast Georgia.

Significance of the Study

The Diffusion of Innovations theory can be used to explain how an idea, product, or program gains momentum and is ultimately adopted by a specific population. Educational change can be defined as innovations in schools that can range from basic curriculum revisions to more drastic social change in the school culture (Gold & Miles, 1981). According to LaMorte (2019), the result of the diffusion is when the innovation is adopted by the targeted population and they begin to do something differently based on the innovation. When the Diffusion of Innovations theory is applied to the adoption of the RTI framework at the school setting, it becomes obvious just how important teachers' perceptions of the process are to its effective implementation as these perceptions will determine if the innovation of RTI is ultimately adopted by the targeted population.

RTI is one of the most recent and commonly implemented initiatives currently employed to better meet the needs of all students and help them become more successful in the academic setting (Barton, Holt, & Thompson, 2016). However, despite the fact that RTI is strongly encouraged (or even mandated by some states or districts), teachers and other staff members are often still reluctant to embrace the RTI initiative as an educational change (Avant & Lindsey, 2015). When implementing reform efforts, the more information that schools have about the perceptions of the key stakeholders, the more likely that they will be able to make decisions that positively affect the entire school community. However, as new educational reforms make their way through the public education system, teachers' perceptions and opinions are considered less and less (Evans, 2017). Teachers are the key stakeholders in any educational reform, and teachers' perceptions are vital in understanding and successfully implementing such far-reaching reforms as the RTI program. Teachers' attitudes and voices can provide policy makers and professionals in the field of education the insight they need to better prepare teachers for

effective implementation of programs such as RTI (Alahmari, 2020); therefore, it is critical that teachers' perceptions and concerns are addressed to ensure that the RTI program is being implemented effectively (Rinaldi, Averill, & Stuart, 2011; Shirley & Hargreaves, 2006; Werts, Carpenter, & Fewell, 2014).

Even though understanding teachers' perspectives is an integral part of the RTI framework, teachers' perspectives and views are often disregarded (Lally, 2017). Like many education initiatives, there is still a gap between research and practice with RTI (Barton, Holt, & Thompson, 2020). Many studies with RTI have focused on student growth and development (Konopaseki, Nocini, & Krupat, 2016; Zvoch, 2016). While others have focused on teachers' ability to implement the process effectively (Castro-Villarreal, Villarreal, & Sullivan, 2015), there have been very few studies focused primarily on teachers' perceptions of RTI, and the few studies available do not provide adequate information or guidance to better understand teachers' views or to inform professional development (Hogle, 2018). The current study will help to fill the gap in research regarding teachers' perceptions of RTI and how different factors may impact those perceptions. The findings of this study will help educators plan and prepare for the supports, resources, and professional development needed to help make RTI more effective at the classroom level.

Research Questions

This study will address teachers' perceptions regarding the response to intervention (RTI) process and its implementation in a Northeast Georgia school district to determine how teachers rate their experiences with the RTI process at the elementary and middle school levels. The research questions for this study include:

RQ1: Is there a difference between the perceptions of teachers regarding the RTI process based on their area of certification?

RQ2: Is there a difference between the perceptions of teachers regarding the RTI process based on their school setting?

RQ3: Is there a difference between the perceptions of teachers regarding the RTI process for teachers with 12 or less years of experience and teachers with more than 12 years of experience?

Definitions

1. *English Language Learners.* The Georgia Department of Education defines an English language learner as a student whose primary language is not English and is eligible for specialized services based on the results of an English proficiency assessment (Georgia DOE, 2017).
2. *Every Student Succeeds Act.* A federal law passed in 2015 that requires schools to use evidence-based strategies and interventions with all students and suggests that schools and districts implement a tiered system of supports for struggling students (Georgia Department of Education, 2019).
2. *Evidence-Based Practices.* For the purpose of this study, evidence-based practices will be defined as educational strategies and interventions that have been proven to be effective with students and are supported by evidence and research (Georgia Department of Education, 2019). Evidence-based practices are also commonly referred to as research-based practices.
3. *General Education Teacher.* For the purpose of this study, a general education teacher will be defined as someone who teaches reading, language arts, mathematics,

- science and/or social studies to elementary students using the general education curriculum in kindergarten through fifth grade (Rhodes, 2014).
4. *Individuals with Disabilities Act*. A federal law that requires schools to utilize formal measures to locate, identify, and diagnose students, ages 3 through 21, with specific learning disabilities and/or other types of disabilities. IDEA requires schools to provide a complete educational evaluation to determine students' eligibility for special education services. The 2004 reauthorization of IDEA replaced the discrepancy model historically used to determine eligibility with a multi-tiered intervention model known as Response to Intervention (RTI) (Reschly, 2005).
 5. *Multi-Tiered System of Supports (MTSS)*. A tiered system of supports that integrates assessment and intervention within a school-wide system designed to maximize student achievement and academic growth and to reduce behavioral concerns (Georgia DOE, 2019).
 6. *No Child Left Behind Act*. A federal law passed in 2001 that requires schools to ensure that all students have access to high-quality instruction using evidence-based practices provided by highly qualified teachers (Klotz & Canter, 2007).
 7. *Response to Intervention (RTI)*. Response to intervention is a scientific, research-based (i.e., evidence-based) practice in which high-quality instruction and interventions are matched to students' individual needs (Rinaldi, Averill, and Stuart, 2011). Response to intervention is a means for supporting students before they fall hopelessly behind (Frey and Fisher, 2011).

8. *Special Education Teacher.* For the purpose of this study, a special education teacher will be defined as someone who is certified to teach students with intensive academic needs that cannot be met through the general education curriculum (Rhodes, 2014).
9. *Teacher Perception.* For the purpose of this study, teacher perception will be defined as teachers' beliefs and opinions of the RTI process. These beliefs and opinions may be related to how it is being implemented in their school building or system, their role in the RTI process, and/or their ability to implement RTI effectively (Rhodes, 2014).
10. *Tiered intervention.* A framework of intervention where struggling students are provided research-based interventions with graduating levels of intensity as they move through the tiers. Progress monitoring data is collected over time, and students who fail to respond appropriately to the interventions are moved through the tiers where the intensity of the interventions is increased (Bailey, 2010).

CHAPTER TWO: LITERATURE REVIEW

Overview

Even though it has been more than a decade since RTI was recognized as a formal educational framework in public schools, there are still many barriers to the actual implementation and effectiveness of the program (Balu et al., 2015; Piety, 2019). While RTI has the potential to improve educational outcomes for all students, it remains a highly criticized program due to the many challenges educators face when attempting to implement the framework with fidelity (Balu et al., 2015; Maier et al., 2016). The primary purpose of this literature review is to provide a comprehensive analysis of RTI. Special education laws directly related to RTI are described, as well as the most common benefits and criticisms reported by educators. Finally, current studies regarding educators' perceptions towards RTI are discussed. The related research and information provided in this literature review will be used to help the researcher assess how teachers rate their experiences with the RTI process and what factors may impact their perceptions. For any educational reform to be implemented and sustained at the grassroots level in the classroom, teachers must want that reform to happen. Therefore, it is critical that schools identify and address what may be causing negative responses to the program. Teachers are the key to student success in any educational reform, and their perspectives and experiences must be understood (Hahn, 2015).

Theoretical Framework

In this study, two theoretical frameworks were employed to help understand the relationship between teachers' perceptions of response to intervention and how these perceptions may impact their ability to implement the framework: the Social Cognitive Theory and the Diffusion of Innovations Theory. Albert Bandura introduced the Social Learning Theory in the

1960s. He believed that direct reinforcements could not account for all types of learning and proposed that learning could occur by simply observing the actions of others. Bandura believed that people could learn new information and behaviors by watching other people. In the 1980s, the Social Learning Theory morphed into the Social Cognitive Theory which emphasized social influence and the role of external and internal social reinforcement in learning (LaMorte, 2019).

Four primary assumptions are central to the Social Cognitive Theory: (a) behavior is purposeful; (b) people are goal-directed; (c) people are self-reflective; and (d) people are capable of self-regulating (Motl, 2007; Satterfield, 2020). The theory is founded on the belief that individuals are agents proactively engaged in their own development and can make things happen by their own actions (Pajares, 2002) and that individuals' attitudes and behavior can impact their environment. Bandura (1986) proposed that individuals possess self-beliefs that allow them to exercise a measure of control over their own thoughts, feelings, and actions. In other words, human functioning is the end-product of the interplay between personal, behavioral, and environmental influences (Pajares, 2002), and the way people view the outcomes of their behavior can alter personal factors, the environment, and even future behavior. According to Vinney (2019), the Social Cognitive Theory details both the processes of observational learning and the influence of self-efficacy on behavior.

Bandura's Social Cognitive Theory places great importance on several individual characteristics, including self-efficacy, behavioral capability, expectations, expectancies, self-control, and emotional coping responses. These characteristics, in turn, impact environmental factors such as vicarious learning, situation, reinforcement, and reciprocal determinism (Satterfield, 2020). The theory provides a framework for understanding how people shape and are shaped by their environment, including how learners acquire skills, dispositions, and self-

regulation (Bembenutty, White, & Velez, 2015). It can also be used to provide a theoretical foundation for analyzing the relationship between teachers' perceptions of RTI and its implementation at the school level (Benjamin, 2011). In the process of teaching, teachers develop their own beliefs about their abilities to produce desired student outcomes, and these beliefs affect not only their personal growth but also student learning (Tolbert, 2012). As such, teachers' perceptions of RTI influence their instructional practices and how RTI is implemented within their own classrooms (Benjamin, 2011).

According to the Social Cognitive Theory, self-efficacy is one of the most important individual characteristics that can impact learning. Bandura (1977) defined self-efficacy as the belief in one's own capacity to produce a desired result or outcome. Stated another way, self-efficacy is one's capability to organize and execute the necessary actions to reach a desired outcome. The basic principle behind self-efficacy is the belief that people are more likely to engage in activities where they have higher self-efficacy and less likely to engage in activities where they have lower self-efficacy (Satterfield, 2020). According to Iroegbu (2015), self-efficacy beliefs are the greatest influencer of the choices people make, their goals, and the amount of effort they are willing to apply to completing a task, as well as how long they will persevere at the task in the face of challenges or failure.

Bandura (2001) believed that self-efficacy played a crucial role in how individuals' monitor and maintain their own motivation through diverse goal challenges and outcome expectations. He proposed that there were four major sources impacting self-efficacy: (a) performance accomplishments, (b) vicarious experience, (c) verbal persuasion, and (d) physiological and emotional states. According to Bandura (1977), performance accomplishments are based on personal mastery and occur when an individual successfully

completes a given task. Performance accomplishments are considered the primary source of obtaining self-efficacy with successful accomplishments raising self-efficacy and failures lowering it. Vicarious experiences are described as those experiences where an individual has the opportunity to observe a task being successfully implemented and completed. They are important to self-efficacy because if individuals see the successful demonstration of a behavior and completion of a task, either through exposure or modeling, they are more likely to believe that they can also complete the same behavior/task successfully (Wiley & Cory, 2013). Bandura (1977) defined verbal persuasion as the feedback provided to individuals by other people regarding their capabilities, and this information also has the potential to increase or lower a person's feeling of self-efficacy. Physiological and emotional states refer to how adept individuals are with handling their emotions. How these physiological and emotional states impact their experiences is crucial to the judgement of self-efficacy (Petricone, 2020).

Teachers understand and implement RTI based on their own experience, knowledge, beliefs, motivation and self-efficacy. Therefore, teachers' self-efficacy will impact how well they embrace and implement new programs and innovations. Research has shown that higher levels of self-efficacy are associated with individuals' increased abilities to initiate, sustain, and persist towards an identified goal regardless of the challenges or obstacles they may encounter (Zimmerman, 2000). Zee and Koomen (2016) found that teachers with a higher level of self-efficacy perceived the implementation of new instructional methods as more important and congruent with their own practices. Teachers' beliefs in their own self-efficacy impacts their perceptions towards the implementation of instructional practices (Castro-Villarreal, Rodriguez, & Moore, 2014). In other words, when teachers believe that they have the needed skills and

resources to be successful, they begin to view the practices and innovations as easier to implement and more effective.

Helping teachers integrate the RTI framework within their own schools and classrooms will improve their self-efficacy and ultimately improve student learning. However, according to Eun (2018), the acquisition of new knowledge and skills will not automatically result in improved performance and increased self-efficacy if there are external factors acting as powerful disincentives and/or performance constraints. Educational policies, procedures, professional development, and the school environment are all external factors that will impact teachers' perceptions of RTI and its implementation, and higher self-efficacy is crucial to the successful implementation of RTI at the school level (Benjamin, 2011). However, school initiatives often do not consider the perceptions of those implementing the change daily - the teachers. Failure to address teachers' perceptions can negatively impact implementation; therefore, having a better understanding of teachers' perceptions of RTI is crucial in maintaining an effective and sustainable intervention (Satterfield, 2020).

E. M. Roger's theory of the Diffusion of Innovations was introduced in 1962 to explain how an idea, product or program gains momentum and spreads through a specific population or social system. The end result of this "diffusion" is that the new idea, behavior, or product is adopted by the targeted population, and the targeted population begins to do something differently than what they had previously done (LaMorte, 2019). The Diffusion of Innovations theory refers to the process by which new initiatives are adopted by organizations and involves a number of factors, including the innovation itself, the dissemination of information to stakeholders, when the innovation emerges, the potential users of the innovations, and the users' perceptions of the innovation's worth (Lindsey, 2008; Rogers, 2003).

In the field of education, educational change is defined as innovations in schools that can range from basic curriculum revisions to more drastic social change in the school culture (Gold & Miles, 1981). When the Diffusion of Innovations theory is applied to the adoption of the RTI framework at the school setting, it becomes obvious just how important teachers' perceptions of the process are to its effective implementation. Teachers, administrators, district leaders, parents, students, and even the community are vital to the achievement of any desired change; however, teachers are the key stakeholders in the program implementation at the school level. As the primary stakeholders, teachers must see the value in the change for it to be successful. This is even more important when the change is being initiated from outside of the school setting (Hahn, 2015).

While teachers and administrators working in the classroom on a daily basis want reforms directly related to practices that can improve student performance (Hahn, 2015), the effectiveness of any new policy or reform is ultimately determined by those responsible for its implementation. Avant and Lindsey (2015) found that for RTI to become a part of a school's culture, the staff must first utterly understand the types of organizational structure changes that are required. According to Evans (2000), innovations cannot exist without trust, confidence, and consistency in their implementation. Therefore, RTI can only become a true innovation when teachers believe that it is better than the current policies and practices in place.

Related Literature

No Child Left Behind

The No Child Left Behind Act (NCLB) of 2001 has been called the largest federal intervention in the history of public education in America (Heise, 2017; Smith & Kovacs, 2011), and it is arguably the most far-reaching education policy in the United States over the last four

decades (Heise, 2017). Through the reauthorization of the Elementary and Secondary Education Act, NCLB emphasized the importance of research-based instruction and interventions and expanded the historically limited scope of the federal government in public K-12 schools (Hayes, 2015; Heise, 2017; McGuinn, 2016). NCLB required states to develop academic standards, state-wide assessments to measure whether students were meeting those standards, and accountability measures for local education agencies and schools that do not meet the expected benchmarks (Waitoller & Thorius, 2015).

NCLB grew out of the concern that the American education system was no longer internationally competitive, and it significantly increased the role that the federal government had in holding schools and teachers accountable for the academic progress their students make on a yearly basis (Klein, 2015). Schools and their local education agencies were now accountable for improving academic outcomes for all students, including students with disabilities and linguistically and culturally diverse students, for increasing the amount of time that students with disabilities spend in the general education classroom, and for reducing the over-representation of racial minorities in disability categories (Waitoller & Thorius, 2015). In addition to holding teachers, schools and districts accountable for the outcomes of education, NCLB also required that teachers be highly qualified, and mandated that they use scientifically based instruction with all students in the academic setting (Mohammed, Walker, Conderman, & Pasapia, 2016).

The assessment and accountability provisions outlined in NCLB were intended to draw attention to the underperforming groups of students and to hold schools accountable for how well these students performed on the general curriculum. Special focus was placed on specific sub-groups of students that historically scored lower than their grade-level peers, such as English

language learners (ELLs), students in special education, and poor and minority students (Gonzalez & Artiles, 2015; Klein, 2015). This increased focus on underperforming sub-groups highlighted one of the biggest challenges teachers face in the education of ELLs - the delivery of instruction that is responsive to their cultural and linguistic strengths and qualities (Hoover & Soltero-Gonzalez, 2018). General education teachers typically do not fully understand the second language acquisition process, and this challenge flows into the RTI process and the consideration of interventions and strategies to use with ELLs in the program. This lack of understanding ultimately results in increased referrals for special education services for this subgroup of students, especially in the area of literacy development (Hoover, Baca, & Klingner, 2016; Hoover & Soltero-Gonzalez, 2018). In order to meet the needs of struggling students, NCLB called for the use of systematic educational practices that provide evidence-based interventions to struggling students in addition to the high-quality instruction provided to all students in the general education classroom. Educators were charged with applying scientifically based research in both their classroom instruction and specialized interventions (Heise, 2017; Mohammed et al., 2016; Thorius & Sullivan, 2013).

NCLB was not without its critics. Two of the top concerns surrounding NCLB were the cost of implementing the new policies and the narrowing of curriculum to focus only on the subjects being assessed (Darrow, 2016; Hayes, 2015). Some critics of NCLB also postulated that in drawing attention to the reduction of achievement gaps between white and non-white students, poor and non-poor students, NCLB may have actually increased these gaps by reducing the number of curriculum offerings available in the classroom, degrading the quality of instruction, and driving teachers away (Markowitz, 2018).

Individuals with Disabilities Education Act

Turnbull (2005) stated that “law is a form of behavior modification. It regulates the behaviors between the government and the governed, and it shapes the behavior of both...shaping the way that society operates” (p. 320). Following the passage of NCLB (2001), the Individuals with Disabilities Education Act was reauthorized in 2004. This reauthorization shaped the educational world in three fundamental ways: 1) it authorized the expenditure of federal funds and determined how those funds, along with state and local funds, are spent; 2) it granted rights to students and parents; and 3) it detailed the relationships that students and their families have with educational agencies (Turnbull, 2005). IDEA also mandated that all students with disabilities receive a free appropriate public education in the least restrictive environment (Cowin, 2018; Kleinert et al., 2015; Lipkin & Okamoto, 2015), and it further addressed the process leading up to the determination of a student’s eligibility for such services.

Through several different provisions outlined in the reauthorization, IDEA (2004) furthered the push for scientifically based instruction in the classroom, as well as holding schools and teachers accountable for the academic growth of all students (Klotz & Canter, 2007). According to these provisions, students do not qualify for IDEA benefits if the student’s educational needs or deficiencies are the result of a lack of appropriate instruction. Therefore, schools must use a formal process to determine if a student responds to scientific, evidence-based interventions as part of the evaluation process to determine if a student has a specific learning disability. In addition to these provisions, IDEA also authorizes school-wide approaches, evidence-based early reading programs, positive behavioral supports, and early intervention programs to help prevent students from being placed in special education programs (Lim, 2020; Turnbull, 2005).

The 2004 reauthorization of IDEA included Response to Intervention (RTI) as an appropriate option for schools to use when determining special education eligibility for students (Al Otaiba et al., 2019; Waitoller & Thorius, 2015). RTI had emerged in the early 2000s within special education research; however, as it provided a practical framework for providing high-quality, research-based instruction and interventions for all students, RTI moved from being exclusively a special education program to a general education approach and strategy (Waitoller & Thorius, 2015). The new legislation strongly recommended that teachers and schools focus on students' response to instruction and interventions before considering special education placement and that the quality of the instruction and interventions be considered before determining eligibility (Barrio, Lindo, Combes, & Hovey, 2015). According to IDEA, inappropriate instruction or interventions do not qualify a student for special education services; all instruction and interventions must be evidenced-based, individualized for students' specific needs, and appropriate for the targeted population.

With the introduction of the RTI framework, IDEA effectively replaced the IQ-Achievement Discrepancy Model historically used to identify students with learning disabilities with a multi-tiered intervention model (Al Otaiba et al., 2019; Ihori & Olvera, 2015; McGill, Styck, Palomares, & Hass, 2016; Nichols, Castro-Villarreal, & Ramirez, 2017). Research completed by the National Institute for Child Health and Development (NICHD) found that the discrepancy model was not an appropriate means for identifying students with a learning disability and advocated for the use of an early prevention model in lieu of the "wait to fail" discrepancy model historically used in academic settings (Ihori & Olvera, 2015; Voulgarides et al., 2017). These findings lead to a fundamental shift in the belief that special education was a means to an end for struggling students and advocated for the use of prevention models within

general education before referring struggling students to special education (Preston et al., 2016). Through the use of a multi-tiered model, schools were able to use a student's response to evidence-based interventions when differentiating between those students struggling due to inadequate instruction and those students struggling due to a true learning disability (McGill et al., 2016; Werts et al., 2014).

The controversies surrounding the identification of students with learning disabilities was real and a solution was required. The evolution of RTI was inevitable as it signified the path toward change (Preston et al., 2016). IDEA's update to the identification process resulted in a more effective, accountable way of identifying students with specific learning disabilities (Ihori & Olvera, 2015; Rhodes, 2014). States could no longer require school psychologists to use the IQ-achievement discrepancy model when determining eligibility for special education and the sole use of the RTI model was encouraged (Al Otaiba et al., 2019; Ihori & Olvera, 2015; McGill et al., 2016). The assumption behind an RTI framework for determining eligibility in special education was that a student's response to evidence-based interventions being implemented with fidelity is a more accurate predictor of how the student will perform academically in the future than the IQ-achievement discrepancy model (Al Otaiba et al., 2019; Healy, Vanderwood, & Edelston, 2005).

Every Student Succeeds Act

In 2015, the Every Students Succeeds Act (ESSA) was signed into law by President Obama. ESSA is the most recent reauthorization of the Elementary and Secondary Education Act (ESEA) of 1965 and replaced the No Child Left Behind Act (Darrow, 2016; Education Trust, 2016; Franquiz & Ortiz, 2016; Klein, 2016). This act increased the focus on improving outcomes for all students, but especially for those students who have been historically

underserved in public schools. ESSA moved away from using standardized test scores as the sole measurement for students' growth and required the use of multiple measures for monitoring students' learning and progress (Franquiz & Ortiz, 2016; Layton, 2015). The importance of high-quality early childhood education was emphasized, and schools were required to focus attention on developing and improving their early education programs, especially preschool readiness (Franquiz & Ortiz, 2016). Under ESSA, control was also given back to the local and state levels to determine how to meet the needs of the different student subgroups that are consistently underperforming (Franquiz & Ortiz, 2016).

A primary goal of ESSA is to fully prepare all students for success in college and careers. This goal grew out of the realization that it is becoming more and more improbable that all students will be able to make livable wages after high school if they only have a high school education (Dannenberg & Barry, 2015; Darrow, 2016). Many students are leaving high school with a diploma and no other plans towards life outside of high school, either towards college or a career (Bromberg & Theokas, 2016). In an attempt to better prepare students for life after high school, ESSA sought to solidify the foundations developed by NCLB and IDEA by further emphasizing the use of evidence-based practices by educators and requiring that all interventions implemented in the classroom be supported by at least one study demonstrating their effectiveness (Georgia Department of Education, 2018). Under ESSA (2015), the focus also remains on the use of a multi-tiered system of supports as a means for better meeting the needs of struggling learners and improving outcomes for all students (Georgia Department of Education, 2018).

Multi-Tiered System of Supports

Hoover and Soltero-Gonzalez (2018) defined a multi-tiered system of supports (MTSS) as a “contemporary framework that enables schools to establish structures and practices for providing all learners with the support they need to succeed in the classroom” (p. 189). MTSS is grounded on the use of evidence-based practices, data-driven decision making, family engagement, and ongoing progress monitoring. It utilizes a layered form of instructional delivery that increases in duration and intensity based on students’ progress and growth (Avant, 2016; Hoover et al., 2016). The purpose behind MTSS is to identify students with learning and behavioral problems and then integrate assessments and interventions to provide those students with the best possible school opportunities (Avant and Lindsey, 2015).

MTSS may benefit all students, especially culturally and linguistically diverse students, in several different ways through its potential to reduce inappropriate identification and instruction when implemented effectively (Sullivan & Proctor, 2016). It provides a framework for recognizing and respecting the diverse qualities and strengths of different cultural groups in order to improve accessibility to core instruction through differentiation. It provides a framework for educators to better distinguish between academic struggles due to language acquisition and language deficits or disabilities. Finally, MTSS also provides a model to improve learning outcomes for ELLs and reduce over-referrals to special education (Council of Chief State School Officers, 2015; Cramer, 2015; Hoover et al., 2016). By incorporating both RTI and positive behavioral interventions and supports, a school-wide MTSS framework can provide the foundation for effective instruction by meeting the integrated academic and behavioral needs of all students (Hoover & Soltero-Gonzalez, 2018; Jimerson et al., 2016). This is crucial especially for ELLs who often create unique challenges to educators. If implemented

properly, MTSS can provide an effective structure for educating and meeting the needs of ELLs (Hoover & Soltero-Gonzalez, 2018).

In the state of Georgia, MTSS is a prevention framework that uses assessment to identify those students who may be at risk for academic failure and/or who may experience emotional or behavioral needs (Georgia DOE, 2019). It is a data driven process that involves a team approach to looking at the “whole” child, including areas of academic achievement, behavior, attendance, and social emotional needs. MTSS is the large “umbrella” framework that is applied to all students (not just those students who are struggling), and RTI is the process within the MTSS umbrella targeted at struggling students that revolves around progress monitoring how they respond to specific interventions based on their progress towards an identified goal (Georgia DOE, 2019).

Response to Intervention

Overview. Striving to close academic gaps has been a focus of educators for many years, and many of the interventions seen in today’s classroom mimic what has already been proven to be best practices in the field of education (Reagan et al., 2015). To better address both these academic gaps and the issue of disproportionality in special education, IDEA (2004) introduced an educational reform effort known as Response to Intervention. The RTI framework is based on the use of a multi-tiered system of intervention as an alternative approach to help educators differentiate between students struggling because of a lack of adequate instruction from those students struggling because of an actual disability by focusing on the use of evidence-based practices and the use of data to guide instructional decision-making (Hudson & MacKenzie, 2016; Werts et al., 2014; Zirkel, 2017). RTI was developed to help educators “better identify needs, remediate, and expeditiously intervene to support students who are

performing below grade level peers and who are at risk for a learning disability” (Nichols et al., 2017, p.3).

The National Center for Learning Disabilities (2020) defines RTI as a “multi-tiered approach to the early identification and support of students with learning and behavior needs”. Within the multi-tiered approach, student progress is frequently monitored throughout each tier of instruction and intervention to determine if the student is making adequate progress or if more intensive research-based interventions are required. More specifically, RTI has been described as a multi-tiered system of supports (MTSS) in which systematic evaluation and intensive instruction and individualized interventions are provided before determining if students should or should not be referred to special education (Vouyoukas et al.,2017). While there is considerable variability in the different frameworks used to implement RTI, they all include attention to the prevention of school failure, reliance on curriculum-based progress monitoring, and focus on early intervention (Thorius & Maxcy, 2015).

General education teachers are the lead professionals in their classrooms, and they are responsible for the education of all of the students within it, regardless of a student’s disability or label. Therefore, as a general education process, the primary responsibility for implementing RTI effectively falls on the general education teacher. RTI is based on a multi-tiered approach with all students beginning at Tier 1. In Tier 1, all students should have access to evidence-based general education instruction and be progress monitored using curriculum-based measures (Voulgarides et al., 2017). Students that are not successful at this first tier of instruction are moved up the tiers so that they may receive more intensive interventions. The most common differences between Tier 2 and Tier 3 are the amount of time students spend on the interventions

on a daily or weekly basis, the actual number or type of interventions provided, and how the interventions are delivered (National Center for Learning Disabilities, 2020).

The backbone of RTI is the premise that students are exposed to evidence-based interventions and progress monitored throughout the entire process (Silberglitt, Parker, & Muyskens, 2016). Students who respond to the interventions and make progress at a satisfactory rate, remain at their current level of intervention or are moved back down the tiers. If students do not respond to the interventions, they are moved up the tiers where interventions are further intensified (Voulgarides et al., 2017; Werts et al., 2014). Students that continue to fail to respond to the more intensive interventions are ultimately referred for a comprehensive evaluation to determine possible special education eligibility.

According to Barrio and Combes (2014), RTI is an educational framework that is focused on prevention, with a primary goal of providing struggling students with the interventions and supports that they need to become more successful in the general education classroom; it is a means for supporting students before they fall hopelessly behind (Artiles, 2015; National Center for Learning Disabilities, 2020). RTI is considered a general education process with the primary responsibility for implementing the interventions and completing the progress monitoring falling on the general education teacher (Bianco & Harris, 2014). Even though it is a formal general education program, Hahn (2015) points out that RTI is not a packaged program or curriculum that can be purchased and implemented by following a detailed teachers' guide. It is a decision-making framework that is based on evidence-based practices in both assessment and instruction. It requires careful planning, time, and practice to implement effectively (Artiles, 2015; Thorius & Maxcy, 2015).

Benefits. Studies have shown that there are many advantages to RTI when it is implemented with fidelity, including the early identification of struggling learners, a decrease in special education referrals, and a reduction in disproportionality of minorities in special education (Bineham et al., 2014; Waitoller & Thorius, 2015). When implemented effectively and students receive quality core instruction with evidence-based interventions as needed, RTI has the potential to improve educational equality (Avant, 2016; Robinson, 2016) and to bring consistency to school-wide curriculums, programs, and practices (Avant & Lindsey, 2015) by taking a proactive, preventative, and inclusive approach to educating all students (Swindlehurst, Shepherd, Salembier, & Hurley, 2015).

Supporters of RTI believe that it has the potential to help all students be more successful both academically and behaviorally. According to the National Center for Education Statistics (2017), RTI has the potential to provide timely intervention and improve reading outcomes for struggling middle school students. Effective Tier 1 classroom instruction leads to more positive student outcomes and fewer referrals for special education (Preston et al., 2016), and research has shown that the most effective Tier 1 instruction is based on assessment results of students' skills and is differentiated in order to meet the needs of all students (Fuchs & Vaughn, 2012; National Center for Learning Disabilities, 2020).

Speece, Case, and Molloy (2003) found that the potential benefits of RTI include the following: less reliance on teacher referral to special education, a shift in focus to academic behavior from processing weaknesses, a focus on progress and growth, the elimination of the IQ-achievement discrepancy model, fewer false-positive identifications of students with disabilities, and the potential improvement for all children in the general education environment. Avant and Lindsey (2015) identified several advantages to implementing RTI, including the ability to

problem-solve interventions, a heavy emphasis on the use of data to guide student interventions, and improved dialogue between teachers, administrators, and families.

Jahnukainen and Itkonen (2015) believed that the use of a multi-tiered system of supports could be used to identify difficulties early on and provide interventions for all students, regardless of whether they had a diagnosed disability. Hahn (2015) also found that supporters of RTI believe that it can intervene much earlier than previous models such as the IQ discrepancy model. The multi-tiered model could also promote inclusive education, help diminish the number of special education referrals, and help decrease the rising costs of special education funding (Hahn, 2015; Jahnukainen & Itkonen, 2015).

The application of an RTI process has proven to be successful and help improve the educational outcomes for subgroups of students that have historically fallen behind their peers. When implemented with fidelity, RTI can help with both the over- and under-representation of specific sub-groups of students, such as ELLs, diagnosed with a learning disability (Cohen, Burns, Riley-Tillman, & Hosp, 2015; O'Connor et al., 2013; Park, 2019). As teachers become more adept at implementing different interventions across the tiers, students' responses to the interventions will improve, and this will ultimately decrease the number of special education referrals and placements (Artiles, 2015; O'Connor et al., 2013; Sullivan & Proctor, 2016).

Research has shown that the RTI process can be an effective program to use with struggling students; however, a program is only effective if those implementing it truly believe in what they are doing and if the program is implemented with fidelity. In order to see the full benefits of the RTI process in their district, administrators need to have a better understanding of how their teachers perceive the program because failure to address any concerns may result in problems with implementation and maintaining the fidelity of the program.

Criticisms. Research has shown that educational reforms rarely result in their intended changes or advancements (Vahasantanen, 2015). This is no different with RTI where, despite the potential benefit, it remains a highly criticized educational reform. While RTI is recognized as a comprehensive program that can address the diverse academic and behavioral needs of all students there are still many barriers to the actual implementation and effectiveness of the program. Even though RTI has been around for over a decade, there is still a lack of consensus regarding not only the basic definition of RTI but also the methods of implementation that vary significantly from one school to the next (Al Otaiba et al., 2019; Al Otaiba et al., 2014; Fuchs & Fuchs, 2017; Nichols et al., 2017; Piety, 2019). Since the implementation of RTI, 50 states have adopted the framework and developed their own guidelines and procedures, resulting in large variability in both RTI policies and practices (Hudson & Mackenzie, 2016; Zirkel, 2017). There is a large variety of methods used for screening and identifying students as at risk within the RTI framework, as well as diversity in how schools interpret and use these screening results (Nelson, Van Norman, & Vanderheyden, 2017). There is also a lot of variances between schools in the number of data points required in the decision-making process and the length of time students must spend at each tier or within the RTI process all together (Klingbeil, Bradley, & McComas, 2016; Silberglitt et al, 2016). Some of the most common concerns that both general and special education teachers have regarding RTI include poor treatment validity, a lack of research based interventions, a lack of defined measures and criteria used in the implementation process, confusion in the process of diagnosis of a disability, assessment considerations, inadequate teacher training, and a lack of professional development to better prepare teachers for implementing the RTI process effectively (Bineham et al., 2014; Hudson & MacKenzie, 2016; Sales, Moliner & Francisco Amat, 2017; Regan et al., 2015).

According to Doran (2017), there is little information or guidance on how to differentiate professional development for teachers of ELL students in the area of RTI; therefore, do not have the needed professional development and resource support. Waitoller and Thorius (2015) warned that, just like the special education eligibility processes previously used in schools, families participating in the RTI process in urban elementary schools often felt that they had only a cursory role in the process and that professionals held the upper hand due to RTI's reliance on a medical model of disability. Thorius, Maxcy, Macey and Cox (2014) warned that, despite its initial promise, RTI is quickly becoming a re-tooled version of the special education eligibility determination process that it was originally designed to improve. Research on the analysis of the relationship between RTI and learning disability disproportionality in California schools revealed increased special education disproportionality for minority students in districts using RTI over a five-year period, despite an overall decrease in the number of students labeled as having a learning disability in all racial and ethnic groups combined (Bouman, 2010; Waitoller & Thorius, 2015). Findings such as these has led many educators to question if the universal screening and progress monitoring measures used in the RTI framework are legally equivalent to a comprehensive evaluation (Zirkel, 2017) and appropriate to use when determining special education eligibility.

Waitoller and Thorius (2015) found that RTI fails to adequately account for which students respond to interventions and in what contexts they respond, leading to students being identified as deficient for not responding to interventions that were not designed for them in the first place. Avant and Lindsey (2015) found that in order for an RTI model to be implemented accurately and sustained at the school level, coaching and support must be provided to teachers and staff members to help them become proficient in implementing interventions at all three tiers

(Avant & Lindsey, 2015). According to Bouck, Park, Bouck, Sprick, and Buckland (2019), one of the greatest barriers to implementing RTI effectively in the middle school setting is the lack of a systematic process. Although evidence-based interventions and progress monitoring tools were available in middle schools, the successful implementation of RTI and application of these interventions was missing at the practice level (Bouck et al., 2019). Ciullo et al. (2016) found that teachers at the middle school level reported an in-frequent use of evidence-based interventions within a tiered intervention program. Bouck and Cosby (2017) found that middle school teachers struggled with creating time for students to receive RTI interventions because they also had to plan alternative options for students not in RTI during these same time frames. Swindlehurst et al. (2015) found that, when compared to elementary school principals, fewer middle school principals reported seeing RTI as a priority for their schools.

Preston et al. (2016) caution that, as a field, it is important that special education approach RTI with care as the roles between general education and special education are not clearly defined in the process. Many schools have adopted an inclusive model of special education where students receive their special education instruction solely within the general education classroom. While the inclusive model has many benefits, it may have unintended consequences in what Fuchs, Fuchs, and Compton (2012) have termed “special education lite”. “Special education lite” occurs when the RTI model in place uses the inclusive classroom in the general education setting as an “intervention” at Tier 2 or Tier 3 rather than providing more intensive, personalized interventions based on the student’s specific needs (Fuchs et al., 2012). When this occurs, students are unlikely to be successful and show adequate growth without the more intensive interventions that can be provided in Tier 3 (Fuchs et al., 2012). Zigmond & Kloo (2011) also cautioned that the differences between special education and general education

should be preserved as the differentiated instruction provided in the general education setting is not the same as the services provided through special education.

Al Otaiba et al. (2014) found that despite the promise of RTI, there are still many concerns regarding the limits of the current evidence base used to guide RTI implementation, and many educators are questioning if RTI, as it is actually being implemented in schools, could also be a “wait to fail” model. This “wait to fail” concern is due in large part to the lack of agreement regarding how to define responsiveness, or a lack of responsiveness, to a specific intervention (Al Otaiba et al., 2014). Research has shown that there are many factors affecting the potential of RTI to accurately identify students needing more specialized support in a timely manner, including how students are referred to RTI, the amount of time spent at each tier, and a lack of guidelines and procedures on how to use RTI for identifying students with specific learning disabilities (Hudson & MacKenzie, 2016; Zirkel, 2018). The amount of time spent at each tier within the RTI framework before moving on and ultimately being referred for a comprehensive evaluation and possible special education placement has also contributed to concerns about it becoming a “wait to fail” model (Hudson & MacKenzie, 2016).

Thorius & Waitoller (2017) found that even though the majority of special education has moved away from reliance on IQ tests to determine a student’s eligibility for services and adopted a multi-tiered system of supports, special educators have not completely moved away from the belief that the natural order of things is distributed across a normal curve. Even with the implementation of RTI, the field of special education has continued to help reproduce and support the notion that students’ “ability” clusters around an average; therefore, the role of special education in normalizing children at the intersection of race and disability is still evident

in special educators' focus on remediating and intervening with "special" children (Thorius, 2016).

If used inappropriately as a means of sorting and separating students, research has shown that RTI can undermine inclusive educational opportunities for students and work to maintain the status quo of a traditional segregated special education delivery model (Ferri, 2012). Catts, Nielsen, Bridges, Liu, and Bontempo (2015) caution that for RTI to be successful, the procedures and processes within the framework must be implemented in a timely and accurate manner. According to Samuels (2017), RTI has the potential to be misused as a "legal" method of avoiding child find and for schools to refuse conducting a comprehensive evaluation.

RTI is founded on the use of evidence-based practices and progress-monitoring data when making decisions about students' academic growth and educational services. According to Piety (2019), the RTI framework uses data collected from multiple educational practices and interventions to inform and guide instruction. Teachers must have a strong understanding of how to review, understand and use data in the school setting. However, Sun, Przybylski, and Johnson (2016) found that teachers' use of data tends to be both limited and inconsistent. Educators have a lot to learn, not only about how to use to data to improve instruction but also how using data effectively can impact educational equality and student learning for all students (Park, 2018).

While RTI's underlying principles are grounded in research-based instruction, schools are free to implement the program however they decide. This freedom can be both a blessing and a curse for teachers. With no clearly defined RTI processes or standardized implementation models, schools are able to develop an RTI process that works best for their teachers and students; and many districts have put the burden of implementing an effective RTI process on the

teachers. Teachers are not the only one in the educational world voicing concerns over RTI. Social workers in the RTI process have also expressed concerns with the overall implementation process, difficulty finding evidence-based interventions, and difficulty in determining the effectiveness of the process (Avant & Lindsey, 2015).

One of the biggest criticisms that almost all educators have for RTI is that it is a time intensive endeavor (Regan et al., 2015). Fan, Bocanegra, Ding and Neill (2016) found that it is not only teachers who believe they have minimal time to implement RTI but also school psychologists who believed the lack of time to be their biggest challenge within RTI. Guidelines and supports about how to implement RTI are also a concern for many stakeholders. According to Meyer and Behar-Horenstein (2015), vague implementation guidelines lead to tiered interventions that are being driven by budgetary constraints, resulting in systems of supports that do not provide quality instruction for all students.

According to Avant and Lindsey (2015), no matter if RTI is adopted by teachers and school systems enthusiastically or reluctantly, it may still involve loss, anxiety and struggle for everyone involved in the implementation process. If teachers do not believe that the process works or that the benefits outweigh the extra work, they are less likely to refer kids to the RTI process or to implement the interventions as prescribed. This becomes a vicious cycle because if the interventions are not implemented as prescribed, students do not make adequate progress and are eventually referred for special education testing and/or services.

Barrio and Combes (2014) found that “teachers view themselves as the main stakeholders in the RTI reform but are discouraged by the components and challenges of implementation” (p.2). While teachers understand that they are responsible for implementing RTI with their

students, they are not seeing that the benefits outweigh the extra work involved and are discouraged by the many obstacles they encounter throughout the process.

Disproportionality and RTI. IDEA is a civil rights law based on the 14th Amendment that was created to address historical inequalities associated with the education of students with disabilities in public schools and provides all students with a free and appropriate public education, including students with disabilities (Voulgarides et al., 2017). However, it was not until the reauthorization of IDEA in 1997 that the concept of disproportionality was first addressed. In the field of special education, disproportionality can be defined as differences in treatment or outcomes by racial and/or ethnic groups (Sullivan & Proctor, 2016). When taken by itself, disproportionality is not bad if it reflects a true disability and provides students with access to high quality educational services; however, disproportionality is more often due to misidentification, resulting in inappropriate labels and ineffective special education services (Sullivan & Proctor, 2016). Students of color and other minority groups are more likely to be placed in restrictive educational settings with only limited general education experiences, show fewer and slower academic growth, and tend to remain in special education longer than white students (US Department of Education, 2015).

The current trends in special education disproportionality point to areas in need of critical attention, and these trends have led many to believe that the education system is falling far short of meeting the academic needs of students with language and ability differences (Gonzalez & Artiles, 2015). Disproportionality studies on practice-based factors identified a cultural mismatch between middle class, White teachers and low-income and/or racial and ethnic minority students as well as gaps in the development and implementation of referral systems and interventions which results in disproportionate outcomes (Voulgarides et al., 2017). When

working with minority students from low-SES and/or diverse racial and ethnic groups, teachers' judgements based on the school achievement criterion tend to be largely inaccurate (Vouyoukas et al., 2017). Sullivan, Artiles, and Hernandez-Saca (2015) found that special education interventions "may have been misconceived in foci" because they are "too molecular to affect the other interconnected and distal forces that drive disproportionality" (p.131). Castro-Villarreal, Villarreal, and Sullivan (2016) found that a lack of evidence-based education and intervention practices designed for students from culturally and linguistically diverse backgrounds along with an over-reliance on the use of potentially biased assessment measurements have also contributed to the problem of disproportionality.

To combat disproportionality and to improve special education interventions, RTI emerged within the field of special education in the early 2000s. Because it may redistribute quality opportunities to learn earlier and more intensively, researchers and policymakers have supported RTI as a means for addressing the disproportionate representation of minority racial, ethnic, and linguistic students in special education (Artiles, 2015; Castro-Villarreal et al., 2016; Thorius & Maxcy, 2015). Waitoller and Thorius (2015) found that the increased focus on access to high-quality education and early intervention as a means for preventing academic difficulties and future special education placement has led many to believe that RTI is a promising practice for addressing educational inequities such as the disproportionate representation of certain student sub-groups in special education. When RTI is implemented effectively, it can lead to increased social justice and enhanced opportunities for all students (Avant, 2016; Robinson, 2016).

English Language Learners and RTI. School districts throughout our country are experiencing a shift in racial and ethnic composition, and this population transformation

dramatically alters what schools will need to do to meet the needs of their students. Data shows that in the 10 years leading up to 2012, the White student population in public schools dropped from 59% to 51% while the Latina/os student population increased from 18% to 24% (Kena et al., 2015). During this same time period, the number of students identified as being English language learners also increased from 8.7% to 9.2% (Gil & Ceja, 2015; Kena et al., 2015). “English language learners (ELLs) are the fastest growing subgroup of students in the public education system in the United States” (Pyle et al., 2017, p.103), and for many school districts, attempting to meet the needs of ELLs is still relatively new and has resulted in the use of many different services and outcomes (Gonzalez & Artiles, 2015). With increased accountability measures being placed on subgroups of students, educators must be prepared to meet the needs of an ever-increasing diversity of students. It is especially important that teachers and administrators understand the unique needs of students who come from culturally diverse homes (Abou-Rjaily & Stoddard, 2017; Avant, 2016; Park, 2019).

The Every Student Succeeds Act (2015) requires that educational decision making and programs be evidence based; and this is further supported in best practices which encourage educators to find evidence-based research of how all students learn, including specific subgroups of students. Therefore, as schools implement standards and curriculum that require higher level thinking and application, such as the Georgia Standards of Excellence (GSE), it is critical that teachers understand what evidence-based instructional approaches and interventions have proven to be the most beneficial with helping ELL students close their academic gaps and improve their college and career readiness skills (Pyle et al., 2017). RTI will only be effective if teachers have a solid understanding of the most appropriate interventions to use with ELLs and if they are able and willing to implement those interventions as prescribed.

As the number of ELLs increases in public schools throughout the United States, the achievement gap between ELLs and their native English-speaking peers is steadily widening in both reading and math. Reading achievement is of particular concern with ELLs due to the importance of reading skills across all content areas and the language barriers that exist for these students as they are trying to learn English (Snyder, Witmer, & Schmitt, 2017). Research has shown that “by fourth grade, nearly half of all students identified as ELLs fall behind their English-speaking peers in reading, and it is estimated that fewer than 1 in 5 students considered ELLs meet state standards in reading” (Thorius & Sullivan, 2013, p.66). This is especially disturbing as poor reading skills have been found to correlate directly with long-term negative outcomes, including failure to graduate from high school (DePaoli, Balfanz, Atwell, & Bridgeland, 2018). To close the gap in reading achievements, teachers, administrators, specialists, and parents are all trying to find the most effective and efficient reading interventions for their students (Horowitz-Kraus & Finucane, 2016). Bryk, Gomez, Grunow, and LeMahieu (2015) found that as teacher expertise increases and the school experiences’ success, students’ learning also accelerates. Hattie (2015) proposed that the greatest influence on students’ academic growth is having expert, inspired and passionate teachers and administrators who work together to maximize the effectiveness of their teaching. However, no matter how much teachers and administrators desire to achieve a positive effect as soon as possible, this desire is not enough to close academic gaps on its own. Therefore, it is imperative that schools are using the most effective interventions available for all their students and that these interventions are being implemented with fidelity.

In the state of Georgia, ELLs are considered to be at Tier 4 in the RTI process when they become eligible for English to Speakers of Other Languages (ESOL) services; however, this

does not mean that ELL students will not need additional academic support through RTI. The interventions offered through RTI should supplement the interventions the student is already receiving through the ELL program and address any learning problems that may be identified. A potential area of concern with this approach is that where the ELL supports and interventions offered through the ESOL program are being administered by a specialized teacher with education and training in addressing the specific needs of ELL students, the RTI interventions are being administered and monitored by the general education teacher who may have little or no educational training in working with culturally and linguistically diverse students. The interventions being implemented have also been called into questions as recent studies have shown that many programs treated as evidence-based instruction are specific to struggling or at-risk readers rather than ELLs and have been overgeneralized to include this subgroup of students (Gonzalez & Artiles, 2015; Moore & Klinger, 2014). Despite these obstacles, others continue to support the use of RTI with ELLs because of its reliance on differentiation to deliver instruction and the use of structured continuous progress monitoring throughout the process (Ybarra, Jung, & Cote, 2015).

The field of special education has been critiqued, both from within and without, as ignoring, oversimplifying, or denying the importance of culture in how children with disabilities are identified, served, and ultimately experience academic and social outcomes (Thorius, Waitoller, Cannon, & Moore, 2018). Sadly, the field remains dominated by the use of behavioral and cognitive approaches to identify and remediate student deficits, such approaches direct instruction, which are designed to fix deficits in content area knowledge without taking into account the cultural backgrounds of students from historically underserved groups (Thorius et al., 2014; Thorius et al., 2018). Correa, Lo, Godfrey-Hurrell, Swart, and Baker (2015) defined

culturally responsive instruction as explicit, direct, differentiated, evidence-based and standards-based. According to best practices, teachers should use culturally responsive practices to nurture students and to support them both socially and academically (Abou-Rjaily & Stoddard, 2017; Thorius et al., 2018). RTI has the potential to help teachers better implement culturally responsive practices for all their students.

Research has shown that when RTI is implemented effectively it can increase the appropriate and consistent identification of learning disabilities in ELL students (Castro-Villarreal et al., 2016). When implemented with fidelity, RTI can help with both the over- and under-representation of ELL students diagnosed with a learning disability. O'Connor et al. (2013) found that:

typical identification practices rely on one comprehensive evaluation for special education; by contrast, a model of RTI can provide direct reading intervention along with evaluation over time, including adjustments to interventions when student progress is slow...the processes in an RTI model could alleviate the fears teachers and school personnel may have over inappropriate referral due to lack of language proficiency (p. 105).

Hoover and Soltero-Gonzalez (2018) found that RTI implemented at the school level is inconsistent and generally ineffective in achieving its purpose for ELLs. ELLs are being referred into special education at a disproportionate rate, and significant changes are needed for the RTI process to be more culturally and linguistically responsive (Hoover & Soltero-Gonzalez, 2018). RTI focuses on effective, research-based instruction in the general education classroom and emphasizes the importance of providing high-quality, linguistically and culturally responsive core curricula before identifying students with learning or behavioral difficulties. For ELLs, RTI

must also take into consideration the language of instruction as research has shown that instruction in students' primary language may also lead to a benefit in their English reading development (Doran, 2017; Park, 2019). Effective implementation of RTI with ELLs requires that teachers have a clear understanding of not only the process but also the context within which decisions should be made regarding standards for growth, progress, and movement across the tiers for students whose primary language is not English (Doran, 2017; Park, 2019).

When IDEA (2004) was reauthorized, little research had been done on how to put RTI in practice. The research that had been done on the effectiveness of the program generally involved research teams rather than school-based personnel providing the instruction and interventions, and there was almost no research on using RTI with English language learners (Artiles, 2015; Jaeger, 2015; Park, 2019). While educational agencies offer some guidelines for setting up RTI programs, many teachers and administrators believe that these guidelines do not adequately consider the many challenges faced at the school level, especially in schools with culturally, linguistically, and socioeconomically diverse student populations (Abou-Rjaily & Stoddard, 2017; Artiles, 2015; Jaeger, 2015). Among these challenges is the fact that many general education teachers do not have the necessary training and are not adequately prepared to work with ELLs (Doran, 2017). They do not fully comprehend the second-language acquisition process and how to distinguish between students struggling due to language acquisition and students struggling due to a learning disability, and they are unfamiliar with the most effective instructional and assessment practices to use with English language learners (Doran, 2017; Park, 2019).

Castro-Villarreal et al. (2016) found that when provided with evidenced-based whole group instruction and appropriate intensive small group interventions, the RTI model can lead to

the appropriate and consistent identification of learning disabilities in ELLs. However, several factors must be addressed before the full benefit of RTI can be experienced, including the subjectivity and variability in decisions about who should or should not be eligible for special education services and the variability in the specific RTI process, procedures, and decision-making guidelines (Castro-Villarreal et al., 2016). Therefore, it is imperative that educators address how RTI is being implemented at the school level to ensure that the process promotes equity and maximizes the positive effects for all students. In order to see the full benefits of the RTI process, teachers need training in defining and understanding the importance of treatment integrity as well as in how to use data to monitor this treatment integrity (Castro-Villarreal et al., 2016), and administrators need to have a better understanding of how their teachers perceive the process and be willing to provide the training and support their teachers may need to make the program successful for all students.

Relevant Research. Sullivan and Proctor (2016) found that because academic performance by itself only serves as a superficial proxy for special needs, findings of under identification might actually reflect appropriate educational decisions where educators and service providers are unable to rule out insufficient opportunity to learn as the primary cause of the underachievement. When students present with academic or behavioral deficits, schools can only “reasonably identify children who are struggling academically as possibly having difficulties” once they have attempted to rule out environmental determinants (Morgan & Farkas, 2016, p.226). It is this recognition of the importance of ecology that is at the core of multi-tiered systems of support (Sullivan & Proctor, 2016); however, within a multi-tiered approach, the focus for many school districts has remained on helping students with disabilities assimilate into the general education classroom without considering the social and instructional arrangements

that led to the educational exclusion in the first place (Thorius & Waitoller, 2017). Because the focus remains on intervening after identifying students as at-risk or struggling learners, more research is needed to question and counter the programs and processes that schools use to label and treat learners as deficient (Thorius & Maxcy, 2015; Thorius et al., 2018).

Even though MTSS/RTI is increasingly implemented to address disproportionality, there is actually equivocal evidence that the use of an MTSS/RTI framework actually works to reduce disproportionality (Sullivan & Proctor, 2016). Morgan & Farkas (2016) caution that the belief that special education is a civil right for all students who may be underachieving distorts the spirit and score of special education and risks further marginalizing culturally and linguistically diverse students. Morgan et al. (2015) found that recent studies suggest that the MTSS/RTI policy is inappropriately focused on reducing overidentification where it should be focused more on preventing under-identification. However, Castro-Villarreal et al. (2016) found that even though RTI may not be as fully developed with diverse student populations where it can resolve the issue of disproportionality, the initial findings in this area are promising, especially for ELLs.

Sullivan and Proctor (2016) found that RTI may have invaluable potential to improve general education curriculum and instruction if it is implemented appropriately by eliminating contextual factors that may be influencing academic difficulties in an effort to identify students with true disabilities. RTI can help improve data-based decision making and broaden the focus to include context and behavior rather than focusing only on with-in child deficits when determining why students are struggling in school (Sullivan & Proctor, 2016). Therefore, understanding and ensuring that all students have access to high quality instruction and evidence-based interventions is critical.

Cottrell and Barrett (2017) found that RTI can help decrease the number of students qualifying for special education services and also improve outcomes for underserved students; however, they also found that there continues to be substantial controversy about whether or not RTI provides adequate guidance to educators about how to implement the process effectively, such as how to define what qualifies as a “response” (Cottrell & Barrett, 2017). Cottrell and Barrett (2017) also found that RTI may not provide earlier identification and intervention because students are not referred to the process until they fail to reach the appropriate levels of academic achievement in the classroom. Thus, RTI may be following the same “wait to fail” model it was designed to prevent.

Artiles (2015) found that research on RTI applications with ELLs did not consider the quality of universal instruction provided to all students at Tier 1. Voulgarides et al. (2017) provided further support for this lack of attention to quality instruction in their findings that while attention has been given to the fidelity of implementation in progress monitoring, interventions, and special education determination, more research is needed on local factors that impact the effective implementation of RTI at the school level.

Marrs and Little (2014) identified several barriers to a successful RTI implementation, including a lack of effective top-down leadership, structural barriers such as a lack of time and training, teacher resistance, and resistance from school psychologists. Teacher resistance was generally due to a lack of understanding about RTI and confusion surrounding their roles and responsibilities within the RTI framework, while resistance from school psychologists was due primarily to fear of their changing roles as the traditional gatekeepers for special education (Marrs & Little, 2014).

Research has shown that many educational reform efforts, even when supported by legislation, have very little implementation success because educators are not knowledgeable about nor fully supportive of the changes and struggle with the core elements (Thomas, Conoyer, & Lembke, 2020). Thomas et al. (2020) found that educators at the elementary school level rated their success of RTI implementation higher than teachers at the middle or high school levels. They also found that there was not a significant difference in teachers' perceptions of how difficult it is to implement RTI based on school levels, with all teachers viewing it as difficult to implement with fidelity. Some of the most common challenges noted include a lack of training and understanding of the process, a lack of time to implement the framework, and a lack of needed resources (Thomas et al., 2020). They recommended that future research should consider teachers' perceptions of RTI as well as their need for professional development regarding the critical elements of implementation.

According to Regan et al. (2015), "implementation of RTI is a considerable leap in the complex relatives of school, and the initial years of RTI implementation are particularly challenging" (p.244). They found that high school teachers expressed acute frustration with RTI and needed both more resources and professional development in order to implement RTI effectively. Regan et al., (2015) believed that for RTI to be implemented effectively at the school level, more thoughtful and effective strategies for RTI implementation are needed at the district level.

Jimerson et al. (2016) found that many educators have negative perceptions of RTI and struggle with implementing the program despite the research supporting its potential benefits in promoting academic success. They found that teacher resistance to RTI ultimately contributes to the lack of reform success. According to Donnell and Gettinger (2015), unless there are changes

in teachers' beliefs about RTI, implementation is likely to be superficial and inconsequential. They found that while teachers high self-efficacy led to more positive perceptions of RTI reform and amenability to change, teaching experience was not a significant factor in teachers' overall perceptions of RTI (Donnell & Gettinger, 2015).

Thomas et al. (2020) studied teachers' beliefs and perceptions about their experiences with RTI at the middle school level. They found that many teachers lacked an understanding of the RTI process and had low self-efficacy for implementing the framework. Teachers were frustrated with the lack of choice, access, and quality of the professional development available to them. They reported not feeling valued in their schools and that their own opinions and expertise related to literacy skills were disregarded in the RTI process (Thomas et al., 2020). Thomas et al. (2020) also found that while high-quality evidence-based interventions were present in many RTI programs at the middle school level, there were questions about the fidelity of the actual implementation of these interventions and whether the integrity of the interventions was maintained.

As RTI continues to become more prominent in public schools throughout the United States, more research is needed on how RTI impacts the professional roles of educators (Bogue, Marrs, & Little, 2017). Bogue et al. (2017) found that many school psychologists agreed that while it was important to implement RTI, they did not see the importance of RTI as part of their own jobs. Their findings support the notion that while many school psychologists may want to implement RTI, there are outside barriers to an effective implementation that are out of their control. School psychologists are experiencing a lack of buy-in to RTI which ultimately impacts the program's overall implementation and effectiveness (Bogue et al., 2017).

Mundschenk and Fuch (2016) found that teachers' perceptions about RTI were influenced by a notable lack of training and support they received for implementing the RTI process with fidelity. Castillo et al. (2016) found that direct intensive professional development and job-embedded coaching increases teachers' RTI skills and improves the overall fidelity of implementation. They believed that more job-embedded modeling, practice opportunities, and reflection are needed to facilitate the application of these RTI skills to actual teacher behavior. Castillo et al. (2016) recommended further research to determine which professional development models have the greatest potential to increase educators' capacity, facilitate RTI implementation, and lead to improved student outcomes.

O'Connor et al. (2013) found that as teachers and school psychologists become better at differentiating instruction across the tiers, students will become more responsive to the interventions being implemented. This cannot happen, however, until teachers are more receptive to moving students through the tiers, and this will not happen until teachers actually experience first-hand the benefits of RTI and determine that these benefits outweigh the disadvantages. In order to experience the full benefits of the program, teachers must see the value of both the program itself and the prescribed interventions and strive to implement these interventions with fidelity.

Isbell and Szabo (2015) found that teachers' perceptions of RTI implementation were impacted by their levels of self-efficacy regarding their ability to work with struggling students and to learn new skills. In their 2013 study, Wilcox, Murakami-Ramalho, and Urick found that teachers have mixed perceptions about their self-efficacy for implementing RTI. Their findings revealed that while many teachers believed that they were capable of assessing and identifying students in need of support, they had less confidence in their own abilities and knowledge about

providing intensive interventions for these students (Wilcox et al., 2013). Waitoller and Thorius (2015) concluded that RTI's potential could improve if its redistribution of opportunities to learn included access to teachers who care about and use students' interests and assets as learning resources and who strive to produce equitable results for diverse students.

Braun et al. (2020) found that teachers were frustrated with the lack of clarity and consistency with MTSS/RTI at the school level. Teachers in their qualitative study described multi-tiered systems that did not provide adequate support for students with severe and persistent learning difficulties. Braun et al., (2020) found that even though they did not have the skills or training, general education teachers were often left with struggling students in the RTI process and told to try new strategies and interventions without any, or very little, guidance.

Al Otaiba et al. (2019) found that teachers are the first line of defense for struggling students and that the success of RTI is dependent on their knowledge about how it should be implemented; therefore, teachers must know how to identify students that need help, what help should be provided, and how to also access the resources within their own school and district. In order for RTI to be successful, teachers need to be knowledgeable about how to use data to identify students' level of performance relative to their peers and/or to benchmark assessments and how to then develop instructional plans appropriate for their individual strengths and weaknesses (Al Otaiba et al., 2019).

Fan et al. (2016) found that over 95% of the teachers in their study reported viewing RTI as a pathway to special education. They found that more than half of the teachers perceived that special education teachers did not trust the RTI process and felt that many of the general education teachers and administrators still wanted to put the most difficult students in special education in order to get them out of the general education classroom. Fan et al. (2016) also

found that years of experience significantly impacted the perceptions of school psychologists towards RTI. When compared to school psychologists with less than 5 years of experience, school psychologists with more than 10 years of experience perceived that fewer academic interventions and resources were available to them within the RTI framework (Fan et al., 2016). Because their study focused solely on school psychologists, Fan et al. (2016) recommended that more research be done to investigate how other professionals within the field of education perceive the RTI process.

In their 2020 study on high school teachers' perceptions of RTI, Kressler and Cavendish found that high school teachers felt they had a lack of understanding, training, and support in regard to implementing an RTI framework. The study revealed that teachers were generally unaware of the equity promise of RTI because the framework was not clearly articulated or supported in a manner that allowed high school teachers to engage in its promise of equity for culturally and linguistically diverse students (Kressler & Cavendish, 2020). Without an explicit focus on equity, an RTI framework will not lead to substantial changes in instruction or placement decisions at the high school level (Kressler & Cavendish, 2020).

According to Anderson (2017), frontline workers shape how new programs and policies are ultimately implemented because the programs are unable plan for every contingency plan and to specify literally everything a teacher is expected to do during implementation. Teachers must decide from moment to moment how they will implement the program; therefore, how well they understand the key elements and principles of the reform are critical to implementing the program with fidelity (Anderson, 2017). Anderson (2017) also found that teachers who do not perceive the implications of a new reform in regard to their own students or classroom are unlikely to adopt and apply the new program.

Meyer and Behar-Horenstein (2015) found that the vast majority of previous research on RTI has focused on student outcomes rather than on teacher experiences, and they proposed that useful information could be obtained from giving teachers more of a voice in the implementation process. Hahn (2015) conducted a qualitative study on the perceptions and experiences of teachers implementing RTI at one elementary school in Iowa. Findings from this study showed that teachers are more positive about change when they believe that they have been consulted and have some voice in the process of implementation. While the study demonstrated that informed, empowered teachers are an essential component in both the initial and ongoing implementation of RTI at the elementary school level, Hahn (2015) recommended further research comparing different school levels and teachers' area of certification.

Datnow and Hubbard (2016) felt that it was important to study teachers' perspectives towards RTI as this information was vital to successful implementation of the program at the school and system level. Teachers' perceptions are not often addressed in reform efforts despite the belief that the perceptions of teachers and their capacity to carry out the reform are at the heart of the connection between data and instruction change (Datnow & Hubbard, 2016).

Maheady, Magiera, and Simmons (2016) found that many remote communities and school districts are often challenged by limited resources and a lack of contemporary knowledge regarding interventions and strategies for helping students be more successful. In a national survey on teachers and education reform, Education Week (2017) found that many teachers feel they have limited influence over school reforms and that they have experienced too much reform. "No matter how big, well-funded, or popular a reform might be with law makers or the public, the buck ultimately stops with the teacher who has the ultimate responsibility of implementing the changes in the classroom" (Education Week, 2017, p. 5). According to Bueker

(2005), “one of the most difficult aspects of implementing a whole school reform is striking a balance between proper program implementation and individual teacher flexibility” (pg. 411). RTI is a school-wide reform that has the potential to be very effective when implemented properly, and it is imperative that the perceptions of teachers are addressed and that they feel they have a voice in how the program is being implemented within their own schools. Hahn (2015) stated that chances for implementing change are limited when people do not have the power to question or analyze thinking. Therefore, an effective way of improving the chances that a new reform, program or activity will succeed is to help those responsible for its implementation develop their own understanding of the reasons for the change - their own theory of change.

Studies have shown that the actions and beliefs of teachers are directly related to students’ academic growth (Darling-Hammond, Hyler, & Gardner, 2017; Mundschenk & Fuchs, 2016; Urbach et al., 2015) and that the success of educational reform movements such as RTI relies on teacher buy-in (Filter, Systma, & McIntosh, 2016). Research has shown that educators’ beliefs can predict the success of initial implementation, the fidelity of implementation, and are also associated with “significant changes” in beliefs associated with improved implementation (Cook et al., 2015). For schools to realize the full potential of RTI, a shared value system, school commitment, teacher buy-in, administrative support, and appropriate resources are all required (Braun et al., 2020).

It is one thing to decide which evidenced based practice to try in the classroom, but effective implementation of that practice is a completely different thing altogether (Park, 2019; Vahasantanen, 2015). This research-to-practice gap is one of the most vexing problems related to the implementation of evidence-based practices in the academic world, primarily because

relatively little attention is given to how to actually implement these practices at the school level (Cook & Odom, 2013). A primary goal of RTI is to tailor instruction to all students' learning needs. For the program to be successful, the interventions must be research-based, accurate and easy to implement (National Center for Learning Disabilities, 2020; Hudson & Mackenzie, 2016; Thorius & Maxcy, 2015). Effective implementation at the school level will require fundamental and systematic changes across all levels of the academic environment, from teachers to administrators to central office personnel (Meyer & Behar-Horenstein, 2015). Teachers have historically tended to work in isolation, focusing on the students in their personal classrooms. However, RTI requires that all educators learn how to work collaboratively in order to improve student learning. This is especially important with special education teachers and general education teachers who both bring different types of knowledge, skills, and dispositions to the RTI platform (Meyer & Behar-Horenstein, 2015).

Implementation is the gateway between an organization's decision to adopt a program or intervention and the actual use of that intervention on a routine basis (Cook & Odom, 2013). It is a social process that is directly impacted by the context within which it takes place (Cook & Odom, 2013). When the implementation process is not successful in a specific context, a gap develops between current research and practice. Over the last several decades, considerable effort has been put into helping translate research findings into actual practice to close this gap between research and practice. This is especially true in the academic world where teachers aren't typically the ones conducting research on new programs and interventions despite the fact that they are ultimately responsible for implementing these new programs or interventions at the school level and in the classroom setting. In order to close this gap, researchers must understand who the key stakeholders are, in what settings implementation should be targeted, and what

factors will affect the success of implementation (Olswang & Prelock, 2015). Implementation research systematically addresses the different factors that contribute to the gap between research and practice in an effort to better understand the context of the treatment and to identify any barriers to the delivery of effective programs in their intended settings (Olswang & Prelock, 2015).

RTI is a data-driven, general education program and the success of implementation will be impacted by teachers' perceptions of the overall effectiveness of the program, as well as their own ability to implement it (Rhodes, 2014). Failure to address these perceptions and concerns will only feed into teachers' negative attitudes towards RTI, decrease its perceived attributes, and further hinder an effective implementation of the program (Werts et al., 2014).

Summary

As grade-level demands and standards increase, it is becoming easier for students to fall behind in school and for academic gaps to increase. Educators must be willing to do whatever is necessary to ensure that all students have the best possible education and that they are given the knowledge and tools that they will need to be successful in the school setting, as well as later in life (Odell, 2012). IDEA encourages schools to drop the IQ-achievement discrepancy model and focus on the use of a response to intervention model when determining eligibility for special education (Healy et al., 2005). The assumption behind the RTI approach for determining eligibility is that a student's response to evidence-based interventions implemented with fidelity is a more accurate predictor of how the student will perform academically in the future (Gresham, 2002; Healy et al., 2005).

In order for RTI to be implemented with fidelity, teachers must change the way they think and how they conduct their instructional routines in the classroom, as well as increasing

their knowledge of multiple tiers of instruction, matching interventions to students' needs, progress monitoring, and using data to guide the decision-making process (Castillo, Wang, Daye, Shum, & March, 2017; Piety, 2019). RTI is a data-driven, general education program and the success of implementation is significantly impacted by teachers' perceptions of the overall effectiveness of the program - not just their ability to implement it (Rhodes, 2014). With so much resting on the outcomes of RTI, it is vital that educators have a better understanding of not only how the program is being implemented but also how the teachers implementing the program perceive its effectiveness and its long-term utility (Healy et al., 2005). Failure to address teacher concerns may ultimately result in problems with implementation, maintaining fidelity, and the overall effectiveness of the program.

CHAPTER THREE: METHODS

Overview

The purpose of this chapter is to describe the research design, methodology, data collection, and data analysis procedures used in the current study. Detailed information regarding the selection process and demographics of the participants is provided. A description of the instrumentation, including information on previous studies that have used the same survey instrument, and the procedures that will be followed in the current study are also provided. The goal of this quantitative study was to assess the perceptions of elementary and middle school teachers regarding the response to intervention process and its implementation in a large school district in Northeast Georgia. This information can then be used to identify any obstacles that may be hindering the effectiveness of RTI at the elementary and middle school level.

Design

In this quantitative study, a causal-comparative design was used to analyze the differences between the perceptions of teachers based on area of certification (i.e., general or special education), school setting (i.e. elementary or middle school), and years of experience (i.e. 0-12 years or more than 12 years). This research is best suited for a quantitative study because “variables can be identified and relationships measured and theoretically derived relationships between variables tested using hypotheses” (Rovai, Baker, & Ponton, 2013, p.47). Causal-comparative research is a type of nonexperimental research in which the researcher attempts to identify the cause-and-effect relationship between groups of individuals in whom the independent variable is present or absent (or present at different levels) and then determining if the groups differ on the dependent variable (Gall, Gall, & Borg, 2007; Rovai et al., 2013). In this type of research, the presumed cause is the independent variable, which is measured in the form

of categories, and the presumed effect is the dependent variable. Causal-comparative studies lack random assignment of participants as groups are formed based on whether the independent variable is present or present at different levels (Gall et al., 2007); the independent variables in a causal-comparative design are not manipulated by the researcher but are pre-existing traits that occur naturally. In this study, the independent variables were area of certification (i.e., general education and special education), school setting (i.e., elementary and middle school), and years of experience (0-12 years and more than 12 years). The dependent variable in the study was teachers' perceptions of RTI. This causal-comparative study sought to determine if there is a cause-effect relationship between area of certification, school, and/or years of experience and teachers' perceptions of the response to intervention process.

A descriptive research design was used to gather data needed to describe teachers' perceptions of the RTI process at the elementary and middle school level in Northeast Georgia. In a descriptive research design, data is collected that reflects the current attitudes or beliefs of a particular group, and this data is most often collected using surveys (Rovai et al., 2013). In this study, teachers at the elementary and middle school level in a large school district in Northeast Georgia completed a survey using a Likert Scale. "Findings of such studies may identify the defining characteristics of a specific phenomenon or group...descriptive studies describe characteristics...they may be used to identify problems, make judgements, inform policy, etc." (Rovai et al., 2013, p.76). The goal of this part of the study was to better understand teachers' perceptions regarding the RTI process and identify potential obstacles to improve implementation and maintain the fidelity of the program.

Research Questions

The purpose of this study is to investigate teacher perceptions of the response to intervention (RTI) process and its implementation in a Northeast Georgia school district. The research questions that will guide this study include:

RQ1: Is there a difference between the perceptions of teachers regarding the RTI process based on their area of certification?

RQ2: Is there a difference between the perceptions of teachers regarding the RTI process based on their school setting?

RQ3: Is there a difference between the perceptions of teachers regarding the RTI process for teachers with 12 or less years of experience and teachers with more than 12 years of experience?

Hypotheses

The null hypotheses for this study are:

H₀₁: There is no statistically significant difference between the perceptions of general education teachers and special education teachers regarding the RTI process.

H₀₂: There is no statistically significant difference between the perceptions of elementary school teachers and middle school teachers regarding the RTI process.

H₀₃: There is no statistically significant difference between the perceptions of teachers with 0-12 years of experience and teachers with more than 12 years of experience regarding the RTI process.

Participants and Setting

The participants for this study were drawn from a convenience sample of elementary and middle school teachers in Northeast Georgia. In a convenience sample, the researcher relies on

available participants (Rovai et al, 2013), also known as the accessible population, and in this study, the accessible population was teachers at the elementary and middle school level in a large school district in Northeast Georgia. The New School District (names are anonymous) was chosen because it provides many elementary and middle schools representing examples of diverse school settings. The school district was also chosen because of its proximity to the researcher. The New School District is within commuting distance so that the researcher can conduct face-to-face meetings or conferences if more hands-on interactions are needed throughout any portion of the study.

The New School District serves approximately 27,000 students in grades kindergarten through 12th grade, and 54.5% of the schools in the district qualify as Title 1 schools (Georgia Department of Education, 2018). The district's student population is around 48.4% white, 42.7% percent Hispanic, and 5.1% African American. Around 54.3% of the students are identified as economically disadvantaged, 13.6% are identified as students with disabilities, and 27.5% are identified as English language learners and served in the English as a second language program (Georgia Department of Education, 2018). The New School District has approximately 2,184 teachers, with around 960 teachers serving at the elementary school level across 20 different elementary schools and around 400 teachers serving at the middle school level across 8 different middle schools (Georgia Department of Education, 2018).

This study included approximately 144 participants ($N=144$). The number of participants is based on the approximate sample size as a function of the effect size and desired statistical power recommended by Gall, Gall, and Borg (2007). It is recommended that the sample include at least 100 participants ($N=100$) when using an independent samples t test, assuming a medium effect size, at the selected power of alpha ($\alpha=.05$) and a statistical power of .70. The independent

samples t test was used to determine if there is a significant difference between the two independent variables in each null hypothesis

The target population of a study is the population that the researcher hopes to be able to generalize his/her results to, and within the target population is the experimentally accessible population from which the actual sample will be chosen (Rovai et al., 2013). The target population for this study will be teachers and administrators at the elementary and middle school levels. The sample of any quantitative study is the “group of participants from the experimentally accessible population who will participate in the research study and will be measured” (Rovai et al., 2013, p.49).

The participants included 144 certified elementary and middle school teachers from a school district in Northeast Georgia. Administrators at 18 elementary schools and seven middle schools were contacted to gain permission before recruiting teachers to participate in the online survey. Of the 18 elementary schools initially contacted, nine elementary school administrators gave consent for the researcher to contact their teachers regarding participating in the study, representing 50% of the elementary schools contacted. Of the seven middle schools, five middle school administrators gave consent for the researcher to contact their teachers regarding participating in the study, representing 71% of the middle schools contacted.

Five hundred and fifty-nine teachers were invited to participate in the study; however, only 144 teachers participated by completing the online survey. The return rate for this study was 26%. Demographic data was collected for the sample participants. The demographic data collected in the study included school setting, area of certification, years of teaching experience, academic training, number of students currently in the RTI process, and whether their respective school had a designated person whose sole responsibility was to facilitate RTI or if their school

had a contact person for RTI who also had other duties. Eighty-four of the teachers were at the elementary school level and 60 of the teachers were at the middle school level. Ninety-two of the teachers were general education teachers and 52 of the teachers were special education teachers.

Thirty-one of the participants had 0-5 years of experience, 43 of the participants had 6-12 years of experience, 41 of the participants had 13-19 years of experience, and 29 of the participants had 20+ years of experience. To test the null hypothesis that there is not a significant difference between the perceptions of teachers regarding the RTI process for teachers with 12 or less years of experience as compared to teachers with more than 12 years of experience, years of teaching experience was further grouped into two main categories for the actual data analysis: (a) 0-12 years and (b) 13 or more years of teaching experience. Seventy-four of the teachers had been teaching for 12 or less years and 70 of the teachers had been teaching for more than 12 years.

Approximately 44 of the participants had a bachelor's degree, 66 had a master's degree, 32 had a specialist degree, and two had a doctorate degree. Thirty-nine of the participants had a designated person whose sole responsibility is to carry out or facilitate the RTI/MTSS framework for their school; and 105 of the participants had a contact person for RTI/MTSS who has numerous other duties assigned (i.e., Assistant Principal, ILT, counselor, and/or grade-level chair).

Demographic data for the number of students currently in the RTI process included five categories: (a) 1 student, (b) 2 students, (c) 3 students, (d) 4 students, and (e) 5+ students. After analyzing the frequency data, another category was added to represent those participants who currently had no students in RTI. Thirty of the participants stated that they had five or more

students currently in the RTI process, 15 of the participants had four students in the RTI process, 32 of the participants had 3 students in the RTI process, 24 of the participants had 2 students in the RTI process, and 23 of the participants had 1 student in the RTI process. Twenty participants did not respond to the survey statement, stating that they did not currently have any students in the RTI process. All 20 participants identified themselves as being special education teachers.

Instrumentation

The instrument for this study was the Bailey-Tarver Survey Instrument. This questionnaire includes five demographic questions, 21 Likert scale statements, and three multiple response statements. There are five values used to quantify the responses on the Likert Scale statements: 1. Strongly Disagree, 2. Disagree, 3. No Opinion, 4. Agree, and 5. Strongly Agree.

The demographic information obtained from the teachers included their area of certification, years of teaching experience, highest degree earned, school setting, the number of students they have referred for initial placement or continued placement in the RTI process during the last school year, and if their respective schools have a full-time person whose sole responsibility is RTI or if their respective schools have a person handles RTI along with many other assigned duties. Participants' years of teaching experience are grouped in the following method: (a) 0-5 years, (b) 6-12 years, (c) 13-19 years, and (d) 20 or more years of teaching experience. For data analysis, the participants' years of teaching experience was further grouped into teachers 12 or less years of experience and teachers with 13 or more years of teaching experience. The highest degree earned is grouped in the following method: (a) Bachelor of Science (B.S.), (b) Master of Education (M.Ed.), (c) Education Specialist (Ed.S.), and (d) Doctor of Education (Ed.D. or Ph.D.). Area of certification includes two areas of certification, either

general education or special education. School setting includes either elementary school or middle school.

The questions on the survey fall into one of five general categories: nine questions focus on teachers' perceptions of the effectiveness of RTI regarding improved achievement, four questions focus on teachers' perceptions of their training prior to implementation of RTI, four questions focus on teachers' perceptions on the relationship between RTI and special education eligibility, three questions focus on teachers' familiarity of RTI and their perceptions of the RTI framework, and two multiple-response questions focus on teachers' perceived weaknesses of RTI procedures and framework (Bailey, 2010). Only minimal modifications were recommended to the survey. The modifications included the removal of all references to the student support team (SST) included in the original survey, the addition of a demographic question regarding school placement, and the addition of a question regarding the number of students a teacher has referred to RTI within the last school year. The survey was also modified from a paper-pencil version to an online version using Survey Monkey.

To perform statistical analysis, responses to survey items were assigned a number value: strongly disagree (1), disagree (2), no opinion (3), agree (4) and strongly agree (5). The calculated means were used to determine the participants' perceptions. A smaller mean represents more disagreement, a larger mean represents more agreement with the statement, and a mean closer to three represents a more neutral stance of no opinion. For survey items 7-27, the calculated mean for each item reflects the average of the number values assigned, and the standard deviation (SD) is the amount of variability between an individual's score and the mean. When interpreting the standard deviation, a larger standard deviation reflects that the responses are more spread out and that teachers' perceptions vary to a large degree.

Validity and Reliability

The Bailey-Tarver Survey was developed based on a questionnaire originally developed by Lee-Tarver (2006) which looked at teachers' participation in student support teams and their perceptions of these programs. The original questionnaire consisted of demographic information and thirty-one questions on teacher participation and perception of the function and effectiveness of student support teams (Lee-Tarver, 2006). Bailey (2010) modified the original questionnaire by removing many of the questions related specifically to student support teams and added questions related to response to intervention.

Reliability analysis of the Lee-Tarver questionnaire resulted in an alpha value of .89, showing that the questionnaire had strong internal reliability (Lee-Tarver, 2006). Internal validity of the survey questions on the Bailey-Tarver Instrument was examined by Bailey (2010) through field testing at two elementary schools. A team of teachers ($N=13$) familiar with the RTI process were chosen to proofread and answer the survey statements. The results were then analyzed for errors, item analysis, and wording of questions/statements. Each survey statement was evaluated, and Cronbach's alpha was used to ensure reliability. Based on Cronbach's alpha value for reliability (0.809), the survey was found to be reliable (Bailey, 2010).

The survey items were research derived, and the Likert scale provides a way to quantify the teachers' responses. Content validity describes whether the survey construct was good; a valid survey will measure what it is reported to measure. The content validity of the Bailey-Tarver Survey was established through the developer's personal experience with Georgia student support teams and response to intervention and the reliability of the research that had preceded its development (Bailey, 2010).

Past Studies

Bailey (2010) used the modified survey, termed the Bailey-Tarver Survey, to study teachers' perceptions regarding student support teams and response to intervention. Bailey found that teachers' perceptions of the two processes implied that they were willing to do whatever was needed to avoid making the same mistakes made in the past. However, Bailey also found that implementation of response to intervention had created a new concern for educators - teachers would unintentionally under identify students because of the perceived weaknesses and extra work associated with implementation of response to intervention (Bailey, 2010).

Rhodes (2014) used the Bailey-Tarver Survey in her study on teachers' perceptions of RTI at the elementary school level within a school district on the gulf coast of Mississippi. Rhodes found that, overall, teachers were familiar with RTI and thought it was an effective program. Hahn (2015) used the Bailey-Tarver Survey as part of a pre-field work survey in a qualitative study on teachers' perceptions of state mandated multi-tiered systems of support and their experience with these programs. Hahn found that teachers seemed to take it for granted that the responsibility for implementing state mandated systems is theirs. She also found that regardless of external expectations, teachers did not let mandated requirements influence their decisions when deciding which interventions or programs were best for their individual students.

Procedures

General and special education teachers at the elementary and middle school level in a school district in Northeast Georgia were invited to participate in the online survey querying them about the RTI process at their respective schools and their perceptions of the process. The New School District has 20 elementary schools that serve students from kindergarten through fifth grade and 8 middle schools that serve students from sixth through eighth grade. Prior to contacting individual teachers, administrators at each school were contacted via email to gain

permission to contact the staff members at their schools. Once permission was received from the school level administrators, a recruitment letter explaining the study along with the link to the survey was shared with teachers via email.

Data for this study was collected using a survey. The survey was made available to participants through Survey Monkey Software. Rhodes (2014) used Survey Monkey in her study on teachers' perceptions of RTI and Teacher Support Teams within a school district on the gulf coast of Mississippi. The instrument for this study was the Bailey-Tarver Survey Instrument. Permission to use the instrument was obtained from Bailey via email (see Appendix A for a copy of the Permission Email). The original survey instrument was modified from a paper-pencil version to an online version using Survey Monkey.

After consent was obtained from the New School District, Institutional Review Board (IRB) approval was obtained from Liberty University. The New School District has set forth their own set of guidelines for obtaining permission to conduct research in their school system and uses the following definition to define research:

Research is any data collection from or about schools, students, parents, or staff.

Research includes, but is not limited to, data collection for the purposes of fulfilling the requirements of a thesis or dissertation, publication in a journal or book and/or

completion of an education class project (HCSD, 2020).

In following with school district's guidelines, the researcher had to receive permission to conduct the study from the Assistant Superintendent of Teaching and Learning, provide written assurance that individuals, schools, and the district would not be identifiable in the final report, and provide assurances that the study would have no undue effect or interfere with the normal operation of schools in the school district. A formal application was required along with a copy of the survey

instrument to be used in the study and any required consent forms. Once the school district approved the study (see Appendix B for school district approval) and IRB approval was obtained (see Appendix C for IRB approval), the school level administrators at each of the elementary and middle schools were contacted via email introducing the researcher, explaining the study, and requesting the participation of their certified staff members in the survey (see Appendix D for a copy of the initial email sent to administrators). Following approval from school level administrators, individual teachers were contacted via a recruitment email which contained a link to the survey (see Appendix E for a copy of the recruitment email sent to teachers).

Gall et al. (2007) outlined several guidelines for researchers to follow in order to get the most participation and responses when using surveys in their studies. Included in these guidelines are the following: have sponsorship or endorsement of the survey by someone who is highly respected in the population being studied; have a good, short justification of the survey that addresses the importance of the study; give participants prior notice that the survey is coming; keep the survey short; assure participants of their confidentiality and anonymity; provide periodic reminders to complete the study, and provide a new copy of the survey with each reminder; and, offer to provide participants feedback on the final results of the study.

Dillman, Smyth, and Christian (2009) further outlined procedures for survey implementation via email. They recommended that researchers send a pre-notice email to alert the participants of the forthcoming surveys and to validate email addresses. A few days later, a cover letter further explaining the importance of participation should be emailed to the validated email addresses, along with the link to the questionnaire. Follow-up emails should be sent to non-respondents at 2-week intervals after the initial email and questionnaire link. The link to the

questionnaire should be included in each follow-up email. A final reminder should be sent to participants after a predetermined length of time.

In this study, endorsement was provided by the Assistant Superintendent of Teaching and Learning's consent. School level administrators received introductory emails providing a short justification of the survey and explaining the importance of the study. The proposed instrument was short, only 21 Likert scale items and three multiple choice items. The survey was administered using Survey Monkey. All responses were anonymous, and all data obtained in the study will remain confidential. Reminder emails were sent to the school level administrators and teachers at two-week intervals following the initial contact (see Appendix F for a copy of the reminder emails). With each reminder, a link to the survey was also provided. The final reminder was emailed to the school level administrators and teachers approximately four weeks after the initial contact. The researcher offered to provide the school level administrators and the superintendent feedback on the results of the study.

All participants and their responses on the survey were anonymous using the "anonymous response" feature available through Survey Monkey. Survey Monkey is an online survey development cloud-based software that allows researchers to develop and send surveys via web, email, social media, etc. (Survey Monkey, 2019). Survey Monkey allows researchers to download the data or export it to SPSS (Survey Monkey, 2019). At the completion of the study, data from Survey Monkey was exported to SPSS using the built-in feature provided through Survey Monkey. SPSS was used to analyze the data.

Data Analysis

Descriptive statistics were used to determine teachers' perceptions regarding the RTI process. The means and standard deviations were calculated for teachers based on their area of

certification, school placement, and years of experience. A preliminary data screening was conducted on each group's dependent variable to identify data-error, missing data, and outliers, as well as any related inconsistencies. SPSS was used to create a box and whiskers plot to confirm that no outliers exist in each data set.

An independent-samples t test was used to evaluate the first null hypothesis that there is no difference between the perceptions of general education teachers and special education teachers regarding the RTI process, the second null hypothesis that there is no difference between the perceptions of teachers at the elementary school level and the middle school level, and the third null hypothesis that there is no difference between the perceptions of teachers with 0-12 years of experience and teachers with more than 12 years of experience. An independent-samples t test is used to evaluate the differences between the means of two independent groups (Green & Salkind, 2017). In this study, the two independent groups are the general education teachers and special education teachers for the first null hypothesis, the elementary school teachers and middle school teachers for the second null hypothesis, and the teachers with 0-12 years of experience and teachers with more than 12 years of experience for the third null hypothesis. The independent-samples t test requires that the assumptions of normality and homogeneity of variance are met. Normality was examined using a Kolmogorov-Smirnov test. The Kolmogorov-Smirnov was chosen over the Shapiro-Wilk test because the sample size more than 50. The assumption of homogeneity of variance was examined using the Levene's test. To interpret the results of this test, the researcher first looked at the value of F for the Levene's test and its associated significance (p) value. If p is small ($p < .05$), then there is evidence that the homogeneity of variance assumption has been violated. If the F is not significant ($p > .05$), then there is no evidence of a problem with the homogeneity of variance assumption, and the equal

variance t test can be reported. The corresponding effect size was also calculated using Cohen's d (d). Cohen's d is used to interpret the proportion of variance of the test variable that is a function of the grouping variable. Cohen's d has three primary ranges for effect size: $d \leq .20$ is interpreted as a small effect size, d between .20 and .79 is interpreted as a medium effect size, and $d \geq .80$ is interpreted as a large effect size (Green & Salkind, 2017). Due to using three tests of significance, a Bonferroni correction was needed in order to guard against a Type 1 error. To limit the size of the experiment-wise Type 1 error risk, instead of the usual alpha level of 0.5, the alpha level was set at $p < .017$ as the criterion for statistical significance for each of the individual tests of significance (Warner, 2013).

CHAPTER FOUR: FINDINGS

Overview

The purpose of this quantitative, causal-comparative study was to assess the perceptions of teachers regarding the RTI process and its implementation. The study examined teachers' perceptions regarding RTI based on area of certification, school setting, and years of experience. An independent samples *t* test was used to analyze the data received from participants through an online survey. This chapter presents the results of the data analysis.

Research Questions

The purpose of this study was to investigate teacher perceptions of the response to intervention (RTI) process and its implementation in a Northeast Georgia school district. The research questions that guided this study included:

RQ1: Is there a difference between the perceptions of teachers regarding the RTI process based on their area of certification?

RQ2: Is there a difference between the perceptions of teachers regarding the RTI process based on their school setting?

RQ3: Is there a difference between the perceptions of teachers regarding the RTI process for teachers with 12 or less years of experience and teachers with more than 12 years of experience?

Hypotheses

The null hypotheses for this study were:

H₀₁: There is no statistically significant difference between the perceptions of general education teachers and special education teachers regarding the RTI process.

H₀₂: There is no statistically significant difference between the perceptions of elementary school teachers and middle school teachers regarding the RTI process.

H₀₃: There is no statistically significant difference between the perceptions of teachers with 0-12 years of experience and teachers with more than 12 years of experience regarding the RTI process.

Descriptive Statistics

Area of Certification

Area of certification for this study included two categories: (a) general education and (b) special education. While many of the teachers were certified in both areas, participants were asked to select the area where they currently worked most of their school day. Ninety-two of the participants were general education teachers, representing 64% of the participants, and 52 of the participants were special education teachers, representing 36% of the participants. Data obtained for the dependent variable *teachers' perceptions of RTI* based on area of certification can be found in Table 1.

Table 1

Teachers' Perceptions of RTI Based on Area of Certification

Area of Certification	N	Percent	Mean	Std. Deviation
General Education	92	64	3.72	.42
Special Education	52	36	3.60	.50

School Setting

School setting for this study included two categories: (a) elementary school and (b) middle school. Eighty-four of the participants taught at the elementary school level, representing

58% of the participants, and 60 of the participants taught at the middle school level, representing 42% of the participants. Data obtained for the dependent variable *teachers' perceptions of RTI* based on school setting can be found in Table 2.

Table 2

Teachers' Perceptions of RTI Based on School Setting

School Setting	<i>N</i>	Percent	Mean	Std. Deviation
Elementary School	84	58	3.71	.46
Middle School	60	42	3.62	.44

Years of Teaching Experience

To test the null hypothesis that there is not a significant difference between the perceptions of teachers regarding the RTI process for teachers with 12 or less years of experience as compared to teachers with more than 12 years of experience, years of teaching experience was grouped into two main categories for the actual data analysis: (a) 0-12 years and (b) 13 or more years of teaching experience. Data for the two main categories revealed that 74 of the participants had 0-12 years of teaching experience, representing 51% of the total participants, and 70 of the participants had more than 12 years of teaching experience, representing 49% of the total participants. Data obtained for the dependent variable *teachers' perceptions of RTI* based on years of teaching experience can be found in Table 3.

Table 3

Teachers' Perceptions of RTI Based on Years of Teaching Experience

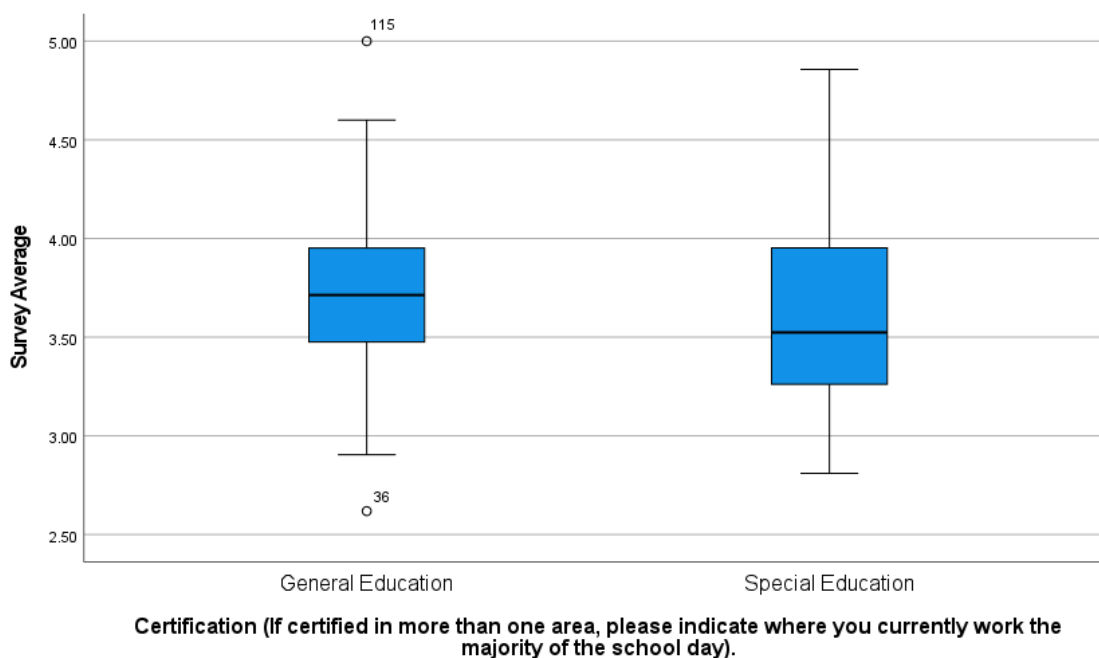
Years of Teaching Experience	<i>N</i>	Percent	Mean	Std. Deviation
0-12 Years	74	51	3.68	.40
12+ Years	70	49	3.67	.50

Results

Hypothesis One

Data Screening. Data screening was conducted on the dependent variable for each group regarding data inconsistencies and outliers. The researcher sorted the data on each variable and scanned for inconsistencies. No data errors or inconsistencies were identified. A Box and Whiskers plot was created for each group within the first null hypothesis using SPSS Statistics software to detect outliers. Outliers were noted on the plots. To determine if the outliers made a difference in the outcome of the statistical analysis, the researcher ran the analysis both including and excluding the outlier scores. A significant difference was not found between the two analyses; therefore, the researcher continued with the statistical analysis with outliers included. See Figure 1 for the Box and Whisker Plots for the first null hypothesis.

Figure 1

Box and Whiskers Plot for Area of Certification

Assumptions. An independent samples t test was performed to assess the first null hypothesis. The independent samples t test requires that the assumptions of normality and homogeneity of variance are met. Normality was examined using the Kolmogorov-Smirnov test. The Kolmogorov-Smirnov test was chosen because the sample size was larger than 50. A violation was found where $p = .002$. As an independent samples t test is robust to some violation of normality, the researcher decided to continue with the analysis. Results of the normality tests are displayed in Table 4.

Table 4

Tests of Normality for Area of Certification

Kolmogorov-Smirnov			
Group	Statistic	Df	Significance
General Education	.085	92	.094
Special Education	.158	52	.002

The assumption of homogeneity of variance was examined using the Levene's test. To interpret the results of this test, the researcher first looked at the value of F for the Levene's test and its associated significance (p) value. In the Levene's test, if p is small ($p < .05$), then there is evidence that the homogeneity of variance assumption has been violated and the equal variances not assumed t test should be reported. If the F is not significant ($p > .05$), then there is no evidence of a problem with the homogeneity of variance assumption, and the equal variance t test can be reported. No violation was found where $p = .160$. The assumption of homogeneity of variance was met. See Table 5 for the results of the Levene's test.

Table 5

Levene's Test for Equality of Variances for Area of Certification

	F	Sig.	T	Df
Equal Variances Assumed	1.999	.160	1.446	142

Data Analysis. An independent samples t test was used to test the null hypothesis that there is no statistically significant difference between the perceptions of general education teachers and special education teachers regarding the RTI process. Due to the number of tests

performed, the Bonferroni Correction was applied to guard against a Type 1 error. The Bonferroni Correction lowered the alpha level from .05 to .017. The test was not significant, $t(142)=1.446, p=.150; d=.251$. There was no statistically significant difference between the perceptions of general education teachers ($M=3.72, SD=.42$) and special education teachers ($M=3.60, SD=.50$) regarding the RTI process. The Cohen's d ($d=.251$) indicated a medium effect size. Results for the independent samples t test for area of certification are illustrated in Table 6.

Table 6

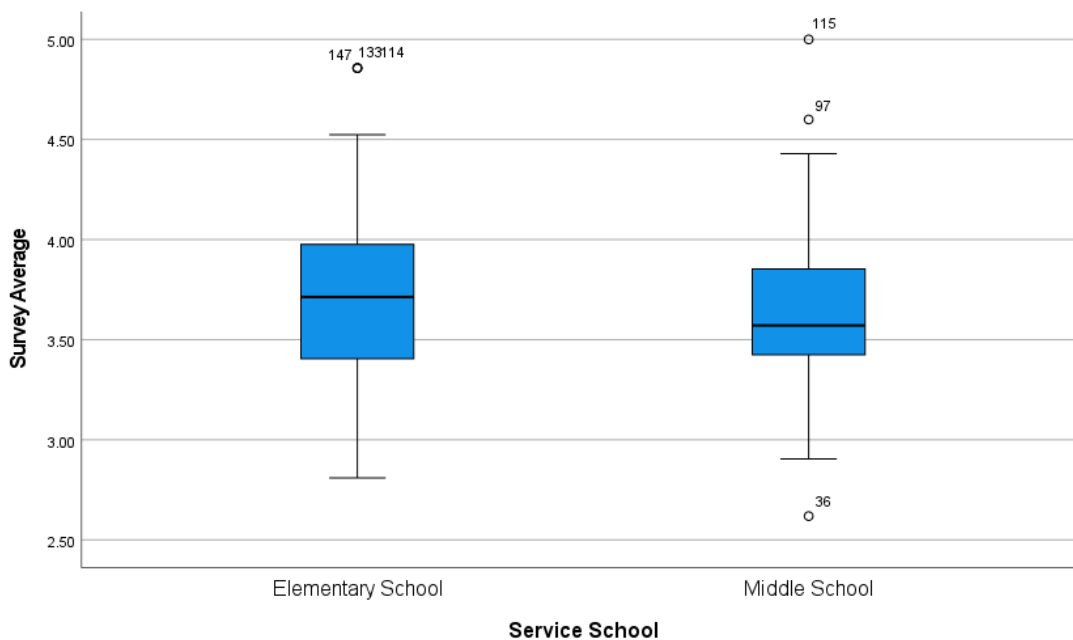
Independent Samples t Test for Area of Certification

				95% Confidence Interval	
<i>T</i>	<i>Df</i>	Significance (2-tailed)	Mean Difference	Lower	Upper
1.446	142	.150	.113	-.042	.268

Hypothesis Two

Data Screening. Data screening was conducted on the dependent variable for each group regarding data inconsistencies and outliers. The researcher sorted the data on each variable and scanned for inconsistencies. No data errors or inconsistencies were identified. A Box and Whiskers plot was created for each group within the second null hypothesis using SPSS Statistics software to detect outliers. Outliers were noted on the plots. To determine if the outliers made a difference in the outcome of the statistical analysis, the researcher ran the analysis both including and excluding the outlier scores. A significant difference was not found between the two analyses; therefore, the researcher continued with the statistical analysis with outliers included. See Figure 2 for the Box and Whisker Plots for the second null hypothesis.

Figure 2

Box and Whiskers Plot for School Setting

Assumptions. An independent samples t test was performed to assess the second null hypothesis. The independent samples t test requires that the assumptions of normality and homogeneity of variance are met. Normality was examined using the Kolmogorov-Smirnov test. The Kolmogorov-Smirnov test was chosen because the sample size was larger than 50. A violation was found where $p=.008$. As an independent samples t test is robust to some violation of normality, the researcher decided to continue with the analysis. Results of the normality tests are displayed in Table 7.

Table 7

Tests of Normality for Service School

Kolmogorov-Smirnov			
Group	Statistic	<i>df</i>	Significance
Elementary School	.081	84	.200
Middle School	.135	60	.008

The assumption of homogeneity of variance was examined using the Levene's test. To interpret the results of this test, the researcher first looked at the value of F for the Levene's test and its associated significance (p) value. In the Levene's test, if p is small ($p < .05$), then there is evidence that the homogeneity of variance assumption has been violated and the equal variances not assumed t test should be reported. If the F is not significant ($p > .05$), then there is no evidence of a problem with the homogeneity of variance assumption, and the equal variance t test can be reported. No violation was found where $p = .480$. The assumption of homogeneity of variance was met. See Table 8 for the results of the Levene's test.

Table 8

Levene's Test for Equality of Variances for Service School

	F	Sig.	T	df
Equal Variances Assumed	.503	.480	1.138	142

Data Analysis. An independent samples t test was conducted to test the hypothesis that there is no statistically significant difference between the perceptions of elementary school teachers and middle school teachers regarding the RTI process. Due to the number of tests

performed, the Bonferroni Correction was applied to guard against a Type 1 error. The Bonferroni Correction lowered the alpha level from .05 to .017. The test was not significant, $t(142)=1.138, p=.257; d=.192$. There was no statistically significant difference between the perceptions of elementary school teachers ($M=3.71, SD=.46$) and middle school teachers ($M=3.62, SD=.44$) regarding the RTI process. The Cohen's d ($d=.192$) indicated a small effect size. Results for the independent samples t test for service school are illustrated in Table 9.

Table 9

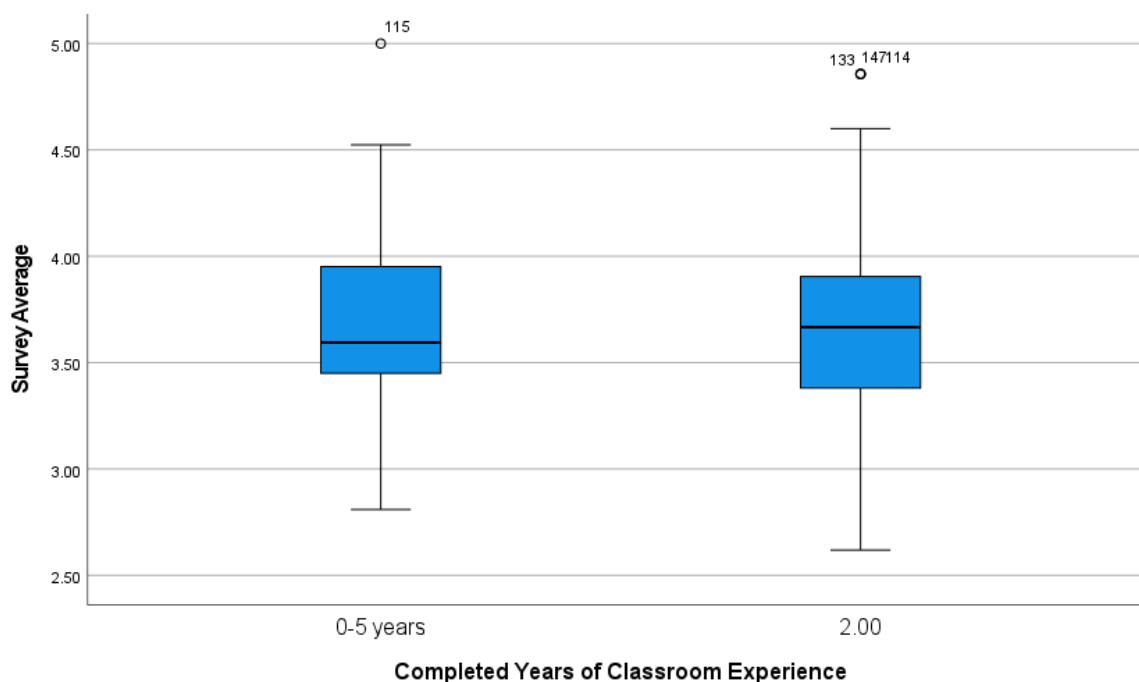
Independent Samples t Test for Service School

				95% Confidence Interval	
t	df	Significance (2-tailed)	Mean Difference	Lower	Upper
1.138	142	.257	.087	-.064	.238

Hypothesis Three

Data Screening. Data screening was conducted on the dependent variable for each group regarding data inconsistencies and outliers. The researcher sorted the data on each variable and scanned for inconsistencies. No data errors or inconsistencies were identified. A Box and Whiskers plot was created for each group within the second null hypothesis using SPSS Statistics software to detect outliers. Outliers were noted on the plots. To determine if the outliers made a difference in the outcome of the statistical analysis, the researcher ran the analysis both including and excluding the outlier scores. A significant difference was not found between the two analyses; therefore, the researcher continued with the statistical analysis with outliers included. See Figure 3 for the Box and Whisker Plots for the third null hypothesis.

Figure 3

Box and Whiskers Plot for Years of Teaching Experience

Assumptions. An independent samples t test was performed to assess the third null hypothesis. The independent samples t test requires that the assumptions of normality and homogeneity of variance are met. Normality was examined using the Kolmogorov-Smirnov test. The Kolmogorov-Smirnov test was chosen because the sample size was larger than 50. A violation was found where $p=.044$. As an independent samples t test is robust to some violation of normality, the researcher decided to continue with the analysis. Results of the normality tests are displayed in Table 10.

Table 10

Tests of Normality for Years of Teaching Experience

Kolmogorov-Smirnov			
Group	Statistic	Df	Significance
0-12 Years	.105	74	.044
13+ Years	.084	70	.200

The assumption of homogeneity of variance was examined using the Levene's test. To interpret the results of this test, the researcher first looked at the value of F for the Levene's test and its associated significance (p) value. In the Levene's test, if p is small ($p < .05$), then there is evidence that the homogeneity of variance assumption has been violated and the equal variances not assumed t test should be reported. If the F is not significant ($p > .05$), then there is no evidence of a problem with the homogeneity of variance assumption, and the equal variance t test can be reported. No violation was found where $p = .115$. The assumption of homogeneity of variance was met. See Table 11 for the results of the Levene's test.

Table 11

Levene's Test for Equality of Variances for Years of Experience

	F	Sig.	T	df
Equal Variances Assumed	2.512	.115	.093	142

Data Analysis. An independent samples t test was conducted to test the hypothesis that there is no statistically significant difference between the perceptions of teachers with 0-12 years of experience and teachers with more than 12 years of experience regarding the RTI process.

Due to the number of tests performed, the Bonferroni Correction was applied to guard against a Type 1 error. The Bonferroni Correction lowered the alpha level from .05 to .017. The test was not significant, $t(142)=-.093$, $p=.926$; $d=.016$. There was no statistically significant difference between the perceptions of teachers with 0-12 years of experience ($M=3.68$, $SD=.40$) and teachers with more than 12 years of experience ($M=3.67$, $SD=.50$) regarding the RTI process. The Cohen's d ($d=.016$) indicated a small effect size. Results for the independent samples t test for years of experience are illustrated in Table 12.

Table 12

Independent Samples t Test for Years of Experience

				95% Confidence Interval	
<i>t</i>	<i>Df</i>	Significance (2-tailed)	Mean Difference	Lower	Upper
.093	142	.926	.007	-.143	.157

Selected Response Questions

In addition to the survey statements, there were two selected response questions. The first selected response question asked, “In your opinion, what modification, if any, could be made to increase the effectiveness of the RTI process and/or the MTSS framework?”. Specially trained facilitators of the process was the most frequently selected response, representing 19% of the responses. Less paperwork (18%) was the next most frequently selected response, followed by in-service for intervention strategies (16%). More time to meet and observation of the learner by others were the two least selected responses, both representing 5% of the total responses. Frequency data for each response is displayed in Table 13.

Table 13

Frequency Data for Responses to Question 28

Response	Frequency	Percent
More time to meet	7	5
Less paperwork	27	18
Accelerated process	13	9
RTI/MTSS staff in-service	13	9
Inservice for intervention strategies	24	16
More input from specialists	12	8
Specially trained facilitators of the process	28	19
Better team communication	12	8
Observations of the learner by others	7	5

Question 28 also included a “comment” section where participants were able to add their own responses. Responses under “comment” for question 28 included the following:

- I think that there needs to be a streamlined process between schools.
- Build an RTI/enrichment time into the school day.
- Lower student to teacher ratio. We would not need specialists if we had time to differentiate per child.
- An accelerated process for learners that meet certain criteria and observations of the learner by others would be highly beneficial.
- More support if you have a large caseload.
- All the above!

- More training on specific interventions and time to implement them. I would like to have a teacher to conduct our interventions. I do not always have enough time throughout the day/week to complete all of them and the students suffer for it.
- More help with getting the interventions done in the regular classroom.
- A trained RTI staff member to complete progress monitoring.
- Emphasis on TEAM and FACILITATOR not leader or boss.

The second selected response question stated, “If you have recently chosen not to refer a student for RTI/MTSS, please explain your primary reason and/or concern”. “Have been able to deal with concerns on my own” was the most common response, representing 22% of the responses. “Problem is not serious enough to document and meet with RTI/MTSS” (21%) and “other” (16%) were the next two highest responses. “None of the above” (0%), “results may negatively affect expectations for student” (1%), and “do not know enough about RTI/MTSS” (5%) were the three least selected responses. Frequency data for each response is displayed in Table 14.

Table 14

Frequency Data for Responses to Question 29

Response	Frequency	Percent
None of the above	0	0
No students experiencing problems	15	10
Have been able to deal with concerns on my own	32	22
Do not know enough about RTI/MTSS	7	5
Not aware of how/when to facilitate RTI/MTSS	4	3
Process is too time consuming	13	9
Results may negatively affect expectations for student	1	1

Problem is not serious enough to document and meet with RTI/MTSS	31	21
RTI/MTSS often produces little improvement	9	6
Other	24	16

Comments included in “other” included the following:

- I only refer if I know they could qualify. Otherwise, I handle it on my own. Basically, use the interventions and skip the paperwork.
- My team has been able to show improvement with interventions outside of an official RTI.
- I gave more T1 support, and she started to make small growth. I also listened more to learn she was dealing with parents fighting and was having a hard time not thinking about it at school.
- I usually discuss with my team likely candidates. We do this on Kid Talk Days. As a team we decide if the student needs to be considered.
- Feel like we were told this year to hold off and try to meet needs with more done at Tier 1 (too many qualifying for special education in the past).
- Feel the need to allow time for student to “learn” English language.
- Student is ESOL, so I am monitoring to make sure it is not a language issue.
- No response from administration.
- The facilitator isn’t a “team player”.
- I am not involved in RTI referral as I am a SPED teacher (11 teachers gave this response or a similar response to question 29).

CHAPTER FIVE: CONCLUSIONS

Overview

The purpose of this quantitative, causal-comparative study was to assess the perceptions of teachers regarding the response to intervention (RTI) initiative and its implementation. The study examined teachers' perceptions regarding RTI based on area of certification, school setting, and years of experience. This chapter provides an in-depth discussion of the findings. Implications and limitations of this study are reviewed. Recommendations for future research are also provided.

Discussion

Overall, no significant difference was found between the perceptions of teachers based on their areas of certification. These results are consistent with previous findings that general educators and special educators have similar perceptions of the RTI process (McDougall, 2019; Richardson-Aaron, 2019). Richardson-Aaron (2019) found that, overall, general education teachers and special education teachers have more similarities in their perceptions of RTI than differences.

Even though no significant difference was found in the overall perceptions of teachers based on their certification, five survey statements were found to be statistically significant. Approximately 24% of special education teachers who participated in the study either had no opinion or disagreed completely with the statement, "I am familiar with the tiered intervention model which provides more intensive interventions for students based on responses to previous interventions." This was significantly different from general education teachers where only 8% had no opinion or did not agree with this statement. Only 69% of special education teachers felt that they remain actively involved in the RTI process when they refer a student and only 63%

felt that their input at RTI meetings is valued and/or desired. This was significantly different from the 88% of general education teachers who feel they remain actively involved in the RTI process when they refer a student and the 81% who feel that their input at RTI meetings is valued and/or desired. When asked about if they understood the basic eligibility criteria for special education, 78% of general education teachers felt that they understood the basic eligibility criteria as compared to 94% of special education teachers. Special education teachers also disagreed with their general education peers in the use of research-based strategies in the classroom. While 63% of the special education teachers felt that research-based interventions and progress monitoring were common practices within the general education classrooms, 45% stated that they either had no opinion or disagreed with this statement. This was a significant difference from general education teachers where 85% stated that they agreed or strongly agreed with the statement that research-based interventions and progress monitoring are common classroom practices for struggling learners. (See Appendix G for a copy of the data analysis run on individual survey statements based on area of certification.)

These findings are consistent with the findings of previous studies. Cowan and Maxwell (2015) found that elementary school general education teachers lacked an understanding of the different tiers of RTI and evidence-based interventions. Teachers also expressed feeling overwhelmed and stressed with implementing the RTI process. Alahmari (2018) found that while teachers understand the RTI process, they lack awareness of research-based interventions. Spear-Swerling and Chesman (2012) also found that most teachers were not familiar with research-based interventions.

Overall, no significant difference was found between the perceptions of elementary school teachers and middle school teachers; however, when analyzed individually, two survey

statements were found to be statistically significant. Only 68% of middle school teachers stated that they felt they remained actively involved in the RTI process when they referred a student and only 73% agreed that careful attention to paperwork and documentation are critical parts of the process. This was a significant difference from the 87% of elementary school teachers who felt they remained actively involved in the RTI process when referring a student and the 84% who felt that careful attention to paperwork and documentation are critical parts of the process. In the current study, 51% of elementary school teachers and 53% of middle school teachers stated that they had received adequate training prior to implementing RTI. However, 38% of middle school teachers also disagreed with this statement, as compared to only 30% of elementary school teachers. (See Appendix H for a copy of the data analysis run on individual survey statements based on school setting.)

The findings of the current study differed from the findings of Tolbert (2012) who found that there was significant difference in the perceptions of teachers regarding their familiarity with RTI, adequacy of training, and the effectiveness of the RTI process. In the Tolbert study, middle school teachers reported having the most familiarity with RTI, perceived the process to be more effective, and reported that they had received more adequate training than either elementary school or high school teachers. Both the current study and the Tolbert study found that there was no significant difference between the perceptions of teachers based on their school level regarding the relationship between RTI and special education.

No significant difference was found between the perceptions of teachers based on their years of experience. (See Appendix I for a copy of the data analysis run on individual survey statements based on years of experience.) This finding differed from the findings of Richardson-Aaron (2019) who found that years of experience do impact perceptions of RTI as it relates to

resources and supports of RTI. Richardson-Aaron (2019) found that a significant difference in perceptions occurred between teachers with 1-5 years of experience and teachers with 21-25 years of experience. The current study did find some differences in the perceptions of teachers with 0-5 years of experiences and teachers with 20 or more years of experiences. Twenty-six percent of teachers with 0-5 years of experience felt they had received adequate training prior to implementing RTI as compared to 61% of teachers with 20 or more years of experience. Forty percent of teachers with 0-5 years of experience disagreed with this statement, while only 25% of teachers with 20 or more years of experience felt that they had not received adequate training. Forty percent of teachers with 0-5 years of experience stated that when they refer a student to RTI they expect that he/she will be evaluated for special education as compared to 28% of teachers with 20 or more years of experience. Sixty percent of teachers with 0-5 years of experience stated that they are supportive of the RTI process as compared to 72% of teachers with 20 or more years of experience.

Participants responses to question 28, “In your opinion, what modification, if any, could be made to increase the effectiveness of the RTI process and/or the MTSS framework?”, revealed that teachers are seeking specially trained facilitators of the process as well as more training on intervention strategies. Coaching, modeling, and feedback from trained RTI facilitators are essential to effectively implementing RTI (Brock & Carter, 2017; Glover, 2017; Hemphill, 2019). Previous studies have also found that teachers report insufficient training to implement RTI properly (Castro-Villarreal et al., 2014; Kressler & Cavendish, 2019; Sanger, Friedli, Brunken, Snow & Ritzman, 2012). Castro-Villarreal et al. (2014) found that the most cited barrier to RTI implementation was training, and that inadequate training has led to unstandardized and inconsistent implementation of the RTI process. According to Kressler and

Cavendish (2019), teachers feel they need more training to understand the purpose of RTI.

Bineham et al. (2014) also found teachers to be ill-informed about RTI and identified the need for ongoing training and professional development as being critical to effective implementation.

Teachers also stated that both the amount of paperwork and the time required to complete the process were both areas of concern. Hemphill (2019) found that group sizes and the number of students requiring interventions in the general education classroom are barriers to effective RTI implementation because teachers are overwhelmed with the varied needs of each student. Sheffield-Lemkin (2021) found that both general education teachers and reading interventionists identified scheduling conflicts and time constraints as major challenges and limitations to implementing RTI. General education teachers felt that there was not enough time in the school day to provide the required interventions along with the grade-level curriculum and other school/district wide initiatives. Administrators' inability to create a common planning time for RTI team members suggested that they did not value the collaborative efforts of the team (Sheffield-Lemkin, 2021).

In an item-by-item analysis of the survey statements, several statements stood out as points of interest. Participants rated their familiarity with the tiered intervention model relatively high ($M=4.17$, $SD=.83$) and stated that they understood the primary purpose and operation of RTI ($M=4.13$, $SD=.75$). There was little variability between the perceptions of the participants with 85% reporting that they were both familiar with the tiered intervention model and understood the purpose and operation of RTI. Overall, participants also rated their perceptions of the effectiveness of the RTI/MTSS framework high. Teachers felt that the RTI meeting should produce research-based interventions for struggling reading ($M=4.19$, $SD=.75$) and that careful attention to paperwork and documentation were critical parts of the intervention process

($M=4.08$, $SD=.89$). While 64% of the participants stated that they agreed that most general education teachers are supportive of the RTI process and the MTSS framework, 36% of the participants either had no opinion or disagreed with this statement. These findings are similar to those of Werts and Carpenter (2015) who found that special educators perceive general education teachers as the primary agents of RTI and felt that general education teachers provide a major contribution to the tasks and activities of RTI.

Teachers indicated that they understood the relationship between RTI and special education. Approximately 79% of the participants stated that they understand the basic eligibility criteria for special education ($M=3.98$, $SD=.93$). The majority of participants disagreed with the statement that RTI's primary purpose is to move students toward special education ($M=2.83$, $SD=1.20$) and with the statement that when I refer a student to RTI, I expect he/she will be evaluated for special education ($M=2.99$, $SD=1.12$). This differed from the findings of Alahmari (2018) who found that teachers view RTI as a process to move students to special education and believe that students at Tier 3 will ultimately qualify for special education services.

Teachers appeared to be relatively evenly split in their perceptions of the adequacy of training to implement the RTI framework. The mean scores for statements 8 ($M=3.28$) and 9 ($M=3.29$) were both close to 3.0, reflecting that most of the teachers were somewhere in the middle in their perceptions of the training provided. Roughly 49% of the teachers felt that they had received adequate training prior to serving on the RTI team and 56% felt that they had received adequate training prior to implementing the RTI process. However, approximately 49% of the teachers either had no opinion, disagreed, or strongly disagreed with these statements. These findings are similar to those of Richardson-Aaron (2019) who also found that teachers

believed that additional staff and training, as well as additional time within the school day, were all ways that the RTI process could be improved within their own schools. In order to experience the full benefits of RTI, teachers must be supported by their schools through professional development (Alahmari, 2019; Richardson-Aaron, 2019). Teachers must have a better than working-knowledge of evidence-based practices, tiered instruction, assessment tools and progress monitoring in order to implement RTI with fidelity; however, Alahmari (2019) found that teachers lack the knowledge related to evidence-based practices across the three tiers of RTI. Investing in the professional development of teachers increases the effectiveness of RTI (Richardson-Aaron, 2019), and classroom teachers who understand evidence-based instruction are able to not only help the students with disabilities in their classrooms but are better able to support all students who struggle (Alahmari, 2019).

While 65% of the participants stated that they felt that the RTI meetings are useful and 79% of the participants stated that careful attention to the paperwork and documentation are critical parts of the intervention process, teachers also reported that they felt that the RTI process is too time consuming and that less paperwork would increase the effectiveness of the process. Approximately 64% of the teachers felt that it was their responsibility to provide the interventions for students in RTI. However, 52% of teachers also reported that it should be the responsibility of others to provide these interventions, with roughly 26% of the participants having “no opinion”. These findings are similar to the findings of Hemphill (2019) who also found that teachers perceive the required RTI meetings to be beneficial as they ensure teachers have the opportunity to review students’ data, share instructional practices, and even their doubts and frustrations. Hemphill (2019) found that even though teachers identified the additional work

in RTI as a major challenge, they were positive in their overall descriptions of the RTI process and its impact on student outcomes.

Implications

Teachers are feeling overwhelmed with having to implement the RTI process along with their other classroom duties, and this has ultimately resulted in some teachers not referring students who may need the interventions. It would be beneficial for school level administrators to consider ways to help provide their teachers with the support that they need to implement the RTI process with fidelity. This may include creating an “enrichment” time during the normal school day where teachers are able to provide the RTI interventions without taking away from their other class times. This might also include having specially trained personnel whose sole responsibility is implementing the identified interventions, completing progress monitoring, and maintaining the required documentation. A daily intervention time, along with guidance documents and structures for district level implementation support the implementation and effectiveness of RTI (Hemphill, 2019). These supports must come from the district level where the authority lies to adopt schedule changes, assessments, interventions, and data systems. RTI implementation requires administrative support (Castro-Villarreal et al., 2014). Without sufficient resources and support for teachers, sustainability of RTI programs would be questionable (Thomas et al., 2020). Whatever administrators decide to do, it is obvious that teachers with large caseloads of students in the RTI process are actively seeking more support with all the responsibilities involved in implementing the program with fidelity.

One surprising finding that came out of this research was the desire for a more streamlined RTI process between the schools. While the district has an incredibly detailed RTI/MTSS process with designated personnel at the district level, there did not appear to be a

streamlined process in what qualifies students for RTI from one school to the next. Teachers have not only recognized the need for a more formal decision matrix when considering which students to refer to RTI but are actively seeking guidelines to help ensure that they are referring those students who truly need the more intensive interventions.

Most teachers stated that they believed research-based interventions and progress monitoring are common classroom practices. It is important to note the district in the current study made a huge push this year to increase the level of Tier 1 instruction in the classroom in an effort to decrease the number of students being referred to the RTI process and ultimately special education. This push would not have been needed if research-based interventions and progress monitoring were truly as common in the classroom as teachers perceive them to be. As part of the drive to improve Tier 1 instruction, it is important to ensure that teachers understand what constitutes a research-based intervention and how to effectively progress monitor students within the general education classroom. Without professional development to support teacher learning, teachers may see research-based curriculum as material that is being sold to them rather than something proven to help struggling students (Thomas et al, 2020). Effective evidence-based instruction and data-based decision making require training (Castro-Villarreal et al., 2014). The need for this type of professional development was reiterated by the teachers in this study as more than one-fourth of the participants specifically asked for more training on intervention strategies and more input from specialists to ensure that they are implementing the RTI process with fidelity. When RTI is not implemented with fidelity, there is a lack of student achievement and an increase in the number of inappropriate referrals to special education (Carrera, 2020; Regan et al., 2015; Sanetti, et al., 2019). Adequate instruction at each tier is a legal requirement prior to a special education referral; therefore, fidelity is vital to the RTI process.

It is also important to ensure that teachers understand how to use data appropriately when making decisions about students' interventions. Kressler and Cavendish (2019) found that while high school teachers were aware of the need to use data to increase student progress, teachers reported lacking the understanding, training, and support that they needed to be able to use data effectively. Because RTI relies heavily on the interpretation of data and the selection of appropriate interventions, it would not exist without effective instructional support from teachers (Hemphill, 2019). In addition to feeling more competent with using data to make placement decisions (Kressler & Cavendish, 2019), teachers who have received professional development report a high use of evidence-based interventions and more systematic and frequent data collection (Thomas et al, 2020).

When asked if they expected students referred to the RTI process to ultimately be evaluated for special education, nearly 65% of the participants stated they did not agree, strongly disagreed, or had no opinion with this statement. However, when given the opportunity to provide their own reasoning for not referring students to the process, teachers reported only referring students to RTI when they know that they could ultimately qualify for special education. Teachers also admitted implementing the interventions within their classroom without officially beginning the RTI process, stating that it allowed them "to skip the paperwork". Even if they don't want to enter into the full RTI process, teachers are still willing to put in the time to implement the interventions within their own classrooms to help struggling students. This is consistent with previous studies which have found that teachers would be willing to implement RTI if they had more support (Zhang, Liu, & Lin, 2019). Teachers feel that there are too many children in their classrooms and that they have too many other duties to take on additional duties as those required in the RTI process.

Limitations

This study was not without its limitations. Caution should be used when generalizing the results of this study to other systems. The study only included teachers in Northeast Georgia. The system in the study is a large system with a high ELL population. While the system does resemble some of the other systems in the state of Georgia, systems should compare the overall demographics before assuming that these results would be similar within their own district. These results also cannot necessarily be generalized to other geographic areas as the study focused only on Northeast Georgia.

The use of an anonymous survey completed via an email link did not provide the researcher an opportunity to ask further questions and/or elaborate on responses. Participants were restricted to picking one of five responses for each survey statement. While the researcher attempted to make questions 28 and 29 multiple response questions so that participants could pick up to three responses per questions, these changes did not transfer through the weblink. Therefore, participants were only able to pick one response to each of these questions. Participants did have the opportunity to elaborate on their responses in either the “comments” or “other” sections for each question; however, only about 20 of the participants (28%) utilized these features and provided more in-depth responses.

Recommendations for Future Research

Further research is needed on the fidelity of implementation of RTI at the school level. As there were some differences in teachers’ perceptions regarding the use of research-based strategies and progress monitoring in the classroom, it would be interesting to have actual quantitative data to support either side. More research is needed on grade level data about the

movement between the tiers and special education referrals to help determine how many students in the RTI process are ultimately evaluated for special education services (Hemphill, 2019).

Research should also be conducted comparing the perceptions of teachers across all three school levels, elementary, middle, and high. The focus of the RTI process tends to be focused on younger ages; however, it would be interesting to see how teachers in the upper grades perceive the process and their roles in the process. It would also be beneficial to use a larger sample size of general and special education teachers in future studies as the larger sample would provide a more realistic view of how teachers perceive the RTI process.

As the processes and documentation of RTI are used for special education referrals, it is vital that both general and special education teachers understand the importance of the RTI process and the required documentation. Alahmair (2018) found that there is a lack of ongoing proactive support or status check regarding the RTI process. A lack of collaboration with special education teachers was also found as only general education teachers delivered Tier 2 and Tier 3 interventions. Further research is needed comparing the roles and perceptions of general education teachers and special education teachers in the RTI/MTSS framework.

More research is also needed on the different components of the RTI process and how they work together effectively. Teachers in the current study and in previous studies have indicated that they understand the purpose of RTI but are overwhelmed with requirements of the process. Teachers also do not demonstrate comprehensive knowledge of the components of the RTI process (Castro-Villarreal et al., 2014; Thomas, et al, 2020; Zhang, Liu & Lin, 2019). As the success of RTI relies on teacher buy-in, the importance of the different components of RTI must be understood. The components of RTI such as universal screening, intervention, and

progress monitoring have been used in schools for decades; however, they have not been researched extensively in terms of their relationship to the RTI process (Hemphill, 2019).

Finally, it would be valuable to compare the overall fidelity of implementation and success of the RTI/MTSS frameworks implemented in school with a designated person who sole responsibility is to carry-out RTI/MTSS for the school versus schools with a contact person for RTI/MTSS who has numerous other duties assigned within the school. The need for designated and specially trained RTI personnel was mentioned numerous times throughout the study as ways to help improve the process. It would be interesting to determine if having specially trained personnel whose primary focus was providing interventions, progress monitoring, and maintaining the required paperwork and documentation of the intervention process made a significant difference in the overall effectiveness of the RTI framework.

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Appendix A

Permission to Use Bailey-Tarver Survey Instrument

[External] Re: Permission to use Bailey-Tarver Survey

[REDACTED]

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

Hi Misty - you may consider this email permission to use my survey with the changes you outlined in your request. All the best to you in your research! I'd love to hear what you find out! [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Good evening. I am writing regarding the survey instrument that you used in your dissertation study and to make a request to use the instrument in my own research.

I am a doctoral student at Liberty and plan to conduct my study on Response to Intervention and the Multi-Tiered System of Supports framework. I would like to request permission to use your survey as a part of my data collection. In addition, I would like to request permission to change "Student Support Team" to "Response to Intervention" and to add the "Multi-Tiered System of Supports" (MTSS) framework to the appropriate questions throughout the survey.

With your permission, I plan to administer the survey via Survey Monkey. For those unable to access Survey Monkey, I will be providing a paper-version of the survey. You will receive full recognition and citation for your work.

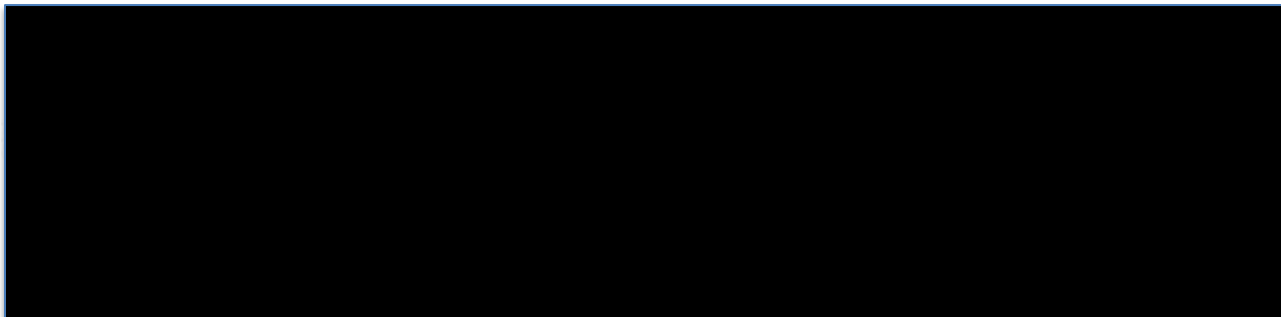
If you have any concerns or questions regarding the use of your survey and/or my research study, please feel free to contact me at [REDACTED] or at one of the following email addresses:

[REDACTED] or [REDACTED]

Thank you for all your assistance with my research study. I look forward to hearing from you.

Sincerely,
Misty Cox
Doctoral Student
Liberty University

Appendix B
School District Approval



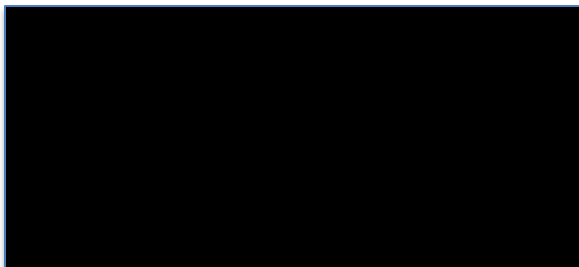
November 10, 2020

Dear Ms. Cox:

Your research proposal entitled "**Response to Intervention and Teachers' Perceptions: A Casual Comparative Study**" has been reviewed by representatives of the [REDACTED]. The representatives have agreed on the decision as indicated below. Please contact [REDACTED] if you have any questions about this decision.

- Proposal Approved
- Proposal Denied
- Proposal Approved with Stipulations

Comments/Explanations:



Appendix C

IRB Approval

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

November 30, 2020

Misty Cox
Gary Kuhne

Re: IRB Exemption - IRB-FY20-21-300 Response to Intervention and Teachers' Perceptions: A Causal Comparative Study

Dear Misty Cox, Gary Kuhne:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46: 101(b):

Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

Your stamped consent form can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. This form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional Research

Research Ethics Office

Appendix D

Recruitment Email to Administrators

Dear [REDACTED],

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The title of my research project is “Response to Intervention and Teachers' Perceptions: A Causal Comparative Study” and the purpose of my research is to assess the perceptions of teachers regarding the response to intervention (RTI) process and its implementation.

I have obtained permission from [REDACTED] to conduct my research at the district level, and I am writing to request your permission to contact members of your school staff to invite them to participate in my research study.

Participants will be asked to click on the link provided in the recruitment email and complete the attached survey. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time. The survey should take less than 10 minutes to complete and is completely confidential.

Thank you for considering my request. If you choose to grant permission, please respond by email to [REDACTED].

Sincerely,

Misty Cox
Doctoral Student, Liberty University

Appendix E

Recruitment Email to Teachers

Dear Teacher:

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to assess the perceptions of teachers regarding the response to intervention process and its implementation, and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older and employed as a teacher or administrator at either the elementary school or middle school level. Participants, if willing, will be asked to complete an online survey (approximately 10 minutes). Participation will be completely anonymous, and no personal, identifying information will be collected.

In order to participate, please click here <https://www.surveymonkey.com/r/5RCW5HL>

The link will first take you to a consent document. The consent document contains additional information about my research. You do not need to sign and return the consent document. After you have read the consent form, please click “yes” and the “next” button at the bottom of the form to proceed to the survey. Doing so will indicate that you have read the consent information and would like to take part in the survey.

Sincerely,

Misty Cox
Doctoral Student



Appendix F

Reminder Email

Dear Teacher/Administrator:

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a doctoral degree. Two weeks ago, an email was sent to you inviting you to participate in a research study. This follow-up email is being sent to remind you to complete the survey if you would like to participate and have not already done so. The deadline for participation is February 26, 2021.

If you choose to participate, you will be asked to complete an online survey. It should take less than 10 minutes for you to complete the procedure listed. Your participation will be completely anonymous, and no personal, identifying information will be required.

To participate, please click here <https://www.surveymonkey.com/r/5RCW5HL>

The link will first take you to a consent document. The consent document contains additional information about my research. You do not need to sign and return the consent document. After you have read the consent form, please click “yes” and the “next” button at the bottom of the form to proceed to the survey. Doing so will indicate that you have read the consent information and would like to take part in the survey.

Sincerely,

Misty Cox
Doctoral Student



Appendix G

Data Analysis on Individual Survey Statements for Area of Certification

Independent Samples t Test for Area of Certification

Survey Statement	<i>t</i>	<i>Df</i>	Sig. (2-tailed)	Mean Diff.	95% Confidence Interval	
					Lower	Upper
Statement 7	2.713	142	.007	.381	.103	.659
Statement 8	.694	140	.489	.130	-.240	.500
Statement 9	.658	142	.511	.125	-.251	.502
Statement 10	-2.692	142	.008	-.424	-.735	-.113
Statement 11	-.347	142	.729	-.045	-.302	.212
Statement 12	.543	141	.588	.085	-.225	.395
Statement 13	3.429	142	.001	.465	.197	.733
Statement 14	3.298	139	.001	.558	.223	.892
Statement 15	1.370	142	.173	.210	-.093	.513
Statement 16	2.312	142	.022	.384	.056	.712
Statement 17	1.734	141	.085	.283	-.040	.606
Statement 18	.233	142	.816	.042	-.312	.396
Statement 19	.916	142	.361	.135	-.157	.428
Statement 20	-.521	142	.603	-.068	-.325	.189
Statement 21	2.562	142	.011	.349	.080	.618
Statement 22	2.078	142	.039	.333	.016	.649
Statement 23	-1.014	142	.312	-.212	-.624	.201

Statement 24	-1.828	142	.070	-.353	-.734	.029
Statement 25	-.435	142	.664	-.079	-.440	.282
Statement 26	.442	141	.659	.071	-.248	.391
Statement 27	-.017	141	.986	-.003	-.317	.311

Appendix H

Data Analysis on Individual Survey Statements for School Setting

Independent Samples t Test for School Setting

Survey Statement	<i>T</i>	<i>Df</i>	Sig. (2-tailed)	Mean Diff.	95% Confidence Interval	
					Lower	Upper
Statement 7	.000	142	1.000	.000	-.278	.278
Statement 8	.147	140	.883	.027	-.336	.390
Statement 9	.847	142	.398	.157	-.209	.524
Statement 10	.865	142	.388	.136	-.174	.446
Statement 11	.338	142	.736	.043	-.207	.293
Statement 12	.185	141	.853	.028	-.275	.332
Statement 13	2.925	142	.004	.390	.127	.654
Statement 14	1.382	139	.169	.233	-.100	.565
Statement 15	2.646	142	.009	.388	.098	.678
Statement 16	.217	142	.829	.036	-.290	.361
Statement 17	.819	141	.414	.131	-.186	.448
Statement 18	-.848	142	.398	-.148	-.492	.196
Statement 19	-.099	142	.921	-.014	-.300	.271
Statement 20	.734	142	.464	.093	-.157	.343
Statement 21	.369	142	.713	.050	-.218	.318
Statement 22	1.240	142	.217	.195	-.116	.507
Statement 23	.362	142	.718	.074	-.329	.477

Statement 24	-1.182	142	.239	-.224	-.598	.151
Statement 25	.388	142	.699	.069	-.283	.421
Statement 26	-.865	141	.388	-.136	-.447	.175
Statement 27	2.196	141	.030	.335	.033	.636

Appendix I

Data Analysis on Individual Survey Statements for Years of Experience

Independent Samples t Test for Years of Teaching Experience

Survey Statement	<i>t</i>	<i>Df</i>	Sig. (2-tailed)	Mean Diff.	95% Confidence Interval	
					Lower	Upper
Statement 7	-1.179	142	.240	-.163	-.436	.110
Statement 8	-.965	140	.336	-.174	-.532	.183
Statement 9	-1.292	142	.198	-.236	-.597	.125
Statement 10	.468	142	.641	.073	-.234	.380
Statement 11	.307	142	.760	.038	-.209	.286
Statement 12	.378	141	.706	.057	-.242	.356
Statement 13	-1.268	142	.207	-.171	-.438	.096
Statement 14	-.289	139	.773	-.048	-.379	.282
Statement 15	-1.111	142	.269	-.164	-.456	.128
Statement 16	-.332	142	.740	-.054	-.376	.268
Statement 17	-1.785	141	.076	-.281	-.591	.030
Statement 18	.461	142	.645	.079	-.261	.420
Statement 19	1.303	142	.195	.185	-.096	.466
Statement 20	1.020	142	.310	.127	-.120	.374
Statement 21	-1.041	142	.300	-.139	-.403	.125
Statement 22	.897	142	.371	.140	-.169	.449
Statement 23	1.305	142	.194	.261	-.135	.658

Statement 24	1.053	142	.294	.197	-.173	.568
Statement 25	.352	142	.726	.062	-.286	.410
Statement 26	-.961	141	.338	-.149	-.457	.158
Statement 27	-.127	141	.899	-.019	-.322	.283
