

Knowledge and Perceptions of Response to Intervention Among Graduate Students Enrolled in  
Education-Related Programs

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### Abstract

The purpose of this study is to illuminate the knowledge and perceptions of Response to Intervention (RtI) among graduate students enrolled in SUNY Plattsburgh education-related programs. RtI, a tiered system designed to provide universal support and interventions to students based on a spectrum of needs, was first introduced in 2004. The system continues to evolve within schools as stakeholders (i.e. administrators, educators and specialists) navigate their roles, expectations, and understanding of the realm and structure of RtI. Programs represented in this study following the collection of surveys include: Adolescent Education, Childhood/Special Education, Special Education, and School Psychology. An overview of how subscription to and training within a particular program correlates to knowledge and perceptions of RtI is used as grounds for discussing the implications for the systems' success.

Knowledge and Perceptions of Response to Intervention Among Graduate Students Enrolled in Education-Related Programs at SUNY Plattsburgh

Response to Intervention (RtI) is a school-wide model of tiered instruction and intervention services designed to provide increasingly intense intervention based on a student's academic needs. Progress is heavily monitored and concerns of performance deficit are addressed by providing systematic levels of individualized, small-group, intense instruction in areas of weakness (Fuchs & Fuchs, 2006). RtI was first introduced in 2004 with the initiation of the Individuals with Disabilities Education Improvement Act (IDEA) as a method for minimizing the achievement gap and replacing the traditional IQ-achievement discrepancy model used to identify learning disabilities (Fuchs & Fuchs, 2006). RtI was essentially a response to the large number of students being referred for special education (Bean & Lillenstein, 2012). Fuchs and Fuchs (2006) point out that in 1976-1977, 2% of students were identified as having a learning disability. As of 1999-2000, that percentage increased to 6% under the identification process that revolved around the IQ-discrepancy model. A call to revise the process for identifying students with learning disabilities was not only aimed at addressing monetary concerns, but also required a critical lens from which to assess its effectiveness. RtI, as a more recent school-wide initiative in education processes and protocols, has been met with varied responses and levels of implementation across schools, districts and states (Wilcox, et al., 2013). Although RtI is a system that relies heavily on data collection and consistency, it remains flexible in its structure. Thus, knowledge and perceptions, based on subscription to a particular group—administration, general education teachers, special education teachers and specialists—seems to be variant.

This paper serves to illustrate trends of knowledge and perception of RtI among graduate-level students in various education programs at SUNY Plattsburgh, based on analysis of

responses to a 34-question survey. It was hypothesized that knowledge of RtI would vary across programs of study based on training received and applied learning opportunities. Furthermore, it was hypothesized that perceptions of RtI would be largely positive regardless of program affiliation.

### **Response to Intervention in New York State**

The New York State Education Department (2010) explains the RtI model as a three-tiered instruction/intervention system targeting both academics and behaviors. The literature on RtI typically varies between three and four tiers depending on state regulations; however, for the purpose of this paper, understanding the research and aligning the discussion with regulations provided by the New York State Education Department is most relevant. Furthermore, the research and discussion in this paper serve to concentrate on RtI as it relates to academia and the identification of specific learning disabilities more so than the implication of RtI as it relates to student behavior (although briefly touched upon throughout).

Tier I is inclusive of about 80% of a school's population. Students in Tier I are placed in general education classrooms and receive universal instruction and interventions. Coupled with academics, Tier I also includes a school-wide proactive approach that promotes a healthy social climate by reinforcing positive behavior, targeting all students in all settings. Progress is intermittently monitored throughout the school year in order to identify at-risk students who may not be meeting standards (NYSED 2010).

Tier II requires more intensive instruction/intervention and focuses on at-risk students who make up about 15% of the school's population (NYSED, 2010). Tier II students commonly receive small-group or targeted instruction more often and for longer durations in addition to their general education curriculum (Fuchs & Fuchs, 2006). Student progress is monitored

frequently at this level to assess growth (or lack thereof) in a particular area of concern. The length of time a student spends in this tier is dependent upon a number of factors including: progress, pace, and developmental level (NYSED 2010). Thus, the length of time a student receives supplemental instruction at Tier II will vary from school to school as well as district to district.

Finally, Tier III is the most intensive level of intervention, which requires further individualization of programming in order to attend to student needs. Approximately 5% of students receive intervention at the tertiary level. Students who transition into Tier III have been heavily progress monitored at Tier II and are demonstrating a need for more intensive instruction, which continues to remain supplemental to core instruction. Targeted instruction at this level is delivered more frequently, in smaller groups, and for longer durations when compared to the intensity of Tier II interventions. Again, progress monitoring is increased at this level, occurring no less than once a week (NYSED, 2010). Students who are not demonstrating growth and progress in Tier III are then typically considered to have academic difficulties or deficits that require further evaluation and result in a referral to the Committee of Special Education (CSE).

Optimally, school-wide services (provided to all students via Tier I) coupled with differentiation of instruction within the classroom, are capable of meeting diverse student needs. Time spent in Tier II and/or Tier III is temporary and thus will ultimately result in movement either into a more intensive tier, or a referral for evaluation, or ideally, with goals met, an eventual graduation back into Tier I.

### **Moving Away From the IQ-Discrepancy Model**

With the implementation of RtI, referrals to the CSE are made only after a student has not successfully responded to interventions at each tier (NYSED, 2010). RtI is largely driven by a student's responsiveness to an intervention and requires a problem-solving approach by utilizing formative data to mediate intensity and direction of a student's education plan (Bean & Lillenstein, 2012). Whereas the IQ-discrepancy model relied heavily on disparaging numbers and operated fundamentally in extremes of either a student being classified with a learning disability or not; the process of RtI serves to help individualize programming efforts, encourage collaboration among stakeholders—teachers and specialists—and monitor student progress over time with the hopes of implementing effective interventions rather than classification (Fuchs & Fuchs, 2006). Furthermore, Fuchs and Fuchs (2006) point out that RtI may be built around a problem-solving approach and/or a standardized treatment protocol, both of which aim to target students early on and provide an effective means to monitor their academic gains and/or losses over time. Thus, RtI lends itself a stark contrast to the traditional IQ-discrepancy model based on the fact that it is meant to initialize early intervention rather than employ, what is commonly referred to as the, 'wait-to-fail' model (Fuchs & Fuchs, 2006).

### **Collaboration Among Stakeholders**

RtI is far from a perfect system—and unlikely to ever be a *perfect* system. Coupled with the fact that it's a newer initiative, the process of filtering its flaws and navigating intricacies while considering resources, knowledge and perceptions of stakeholders, and the administrative drive to push it—make for no easy feat. Given its more recent implementation, there has been a shift in the pedagogy driving professionals and pre-professionals working in education. Systemic change, as we know, does not occur overnight. And thus, it is imperative in order to understand

such a system, to obtain a comprehensive overview of what key players are involved, and how their understanding and execution of the system contribute to or inhibit its success.

Bean and Lillenstein (2012) point out the crucial role that collaboration plays in delivering an effective tiered model. They mention it as one of the seven essential competencies found consistently in their research, among other factors including: literacy knowledge and development, data-driven decision making, differentiation of instruction, lifelong learning, leadership skills, and use of technology (Bean & Lillenstein, 2012). Because teachers are integrating differentiated instruction in classrooms, and students who receive more intensive instruction are not necessarily pulled out of the classroom, efforts for successful interventions require both flexibility and teamwork on behalf of the teachers and specialists working with students.

Bean and Lillenstein (2012) obtained feedback from personnel in five schools, whereby an RtI model had been employed for 3 or more years. Although philosophies of administrative leadership varied from school to school, collaboration was mentioned consistently among general and special education teachers, specialists (i.e. literacy coaches, reading specialists), school psychologists and administration (i.e. principals) as an essential part of RtI. Furthermore, it was not simply noted as a part of the process, but rather that it was a necessity in order for there to be success in the classroom (Bean & Lillenstein, 2012). Bean and Lillenstein's research (2012) also brings up another noteworthy point in that, any systemic revamp requires stakeholders to be on the same page; understanding not only their individual role, but also their vital role as a part of the team. Strong leadership was also noted as a necessity for shared decision-making in order to meet student needs, and teacher/classroom needs.

### **Perceptions of RtI as a Systemic Approach**

Perceptions of the RtI model are vital because they shape and impact the successful implementation of tiered instruction (Wilcox et al., 2013). To contrast, if a voter does not believe that his or her ‘voice’ matters in a government system, eventually the draw to participate lessens over time. Ultimately then, perception affects participation and like any systemic pursuit, in order for there to be success, all participants and voices matter. Therefore, not only is it crucial to understand the perceptions of stakeholders, but to meet their needs as well. Wilcox et al. (2013), also go on to discuss the importance of professional development and presenting a clear understanding of RtI as a process. These factors too, will shape the actualization of RtI, minimizing the risk of compromising its implementation in the face of being misunderstood. To this idea, Wilcox et al. (2013), also point out the complex nature of non-specific guidelines as they relate to identifying, evaluating, and classifying students. Thus, individualized execution of the tiered system will vary from school to school resulting in unique perceptions of RtI and its effectiveness. Although RtI has specific objectives and guidelines, there remains opportunity for schools to tailor their approaches as they see fit.

A qualitative study conducted by Rinaldi et al. (2010/2011), focused on educators’ perceptions of the efficacy of RtI. Their study began in 2007-2008 in an urban, pilot school setting, with a diverse student population; 59% of students identifying as Hispanic. This study was a small-group design, with 8 participants representing general and special education teachers, and reading specialists. A positive change in school culture was noted when comparing perceptions of RtI at the onset of the study in 2007, to its culmination in 2010. Based on the collaborative nature of RtI coupled with teacher-driven employment of interventions, results concluded that teachers understood themselves as agents of change; which increased feelings of

self-efficacy (Rinaldi et al., 2010/2011). From this study, researchers also determined that shared leadership, proper planning and professional development were key components to the implementation of RtI. Furthermore, collaboration and data-informed practices were noted as key components driving RtI's successful implementation. In another study (Wilcox et al., 2013), a mixed-methods design was used to collect responses and feedback from a 88 Michigan teachers and reading specialists and 29 Texas teachers, reading and curriculum specialists and administrators. Focus groups were utilized in both states to engage in dialogue and semi-structured interviews regarding attitudes and experience with RtI. Teachers from both Michigan and Texas reported minimal training and professional development though their respective schools did embrace the RtI model. As the primary interventionists, teachers perceived themselves competent in the process of RtI but less prepared to effectively differentiate instruction. In Michigan, paraprofessionals and specialists received more of the professional development though the teacher had been deemed the agent of change. (Wilcox et al., 2013) This point illustrates the possible discrepancies that may emerge when training and/or roles are unclear within the context of defining and understanding one's conceptualization of self-efficacy within the tiered system.

Based on their qualitative research of 17 special education directors in secondary schools, Sansosti et al. (2011), provide yet another perspective to integrate into the conversation. Because the RtI model was an initiative designed to shift the scope of education and not simply introduce a new program or curriculum, professionals are inherently faced with a change in their role; special education directors being at the crux of this discussion. They continue to function as leaders supporting the needs of students in special education, but leveraging collaborative efforts

between general and special education teachers and classrooms, since the onset of RtI continues to be of utmost importance (Sansosti, et al., 2011).

Based on participant response patterns, systemic structures, such as inflexible schedules and minimal time allotment available to teachers, emerged a dominant inhibitor to effective RtI implementation (Sansosti et al., 2011). Wilcox et al. (2013), also touched upon teachers' concerns regarding time required to assess students and complete necessary paperwork. Furthermore, teachers expressed their concerns with regards to doing more student assessment and manifesting results into differentiated, applicable interventions serving the needs of their students (Wilcox et al., 2013). Sansosti et al.'s (2011) research further illustrates the importance of having a comprehensive understanding of RtI's processes; not simply the objectives, but the implications once data and information has been obtained. In their research, directors also noted that without clear guidance and theory driving RtI within respective schools, there is room for inconsistencies across grade levels, which is yet another facet that must be considered given that the tiered structure lends itself to tailoring. Directors also agreed upon the importance of shifting attitudes and conceptualization of roles among stake holders (i.e. teachers, principals, and directors) as a necessity for successful momentum and shaping of RtI processes, goals, and standards (Sansosti et al., 2011). Evidence-based training, proximal and distal training and professional development were also notable themes in the qualitative research collected among special education directors.

Thus, perceptions among directors regarding RtI as a systemic structure for guiding intervention, classification and overall successful instruction within schools is viewed positively; however, barriers exist and if ignored, may prevent exemplary implementation of the system (Sansosti et al., 2011). Directors also suggested a need for education-related college training in

order to provide stake holders with a comprehensive understanding of RtI's intricacies, best practices, and illustration of high-quality, tiered instruction.

Bannis-Taylor (2011), the second researcher to launch a study based on the original questionnaire developed and utilized by Swigart (2009), surveyed general and special education teachers from four schools in northeastern NY. It was hypothesized that special education teachers would have a better understanding of RtI when compared to general education teachers; however, significance did not emerge, although trends pointed in favor of special education teachers. Research did not reveal a significant difference between elementary and upper-level teachers' understanding of RtI; however, Bannis-Taylor (2011) did find that there were significant differences among teacher groups related to their RtI training. As to be expected, those with more training emerged with a significantly higher understanding of RtI and furthermore, an increased confidence in their ability to execute processes required of RtI (Bannis-Taylor, 2011).

Bannis-Taylor (2011) also found that with regard to perceptions of RtI, elementary teachers reported a higher level of perceived knowledge, perception of RtI's purpose and its use for determining special education eligibility. Thus, the majority of Bannis-Taylor's (2011) findings suggest that the most significant differences among teachers is not their subscription to either general or special education, but rather the grade-level at which they teach; elementary or upper-level.

Elinson (2014) further extended the research of Swigart (2009) and Bannis-Taylor (2011) to capture perceptions of RtI among special and general educators from Chittenden South Supervisory Union in Vermont from five elementary and middle schools and one high school. It was hypothesized that teachers with a higher level of knowledge would elicit more positive

perceptions of RtI's benefits, which were broken down into classroom, academic, teacher, and student; however, significance was not reported. Level of RtI training and positive perception of RtI did not emerge with significance either. However, teachers working in schools where RtI was fully implemented did report more positive perceptions of RtI (Elinson, 2014).

### **Purpose of the Study**

Among professionals working in education, perception not only affects student attitudes and outcomes, but must be considered and woven into the conversation when we talk about stake holders who facilitate, support and monitor learning, such as the educators, administration, specialists, and support service professionals. In order to drive success, it seems essential to have confidence and conviction in the vehicle afforded. That being said, a systemic change, like the introduction and implementation of RtI as a vehicle for shifting how schools approach implementing interventions, monitoring student performance, and meeting diverse student needs must be met by stake holders with knowledge, training, and professional development in order for it to systematically thrive.

The purpose of this study was to examine how graduate students in SUNY Plattsburgh education-related graduate programs were trained in RtI by assessing their knowledge and perceptions of the system. Surveying among this particular population with regards to RtI training has not yet been looked at and thus this study also serves to launch discussion and dialogue regarding the training of stakeholders. Given that RtI is a newer initiative within education; its implementation, and ultimately its success, continues to be shaped by its stake holders. We will examine how knowledge of RtI varies across graduate programs and how graduate students' perspectives of RtI are shaped by their own training and understanding of the system. This research addresses the following hypotheses:

Hypothesis One: Graduate students who demonstrate higher levels of knowledge about RtI will perceive having more knowledge and a better understanding of RtI.

Hypothesis Two: Graduate students in programs other than general education will elicit more positive perceptions of RtI.

Hypothesis Three: Graduate students who demonstrate higher levels of knowledge regarding RtI will perceive RtI as a more effective system than those who demonstrate lower levels of knowledge.

### **Methods**

A total of 116 participants between the ages of 20 and 42 (84% between the ages of 21-25) enrolled in SUNY Plattsburgh graduate programs in education-related fields, voluntarily agreed to complete a survey distributed by the researcher during class time of willing professors. Participants were required to be enrolled, part-time or full-time, in education-related graduate programs. The questionnaire was accompanied by an introduction to the research and an informed consent form, requiring a total of 10-15 minutes to complete. To encourage participation, participants' names were entered into a drawing to receive a \$50 VISA MasterCard. Participants represented a total of 6 SUNY Plattsburgh education-related graduate programs (see Table 1); however, due to underrepresentation in two programs, statistical analyses are based on responses from 4 programs.

Table 1

*Demographic Variables*

Participant Characteristic	<i>n</i>	%
Gender		
Male	30	25.9
Female	86	74.1
Student Status		
Full-time	111	96.5
Part-time	4	3.5
Undergraduate Institution		
SUNY Plattsburgh	82	90.1
Other	9	9.9
Expected Graduation Year		
2014	32	28.3
2015	68	59.3
2016	13	11.5
Graduate Program		
Adolescent Education*	32	27.6
Childhood/Special Education*	42	36.2
Special Education*	24	20.7
School Psychology*	14	12.1
School Counseling	3	2.6
Speech Pathology	1	.9
Total	116	

*Note.* Due to underrepresentation in two programs, a total of 112 participants were used for statistical analyses.

\*Participants used in statistical analyses

Additional information was collected to determine a student's current placement within a school (if any), and the amount of training received regarding RtI. In response to the statement, *I am working [blank] hours/work in a school setting*, of the 112 responses, 8.3% reported working 1-5 hours; 10.3% are working 6-10 hours; 9.3% are working 11-15 hours; 1.9% are working 16-20 hours; and 20.6% are working more than 20 hours. Nearly half (49.6%) of the 112 students

who responded are not currently working in a school. In terms of RtI training received, of the 112 who responded, 65.5% report that they have received training in RtI while attending graduate school. Of that percentage, 62.9% reported that they have received 1-9 hours of training; 6.8% have received 10-15 hours of training; and finally, 30.1% report having received 16 or more hours of training. More than half (12 of 22 respondents) who reported receiving more than 16 hours of training are enrolled in the School Psychology graduate program.

### **Materials**

The adapted Response to Intervention questionnaire consists of 34 items, which incorporates a combination of 5-point Likert-scale items, true and false items, and a free answer item (see Appendix A). The questionnaire sought to gather demographic information from each participating graduate student including gender, age, undergraduate degree, current graduate program, enrollment status, expected date of graduation, and current affiliation with a school setting. In addition, the questionnaire included questions to evaluation knowledge pertaining to RtI. And furthermore, a substantial number of questions were dedicated to collecting feedback and perceptions of RtI as a system. The questionnaire developed for this study is an altered replication of the questionnaire that was used in prior research (Swigart, 2009; Bannis-Taylor, 2011; and Elinson, 2014). The questionnaire was adapted to suit the particular sample of graduate students that were assessed.

### **Procedure**

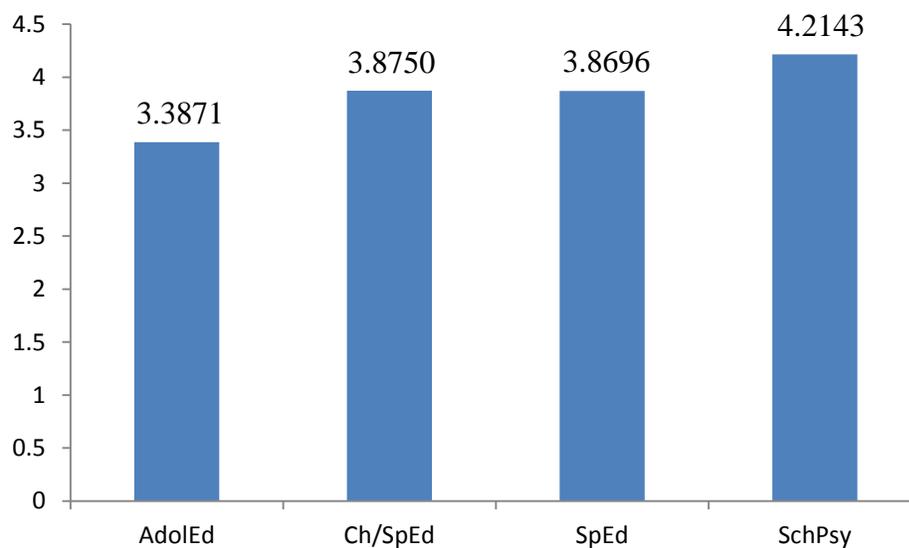
After receiving COPHS approval, individual professors and department chairs were contacted in education-related graduate programs to inquire about the possibility of utilizing class time to distribute and collect surveys. Upon agreement, the researcher went into individual classes, provided a broad overview of the study followed by an informed consent form and cover

letter, along with the survey to complete. Participants were required to both sign the consent form and complete the questionnaire in order to be included in the study. Each survey was coded with a unique number to maintain confidentiality.

## Results

To evaluate each hypothesis, statistical analyses appropriate for the data and the hypothesis were conducted. A series of five true and false questions were used to assess a participant's knowledge pertaining to RtI. A one-way ANOVA was used to determine how the means of RtI knowledge and perceptions of RtI were distributed among four graduate programs. Regarding knowledge of RtI, there was a significant difference,  $F(3, 104) = 3.34$ ,  $p < .03$  between the students enrolled in Adolescent Education ( $M = 3.39$ ,  $SD = .84$ ) and School Psychology ( $M = 4.21$ ,  $SD = .97$ ) (see Figure 1). Notably, the differences described are significant at  $p < .05$  according to the Tukey's tests, which were used for post hoc analyses.

Figure 1: Means of knowledge by program



Perceptions of knowledge and understanding of RtI as a system also emerged with significant differences between groups,  $F(3, 108) = 38.92, p < .001$ . A Levene's test verified the rejection of the null hypothesis ( $p < .05$ ) and thus it cannot be assumed that there is an equality of variance. However, it was determined that running alternative analyses to minimize the degrees of freedom in order to accept the null hypothesis would not discount the significant strength of between-group differences. When compared to Childhood/Special Education, Special Education, and School Psychology, students in Adolescent Education reported significantly lower perceptions of their knowledge and understanding of RtI ( $M = 2.36, SD = .87$ ). This result is further evidenced by the significant correlation that emerged between actual knowledge of RtI and perceptions of knowledge and understanding of RtI ( $r = .24, p < .01$ ).

A series of one-way ANOVAs were also used to determine how student perceptions of particular aspects of RtI were distributed across programs. When compared to School Psychology, Adolescent Education reports significantly higher rates of needing more training in RtI,  $F(3, 108) = 3.19, p < .03$ . When responding to *In order for RtI to work, I must be an active participant*, perceptions among Adolescent Education were significantly lower than all other programs,  $F(3, 108) = 7.3, p < .001$ . Special Education reported the highest perception of their active role in the RtI process ( $M = 4.63, SD = .58$ ). Perceptions of RtI being a useful tool for determining eligibility for special education, were rated significantly lower among Adolescent Education when compared to others,  $F(3, 108) = 13.7, p < .001$ . Reports of RtI being a useful process for helping to decrease academic difficulties in the classroom while improving student outcomes, emerged significantly lower among Adolescent Education,  $F(3, 108) = 8.1, p < .001$ . Perceptions of the importance and usefulness of monitoring student progress and implementing data-driven measures within RtI were also contrasted. Results ranked significantly highest

among School Psychology, while Adolescent Education perceptions' also emerged significantly lower than both School Psychology and Special Education track,  $F(3, 108) = 15.1, p < .001$ .

### **Discussion**

The purpose of this study was to examine knowledge and perceptions of RtI among graduate students enrolled in education-related programs. Moreover, the research looked at how knowledge of the tiered system relates to understanding its purpose, perceptions of its efficacy and overall attitudes towards its implementation. The data were analyzed in efforts to obtain a better understanding of knowledge and perception across various programs in the same institution. Graduate students from six education-related programs at SUNY Plattsburgh were accounted for in the demographics; however, due to underrepresentation, students from four programs were utilized for data analysis.

The first hypothesis proposed that graduate students who demonstrated higher levels of knowledge about RtI would perceive having more knowledge and a better understanding of RtI. Based on the significant correlation that emerged between actual knowledge, measured by a series of five true and false questions, and perceived knowledge and understanding of RtI, results supported this hypothesis. School Psychology students demonstrated the highest level of knowledge, and rated their knowledge and understanding of RtI significantly higher than students in Adolescent Education. Students in Adolescent Education ranked the lowest in knowledge pertaining to RtI and a positive correlation emerged with their perception of knowledge and understanding of RtI.

The second hypothesis proposed that graduate students in programs other than General Education would elicit more positive perceptions of RtI. Perceptions of RtI among Adolescent Education students emerged significantly lower than students in the combined Childhood/Special

Education program, Special Education program and School Psychology program. Perceptions of RtI measured were based on three key variables including: importance of being an active participant in RtI's processes, RtI's usefulness in determining eligibility for special education and RtI's role in decreasing academic difficulties coupled with improving student outcomes. Unfortunately, Adolescent Education students were the only group representing students on a General Education track. However, as demonstrated in Bannis-Taylor's (2011) research, the significant differences in perceptions of RtI emerged when groups were compared based on their status as an elementary-level or secondary-level teacher rather than subscription to a group based on being a special or general educator. This point was further emphasized by Elinson (2014) in that her research also demonstrated no significance when comparing special and general educators. Therefore, although Adolescent Education students reported significantly lower perceptions of RtI based on the three variables considered, their measure of perceptions were likely affected by the fact that their training, professional development, and understanding of RtI, working solely with secondary-level students, is not a focus of their program. Typically, by the time a student has reached the secondary education, he or she is receiving necessary services based on earlier identification and intervention. While progress monitoring continues to be appropriate at this level, initial identification of academic deficits are unlikely unless there are unforeseen circumstances causing regression. A limitation to this research was in the fact that there was not an elementary education program to sample from that was not associated with special education. Thus, it would be scientifically irresponsible to accept this hypothesis as true.

The third hypothesis proposed that graduate students who demonstrate higher levels of knowledge will perceive RtI as a more effective system than those who demonstrate lower levels of knowledge. Efficacy was based on variables that considered RtI as a tool for determining

eligibility for special education and improvement of student outcomes while decreasing academic difficulty in the classroom. Students in the School Psychology program emerged with the highest perceptions of RtI's efficacy, yielding significance when compared directly to students in Adolescent Education.

Other factors related to perceptions of RtI were also evaluated with regards to training and importance of assessing student progress to ensure interventions and programs are being monitored. Students in Adolescent Education perceive a significantly higher need for more training in RtI than students in three remaining programs. And students in School Psychology perceive progress monitoring significantly higher than students in the other three programs, while students in Special Education perceive monitoring significantly higher than students in Adolescent Education.

Based on responses from special education directors, Sansosti et al. (2011), point out that successful RtI is a matter of shifting attitudes and conceptualization of roles among stake holders in education so that there is an understanding of RtI from a theoretical, structural and process perspective. Illustrated by the review of research, successful RtI comes in the form of collaboration in schools. Thus cohesion among graduates in-training seems to be necessary in order to optimize the implementation of RtI, which was the driving interest in surveying graduate students. When knowledge and training are optimal, understanding of the structure and processes increases, and as a result, attitudes and perceptions trend more positively—this is not simply a conclusion about RtI, but any systemic overhaul. As mentioned earlier with regards to the government, if individuals do not believe in the power of their vote, their perception of personal impact and self-efficacy is minimized over time. It is no less true for personal attitude and perception of a systemic process, such as RtI, when conceptualization of one's role may be

understood as that of an ‘agent of change’. Therefore, the carefully thought out implementation of the tiered system (in this case) is equally as important as educating the educators about the system. More knowledge is correlated with positive perception. Lack of knowledge results in feelings of inadequacy and at the very root of being human, we do not operate at our best when we doubt our abilities as individuals or professionals, particularly when charged with educating others. RtI is not a flawless system; however, when optimized, implemented with integrity and monitored, in the least it can be tailored and appropriated in ways that continue to best serve the students.

### **Limitations**

This study encompassed a number of limitations. Overall the sample sizes from each program were relatively small. Thus a larger sample size from each group may have been a better representation of perceptions of RtI from graduate student populations currently enrolled in education-related fields. Another limitation with regards to the sample was the underrepresentation of graduate students in education-related fields outside of teacher education and school psychology. If the research were to be collected again, it would be crucial to obtain samples from students in programs such as school counselor, literacy/reading specialist, speech pathology, and educational leadership. Obtaining a wide variety of perspectives of RtI from the number of stake holders who are crucial to making the process work is the only way to collect a comprehensive overview that considers all angles.

As alluded to earlier in the discussion, having the Adolescent Education program as the only representative sample of general educators limits the ability to make any conclusions about contrasts between general educations and any other programs. Unfortunately, students going into upper-level education are not on the forefront of RtI given that, by the time a student enters 7<sup>th</sup>

grade, early tiered intervention and/or a special education referral process has already taken place.

### **Future Research**

Future research measuring knowledge and perceptions of RtI that looks at education-related graduate programs from a variety of institutions would provide a breadth of data regarding the training of stakeholders. Moreover, future research may thwart as a catalyst for cross-program dialogue and discussion on how to best handle the training of RtI within an institution. Furthermore, a broad and deep overview of how training is received and perceived across programs may then provide insight regarding strengths and weaknesses of training, but undoubtedly how that affects the implementation of the system and its effectiveness. Buy-in and understanding from all key players who are charged with implementing RtI must be as universal and school-wide as the system itself. By considering how knowledge of RtI is passed onto future educators and leaders, we may be better suited to identify and streamline roles, resources, and professional development necessary to systemically integrate models of RtI that best serve students—and ultimately, as pursers of roles within education, this is our goal.

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## Appendix A

**Informed Consent**

**Please read this consent form carefully before completing the questionnaire.**

**Purpose of the questionnaire:** This survey aims to examine the knowledge and perceptions of Response to Intervention among current graduate students enrolled in education-related programs at SUNY Plattsburgh.

**Time required:** The amount of time required for completion of this self-administered questionnaire is approximately 10-15 minutes.

**Confidentiality:**

*Your identity will be kept confidential. To ensure confidentiality, your information will be assigned a code number that is unique to this study so that your identity will remain anonymous. No one at SUNY Plattsburgh will be able to identify whether or not you chose to complete the questionnaire nor your responses to the questions. Information collected from the survey may be shared with SUNY Plattsburgh faculty, however all identifying information will be removed prior.*

**Voluntary participation:**

*Your participation is completely voluntary. You have the right to refuse to answer any of the questions on the survey and/or you may stop at any time.*

**If you have any questions, please contact:** Giovanina Bucci at [giovanina.bucci@gmail.com](mailto:giovanina.bucci@gmail.com)

**If you agree to participate in this study please sign below.**

**Thank you.**

**Agreement:**

I have read the procedure described above. I voluntarily agree to participate in the procedure and **I have received a copy of this consent form.**

Name (Printed) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Response to Intervention Survey

The implementation of Response to Intervention/Instruction [RtI] is increasing in schools across the country. I am interested in obtaining knowledge and perceptions of RtI from students currently enrolled in education-related graduate programs at SUNY Plattsburgh. Please complete this survey and hand it back when completed. Your efforts are greatly appreciated.

Demographic Information:

**Please check one:**

1. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**Please write in the space provided:**

2. Age: \_\_\_\_\_

3. I hold a *BA / BS / Other* (**circle one**) in \_\_\_\_\_ from  
\_\_\_\_\_ [Institution/University].

4. I am currently enrolled in the following SUNY Plattsburgh program (**check all that apply**):

\_\_\_\_\_ Adolescence Education M.S.T. with certification in \_\_\_\_\_ (grades 7-12)

\_\_\_\_\_ Childhood Education M.S.T. with certification in Childhood 1-6

\_\_\_\_\_ Early Childhood Education, Birth-Grade 2 C.A.S.

\_\_\_\_\_ Educational Leadership

\_\_\_\_\_ Literacy Birth-Grade 6 M.S. in Education

\_\_\_\_\_ Literacy Grades 5-12 M.S. in Education

\_\_\_\_\_ School Counselor M.S. in Education and C.A.S.

\_\_\_\_\_ School Psychologist M.A. and C.A.S.

\_\_\_\_\_ Special Education (Birth - Grade 2) M.S. in Education

\_\_\_\_\_ Special Education (Grade 1-6) M.S. in Education

\_\_\_\_\_ Special Education (Grades 7-12) M.S. in Education

\_\_\_\_\_ With Existing Certification in Special Education

\_\_\_\_\_ With Existing Certification in Secondary Education

\_\_\_\_\_ Speech-Language Pathology M.A.

\_\_\_\_\_ Licensure without New York State Teacher Certification

\_\_\_\_\_ Licensure and New York State Teacher Certification

\_\_\_\_\_ Teaching & Learning M.S. in Education

4. I am currently enrolled in a SUNY Plattsburgh program *full-time / part-time* (**circle one**).

5. My expected date of graduation is *May / December / August* (**circle one**), \_\_\_\_\_ [year].

6. I am currently working \_\_\_\_\_ hours/week in a school setting as a(n):
- \_\_\_ Practicum Student
  - \_\_\_ Student Teacher
  - \_\_\_ Intern
  - \_\_\_ Teacher Aide
  - \_\_\_ Teacher
  - \_\_\_ Counselor
  - \_\_\_ School Psychologist
  - \_\_\_ Administrator
  - \_\_\_ Other: please specify \_\_\_\_\_
  - \_\_\_ I am currently **not** working in a school setting

Please answer the following questions.

**If you marked “I am not working in a school district” on Question #6, please skip to Question #2.**

1. How is RtI being addressed in your school?

- \_\_\_ We use an RtI model in my school
- \_\_\_ My school is beginning to implement an RtI model
- \_\_\_ My school is planning to implement an RtI model
- \_\_\_ We do not use an RtI model at my school
- \_\_\_ I am unaware of what my school is doing with regards to RtI

2. I have received training in RtI while attending college and/or graduate school

Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, how many hours?

\_\_\_ 1-3 hours \_\_\_ 4-6 hours \_\_\_ 7-9 hours \_\_\_ 10-12 hours \_\_\_ 13-15 hours \_\_\_ 16+ hours

3. I have received training in RtI outside of college and/or graduate school

Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, how many hours?

\_\_\_ 1-3 hours \_\_\_ 4-6 hours \_\_\_ 7-9 hours \_\_\_ 10-12 hours \_\_\_ 13-15 hours \_\_\_ 16+ hours

4. RtI is mandated by New York State.

\_\_\_ True \_\_\_ False

5. RtI can be used to assist in identifying students with learning disabilities.

\_\_\_ True \_\_\_ False

6. Students may begin RtI at any tier.

\_\_\_ True \_\_\_ False

7. RtI can only be used to address reading difficulties.

True       False

8. RtI can be used as an alternative to the discrepancy model when identifying a learning disability.

True       False

**For each of the following items, please indicate your level of agreement by circling the corresponding number.**

1. I am knowledgeable about RtI.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5

2. I understand the purpose of RtI.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5

3. RtI can result in fewer students being identified for special education.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5

4. RtI can help students I work with.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5

5. Using an RtI model can help decrease academic difficulties in the classroom.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5

6. In order for RtI to work, I must be an active participant.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5

7. I feel that I need additional training in RtI.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5

8. RtI can be helpful to teachers.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5

9. RtI can be useful in determining eligibility for special education.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5

10. RtI can be useful in finding the cause of students' difficulties.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5

11. RtI can be useful in improving academic outcomes for students.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5

12. Instructors using specific reading programs should be monitored to ensure the programs are implemented correctly.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5

13. Teachers' use of academic interventions should be monitored to ensure the interventions are implemented correctly.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5

14. For RtI to be effective, it must start in the classroom by utilizing a scientific-based curriculum with every student.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5

15. How are students who are in need of an intervention identified? (**check all that apply**):

- Academic screening data
- Standardized Assessment (i.e., Cognitive Testing, achievement testing, etc.)
- Referral by teacher, parent, or administrator
- Don't know
- Other (specify) \_\_\_\_\_

16. What is the typical amount of time an intervention is implemented in your school before determining whether or not it is effective?

\_\_\_\_\_ [number] *Days / Weeks / Months* (**circle one**) \_\_\_\_\_ Don't Know.

17. What does your school use to collect academic data for screening or progress monitoring purposes?

\_\_\_\_\_ Aimsweb \_\_\_\_\_ Dibels \_\_\_\_\_ Other (specify) \_\_\_\_\_ Don't know

18. Have you participated on an RtI team?

Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, how?

- Referring teacher
- Team Member
- Other: \_\_\_\_\_

19. What are your general thoughts, concerns, perceptions, and/or observations about RtI?

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