Journal of Education and Human Development
June 2015, Vol. 4, No. 2(1), pp. 125-138
ISSN: 2334-296X (Print), 2334-2978 (Online)

Published by American Research Institute for Policy Development
DOI: 10.15640/jehd.v4n2_1a13
URL: http://dx.doi.org/10.15640/jehd.v4n2_1a13

Acceptability of the Response to Intervention Model between General and Special Education Teachers: Identification of Students with Specific Learning Disabilities

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Abstract

This study investigated the perceptions of general education teachers, and special education teachers in their acceptability of the Response to Intervention model (RTI) model in the identification of a student with a Specific Learning Disability (SLD). The study consisted of 279 participants: there were 152 general education teachers and 127 special education teachers. The study used a vignette of a real student who had been evaluated for special education. The study results revealed significant findings for special education teachers versus general education teachers in their acceptability of RTI as an effective method of evaluation for SLD. Special education teachers were significantly more likely to endorse the use of the RTI model over general education teachers in the identification of a student with a SLD. Both educators identified inappropriate evaluation as the biggest barriers to determining eligibility in their school districts. Overall, the findings suggest that the use of the RTI model in the identification of students with an SLD is an acceptable form of evaluation. In addition, training among general education teachers may be necessary to help them understand how progress monitoring data can used to determine eligibility for special education under RTI.

Keywords: Response Intervention Model (RTI), Specific Learning Disability (SLD), Severe Discrepancy Model, and Individuals with Disabilities Education Act (IDEA)

The reauthorization of Individuals with Disabilities Education Act (IDEA, 2004) allows states to eliminate the Severe Discrepancy model for special education eligibility under the category of Specific Learning Disability (SLD) and opt to use the Response to Intervention model (RTI) exclusively or combine the two models (Hoover, 2010). California school districts continue to use the Severe Discrepancy model exclusively (Zirkel & Thomas, 2010). Many states have continued to implement the Severe Discrepancy model until more research is available to warrant a transition to the RTI model for special education eligibility (Hoover, 2010). The RTI model is a three-tiered intervention process that provides early intervention to academically struggling students (Burns & Ysseldyke, 2005). Students receive intervention within each tier based upon their level of academic need. Once a student reaches the third tier without making progress, he or she may be eligible for special education services under the category of a SLD (Fuchs, Mock, Morgan, & Young, 2003). The use of the RTI model for special education eligibility does not require that specific assessments be conducted to determine why the student is not learning or making progress (Burns & Ysseldyke, 2005). According to Burns and Ysseldyke (2005), it is assumed that the child is learning disabled if he or she does not make adequate progress within the third tier of intervention. The background of the problem is rooted in the redesign of IDEA through the years of legislative changes. The present legislative changes to IDEA have brought about many changes to the method of academic interventions that are provided to children for academic remediation. IDEA has undergone a number of revisions since its initial inception under P.L. 94-142 in 1975 (Heward, 2013).

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IDEA is the federal law that outlines the services that are required to ensure that children with disabilities receive the support they need in order to obtain an appropriate education throughout the country (Heward, 2013). IDEA (1997) required that, in order for a student to be eligible for special education under the category of Specific Learning Disability (SLD), there must be a severe discrepancy between the student's intellectual ability and academic achievement along with a deficit in one or more basic psychological processes (Reeves, Bishop, & Filce, 2010). The basic psychological processes have never been specifically defined in federal education code; however, the term means that there is a disorder in the understanding or use of language, spoken or written, that may impact the student's ability to listen, speak, read, write, spell or do mathematical calculations and may include perceptual disabilities or brain injury (IDEA, 1997). A deficit in the basic psychological processes is not defined in education code; however, as a matter of best practice, a processing disorder is a standard score obtained by the student in one of the cognitive domains, such as fluid reasoning, that is significantly discrepant from the overall intelligence score (Hale, Kaufman, Naglieri, & Kavale, 2006). The Severe Discrepancy model requires that the special education team, which consists of a school psychologist and special educators who can be either resource specialists, or speech and language therapists, evaluate a student to determine whether the student's academic achievement is commensurate with the student's intelligence quotient (Reeves et al., 2010). A severe discrepancy in the state of California is two standard deviations and is a significant difference between intellectual functioning and academic achievement. Two standard deviations is operationalized a 22-point difference between a student's intellectual functioning and academic achievement. For example, a severe discrepancy occurs if a student receives a standard score of 100 on an assessment of intellectual functioning and a standard score of 78 on a reading achievement test: it then can be stated that there is a severe discrepancy between cognitive ability and academic achievement. If there is no severe discrepancy then the scores are said to be consistent with one another, which in a numerical interpretation means the scores for the lowest achievement score and overall intellectual score are less than 22 points apart (Reeves et al., 2010). Intelligence is measured by using valid and reliable tests of intelligence, such as the Wechsler Intelligence Scale for Children (Flanagan & Kaufman, 2004) or the Woodcock Johnson Tests of Cognitive Ability (Woodcock, McGrew, & Mather, 2001).

The continued use of the Severe Discrepancy model may provide school leaders with an opportunity to evaluate information regarding educators' understanding of the use of the Severe Discrepancy model to appropriately identify students with a SLD. Historically, the process of identifying students with a SLD has been in the hands of special education teams that include school psychologists, speech and language therapists, resource specialists, classroom teachers and school administrators. The information required to make this determination is a snapshot in time regarding a child's academic achievement and cognitive ability. The introduction of the RTI model into the identification process requires on-going data collection to provide the criteria for special education eligibility. Under the RTI model, lack of adequate progress is the main criteria for special education eligibility under SLD. This fact brings into question the definition of *adequate* and how it will be defined. As with implementation of the Severe Discrepancy model, inconsistencies can arise with using the RTI model (Zirkel, 2012). Currently, special education eligibility under SLD is conducted using the Severe Discrepancy model in most school districts in Southern California. The inconsistent use of the Severe Discrepancy model to determine eligibility has created a need to implement a new model to determine eligibility under SLD (Dailor & Jacob, 2011). It has also been suggested that children should not need to be eligible for special education in order to receive academic remediation intervention (Messick, 1984). The RTI program may provide this assistance. The RTI program serves a dual purpose: As described previously, a child placed within the third tier of intervention is identified as at risk. If the child does not make adequate progress within the third tier, under the RTI model the student is identified with a SLD. Response to Intervention is designed as a three-tier model in which students are identified and placed within tiers based upon each student's level of academic deficit (Reeves et al., 2010). The level of deficit is determined by a specific standard set by the publishers of the instrument used to evaluate the students. Instruments such as Dynamic Indicators of Basic Early Literacy Skills (DIBELS) have been adopted by many school districts, as it is a research-based method of evaluation. IDEA 2004 requires that districts use research-based methods of assessments, and DIBELS is one method of assessment that meets federal standards (Good & Kaminski, 2002). DIBELS is an assessment tool used to assess early literacy skills from kindergarten through sixth grade. The assessments are short fluency measures taking no longer than one minute to administer (Good & Kaminski, 2002). DIBELS consists of seven measures that assess skills in phonemic awareness, alphabetic principle, accuracy and fluency with connected context, reading comprehension and vocabulary development (Good & Kaminski, 2002).

The RTI model is a method of providing targeted interventions to students experiencing academic problems in reading, writing, and math, as well as demonstrating behavioral difficulties throughout their academic career (Burns, Jacob, & Wagner, 2008). The interventions provided to students are structured within a three-tiered model (Burns, Jacob, & Wagner, 2008). The interventions within each tier of the RTI model are established by individual school districts and meet the requirements of No Child Left Behind (NCLB, 2004). NCLB (2004) requires that the interventions be research based and address the needs of the students they are serving. At the Tier I level, students are provided in-class interventions by the classroom teacher. Tier I interventions range from small group instruction and peer support to additional practice using grade-level materials. Students at the Tier II level receive interventions designed for students who are struggling, based on a set criteria established by each school district within the state (Reeves et al., 2010). The interventions in Tier II are provided by the classroom teacher, and often in small groups. Tier II interventions involve supplemental curriculum materials that are designed to improve performance to grade level within a specific academic area, such as reading. Children receiving intervention in Tier II are typically not performing to grade (Reeves et al., 2010). Tier III involves interventions that replace the grade-level curriculum for specific subject areas, such as reading or writing. Children requiring Tier III interventions are typically performing two grades below their grade level. A referral for a special education evaluation is made once a student has reached Tier III and is unable to make adequate academic progress in a targeted academic area (Shinn, 2007). A student is identified with a specific learning disability if sufficient progress is not made toward age-appropriate or state-approved grade-level standards consistent with the Individuals with Disability Act of 2004.IDEA (2004) requires that a student make adequate progress in order to move to a lower tier within the RTI model. Adequate progress is based upon a set criteria established by the intervention program being used within each tier of the RTI model. Students of low intelligence, as measured by standardized tests of intelligence, have difficulty with grade-level materials that require higher order thinking, and they tend to make slow progress. Progress may be slow but is it "adequate"? There is limited agreement as to what adequate represents (McMaster, Fuchs, Fuchs, & Compton, 2005). Using the RTI model exclusively to determine eligibility for special education under SLD has the potential to falsely identify students who are of lower intelligence as learning disabled when that is not the case (Hale et al., 2006). "Adequate progress" is currently based on the student's progress in comparison with his peers on the same measure of assessment over a specified number of weeks. Progress monitoring is an on-going assessment method designed for teachers to use to assess a student's progress in a specific academic area every two weeks to determine the progress made, with an intervention used in each tier of the RTI model (Griffiths, Amanda, VanDerHeyden, & Lilles, 2009).

Before a student is evaluated for special education, a teacher is required to utilize the school site referral process. The Student Success Team (SST) process is a three-level referral model (VanDerHeyden & Snyder, 2006). The SST process is designed for the development of interventions prior to an evaluation for a special education evaluation (Klotz & Canter, 2006; VanDerHeyden & Snyder, 2006). The first level consists of the teacher contacting the parent to discuss concerns and develop a plan of action to remediate the academic deficit (Klotz & Canter, 2006; VanDerHeyden & Snyder, 2006). The second level involves a grade-level meeting. The teacher consults with same grade-level teachers on other strategies that might be utilized to assist the student in making academic progress which the teacher may not have already tried (Brown-Chidsey & Steege, 2005; Gresham, 2002). At level three, if the student continues to struggle, the teacher refers the student for a team-level SST meeting. The SST gathers to discuss if further interventions can be attempted or whether testing for special education is necessary (Gresham, 2002; Kovaleski & Prasse, 2004). The description of the RTI model, the Severe Discrepancy model, and the SST process provides the foundational information necessary for an introduction into the problem the present study will research. The decision to switch to the RTI model is made at the legislative level with minimal involvement from the individuals that work directly with children. Educators provide a perspective on the issue that state legislators should access prior to the implementation of any change to the procedure of identification of students with a SLD. There is limited research in the area of acceptability regarding the procedures used to identify students with a SLD (O'Donnell & Miller, 2011). Acceptability assessment allows leaders to determine how much training will be required to help school staff understand a new method of evaluation or how much training is needed due to lack of understanding the current method of evaluation (Calvert & Johnston, 1990). Educational leaders may take heed from those in the medical profession who often examine the acceptability of specific treatments for medical disorders through the use of medical trials as well as patient perceptions (Miller, DuPaul, & Lutz, 2002).

Adopting techniques used in the medical field within the field of education may provide validity to the methods used to determine special education eligibility if the perceptions of those directly involved with students is considered; thus, parents and community members may support changes to the current methods of identification (Miller, DuPaul, & Lutz, 2002). The reauthorization of IDEA (2004) was an attempt to remedy the tendency to misuse intelligence tests in the identification of students with SLDs by providing an alternative method of determining eligibility for special education with the use of the RTI model. The implementation of the RTI model in identifying students with disabilities as per IDEA (2006) requires that staff accept the RTI model as a viable model for determining eligibility for special education. IDEA 2006 allows states to continue to the Severe Discrepancy model in determining special education eligibility (IDEA, 2006; O'Donnell & Miller, 2011). This study evaluates the acceptability of the RTI model between general and special education teachers in the identification of students with specific learning disabilities. The state of California continues to use the Severe Discrepancy model in the identification of students with SLDs. IDEA (2004) allows states to adopt the RTI model in the identification of students with SLDs. California has yet to fully adopt the RTI model as other states have done across the country (Kemerer & Sansom, 2009). O'Donnell and Miller (2011) found that more school psychologists preferred the RTI model to the Severe Discrepancy model in the identification of students with a SLD. The researchers speculated that this higher level of acceptance of the RTI model was based in a tendency for individuals to accept "functionally related assessments" (O'Donnell & Miller, 2011). The level of acceptance of the RTI model was also mediated by the level of exposure to the RTI model, with middle school and high school psychologists reporting significantly lower levels of acceptance of the RTI model for identifying students with a SLD then did those at the elementary school level (O'Donnell & Miller, 2011).

Method

This is a quantitative study with one open-ended question to research the acceptability of the RTI model in identifying students with a SLD to determine if the participant would make the child in the vignette eligible for special education. This study will analyze the perceptions of general education teachers and special education teachers regarding the acceptability of the RTI model in identifying students with a SLD and the barriers that impact identification of students with SLDs within their school setting

Participants

The population studied for this research project consisted of special education teachers and general education teachers working in the Southern California Areas. Surveys were collected from 279 participants. There were 152 general education teachers, and 127 special education teachers. Eighteen were males and two hundred sixty one were females.

Instrumentation and Data Collection

The study utilized the Assessment Rating Profile-Revised (ARP-R; Eckert et al., 1999) to assess the level of acceptance of educators regarding the RTI model at identifying students with a SLD. The ARP-R is a 12-item scale that consists of questions that attempt to gauge a participant's level of the RTI model in identifying a student with a SLD. A general assessment acceptability score (GAA) were obtained from the participants' overall ratings on the scale. The scale uses a 6-point Likert scale that ranges from Strongly Disagree to Strongly Agree. A response of "1" indicates that the participant strongly disagreed with the statement and a response of 6 indicates that the participant strongly agreed with the statement. The ARP-R has a test-retest reliability of $r = 0.82$ and $r = 0.85$ and an internal consistency reliability of $r = .99$ (Eckert et al., 1999). The survey was distributed via on-line electronic system as well as by in-person survey distribution. A description of how a student would be assessed and identified under either the RTI model was provided to each participant. The vignette model description would detail a real student found ineligible for special education under the RTI model. The student progressed through all three tiers of the RTI program. The student's progress was monitored and this data was used in the RTI vignette. Demographic data were collected from all participants. Demographic data were consisted of gender, ethnicity, highest degree earned, years of experience, school setting, and exposure to exposure to the RTI model. The demographic data were used to analyze differences between and among the participants as it relates to acceptability of the RTI model. Participants were recruited with the use of an online survey that will be sent via email. The email described the study and asked participants to participate by logging onto a web-based survey through Qualtrics. Participants were asked to complete a 20-minute survey. The surveys were distributed to each person individually. Statistical Package for the Social Sciences (SPSS) was used to analyze and organize the data.

Participant data were confidential to minimize risk of disclosure and increase the participants' willingness to respond truthfully.

Data Analysis

The current study utilized a quantitative design with one open-ended question (Creswell & Plano Clark, 2011). The survey evaluated the level of acceptance of the RTI model with regard to identifying students with a specific learning disability (SLD). Data was gathered within one survey. The ARP-R scale was used to determine a participant's level of acceptance of either the RTI model across each item on the scale. Participants were identified by demographic data. T-test was also utilized to compare the means between the two groups with regard to the GAA scores across demographics. The open-ended question was analyzed using Atlas-A to search for themes in responses provided by the participants. The researcher also visually examined responses for themes to responses in order to categorize responses for interpretive purposes. The themes were categorized based upon the barriers as well as by factors that facilitate the implementation of the RTI model.

Results

The study was conducted to determine the acceptability of the RTI model in determining special education eligibility under the category of a SLD. A survey method was used to collect data to determine participants' acceptance of the RTI model. The following research questions were proposed and investigated:

1. Will there be a difference in the level of acceptance between general education teacher and special education teacher for the RTI model?
2. What are participants' beliefs regarding the issues and/or barriers related to the identification of students with a SLD in their district?

Demographic Information

Surveys were collected from 279 participants. Table 1 provides a total sample summary of the participant demographics on gender, age ranges, ethnicity, years of work experience, and work setting. There were 152 general education teachers and 127 special education teachers. Eighteen were males and 261 were females.

Table 1: Participant Data by Gender, Age, Ethnicity, Years of Work Experience, and Work Setting

	General Education Teachers	Special Education Teachers
	N	N
Gender		
Male	11	7
Female	141	120
Age Ranges		
21-25	61	31
26-30	29	41
31-35	8	14
36-40	11	11
41-45	13	9
46-50	26	10
50+	4	11
Ethnicity		
Asian or Asian-American	10	9
Latino(a)Latino-American	56	49
Black or African-American	8	6
Native American	3	1
White	64	56
Multi-ethnic	6	4
Other	5	2
Years of Work Experience		
1-5	82	63
6-10	31	22
11-15	27	9
16-20	8	11
21+	4	22
Work Setting		
Elementary	141	111
Middle or Junior High	9	8
High	2	8
Total	**152**	**127**

Participants identified the number of years they have worked within the educational setting: 53% of participants had one to five years of experience, 20% had six to ten years of experience, 13% had 11 to 15 years of work experience, 1% had 16 to 20 years of experience and finally 10% had 21 or more years of work experience within the education setting. Participant ages ranged from age 21 to 50 plus: 33% ranged in age from 21-25, 25% were 26 to 30 years of age, .08% ranged from 31 to 35 years of age, .08% were ages 36 to 40, .08 of the teachers were age 41 to 45, 13% were 46-50 years of age, and .05% were 50 plus years of age. The participants were ethnically diverse with 43% of the sample being identified as White. The next largest ethnic group consisted of Latinos, which made up 38% of the sample. Asians made up .07% of the sample and .05% of the sample was identified as Black. Native Americans made up less than 1% of the sample. Participants identified as multiethnic and "other" made up .04% of the sample. Finally, most of participants were working in the elementary settings.

Research Question 1

The first research question was developed in order to determine if there was a difference between general education and special education teachers for the RTI model. The first research question is as follows: Will there be a difference in the level of acceptance between general education teacher and special education teacher for the RTI model?

Table 2: Participant Mean and Standard Deviation for the RTI Model across Each Acceptability Question

		GED Teacher		SPED Teacher	
No.	Acceptability Question	M	SD	M	SD
1	This would be an acceptable assessment strategy for the child's problem.	3.70	1.28	4.19	1.10
2	Most school psychologists would find this approach to assessment appropriate for problems in addition to the ones described.	3.93	1.10	4.04	1.14
3	This assessment should prove effective in identifying the child's problems.	3.53	1.27	3.84	1.25
4	I would suggest the use of this assessment to school psychologists.	3.63	1.23	3.91	1.28
5	I would be willing to receive assessment results such as those described with a student transferring into my school district.	3.91	1.27	4.35	1.22
6	This assessment would be appropriate for a variety of children.	3.75	1.27	4.11	1.14
7	This assessment was a fair way to identify the child's problem.	3.52	1.28	4.00	1.15
8	This assessment was reasonable for the problems described.	3.67	1.26	4.11	1.11
9	I liked the assessment procedures used in this assessment.	3.57	1.32	3.94	1.16
10	This assessment was a good way to handle the child's problems.	3.32	1.33	3.83	1.15
11	Overall, this assessment would be beneficial for the child.	3.59	1.39	4.09	1.16
12	This assessment is likely to be helpful in the development of intervention strategies.	3.68	1.42	4.39	1.14

Table 2 lists participant mean (M) and standard deviation (SD) for the RTI model across items on the Acceptability scale. More special education teachers (M = 4.09; SD = 1.16) preferred the RTI model as an overall method of assessment that was beneficial for the child in the vignette than general education teachers (M = 3.59; SD = 1.39).

Data showed that special education teachers were more likely to endorse the RTI model (M = 4.19; SD = 1.10) as an acceptable method of assessment for the child in the vignette than general education teachers (M = 3.70; SD = 1.28). Special education teachers (M = 4.04; SD = 1.14), were more likely than general education teachers (M = 3.93; SD = 1.27) to believe that most school psychologists would find the RTI model as an appropriate assessment for the child in the vignette. The results indicate that more special education teachers (M = 3.84; SD = 1.25) endorsed the RTI model as an assessment that may prove effective in identifying the child in the vignette problems than general education teachers (M = 3.53; SD = 1.27) More special education teachers (M = 3.91; SD = 1.28) endorsed the RTI model then general education teachers (M = 3.63; SD = 1.23) as the method that they would suggest school psychologists use when assessing children. Special education teachers (M = 4.35; SD = 1.22) were more likely to accept the results of the assessments provided for a student transferring into the participant's school district using the RTI model than general education teachers (M = 3.91; SD = 1.27). More special education teachers (M = 4.11; SD = 1.14) indicated the RTI model would be appropriate for a variety of children than general education teachers (M = 3.75; SD = 1.27). Special education teachers (M = 4.00; SD = 1.15) preferred the fairness of the RTI model when evaluating a child versus general education teachers (M = 3.52; SD = 1.28). More special education teachers (M = 4.11; SD = 1.11) endorsed in the RTI model as a reasonable method for the assessment of the child's learning problem described in the vignette than general education teachers (M = 3.67; SD = 1.26). More special education teachers (M = 3.94; SD = 1.16) preferred the assessment procedures used in the RTI model general education teachers (M = 3.57; SD = 1.32). More special education teachers (M = 3.83; SD = 1.15) believed that the RTI model was a better way to handle the child's problems than general education teacher (M = 3.32; SD = 1.33). The special education teachers (M = 4.39; SD = 1.14) were more likely to endorse the RTI method of assessment as more helpful in the development of intervention strategies for the child in the vignette than general education teachers (M = 3.68; SD = 1.42).

Table 3: F Values and Significance Levels for the Acceptability Scale for Participants

No.	Acceptability Scale	F	p
1	This would be an acceptable assessment strategy for the child's problem.	11.59	.00**
2	Most school psychologists would find this approach to assessment appropriate for problems in addition to the ones described.	.69	.41
3	This assessment should prove effective in identifying the child's problems.	4.17	.04*
4	I would suggest the use of this assessment to school psychologists.	3.28	.07
5	I would be willing to receive assessment results such as those described with a student transferring into my school district.	8.65	.00**
6	This assessment would be appropriate for a variety of children.	6.08	.01*
7	This assessment was a fair way to identify the child's problem.	10.68	.00**
8	This assessment was reasonable for the problems described.	9.34	.00**
9	I liked the assessment procedures used in this assessment.	5.92	.02*
10	This assessment was a good way to handle the child's problems.	11.68	.00**
11	Overall, this assessment would be beneficial for the child.	10.48	.00**
12	This assessment is likely to be helpful in the development of intervention strategies.	17.83	.00**

Note. *p < .05. *p < .01.

Table 3 shows the *F* values and the *p* values for all items on the Acceptability scale. The first research question was analyzed using T-tests in which mean scores were compared across all items on the Acceptability survey to determine the significance between two groups in the RTI model. Overall, special education teachers were significantly more likely endorse the RTI model as beneficial for a child than general education teachers [$F(1, 277) = 10.48$, $p < .01$].

Research Question 2

The second research question was an open-ended question that asked participants to describe issues and/or barriers that they have encountered in their school districts that related to the identification of students with a SLD. The research question is as follows: What are participants' beliefs regarding the issues and/or barriers related to the identification of students with a SLD in their district?Table 4 shows the themes and the number of participant endorsements for each theme. The themes to the open-ended question were coded and categorized with the use of ATLAS.ti 6.2. Based upon participant responses there were 5 themes identified.

Inappropriateness of Assessments

The majority of participants believed that assessments are not appropriate for the students in their school districts. There were 149 participants who stated that children for whom English was a second language were either not evaluated or evaluated incorrectly. The participants also noted that evaluations did not elicit information to determine what other factors, such as attendance or emotional problems, might be interfering with student learning. One participant specifically stated that "speech, second language and environment must be taken into account when conducting evaluations and this is not done enough." Another participant noted that the Severe Discrepancy model is too black and white. One participant noted that "inadequate, out-of-date training and knowledge about learning disabilities and assessment practices leads to over-reliance on inadequate assessment tools."

System Problems

Many of the participants criticized the entire special education system as something that interfered with determining eligibility for special education. The category called the Special Education System Critique had many participants who indicated that it is cheaper to use the RTI model than the Severe Discrepancy model and is intended to keep students out of special education. This theme was endorsed by 52 participants. One participant stated, "I feel that RTI has become an excuse to not find out the cause of the problem. It is becoming a way to keep students from getting special education services, even if they are significantly below grade level." Another participant noted, "Because of specific labels students get more/different services/so many identifications are wrong or skewed." Finally, a participant indicated that "there is not enough time/staff to assess students using the RTI model.

Wait-to-Fail Models

The third largest theme identified was that both RTI and Severe Discrepancy are wait-to-fail models. Participants indicated that "the process drags on too long for some students under the Severe Discrepancy model." One participant stated that "the frustration that I experience is that valuable learning and intervention time is low with some students as we go through the RTI model which can take years." According to a general education teacher, "with the implementation of the RTI model many students are beginning the SST process in 1st and 2nd grade, but are not getting identified with a disability until 4th or 5th grade. It seems to be a large and persistent issue." Finally, one teacher stated, "One problem is referring/assessing a child too late in their academic career for it to make a difference."

Survey Critique-Not Related to Models

There were 15 participants who critiqued the survey. These participants did not believe that the data provided within the vignette provided enough information to determine eligibility. A participant made a comment such as "you did not provide information about the home life." Another participant indicated that "the data was too skewed to make a decision." The comments overall indicated a dissatisfaction with the design of the survey vignette.

Environmental Factors

Participants also described student environmental factors, such as "lack of parental involvement" and "parent education level," as impacting student achievement. One participant noted that "some parents/caregivers can be overprotective at times, but as a professional educator, the parent/caregiver may not know what is best and should try to listen to what we are trying to do." This theme had 12 participant endorsements. Finally, the participants also engaged in a critique of the survey vignette used to provide data regarding the student's special education eligibility. Participants believed that the RTI model was a useful approach, but previous interventions were not described nor was the reason the child in the vignette was in Tier III in the first place. One participant was concerned "this child [in the vignette] will not receive the amount of help he needs in a 45-minute intervention program." Another participant did not feel there was enough information to make a decision and thus did not complete the survey.

Emerging Themes

There were emerging six themes that did not have more than ten endorsements: (a) "Give help despite test results," (b) "I don't know if there are barriers," (c) "Incorrect diagnosis or label," (d) "Low ability students are at a disadvantage and they need help," (e) There are no issues or barriers in my district," and (f) "More teacher training on process for both models." Participants made statements such as "none to my knowledge" or "neither barriers nor issues." Participants also indicated that "when people see a label they don't know what it means, they think it just means a child cannot learn." "There is an unwillingness to look beyond test results and provide help when help is obviously needed" according to a participant.

Table 4: Themes for Issues or Barriers found in the Participants' School

No.	Themes	Number
1	Inappropriateness of assessments	149
2	System Problems	52
3	Wait to Fail Models	28
4	Survey critique-not related to models	15
5	Student environmental Factors	12

Note. Missing N = 23

Discussion and Conclusion

In the state of California, the Severe Discrepancy model is currently used to identify students for special education under the funding category of a SLD (Zirkel & Thomas, 2010). The use of the RTI model is spreading across the country (Hoover, 2010). The use of the Severe Discrepancy model has been in place in California since 1975, and a change to the RTI model requires new training requirements, a shift in attitude when determining eligibility, and procedural changes.

The new training requirements may be the result of anticipated resistance from specific groups of employees. In the present study, special education teachers significantly endorsed the RTI model over the Severe Discrepancy model. The differing opinions identified in this study can help school leaders provide targeted trainings toward specific employee groups. Overcoming resistance to a change to the RTI model, if it were to occur, will require an attitude shift in how children are determined to be eligible for special education. The use of the RTI model to determine eligibility is a different process from the use of the Severe Discrepancy model. The RTI model is a teacher-driven model that utilizes on-going data collection over several months. The Severe Discrepancy model is school psychologist driven and utilizes standardized assessments to determine the child's cognitive potential in comparison to the child's actual school performance. According to the data gathered from research question 2, many participants believed that the Severe Discrepancy model does not provide sufficient data to determine eligibility and is only a snapshot of the child's skill, which is not always related to the child's school achievement. This study examined the perceptions of educational staff who work directly with children regarding the acceptability of the RTI model in the identification of children with a SLD. It offers insight into the beliefs of educators and what they perceive as acceptable methods of evaluation when identifying students with a SLD. The use of a vignette in the survey offered a real-life component, as the same child was used in both vignettes. The case study was based on an actual child who was evaluated using the RTI model. The child in the vignettes was found ineligible for special education under the funding category of a SLD. In the RTI model survey, the child in the vignette was in Tier III level of intervention and deemed not making "adequate" progress; thus, he was referred for a special education evaluation for a possible SLD (Shinn, 2007). The child's progress-monitoring information did reveal that the child was making adequate, albeit slow, progress; however, he was making progress and his progress was commensurate with low cognitive ability. When the child's progress was compared to that of his peers in the third tier he was ranked low but still making gains. The special education team determined that his progress was adequate given his low cognitive ability. The determination of adequate progress was an objective decision made by the IEP team. This decision was based upon data provided over the course of six months. There is no standard criterion for the determination of adequate, and thus, school districts will be wise to determine this standard before implementation of the RTI model, should a switch occur (McMaster et al., 2005). The special education teachers and general education teachers were compared to determine how each group perceived the acceptability of the RTI model. Special education teachers on the whole were significantly more likely to endorse the RTI model over general education teachers. Special education teachers are in the front line of providing Tier III interventions, and thus they are able to observe firsthand the benefits of using the data they gather over the course of teaching a child to guide and change their teaching practices. The on-going progress monitoring that occurs within Tier III provides educators with information over several months of working with a child as opposed to the one-shot testing that occurs when using the Severe Discrepancy model. The RTI model provides educators with a clear understanding of the child's difficulties and does not bring the child's intellectual level into the evaluation process (Decker, Hale, & Flanagan, 2013).

Often it is difficult for educators to understand the role intelligence plays in achievement (Decker et al., 2013). Teachers observe a struggling child and assume the child must be learning disabled. The use of intelligence testing in determining special education eligibility may not be satisfying to educators as often these children do not qualify for special education and the student is left in the general education program without the support the general education teacher believes the child needs. The use of the RTI model along with tiers of intervention creates the connection that special education teachers seek to determine a child's academic growth over time. With the use of the RTI model a child no longer needs to qualify for special education in order to receive help. However, the threshold for eligibility is much lower than the threshold of eligibility under the Severe Discrepancy model since adequate progress is not operationally defined in education code (McMaster, Fuchs, Fuchs, & Compton, 2005). There were two items on the Acceptability scale which were not significant and these items referred specific to school psychologists. Special education teachers were more likely to suggest the RTI model to school psychologists as a method they can use to evaluate children for special education. This may indicate a level of discomfort that exists when a special education teacher communicate with a school psychologist about how to evaluate children for special education, since it would be professionally unacceptable. General education teachers' results revealed no significant findings; however, this may have been the result of general educators' lack of knowledge regarding either method of evaluation. The participants were also asked to identify issues and/or barriers in their school districts that relate to the identification of students with a SLD. Many participants in the study believed that the assessment process was not appropriate. The participants specifically identified English-language learners as a group that is inappropriately evaluated for special education.

Participants believed that the assessments were often limited in scope and did not consider the whole child with regard to factors such as school attendance and/or emotional problems. Participants were also likely to believe that training was outdated and knowledge was limited regarding learning disabilities. These issues are supported in the research and are often cited as the reason for the recommendation to switch to the RTI model and eliminate the Severe Discrepancy model (Hale et al., 2006; Hoover, 2010; Zirkel & Thomas, 2010). Participants also identified problems with the entire special education system under the RTI model. Many participants believed that the RTI model was a new excuse to delay special education eligibility. Many participants believed that the RTI model was labor intensive and that there should be a faster way of getting the children the academic help they need. Teachers did not define what was meant by "labor intensive." This can be inferred to indicate that teachers were addressing the time it takes to assess and determine eligibility when they themselves are very much aware of the help required for the child. The participants in the study appeared to lack the understanding that merely because a child is having difficulty in school does not indicate a disability. Participants were concerned that children should be given help they need to succeed academically. Teachers did not define the kind of help required; they only determined that special education services were required. It appears that teachers do not see their role in providing the help the child needs through modifications and accommodations prior to an evaluation for special education eligibility. Participants also identified the RTI model as wait-to-fail models. They reported being frustrated by the whole referral process, which was a barrier to them when making referrals to special education for evaluations. Participants reported that often children are referred for special education evaluations when it is too late to make a difference in their academic careers. Researchers often report that the Severe Discrepancy model is a wait-to-fail model and the RTI model provides intervention prior to failure; however, based upon the perceptions of the participants in this study, participants in the study also viewed both as failure models (Reynolds & Shaywitz, 2009). The fourth theme category was identified as survey critique-not related to models.

The theme category was not related to identifying barriers or issues regarding eligibility in their districts. The information provided by participants indicated that they did not like the vignette provided within the study. The participants did not believe there was sufficient information provided to them to determine if the student should be made eligible for special education. An interesting thing to note is that all the information provided was all the necessary information required by education code to make a determination of eligibility. The participants wanted information about the student's home life such as parent language status or socioeconomic status. The additional information would not have changed the determination of eligibility given the child's level of intelligence. This indicates that intelligence is not a well understood construct as to the role it plays in child's learning potential. Thus, training in this area is warranted in order to assist educators in understanding how level of intelligence impacts academic achievement. The fifth theme category was student environmental factors. This category identified student characteristics not specifically related to the identification of a SLD that impeded learning. Participants believed that lack of parental involvement and parental education level play a significant role in the learning of children. These two characteristics are identified in research as indicators of student achievement (Williams & Sanchez, 2011; Newland et al., 2013; Swanson, Valiente, & Lemery-Chalfant, 2012). Students with high levels of parental involvement do tend to perform better in school than students with low parental involvement (Williams & Sanchez, 2011; Swanson et al., 2012). Student achievement is correlated with maternal level of achievement (Swanson, Valiente, & Lemery-Chalfant, 2012). The more educated a mother is the higher the achievement of their children (Swanson et al., 2012). Data was not gathered regarding parental education level and student achievement for the present study; however, this may be an area for future research.

There were emerging themes identified as they did not have more than ten participant's endorsements per theme category. These themes were very scattered ranging from "give help despite test results" to "more teacher training on process for both models." The remaining themes demonstrated a lack of understanding regarding the evaluative process and how children are determined eligible for special education. The lack of understanding of the evaluation process of children with disabilities is unsurprising since general education teachers are only involved in the referral process and often accept the determination of eligibility proposed by the school psychologist. Based upon the teacher responses, it is clear that they are seeking and willing to receive training in order to better understand the eligibility process.

An interesting omission that was not identified by any participants was the possibility that poor instruction may be an issue related to the identification of students with a SLD in their district. It appears that based upon the themes identified the problem is either with the student internally or environmentally or the problem is with the system and the referral process. This finding may have been the result of the perceived focus of the study which was on assessment so factors such as those identified above may not have been considered since this is related to teaching practice.

Limitations of the Study

The study encountered many limitations due to sample size. The small sample size decreased the generalizability of the findings. The study results can only be generalized to similar populations with similar demographics. The generalizability was also limited due to selection of participants working in a single geographic area. Also, the subgroups in the study were small and the anticipated number of 150 participants per group was not achieved. The small size of the individual subgroup impacted the opportunity for significant findings among the individual groups. The survey format may have limited the participant's ability to determine eligibility. The data provided within the vignettes may not have been sufficient for those individuals with limited knowledge regarding the RTI model to make a decision on acceptability. The participants may have required more information than was provided within the vignette. The researcher may have assumed a high level of understanding on the part of the participants, which resulted general education teacher's lack of significant endorsement of the RTI model when compared to special education teachers. The Acceptability scale is a well-researched measure; however, it has not been used in conjunction with a vignette prior to this study. Previous researchers used the scale with descriptions of assessment methods and never with a vignette of an actual child evaluated for special education. This may have impacted participants' ability to determine acceptability, since the added information about a specific child created an empathic response by participants.

Implications for Practitioners

The study has many implications for the future. It will be important to assist educators in understanding the process involved in determining eligibility so educators can make appropriate referrals for special education evaluations. Providing teachers with information regarding eligibility is not the same as teaching them how to evaluate children for special education. When educators have the information needed to understand the eligibility process, it helps them to understand which children to refer and which children not to refer for a special education evaluation. This study demonstrated that there is a clear need for training in the understanding of special education eligibility under SLD using the RTI model for general education teachers whether. Providing training to these educators is important, since they are the individuals directly involved in the intervention process as well as the on-going progress monitoring of children prior to a referral for special education. The data does show that educators are open to using the RTI model as a method for determining eligibility for special education. This preference for the RTI model indicates that the transition to the RTI model may be a smooth process with the appropriate training. The evaluation of the use of the RTI model as a method of assessment for an SLD provides a window into the future, as educators are able to observe the difficulties associated with the acceptability of the model among general educators when compared to special educators. It may be important for educators to understand that RTI can be an important tool in determining special education eligibility under SLD in combination with the Severe Discrepancy model.

Educators can use progress-monitoring data provided through each tier of intervention and test to determine if the student's academic progress within each tier is within the expected level of achievement given the student's cognitive potential. A student's level of intelligence should still be considered in the decision-making process for SLD eligibility. Special education teachers are required to remediate a student who has an identified SLD. Solely using the RTI model to determine special education eligibility increases the possibility of placing low-intelligence students into special education when there is nothing wrong with the student. Students of low intelligence may struggle with grade-level material due to limitations in their cognitive ability. However, this is not a disability. A student with low intelligence should be provided accommodations and modifications to their curriculum to ensure that they continue to achieve. A special education designation is not necessary in order for a child to receive remediation services. As part of the RTI program general education children have access to all remediation programs. Special education is for students with an identified disability where as placement within a tier of intervention does not require that type of designation. Placement within a tier of intervention allows a child to continue to achieve without the need of an evaluation in order to be remediated.

The RTI model is an intervention process that may ultimately be used to identify children with a disability when they area identified as non-responders. There may be many factors that cause a student to not respond to an intervention. Level of intelligence is one of the main factors. Other factors include limited family involvement, limited English-language skills, absenteeism, and poverty. The sole use of the RTI model for special education eligibility will change the profile of children placed into special education, as it will most likely consist of students of low intelligence. Low intelligence is not a disability; it is, however, a disadvantage in life. Low intelligence is defined as individuals with IQ scores between 71-89. It is the responsibility of all educators to ensure students benefit from their education regardless of special education eligibility. Identification of a student as learning disabled when the student is not is an injustice to the student and society.

Recommendations for Future Research

Future research should focus on determining the academic and cognitive profile of a child who is not responding to intervention before a switch is made to the RTI model, as these are the students who would be found eligible for special education under that model. Research is inconsistent as to the academic and cognitive profile of a child who is resistant to intervention (Decker et al., 2013; Farrell, 2010). This information would prove helpful in understanding the accommodations and modifications that would be necessary in order to ensure future academic success of a student. Understanding the cognitive profile of a student would allow educators to determine strengths and weakness and use these to design a specific program of intervention regardless of special education status (Decker et al., 2013). This information would also lead to individualized intervention programs for students who are not found eligible for special education if there is continued use of the Severe Discrepancy model. The research does not address the level of intelligence as it relates to resistance to intervention (Decker et al., 2013; Farrell, 2010). The current study identified the level of intelligence of the child in the vignette as a factor in determining eligibility. Current education code stipulates that there must be a severe discrepancy, and when a child is of low intelligence the discrepancy is very difficult to obtain. Research does go on to further explain that special education numbers in states that have switched to exclusive use of the RTI model have not changed when compared to states that continue to use the Severe Discrepancy model (Decker et al., 2013). The research does not explain if the students found eligible under the RTI model in those states would meet eligibility criteria using the Severe Discrepancy model. In the current study the child in the vignette was evaluated using both the RTI model and the Severe Discrepancy model. It was determined, using both models, that the child was not eligible for special education. This additional information provided a clear understanding of the benefit of using the RTI model along with the Severe Discrepancy model when determining eligibility under SLD. In the vignette, had the special education team conducting the evaluation not used the two models together the child would have been found eligible for special education solely under the RTI model. The child in the vignette was making the same level of progress he would have made within special education had he been found eligible for special education under the RTI model. Since the child was receiving the same reading intervention program as all the special education child for the same number of minutes and days. The child used in the vignette demonstrated slow academic progress which was validated by the low IQ score obtained during formal testing using the Severe Discrepancy model. The child in the vignette was responsive to intervention; however, his progress was slow due to low intelligence. The child's academic growth was commensurate with his cognitive ability.

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