intensive levels of evidence-based interventions are provided for students who demonstrate risk for poor learning outcomes. Students who do not respond positively to continued or intensive interventions may be in need of special education.

RtI is a system for—
- Screening all students using valid, reliable, accurate measures to determine which students are at risk for poor learning outcomes.
- Providing multiple levels of evidence-based, culturally responsive instruction and intervention to meet the specific needs of students.
- Monitoring progress within each intervention level to assist in determining the effectiveness of instruction and interventions, to adjust as necessary.
- Analyzing and utilizing data from multiple sources to inform decisions for designing systems of instruction and support that will lead to improved student outcomes.

As a multi-level system with assessments for screening and progress monitoring to inform instruction and...
intervention at each level, RtI serves the multiple purposes of support and prevention, as well as identification for special education services. It includes supports designed to address the learning needs of all students while being responsive to the unique characteristics of learners with targeted interventions provided as each student demonstrates a need.

**Deficit versus Risk Model: You have to understand this**

Teachers, administrators, and even community members need assistance in shifting thinking from our traditional model of identifying learning deficits in students to a model for identifying and addressing risk factors that lead to poor learning outcomes. While these two models share some common features, such as being child centered and data driven, there are key differences worth our attention.

One key difference involves how assessment is viewed and used. In a *deficit model*, assessments are used to identify services or supports to decrease the distance between desired and actual performance. In a *risk model*, assessments are used to identify patterns of performance and subskills present or absent in order to address these areas of risk and develop skills needed for success.

Reducing a *deficit* implies recovering a loss or “closing the gap” between failure and success; while reducing *risk* implies gaining skills or abilities to prevent the gap from occurring.

**Continuous School Improvement**

Continuous School Improvement (CSI) is the process of improving an organization on an ongoing basis. CSI involves:

- **Using data to understand where the school is now,**
- **Clarifying where the school wants to go,**
- **Understanding how the school is getting its current results,**
- **Determining how the school will get to where it wants to go,**
- **Implementing the processes to take the school where it wants to go,**
- **Evaluating the parts and the whole on an ongoing basis to know if the parts are effective and aligned to where the school wants to go,** and
- **Improving the parts and the whole on an ongoing basis.**

RtI requires a paradigm shift for all staff members that CSI can provide. As a method for schools to rethink regular and special education to avoid piecemeal change, CSI processes facilitate the design, implementation, and evaluation of RtI systems. Both RtI and CSI require schools to know the answers to these questions:

- What do we want students to know and be able to do?
- How will we know when the students know the information?
- What will we do when the students know the information?
- What will we do when the students do not know the information?

**Components of RtI**

Many complex issues must be considered when designing and implementing an RtI system. Which assessments will be used for screening and progress monitoring; level and type of interventions; location and delivery of intervention sessions; frequency and duration of intervention sessions; and the difficulty of teaching multiple interventions are just a few of the logistics to consider. In order to adequately identify and address those at risk for poor learning outcomes, schools must have—

- **Screening and progress monitoring** assessments that are brief, reliable, valid, accurate predictors of risk and sensitive to small amounts of growth.
- **Universal strategies** that are research based for achieving academic outcomes and meeting behavioral expectations.
- **Evidence-based interventions** at multiple levels and of varying type, number, length, duration, and intensities to address areas of risk.
- **Cut points** or cut scores specify the score on assessments that differentiate students who are at risk for poor learning outcomes from those who are not.
- **Collaborative processes** for utilizing data to inform decisions regarding intervention effectiveness and the potential need of referral for consideration of evaluation for special services.
- **Referral process and documentation** necessary to support the consideration of evaluation for students who do not respond to multiple interventions as expected.

**Integrity and Fidelity of Implementation**

In an RtI model, integrity and fidelity are important at both the school level (e.g., implementation of the system)
and the teacher level (e.g., implementation of instruction and interventions). Although integrity and fidelity of implementation are critical to an intervention’s successful outcome, the practical challenges associated with achieving high levels of integrity and fidelity are well documented. Factors that reduce integrity and fidelity of implementation include the following:

- **Complexity.** The more complex the intervention, the lower the fidelity because of the level of implementation difficulty. (This factor includes time needed for instruction in the intervention.)
- **Materials and resources required.** If new or substantial resources are required, they need to be readily accessible and provided with adequate training and professional learning for implementation fidelity.
- **Perceived and actual effectiveness (credibility).** Even with a solid research base, if teachers believe the approach will not be effective, or if it is inconsistent with their teaching style, they will not implement it well.
- **Interventionists.** The number, expertise, and motivation of individuals who deliver the intervention are factors in the level of fidelity of implementation.

(Johnson, Mellard, Fuchs, and McKnight, 2006)

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**STAGES OF RtI IMPLEMENTATION**

**Stages of Implementation**

Five stages of implementation have been identified to help teams move efficiently through the processes that will lead to effective delivery of an RtI system. These stages (shown next page in Figure 1.1, highlighting essential components and activities) are as follows:

**Stage 1: Study and Commit** involves all stakeholders in the comprehensive review of data, current practices and processes to establish why RtI is needed as well as the tone for the design of the system.

**Stage 2: Plan** with all staff to establish infrastructure and proper supports prior to implementation, allowing sites to experience fuller practitioner and community support, more efficient use of resources, and timelier student benefit.

**Stage 3: Build Capacity** brings the system of RtI into clarity, helping all staff understand the components, structures and processes, fostering commitment to implementing with integrity and fidelity.

**Stage 4: Implement and Monitor** is where the rubber meets the road, setting the system of RtI into motion with integrity and fidelity, embedding the system into all practices.

**Stage 5: Continuously Improve** ensures that the system of RtI remains relevant to the needs of the school with a focus on sustainability and innovation to enhance the match between the system of RtI and the evolving needs of students and teachers.
### RtI and CSI

**Response to Intervention and Continuous School Improvement:**

*How to Design, Implement, Monitor and Evaluate*

#### Stages of RtI Implementation

<table>
<thead>
<tr>
<th>STAGE 1</th>
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<tr>
<td><strong>Study and Commit</strong></td>
<td><strong>Plan</strong></td>
<td><strong>Build Capacity</strong></td>
<td><strong>Implement and Monitor</strong></td>
<td><strong>Continuously Improve</strong></td>
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<tr>
<td>• All staff agree that every student can learn and be proficient, and deserves the opportunity to learn.</td>
<td>• Define each component of the schoolwide prevention system.</td>
<td>• Enlist all staff in committing to RtI, with integrity and fidelity.</td>
<td>• Deliver RtI components with integrity and fidelity.</td>
<td>• Conduct ongoing evaluations of the impact of RtI on individual student learning growth.</td>
</tr>
<tr>
<td>• All staff conduct a school needs assessment, to help understand why RtI is necessary, which adds a sense of urgency.</td>
<td>• Design your school’s multi-level prevention system.</td>
<td>• Establish expectations for all staff.</td>
<td>• Monitor RtI components for implementation integrity, fidelity, and outcomes.</td>
<td>• Conduct ongoing evaluations to monitor the integrity and fidelity of implementation.</td>
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<tr>
<td>• All staff study structures and best practices with respect to RtI to build early ownership and understanding.</td>
<td>• Adopt universal screener and progress monitoring tools and develop processes for implementation.</td>
<td>• Provide ongoing professional learning to understand and implement the system of RtI.</td>
<td>• Establish, monitor, and refine procedures and guidelines.</td>
<td>• Refine the plan, policies, and procedures based on observations, collaborative meetings, data analysis, parent input, and other monitoring data.</td>
</tr>
<tr>
<td>• All staff create a clear shared mission and vision for the school.</td>
<td>• Define roles and responsibilities of all stakeholders.</td>
<td>• Provide ongoing professional learning related to effective instruction and intervention for your students.</td>
<td>• Provide ongoing professional learning for continued instructional improvement.</td>
<td>• Determine if acceptable progress is being made.</td>
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<tr>
<td>• All staff agree on a purpose of RtI for the school.</td>
<td>• Develop plans for implementation, professional learning, and evaluation.</td>
<td>• Refine how different roles and responsibilities for all staff work together.</td>
<td>• Integrate systemic data-informed decision making by reviewing:</td>
<td>• Identify desirable practices to keep, and undesirable practices to eliminate.</td>
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<tr>
<td>• All staff agree on an RtI model that eliminates the needs uncovered in the needs assessment.</td>
<td>• Reallocate resources to support RtI implementation.</td>
<td>• Inform and enlist parents, community, and other stakeholders regarding the benefits of the system of RtI.</td>
<td>• Universal screening data</td>
<td>• Provide ongoing professional learning opportunities and support.</td>
</tr>
<tr>
<td>• All staff agree to put RtI in place, with integrity and fidelity.</td>
<td>• Create policies, procedures, and guidelines.</td>
<td>• Ensure commitment to implement, with integrity and fidelity, the system of RtI with appropriate resources.</td>
<td>• Progress monitoring data</td>
<td>• Monitor and address changes needed to ensure sustainability.</td>
</tr>
<tr>
<td>• All staff determine system and policy implications of implementing RtI in the school.</td>
<td>• Perform an “audit” of existing assessment and curricular materials and, if necessary, acquire or eliminate assessments and materials that are duplicative or do not support RtI outcomes and vision.</td>
<td>• Refine the plan, policies, procedures and guidelines.</td>
<td>• High quality preventive core instruction</td>
<td>• Evaluate outcomes.</td>
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<tr>
<td>• All staff commit to collaborate for the best outcomes for students.</td>
<td>• Build teachers’ “toolbox” for improving existing instruction and for addressing intervention needs.</td>
<td>• Ensure commitment to implement, with integrity and fidelity, the system of RtI with appropriate resources.</td>
<td>• High quality evidence-based strategic interventions</td>
<td></td>
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<tr>
<td>• All staff understand factors that contribute to an inverted triangle and agree to levels of intervention and instruction that will exist in Primary Prevention.</td>
<td>• Provide ongoing professional learning.</td>
<td>• Refine the plan, policies, procedures and guidelines.</td>
<td>• High quality evidence-based intensive interventions</td>
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<td>• All staff participate in ongoing professional learning.</td>
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RtI Implementation Guide: Created to help you get a running start

It is one thing to define RtI, identify the intents and purposes, and even understand the outcomes that can be achieved by such systems; it is quite another to identify the elements needed for implementation that make these outcomes realities in our schools. School staffs have requested support in knowing specifically what they must do to design, implement, monitor and evaluate an effective and efficient system for RtI. To that end, we have worked with hundreds of schools to create and hone our RtI Implementation Guide, included with the second edition of *RtI and CSI* (2017). This guide includes more than 30 tools to help teams detail activities and actions for implementation in their school.

Our RtI Implementation Guide assists teams in developing a comprehensive system that is strategically designed to address the unique characteristics of your school. The defined Stages of Implementation will assist teams in completing this guide, allowing them to move quickly toward implementation.

Summary

School staff members who start RtI at the individual student level assess the students and then think about interventions, sometimes coming to dead ends when they realize they cannot possibly do all the interventions they deem necessary. When schools develop their systems for RtI through CSI practices, they develop efficient and effective procedures and processes that directly address the priorities and needs of their school and students, addressing identified areas of risk and leading to improved student outcomes.

The effort behind designing, implementing, monitoring, and evaluating a system of RtI that will lead to promised outcomes is not easy to initiate and sustain. Schools that invest the time and energy to design and implement RtI right find it beneficial for every student’s learning growth. Developing and sustaining such a preventive, corrective, and supportive system requires

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Victoria L. Bernhardt, Ph.D., has directed Education for the Future since its inception in 1991. The not-for-profit initiative has a mission to build the capacity of learning organizations at all levels to gather, analyze, and use data to continuously improve learning for every student.

Dr. Bernhardt is known worldwide as a leading authority on data analysis for continuous school and district improvement. She is the author of 22 highly praised books on data analysis, school improvement, Response to Intervention, and more. Each of her books shows schools and school districts how to do the work themselves. Her workshops focus on building capacity to analyze and use data effectively. Dr. Bernhardt is a Research Professor (Emeritus) in the College of Communication and Education, at California State University, Chico.

Dr. Bernhardt’s books include *RtI and CSI Response to Intervention and Continuous School Improvement*, and *Data Analysis for Continuous School Improvement, 4th Edition*, published by Routledge, as well as *Measuring What We Do in Schools: How to Know If What We Are Doing Is Making a Difference*, published by ASCD.

Connie L. Hébert, M.S. Ed. is an experienced educator and consultant of more than 25 years who earned her Bachelors in Elementary and Special Education from Pittsburg State University, Pittsburg, Kansas and her Masters in Special Education from The Pennsylvania State University, State College, Pennsylvania. Connie began her career as a special education teacher serving students with learning disabilities, cognitive disabilities, autism spectrum disorder, and emotional disturbance in Kindergarten through 12th grades. She transitioned from the classroom to work as a classroom based consultant in Central Pennsylvania, then a systems level consultant in Southeast Missouri. In 2005, Connie was named Missouri Staff Developer of the Year. This award was based on her extensive work in systems level data analysis with districts using the Continuous School Improvement framework developed by Dr. Victoria Bernhardt.

Connie joined Dr. Bernhardt as a special associate with Education for the Future during Summer Data Institutes from 2006 to 2013. In 2011 Connie became co-author of *Response to Intervention (RtI) and Continuous School Improvement (CSI): How to Design, Implement, Monitor, and Evaluate a Schoolwide Prevention System* with Dr. Bernhardt and their second edition was published in 2017. Connie assisted with the development of the Southeast Missouri State University Autism Center for Diagnosis and Treatment and served as the founding director until 2014 when she returned to public schools. Connie was appointed to the Missouri Governor’s Commission for Autism Spectrum Disorders for two terms where she served as chair of the Education Subcommittee during both terms. Connie served on the statewide committee for and contributed to the *Missouri Autism Guidelines Initiative* publications for the Missouri Department of Mental Health and Missouri Health Foundation. Connie now serves the Jackson R2 School District in southeast Missouri as an Intervention Consultant in K-12 general and special education classrooms. She currently lives with her family in Cape Girardeau, MO and continues to do independent consulting work from her own business, here2help, LLC.