Response to Intervention (RTI) is defined by the National Association of State Directors of Special Education (NASDSE) as the practice of providing high-quality instruction and intervention matched to student needs and using learning rate over time and level of performance to make important educational decisions (2007). Both IDEA 2004 and the Every Student Succeeds Act (ESSA) utilize RTI as the foundation to assist struggling students through a multi-tiered system of support and to gather instructional or behavioral data required to make important educational decisions, such as identifying a student with a specific learning disability. The complex nature and multiple components of RTI have made it difficult for schools across the country to implement effectively (Hall, 2008; O’Conner & Freeman, 2012; Mellard et al., 2010; Robinson et al., 2013; Zirkel & Krohn, 2008; Fuchs et al., 2008).

The purpose of this qualitative case study was to examine the RTI implementation in two Title I elementary schools that were nominated for or received the Indiana Title I Distinguished School Award, one urban and one rural, that have shown growth or consistently have 80% or higher of the students passing Indiana’s IREAD-3 exam. The study was designed to analyze
which school factors made their RTI implementation and performance on IREAD-3 successful. Furthermore, this study sought to identify implementation concerns in the following areas: general understanding and implementation of the core components of RTI (Lembke et al., 2010); implementation of systems or processes for monitoring the fidelity of implementation; implementation of a universal screening, progress monitoring, and problem-solving method for data-based decision making within the multi-tiered model; access to an use of research-based, scientifically validated instructional and intervention strategies; professional development on each component of RTI for all stakeholders; and alignment between RTI’s early identification and intervention and identification of student with specific learning disabilities.

Through the analysis of staff interviews and classroom observations, several key findings emerged related to successful RTI implementation. The two schools utilized a variety of universal screening and progress monitoring assessments to guide their decision making, both within grade level teams and RTI Teams. Both schools utilized a physical data wall to track student growth on these assessments. The two schools also identified RTI’s early identification and intervention and their focus on small group reading instruction as factors that led to their success on IREAD-3. The rural school partnered with a local university to provide a university faculty advisor that attended all of the school’s RTI Team meetings. The university advisor provided insights into data and interventions, as well as ongoing professional development.

Although both the rural and urban school identified RTI as a factor that led to their success on IREAD-3, there were gaps in their implementation. Both schools identified staff buy-in and professional development as barriers to implementation. Neither school had a well-defined plan for providing ongoing professional development for staff in all of the components of RTI which leads to gaps in understanding and buy-in. The two schools also did not have well-
defined processes or procedures to monitor for the fidelity of implementation of the components of RTI. This included a lack of policy or guidance documents to aide in that process. This study identified several key components to successful RTI implementation and areas of implementation concern in which schools can focus their effort to avoid the typical pitfalls in implementing this complex model of a multi-tiered system of supports.