

Chapter 14

THE SCHOOL PSYCHOLOGIST'S CHANGING ROLE IN THE RTI ERA

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Response to intervention has been a major topic of discussion and, for many schools, has radically changed the way educators think and deliver services to prevent, remediate and manage student academic and behavior problems. School systems are increasingly adopting RTI practices for two reasons: to improve service delivery and to improve special education eligibility determination. The same key stakeholders (teachers, administrators, school psychologists and parents) are needed to ensure that an RTI model functions properly. However, depending on the position, the roles of these key players change either slightly or dramatically with the adoption of RTI practices.

Arguably, RTI impacts the role of school psychologists more than any other group of educators because of their role in the special education eligibility determination process. RTI presents school psychology practitioners with a direct challenge to change their old way of providing service in schools in order to address the shift in paradigms. In the past, the profession of school psychology has been successful in carving out a niche of expertise for itself in the traditional “refer-test-place” model. Similarly, the profession is equally as capable of successfully creating a niche of expertise as school districts increasingly move toward RTI models.

The school psychological community has voiced many concerns about RTI. Specifically, the concerns involve the manner in which school psychological practice will change and whether this change will affect job security. The purpose of this chapter is to answer some of the main concerns and questions related to the changing role of school psychological practice in the era of RTI. We hope to set straight some of the confusion regarding how school psychologists play an integral role in RTI and what knowledge, skills and procedures they will need to learn and employ to achieve success in a district's RTI model of educational care.

Embracing a Shift in Responsibility

1. How do school psychologists fit into the RTI picture?

Educational innovations or reform efforts can trigger a sense of uncertainty among staff about how they fit into the grander scheme of things. With the innovations brought about by RTI, most influentially the Individuals with Disabilities Education Act, many school psychologists are questioning how they can best fit within an RTI model. Although RTI principles and procedures rework school psychological practice and require services to be delivered in a different manner, school psychologists, like teachers and administrators, possess unique knowledge and skills that contribute to the execution of an RTI model of service delivery.

To achieve optimum results, RTI models need educators who possess knowledge and skills in the areas of assessment, intervention and consultation. School psychologists are in a prime position to

fulfill this need, since they, arguably more than any other group of educators, have received training in these valued areas of RTI-related practice. However, to be effective, school psychologists must be amenable to altering their existing belief systems and learn new methods to be in accord with RTI. School psychologists who embrace this change and seek to adjust their beliefs, knowledge, skills and adopted procedures to be consistent with RTI are poised to be leaders in their schools and districts.

2. How has the service delivery role of the school psychologist changed in the RTI era?

The traditional model of service has been coined the “refer-test-place” model of service delivery. School psychologists have taken a central role in the refer-test-place model, since they have been responsible for accepting the referral, playing a leading role in testing the child, and providing recommendations to the IEP team about whether the child appears to qualify for special education and the student’s strengths and weaknesses that represent potential instructional targets in the IEP. Though the law requires IEP decisions to be made by the team, traditionally the school psychologist’s recommendation has carried considerable weight in the eligibility determination and placement process.

The downside of this traditional role is that research studies have shown that most of the assessment practices school psychologists employ in the traditional model do not lead to improved student academic and behavioral functioning (Gresham, Restori, & Cook, 2008). This is not to say that school psychologists working in traditional models have not contributed to the educational success of students. Instead it speaks to the fact that the practices they engaged in were associated with a reactive, “wait-to-fail” approach, whereby school psychologists were not called in to action until students failed so badly academically and/or behaviorally that their problems could no longer be ignored. The presence of a pronounced problem in turn creates pressure on the system for eligibility determination and has influenced psychologists in selecting specific assessment tools that could be used to prove eligibility. Moreover, once called into action, school psychologists spend a large amount of time administering a battery of tests to confirm the presence of an alleged disability. This would be justifiable, if the data resulting from these tests provided information leading to improved instructional delivery and student outcomes. Unfortunately, it has not.

In many ways, traditional school psychological practice has served a gate-keeping function. Indeed, school psychologists have been frequently referred to as the “the gate-keepers of special education.” RTI practices rid school psychologists of the gate-keeper label. Under RTI, this term is not applicable to school psychologists because they participate in the ongoing collection of data, implementation of interventions, and data-based decision-making for *all* students — general and special education students alike. A more appropriate term for school psychologists operating within an RTI model is “problem solvers” or “scientist-practitioners,” since they will participate with other staff members to identify at-risk students and engage in problem-solving efforts based on relevant data to prevent, remediate or manage learning and behavior problems.

By abandoning the refer-test-place gate-keeping function, school psychologists set aside their battery of tests aimed at establishing a static snapshot of the student for a more fluid and dynamic service delivery. For a small group of students, this process will result in continuous progress-monitoring data that can be used as the centerpiece of their special education evaluation.

3. What are the common belief barriers that interfere with school psychologists’ willingness to adopt RTI procedures?

Traditionally, school psychologists spend the majority of their time administering, scoring, analyzing and preparing written reports about the student’s performance on standardized tests. Primary

among these tests are intelligence and cognitive processing tests. These practices have led school psychologists to develop two entrenched sets of beliefs:

1. Intelligence and cognitive processing measures can assist them in identifying the cognitive or psychological processes that have led to a child's academic underachievement.

2. Once these underlying processing strengths and weaknesses are identified, instructional treatments can be developed to produce positive academic achievement outcomes.

These beliefs can be traced back to Cronbach's research on aptitude treatment interactions (ATI; Cronbach 1957, 1975). The basic logic of ATIs is that instructional treatments can be matched to aptitudes or modalities (e.g., auditory processing, visual processing, tactile processing, etc.). The notion of processing strengths and weaknesses has been appealing to parents, educators and school psychologists because it provides an explanation for *why* a child is experiencing difficulty learning. It is also appealing because it gives parents and educators hope (albeit false hope, according to research results) that if these processing weaknesses can be remediated or if processing strengths can be used to teach academic skills to a student, the student's learning problems will be remediated. Unfortunately, numerous scientific studies have been *unable* to produce scientific evidence supporting these core beliefs. In other words, there is no evidence this perspective will ameliorate the learning problems the student experiences (Kavale & Forness, 1995).

Despite the fact that there is an absence of research supporting the existence of ATIs, the assumption that they exist has become so thoroughly engrained into the culture of school psychology and education that school psychologists regularly refer to processing strengths and weaknesses as if their existence and meaningfulness with regard to instructional interventions were undisputed. RTI fundamentally shifts the main question school psychologists ask from "What kind of processing deficit does the child have?" to "What kind of academic and/or behavior problems is the child demonstrating, where and when do they occur, and what evidence-based interventions can we implement to address them?" Although intelligence tests were originally developed to determine individuals' overall cognitive ability and used by educators to determine special education eligibility (or expected versus unexpected underachievement), school psychologists now regularly use and "interpret" intelligence tests for the purposes of identifying the processing strengths and weaknesses that "cause" a child to perform poorly in some area of academic achievement. There is no validity to this practice and yet this belief is entrenched and presents as a significant belief barrier for school psychologists shifting to RTI practices.

4. In terms of barriers, does analysis warrant looking "outside" the child for the cause of the deficit?

Absolutely. The notion of within-child pathology is a common belief error that interferes with the adoption of RTI practices. Within-child pathology refers to the idea that the cause of the child's problem resides within or inside the child — not outside or in the child's environment. With this perspective, the reason why the child is unable to learn or behaves inappropriately is that he has an internal problem, a disability. Many have characterized the traditional approach to identification of students with disabilities as a *search* or *hunt* for a within-child deficit (Reschly, 1988).

Consider for example the traditional practice for identifying the presence of a learning disability. For most of its history, the diagnostic approach for learning disability has centered on collecting psychometric evidence to infer some type of biologically-based explanation (for example, a cognitive-processing deficit residing in the brain) for "why" a particular student has been unable to benefit from instruction. The unfortunate byproduct of this within-child focus is that it deflects attention from analysis of the veracity of the curriculum, the appropriateness of the instructional environment, and the development of effective interventions to facilitate the attainment of important academic and behavioral goals (Reschly & Ysseldyke, 2002). The problem inherent in this mind-set becomes even clearer

when considering the research on intensive reading interventions for students with learning disabilities.

The research by Torgesen, Velluntino and Vaughn has shown that up to 75 percent of students identified with a specific reading disability respond so well to intensive reading intervention that they no longer meet eligibility criteria for special education. This means that only approximately 25 percent of those originally identified as having a disability that resides within them have learning problems that persist despite the implementation of intensive evidence-based reading instruction. As it turns out, neuroplasticity alters the brain in response to effective instruction, so that the postulation of hard, fixed psychological processing deficit at the heart of SLD evaluation is no longer tenable in most cases (Shaywitz, 2003). These data strongly suggest that rather than search for a problem residing within the child, attention should be on the instructional environment, including content, methodology and instructional strategies, and other environmental variables impeding learning. A process that utilizes a child's lack of response to high-quality interventions should be used to identify those who have learning problems that warrant specialized services.

RTI, therefore, shifts the focus from the problem residing within the child to full consideration of problems outside the child. School psychologists must alter their belief systems to accommodate this evidence to be successful in RTI.

5. What evidence is there that school psychologists wish to perform the practices inherent in an RTI model?

Several studies have been conducted to determine the most common services provided by school psychologists (Reschly & Wilson, 1992; Reschly, 1998). These studies have revealed that, under the traditional model, school psychologists report spending roughly two-thirds of their time administering, scoring and writing up the results of standardized tests; the minority of their time is spent delivering direct interventions and engaging in problem-solving consultation. Interestingly, the time allocated to these duties contradicts what school psychologists would actually prefer to do on a daily basis. For example, when asked to rate what they would prefer doing, school psychologists reported that they would actually like to spend more time providing direct intervention and consultative services and less time testing for special education purposes.

In RTI models, school psychologists have the opportunity to perform more of the duties they report they are interested in performing. Under RTI, school psychologists are actively engaged in problem-solving consultation by linking assessment data to intervention implementation and providing direct intervention services to meet the needs of students who are at-risk for experiencing school failure. Therefore, the time previously spent administering standardized tests of intelligence and cognitive processing is allocated to problem-solving efforts.

In sum, school psychologists wish to spend less time performing traditional psycho-educational assessments, and instead do more direct intervention, consultation and schoolwide reform (Reschly, 2000; Worrell, Skaggs, & Brown, 2006). Under RTI, school psychologists do these duties and function more as interventionists and data-based decision-makers (Burns & Coolong-Chaffin, 2006) than traditional assessors, which appear to be related to increased job satisfaction (VanVoorhis & Levinson, 2006).

6. Does RTI result in school psychologists losing their jobs?

The school psychology community has expressed the fear that they will lose their jobs if their district transitions to an RTI model of service delivery. The basis of this fear stems from the notion that if school psychologists' primary duty is to administer standardized tests and these tests are not valued to the same extent under RTI as they are under a traditional model, then school psychological services will no longer be needed. This fear appears to be based more on myth than fact.

There have been no indications from school systems that have adopted RTI practices that school psychologists are less valuable and, therefore, their positions will be cut. Rather, the opposite appears to be true. For example, school psychologists have remained in full force in the Heartland Area Education Agency in Iowa, which has implemented RTI-based procedures for roughly two decades. Other examples that support this conclusion are found across the country, such as the Minneapolis Public Schools and school districts in Oregon and Florida. The implementation of RTI in Minneapolis, for instance, led to twice the number of school psychologists being hired in less than a decade (Lau et al., 2006).

7. Does the school psychologist's value shift with his changing role and practices?

Yes, and in a positive way, unless you resist the changes. Teachers cannot be solely responsible for implementing RTI practices. RTI models, as well as traditional models, depend on additional staff who can support teachers in meeting the diverse needs of students. In RTI, these support staff, which include school psychologists, help ensure that data are collected, analyzed and disseminated, and that interventions are developed and implemented with integrity. Although classroom teachers are the staff primarily responsible for implementing competent Tier 1 instruction and supports, Tier 2 and 3 supports for students who have not responded well to Tier 1 require person-power beyond the classroom teacher. School psychologists take on a more prominent role beginning with Tier 2 by providing support in selecting appropriate interventions, assessing student progress, and helping make data-based decisions.

In an RTI framework, the evaluative, consultative and intervention skills of school psychologists in analyzing data, selecting evidence-based interventions, and implementing those interventions with fidelity is highly valued by teachers, families and administrators. The support provided by school psychologists changes the view of who owns the child's learning and/or behavioral difficulties. Instead of the teacher feeling solely responsible for learning and behavior problems, a more ongoing and responsive school team is created under RTI models. A key role for school psychologists is assisting the school team with decision-making about whether to maintain, alter, fade, stop or increase the intensity of interventions based on student response data.

School psychologists who believe they will have to alter their current practices to accommodate an RTI model are absolutely correct. Those who are reluctant to broaden or retool their skills to be consistent with RTI practices will undoubtedly have a harder time justifying their job within a district that has moved to an RTI model of care. RTI models provide unique and expanded opportunities for the profession. RTI sets the stage for school psychologists to be functioning within a framework that is more in line with its preferred role, thereby increasing job satisfaction. In RTI models, school psychologists provide services that impact students' lives in a positive direction, instead of spending the majority of their time confirming the presence of a disability.

Evidence-Based Practice, Evaluations, and Eligibility — A Different Approach

8. What about the school psychologist's role in the triennial evaluation under RTI?

School psychologists often lament their traditional role in "triennial" evaluations. These concerns have ranged from the perception that the evaluations provide no usable data, to educators and families not valuing the evaluation results during the IEP team meeting. The role of data collection in

the triennial evaluation, often including administering tests that have been given multiple times to the student over the years to reestablish eligibility, is time consuming and frequently of limited use because the data are not frequently viewed as helpful in improving educational programming or outcomes. The methods that constitute RTI can streamline the triennial evaluation process for school psychologists.

School psychologists and teachers will be collecting progress monitoring data on a repeated basis, for students with and without disabilities. RTI is not primarily about eligibility; it is about a system of continuous data analysis for all students and provision of services when needed. Thus, the data analysis on the effectiveness of the current IEP inherent within an RTI model can be used by the IEP team to determine whether to continue or alter program components. Using the RTI framework provides the school with a method to evaluate and maximize the effectiveness of “specialized instruction to meet the unique needs of the student with a disability,” or, the effectiveness of the special education component of that student’s educational program.

Three conclusions are possible using the collected data:

1. Continue

The student continues to benefit from the specialized instruction because of the unique nature of the student’s disability. In other words, he continues to make progress in the special education program, meeting goals, yet continuing to need the described interventions in some form. Following data analysis of progress being made or goals attained, if a need to continue interventions has been determined, and an analysis as to whether the goals related to the interventions still require the current placement, and not a lesser restrictive environment, the assessment is complete. This allows the school psychologist to be viewed as a valuable contributing member of the IEP team process when continued special education is warranted.

2. Stop

The student no longer requires specialized instruction. Intervention goals have been met according to data analysis, and no further specialized instruction components are required according to the IEP team’s determination. The progress monitoring and accompanying benchmark data indicate that the student no longer has a need for specialized instruction/intervention. The student is now returned to general education, yet continues to receive the scrutiny of periodic universal screening that all students receive. This eliminates the informal or formal (and often unnecessary) “carrying” of students with an active IEP and its corresponding consulting services after special education services are terminated.

The RTI model removes the oft-expressed worry regarding the risks of removing special education supervision from a student who succeeded in mastering goals. Why? Because RTI requires progress monitoring for *all* students. No further IEP is required unless future data suggests that interventions in Tier 1 and Tier 2 are not successful, and specialized instruction is again warranted. This is the revolving door concept of RTI, whereby no student “falls between the cracks” and least restrictiveness in terms of interventions and placements is maintained for all students.

3. Intensify or Significantly Change Selected Specialized Instruction Components

The student is not successful in meeting the goals associated with the interventions provided by the specialized instruction included in the IEP. Analysis of progress-monitoring data demonstrates that the student’s skill development is not progressing and the IEP is not conferring “some educational benefit.” The IEP, in other words, is not providing a free and appropriate public education, or FAPE. This can be uncovered in triennials and annual IEP team reviews. The school psychologist operating with a scientist-practitioner lens contributes first, by analyzing treatment fidelity to determine that the intervention(s) were implemented consistently and accurately. If treatment fidelity problems are uncovered, the school psychologist helps the school articulate a plan to eliminate the problems, which may include increasing monitoring of fidelity for problem-solving purposes or implementing further training.

If the interventions were implemented with fidelity, then the IEP team determines whether intensification of current interventions are warranted, or whether other interventions of a more intense nature should be selected to meet the student's unique problems stemming from the identified disability. This can result in three decisions: (a) maintenance of current placement with altered interventions; (b) maintenance with more supports in the placement; or (c) consideration of more restrictive placements.

In a few situations, the school psychologist or others may suggest that a "child find" obligation has been triggered. That is, perhaps the student has a handicapping condition not previously considered, such as mental retardation, emotional disturbance or medical conditions. In that situation, further data collection, which could include more extensive evaluation and/or formal assessment measures, may be warranted. An assessment plan would then be developed at the IEP triennial meeting, if not prior to the meeting, to aid in selection of evidence-based interventions unique to the student's disability. The school psychologist must remember that placements are based on selected goals, not the reverse.

In this intensification scenario, the school psychologist's expertise is valued, and the IEP team is grateful for the contributions to account for why success has not yet been attained. Since all subgroups are required to make adequate yearly progress under the No Child Left Behind Act, this analytic process using school psychologist expertise is also highly valued by general education and special education administration, in addition to the school and the student's family.

9. Evidence-based practice is a key feature of RTI. How has the focus on evidence-based practice impacted the role of the school psychologist?

Education has been slower than most other fields to adopt an evidence-based orientation to practice. For example, the fields of medicine, clinical psychology and public health were well on their way to adopting evidence-based practice by the early- to mid-1990s. Although some individuals have advocated for an evidence-based focus in education for years (Reschly, 1988), it was not until the No Child Left Behind Act of 2001 and the 2004 reauthorization of the Individuals with Disabilities Education Act that a firm commitment to evidence-based practice was clearly delineated for the field of education. Despite education's lag in calling for evidence-based practice, federal and state laws now call for the use of school-based interventions that are supported by scientific research to improve student outcomes.

Academic school psychologists have been pioneers in bringing evidence-based practice to the attention of educators. For example, in 1999, a collaborative effort between the Society for the Study of School Psychology and the Division of School Psychology of the American Psychology Association resulted in the formation of the Task Force on Evidence-Based Interventions (Carlson & Christenson, 2005). The aim of the task force was to develop rigorous guidelines to evaluate the quality of scientific evidence supporting the use of school-based interventions.

The notion of evidence-based practice should not be new to the field of school psychology. Early leaders in school psychology gathered many years ago at the Boulder and Thayer Conferences to discuss the current status and future of the field. At the Boulder Conference, the leaders determined that school psychologists should be guided by the scientist-practitioner model. The scientist-practitioner model states that practice should be informed by scientific principles and research. Although many training programs espouse a scientist-practitioner model, school psychology practice has not reflected this model of training and practice. However, the field is now 40 years post-Boulder and school psychology is finally on the brink of fulfilling the vision of the scientist-practitioner model.

As scientist-practitioners, school psychologists must adhere to scientific principles and allow those principles to guide service delivery. RTI procedures and federal law state that scientifically validated interventions are to be used to the extent practicable in providing for the specialized instruction

unique to a student's disability. Thus, school psychologists can play an important role in all stages of service determination and monitoring, from universal screening to selection of increasingly intensive academic and/or behavioral interventions. At every stage, the scientist-practitioner asks: What evidence supports the use of this intervention with this student in this situation?

Over the years, researchers have been interested in uncovering the types of presenting problems school psychologists are most likely to encounter. This body of research indicates that the most commonly encountered problems include reading (57 percent), task completion (43 percent), mathematics (39 percent), conduct (24 percent), and motivational problems (24 percent) (Bramlett et al., 2002). Although academic and behavior problems constitute the overwhelming majority of presenting problems seen, school psychologists have reported they do not feel confident that they can effectively deliver consultative and direct intervention assistance to ameliorate these problems.

This raises a reasonable concern, considering that RTI places a high premium on the implementation of evidence-based academic and behavioral interventions. To integrate successfully into an RTI model, school psychologists need to develop proficiency with evidence-based practice in these areas of school functioning at the school, classroom and individual levels. As a group, school psychologists are the most qualified consumers of scientific research in the schools, which makes them leading candidates in the schools to learn and disseminate evidence-based practices that correspond to each tier within a multitiered, RTI model (Keith, 2002).

10. What special education laws, specifically those regarding SLD and ED, should a school psychologist consider when conducting assessments under an RTI model?

School psychological practice is closely tied to federal and state educational law and policy. Therefore, as law and policy with implications for school psychology change, so must school psychological practice. The law pertaining to RTI has been thoroughly discussed in Chapter 1, RTI and the Law: IDEA and NCLB Requirements. School psychologists should review that chapter prior to considering the following material. This will augment understanding of the role of school psychologists who are practicing in an RTI environment. Also see the chart titled, "School Psychologists' Most Common Misperceptions about Law," in Appendix C.

School psychologists often mention as a primary consideration their need to have an understanding of law pertaining to SLD and ED determination in an RTI environment.

Specific Learning Disability

According to 34 CFR 300.307(a), the criteria adopted by the state:

- *Must not require* the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has an SLD.
- *Must permit* the use of a process based on the child's response to scientific, research-based intervention.
- *May permit* the use of other alternative research-based procedures for determining the existence of an SLD.

The IDEA no longer calls for the use of the IQ-Achievement Discrepancy when identifying students with SLD. Instead, the federal law states that local education agencies "shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability" when identifying a learning disability (20 USC 1414 (b)(6)(A)). Instead, LEAs are allowed to use a "process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures" (20 USC 1414 (b)(6)(B); 20 USC 1414 (b)(2-3)).

Comprehensive assessment requires assessments to be composed of valid and reliable tools to determine whether the child has an SLD that is interfering with the ability to benefit from general education supports. IQ or cognitive processing measures are only required as a component of a comprehensive assessment for the disability of mental retardation, in combination with other measures of functioning, such as adaptive behavior scales, because there is validity and reliability for their use in that circumstance.

- 34 CFR 300.304(c)(1)(iii-v) states: Assessments and other evaluation materials must be used for purposes for which they are valid and reliable; must be administered by trained and knowledgeable personnel; and must be administered in accordance with any instructions provided by the producer.
- 34 CFR 300.304(c)(2) states: Assessments and other evaluation materials must include those tailored to address specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.

This language means that school psychologists operating within LEAs may set aside their IQ tests for a more proactive and dynamic approach to identifying students with an SLD – RTI. The school psychologist's expertise in the selection of valid and reliable measures is thus employed. If the LEA or entire state has adopted RTI practices, the school psychologist can assume a role that, at once, provides supports that can be matched to all students' needs and results in data that can be used for diagnostic purposes.

Emotional Disturbance

Similar to the identification practices related to SLD, the procedures used to identify students with an underlying ED are riddled with problems for the school psychologist. In particular, difficulties arise when determining the severity of the presenting social behavior deficits and whether the student meets all the vague eligibility criteria for special education under the category of ED. This has resulted in a range of negative outcomes, including a wait-to-fail approach, overidentification, underidentification and minority disproportionality (Merrell & Walker, 2004). As a result, state and local educational agencies that are adopting RTI practices have recognized that documented nonresponsiveness to an increased intensity of interventions is relevant to *both* academic and social behavior deficits. Waiting until the average age range of 13 to 17 to identify a student with emotional disturbance has been yet another example of a wait-to-fail model plaguing the provision of interventions for students (Gresham, 2005).

Conclusion

A review of Chapter 1 and the content of this chapter demonstrate RTI is appropriate for both academic and social behavior deficits and is consistent with both research and law. When a student with academic or social behavior deficits fails to respond to the full range of interventions, the progress-monitoring data become the centerpiece in the comprehensive assessment to rule in presence of disabilities, including ED. The child find obligation to identify students with disabilities now has more credible data based on previous non-responsiveness. This focus provides increased credibility for the school psychologist's assessment protocols, and can address the inequities and variability in identification of ED, LD and OHI (specifically, because of attention), among other recurring academic and social behavior problems that may be because of variables other than those that reside within the child.

11. What components of school psychological assessment have been added or changed in the era of RTI?

Many years ago, Seymour Sarason argued the profession of school psychology was born in the prison of the IQ test, a prison from which it would never escape. Sarason's statement was prophetic in

predicting the traditional role school psychologists have played, consisting primarily of administering IQ tests. RTI provides the profession of school psychology with an avenue of escape from the prison of the IQ test.

Like traditional practice, RTI practices rely heavily on assessment. School psychologists, therefore, will continue to spend a good portion of their time conducting assessments. The difference is the type of assessment practices school psychologists perform in RTI models. RTI moves away from standardized testing, when the student has failed too long, to universal screening and progress monitoring for *all* students. This critical shift allows school psychologists to use a full range of their consultation and scientific-practitioner skills.

The main shift in assessment practices triggered by RTI is the emphasis placed on assessment that is directly linked with improved intervention selection and outcome evaluation. This is referred to as treatment validity in the scientific literature. Simply stated, treatment validity refers to the degree to which any assessment procedure contributes to beneficial outcomes. For an assessment procedure to have treatment validity, its use must lead to improved development and outcomes of interventions. Curriculum-based measurement (CBM), for example, has adequate treatment validity, since it produces data that not only identify what specific skill the student has achieved, such as phonics, but also points to a specific area in need of intervention, such as reading fluency. School psychologists must employ assessment procedures that produce data that can be linked with improved intervention selection and outcomes, and discard those that don't produce this data, such as intelligence and cognitive processing tests.

The primary assessment procedures that are linked with improved intervention design include:

Universal Screening

Universal screening is the process of proactively assessing all students to find those who are at-risk for developing academic and/or social behavior problems. School psychologists need to become proficient at using academic and social behavioral screening measures. For example, in the area of academics, CBM probes are currently used as the gold standard of universal screening. In the area of social behavior, school psychologists should be familiar with instruments such as the Systematic Screening for Behavior Disorders (Walker & Severson, 1990), the Student Risk Screening Scale (Drummond, 1993), and Behavior and Emotional Screener (Kamphaus et al., 2007). Universal screening is typically performed 3-4 times per year to proactively identify students at-risk for developing learning and/or behavior problems.

Progress Monitoring

At the heart of any RTI approach is a reliable and valid method for measuring student progress. "Progress monitoring is defined as a scientifically based practice that is used to assess students' academic and/or behavior performance and evaluate the effectiveness of instruction or intervention" (National Center on Student Progress Monitoring, 2008). Progress monitoring requires frequent and repeated collection of data on student performance in either academics, social behavior or both. The data that result from progress monitoring will allow school psychologists to consult with the school team to make data-based decisions about a student's response to intervention.

Formative evaluation refers to the process of providing ongoing feedback on performance and making ongoing alterations to instruction or intervention. To be useful in formative evaluation, progress-monitoring tools must meet technical adequacy standards (reliability and validity), must be sensitive to short-term changes in performance, and must be time-efficient so that teachers can monitor student progress frequently (1-2 times per week). Summative evaluation, on the other hand, involves making judgments about the effectiveness and overall worth of an intervention or a program at its conclusion. Schools cannot continue using a system that relies solely on summative evaluations of student performance in RTI models. Therefore, formative evaluation skills consisting of progress monitoring procedures must be employed.

When conducted correctly and systematically, progress monitoring will likely result in desirable outcomes for both staff and students. These outcomes include: 1) data-based decision-making; 2) enhanced learning or behavior; 3) greater accountability via documentation of student progress; and 4) more efficient and effective communication between school staff, parents, and students. Indeed, research has demonstrated the importance of measuring student progress objectively and using those data to determine when and how to adjust academic or behavior support programs. This research indicates that frequent measurement and responsive use of that information in instructional decision-making can enhance teacher planning and student outcomes (e.g., Fuchs, Deno, & Mirkin, 1984; Fuchs, Fuchs, Hamlett, & Stecker, 1991; Jones & Krouse, 1988). For more on progress monitoring as it pertains generally to an RTI model, see Chapter 13, "Progress Monitoring."

12. Is progress monitoring the new "tool of choice" for school psychologists?

Yes. School psychologists will exchange their testing kits for curriculum-based measurement (CBM) probes, as they are now considered to be among the most highly regarded assessment tools for continuous progress monitoring to quantify student performance in reading, mathematics, spelling and written expression in short-term interventions (Deno, 1985; Good & Kaminski, 2002). Based on more than 25 years of systematic research, CBM has been shown to provide reliable and valid measures of general achievement (e.g., reading, mathematics and written language) that is sensitive to student improvement when used to monitor progress.

School psychologists will also want to identify progress monitoring tools for social behavior. Unfortunately, there is no "CBM analogue" for dependably measuring students' response to short-term interventions in the area of social skills and problem behaviors. And, there is no widely agreed upon method for how to best monitor the progress of students' social behavior, although several measurement procedures have been recommended for this purpose. These shortcomings are likely due to the complex and varied nature of problem behavior and motivation. Nevertheless, the primary methods used in research and practice to monitor the progress of students' social behavior are *Systematic Direct Observation*, *Direct Behavior Ratings*, *Office Discipline Referrals*, and *Brief Behavior Rating Scales*. Each of these methods has their own strengths and weaknesses. School psychologists will want to weigh the strengths and weaknesses of each of these methods and determine which method best meets their needs and will likely be implemented correctly by the school's staff.

School psychologists will participate in developing a system whereby progress-monitoring data are administered, collected and recorded in a database on a weekly basis for students who are receiving Tier 2 and 3 supports. This system will allow school psychologists computer access to data-based reports in order to generate graphs that can be used to make decisions about students' response to intervention.

School psychologists often ask whether there is ever a time for the use of IQ or other standardized tests in an RTI model. There are times when staff will suspect the student may have an intellectual disability, autism, traumatic brain injury, or other complex disabilities. When these conditions are suspected, IQ or other standardized assessment tools are warranted for diagnostic purposes. However, when these disabilities are not suspected, there is no reason to administer such tests because they do not result in improved identification and educational planning.

In general, in an RTI environment, school psychological assessment moves away from assessment that requires high inference and has no link to intervention, such as measures of intelligence, cognitive processing, projective tests, and perceptual motor skills, to assessment procedures that require little inference and are related to authentic assessment of academic skills or social behaviors (universal screening and progress monitoring). The primary reason for the change is that the RTI assessment procedures have superior treatment validity.

13. How has school psychological practice changed as it relates to special education eligibility determination?

The special education eligibility determination process consists of two distinct phases, often called the “two-prong test of eligibility.” First, the student must have one of the handicapping conditions, and second, the student must need specialized instruction because of the unique nature of the disability. Thus, the two prongs are the determination of the: 1) presence of a *disability*; and 2) presence of a *need* for specialized services. Any recommended practice for special education eligibility determination must take into account the two-prong test.

RTI supporters argue that traditional diagnostic approaches for eligibility determination for high-incidence disabilities (e.g., SLD, ED and MMR) do not adequately screen out those children whose academic and/or behavioral difficulties that might be because of limited or ineffective instruction or insufficient modeling of expected behaviors. Therefore, exposure to a series of academic and/or behavioral interventions should be used to differentiate between academic and behavioral problems caused by cognitive deficits and those caused by poor or inadequate instruction and modeling.

The nature of change in school psychological practice as it relates to the special education eligibility determination process brought about by RTI depends on the alleged disability. For low-incidence disabilities, such as deaf/hard of hearing, visually impaired, orthopedically handicapped, and intellectual disability, the eligibility determination process does not change, since objective measures exist to confirm the presence of the disability. For example, to confirm the presence of deafness, an audiology exam provides data on the extent to which the student cannot detect sounds from each ear. At a certain threshold, the student is considered deaf and in need of assistive technology or special education resources. There is no need to take a student through a sequence of interventions to identify the presence of conditions like deafness which can be objectively determined, and for which specialized instruction is obviously warranted.

For high-incidence disabilities that are based more on subjective criteria, such as SLD, ED and OHI (specifically ADHD), the eligibility process changes quite dramatically with RTI. There is some debate about whether RTI is simply an expanded pre-referral intervention process that rules out potential explanations for the presenting problem or whether the data that result from RTI can be used as the centerpiece of the special education evaluation. When RTI is treated simply as a pre-referral intervention process, school psychologists are still left with conducting a comprehensive evaluation, including a battery of time-consuming standardized tests, to confirm the within-child deficit. Not only that, when RTI is misinterpreted as another pre-referral intervention, the fundamental structural elements of effective RTI are overlooked, namely, universal screening and progress monitoring of all students.

School psychologists must question the need to administer a battery of standardized tests. If the student does not respond to a sequence of intensifying evidence-based intervention implemented with integrity, this provides a sound indication a potential *disability* is present and unequivocally demonstrates the presence of a *need* for additional services or intensified interventions, which can include special education services. Thus, lack of responsiveness triggers the “child find” obligation, rather than relying on the traditional method of teacher referring for assessment, stating everything has been tried, without the evidence that evidence-based interventions were tried and adequately progress monitored.

With RTI, the two-prong test for eligibility is met and there is no need to administer a comprehensive battery of tests including IQ and test of cognitive processing to ostensibly identify the within-child pathology. If the data resulting from the administration of tests of intelligence and cognitive processing could be justifiably used to develop effective individualized treatment plans, then there would be a defensible reason to take the time and effort to administer these tests. However, as stated previously, research over the past four decades has revealed that identifying a person’s aptitude and matching the aptitude to intervention does not result in the development of effective treatment plans (in other words, no treatment validity) (Gresham, 2002). Despite the intuitive appeal behind administering these tests and some course

of action, school psychologists must develop a scientist-practitioner perspective that does not embrace techniques and procedures that are not supported by rigorous evidence of efficacy.

Additional reasons support abandoning test kits for all but a very few assessments, such as the suspicion of mental retardation. From a logistical viewpoint, routinely incorporating intelligence and cognitive processing tests into an RTI approach presents school psychologists in the special education eligibility process with a time-management and organizational nightmare, in addition to providing no information that can inform instruction. School psychologists involved in an RTI process must decide how best to use their time. If, in addition to their responsibilities within an RTI approach, school psychologists are expected to administer a battery of tests, yielding little beneficial information, then they will have little time to engage in practices, such as universal screening, progress monitoring, and direct intervention delivery, that make an RTI model effective. For RTI to be successful, school psychologists must have time allotted to consult with teachers and the school team on implementing evidence-based interventions, as well as time to repeatedly collect and organize data that inform RTI decisions.

Critics of RTI argue against employing an RTI model without the use of tests of intelligence or psychological processing. They state that RTI methods alone do not constitute a comprehensive evaluation (Hale et al., 2006). Individuals supporting this position contend that the administration of IQ and/or psychological processing tests is a *necessary* condition for a comprehensive evaluation. However, what these school psychologists and others are failing to grasp is that the resulting student-response data from RTI procedures are not the only component of an RTI-based comprehensive evaluation. A comprehensive evaluation will of course include other data regardless of whether traditional or RTI models are employed. Data obtained from records reviews, interviews, direct observations, rating scales and/or medical screenings are combined with student-response data to compose the comprehensive evaluation. These data inform decisions as to whether the student has an underlying disability and a concomitant need for special education services (see Gresham et al., 2004).

Knowing a child's overall cognitive ability will be important for some special education referrals, such as the category of mental retardation. However, school psychologists must continuously bear in mind that tests of intelligence and/or psychological processing are not necessary for the majority of children who are at risk for learning or emotional and behavioral disabilities. Such assessment is simply without empirical merit.

School psychologists must continuously bear in mind that the key features of a comprehensive evaluation under an RTI model are the direct measurement of achievement, behavior and the instructional environment in relevant domains. This alters the focus of assessment from a search for a within-child pathology to one concerned primarily with the assessment of measurable and changeable aspects of the instructional environment that are related to child outcomes.

In an RTI model, the centerpiece of the special education evaluation is student-response data. The student-response data that are collected for progress monitoring streamline the two-prong test of special education eligibility. RTI simplifies the process of eligibility determination, in that disability and need are both operationalized as chronic nonresponse to a sequence of intensifying, scientifically validated interventions implemented with integrity. The school psychologist, along with the IEP team members, should be confident that they have exhausted the academic and behavioral supports that are capable of being implemented under the umbrella of general education services prior to triggering a child find obligation to provide special education.

The school psychologist is responsible for collecting or overseeing the collection of the progress monitoring data. Coupled with accompanying data to form a comprehensive assessment, the school psychologist is ready to present results to the IEP team as to whether the child has a disability and the corresponding need for special education services. The school psychologist will collect the progress-monitoring data and depict it in graph format to justify the presence of a disability and need in RTI models. This requires school psychologists to master this scientist-practitioner activity. Supplemental data gleaned from records review, behavior ratings, achievement tests and medical examinations will be included with the student response to comprise the multi-method, multi-informant comprehensive evaluation.

Adapting Established Skills to a New System

14. What is the match between skills needed in RTI and the current skills school psychologists possess?

The skills needed for a school psychologist to function as a valued member of a school that has adopted an RTI model are not entirely foreign. When one contrasts the skills necessary to implement an RTI model with the general skills of traditionally practicing school psychologists, the congruence between the two becomes apparent. For a quick comparison of these skill sets, see Figure 1. The skills demanded by an RTI model are as follows:

Figure 1

Traditional School Psychologist's Skills	RTI School Psychologist's Skills
Participate on <i>multidisciplinary</i> teams	Participate in <i>transdisciplinary</i> teams
Help design and implement interventions using personal experience and recommendations often not scrutinized for empirical validity and evidence base. Usually play a minor or no role in progress monitoring of any kind.	Help select, design, implement and progress monitor, using graphically organized data, only for recommended <i>evidence-based</i> interventions.
Recommend high inference (no evidence base) interventions that attempt to link cognitive processing deficits, or IQ strengths or weaknesses, to recommended interventions.	Recommend low inference interventions (strong evidence base) resulting from a systematic authentic assessment of specific skills that are next-step results of assessment of skill acquisition in academics and social behavior.
Conduct academic and behavior assessments for special education eligibility for referred students.	Assist with universal screening, intervention design, progress monitoring and additional data collection when eligibility for chronic nonresponders is recommended.
Provide comprehensive assessment data that is the cornerstone of eligibility and placement decisions. Response-to-intervention data typically is not considered, and/or does not play a key role.	Analyze progress-monitoring data that is the cornerstone of eligibility and placement decisions; gathering additional information for comprehensive assessments.
Expert model contributions in consulting with teachers.	Collaborative consultation techniques in consulting with teachers.
Provide limited quantity of direct treatment to high-profile students in need of cognitive behavioral therapy or social behavioral instruction, whether or not lower tiers of intervention have been implemented. No systematic method of determining who gets direct treatment.	Provide critical Cognitive Behavior Therapy and Social Behavioral Instruction to students who are systematically determined to need service, based on nonresponsiveness to lower tiers of intervention.

First, RTI demands staff who can competently team with other educators to effectively solve student learning and behavior problems and make data-based decisions. School psychologists have oper-

ated from a consultative position and have been frequently involved on student study or IEP teams since the beginning of special education legislation. Therefore, to effectively participate on multidisciplinary teams, previous teaming skills can be used, and enhanced when transferring to an RTI model.

Second, RTI models require support staff who can help design and implement evidence-based interventions. School psychologists are used to making recommendations to other educators about how best to deliver instructional and behavioral supports. Although traditionally some of these recommendations have not been consistent with an evidence-based orientation, given the numerous resources available and with appropriate training, school psychologists are capable of making recommendations for designing and implementing interventions that are evidence-based.

Third, and most fundamentally, RTI models only function as well as the universal screening and progress-monitoring systems that are in place. Universal screening and progress monitoring are relatively new skills within school psychological assessment. However, school psychologists are very familiar with conducting academic achievement and behavioral assessments, and assessment skills in these areas will likely facilitate quick acquisition of assessment skills in the areas of universal screening and progress monitoring.

Fourth, RTI is ultimately a dynamic data-based decision-making framework that needs individuals who can review data on a repeated basis to make important educational decisions. For years, school psychologists have collected data from standardized tests to make decisions about the instructional supports to be included as part of a student's IEP. Thus, the notion of data-based decision-making is a concept that fits well with school psychologists' existing beliefs. The main difference between traditional data-based decision-making and RTI practice is the type of data that are collected and used to make decisions. School psychologists need to augment previous data-based decision-making training with development of proficiency at reviewing universal screening, progress monitoring, and intervention integrity data to make data-based decisions to function in an RTI environment.

15. How has the consultative function of school psychology changed with RTI? How has the role of the school psychologist on the pre-referral formal team changed? How has the informal dialogue between teachers and school psychologists over misbehavior and low academic performance changed?

This cluster of commonly heard questions refers to queries about how the consultative function of the school psychologist has changed with RTI. Consultation involves an indirect form of service delivery involving three parties: the consultant, the consultee and the client. The consultant in this case is the school psychologist, who works primarily with teachers, and sometimes parents, as consultees to improve the academic or social behavior performance of students, who are the clients.

Traditional school psychologists have functioned more from an expert consultation rather than a collaborative consultation position. There is nothing collaborative about a school psychologist's telling the IEP team the results of the tests he administered as part of a comprehensive evaluation. Also, school psychologists offer their professional opinion during meetings or in the hallway or faculty lunch room. Suggestions such as "try this" are offered to consultees, which are often based on the school psychologist's personal experience. In an RTI environment, the school psychologist does not offer off-hand "try this" interventions. Rather, the consultant and consultee agree to meet, discuss the presenting problem, and arrive at a mutually agreed upon evidence-based intervention.

School psychological consultation within an RTI framework involves using a problem-solving approach. This approach consists of working collaboratively with consultees to identify the problem, analyze the problem, generate a list of potential solutions, implement the plan, and evaluate whether it worked. This problem-solving mentality places interventions with a strong evidence base at the center of discussions. This mind-set is embraced by administrators and parents because accountability for

outcomes for both the consultant and the consultee is enhanced. It should be noted that the school team will often have discovered students with unmet needs during universal screening procedures, thereby reducing the off-hand informal consultations characteristic of interactions between school psychologists performing consultative functions in pre-RTI environments. For those school psychologists who have not developed collaborative problem-solving skills for consultant-consultee interactions rather than expert-novice interactions, and skills in a transdisciplinary, rather than a multidisciplinary team environment, additional training is warranted.

More Direct Service Delivery

16. How has the school psychologist's role as a direct service provider changed with the introduction of RTI models?

School psychologists will inevitably be involved in addressing systemic concerns in RTI models, but they must also balance that with the need to address academic and behavioral difficulties for individual students whose problems have proven difficult to remediate. As a result, school psychologists should be well versed in providing direct, evidence-based individualized interventions for individual students. These skills may require related service provision, such as cognitive behavioral therapy for students with IEPs whose behavior challenges have not responded to lesser interventions.

Unlike consultation, direct intervention involves the school psychologist's working directly with the student to overcome academic and/or social behavior problems. Most school psychology training programs place an emphasis on delivering direct interventions to students. School psychologists, however, rarely get the opportunity to use these direct intervention skills in a traditional model of care, since most of their time is spent testing students and writing reports, according to practitioners in the field. Therapy and social skills training are two forms of direct intervention considered to be evidence-based practices to alleviate emotional and behavioral problems (Cook et al., 2008; Kazdin & Weisz, 2005). It is within the scope of school psychological ethical practice guidelines for the profession to deliver these behavioral and mental health supports. Social skills training and therapy are within the continuum of social behavioral services available for students in RTI models when lesser interventions have not sufficed. Ideally, these forms of direct services are best suited for the 1 percent to 5 percent of students in Tier 3 who need intensive, individualized supports.

17. What knowledge and skills should school psychologists possess with respect to the delivery of academic interventions?

The assessment to intervention link is a hallmark of RTI. School psychologists should take an active role in their school's RTI model to conduct important academic assessments that are linked directly to improved intervention selection and data-based decision-making. School psychologists, however, must not only have knowledge and skills about academic *assessment*, but they must also have knowledge and skills about academic evidence-based *interventions* in order to use the data to effectively match students' needs to particular interventions. Having knowledge and skills in both these areas gives school psychologists the ability to ensure the assessment to intervention link is present in their RTI model. For some school psychologists, this may require additional in-service, pre-service or other training.

As services are organized according to the three-tier triangle of supports, school psychologists should possess knowledge and skills about academic interventions that correspond with each tier of the triangle.

- Tier 1 (universal academic supports)
 - Evidence-based curricula implemented with fidelity
 - Reading
 - Covers phonemic awareness, phonics, fluency, vocabulary and reading comprehension
 - Mathematics
 - Builds prerequisite knowledge for algebra
 - Writing
 - Teaches students organizational strategies about how to approach writing and the components of effective written communications
 - Differentiated instruction
- Tier 2 (selected academic supports)
 - Group size
 - Increase in time
 - Instruction matched to skill level
 - Selected evidence-based interventions
- Tier 3 (indicated academic supports)
 - Group size
 - Increase in time
 - Instruction matched to skill level
 - Selected evidence-based interventions

18. What is the school psychologist's role in addressing behavior problems that impede learning in an RTI model?

The RTI approach to behavior support uses the identical three-tiered logic that has been adopted for academics, which ultimately simplifies the work of schools in both realms. Teachers frequently lament that their students' emotional and behavioral functioning must be addressed before they can adequately deliver instruction. Moreover, research strongly suggests that if schools raise student achievement, behavior decreases; and if schools work to decrease behavior problems, academics improve (McIntosh, Horner, Chard, Boland, & Good, 2006). So the effort to support students' social behavior early on becomes mutually serving for students, families and educators.

School psychologists can improve their value as members of the school community if they take on the responsibility of helping to create more orderly learning environments and address chronic behavior problems that may rise to the level of impeding student learning. In order to function effectively in this role, school psychologists must possess a firm understanding of the range of behavioral intervention and supports that can be implemented at the universal, selected and indicated tiers of support.

School psychologists thus operate as behavior interventionists and mental health providers in RTI to address and remove behavioral barriers to academic and social emotional success. School psychologists should be familiar with evidence-based behavioral supports that correspond to each tier of the multitiered RTI model for behavior, such as:

- Universal behavioral supports

- Schoolwide and classwide positive behavior supports
- Social skills curriculum
- Social emotional learning
- Good behavior game
- Selected behavioral supports
 - Behavioral contracting
 - Self-monitoring
 - School-home note systems
 - Check in/Check out
 - Small group social skills training
 - First Step to Success
 - Positive peer reporting
 - Differential reinforcement procedures
- Indicated behavioral supports
 - Function-based behavior intervention plans
 - Replacement behavior training
 - Cognitive behavior interventions
 - Problem-solving skills instruction
 - Coping skills instruction
 - Cognitive behavior therapy

Seek professional development to contribute to success of RTI

19. How can school psychologists gain the skills necessary for RTI?

Given that RTI is still in its infancy, many school psychologists' knowledge and skills are not yet sufficient in the areas of assessment, intervention, and decision-making practices related to RTI. School psychologists who do not yet know how to progress monitor, universally screen, and design and implement evidence-based interventions should not fear the loss of their job or be overwhelmed by the need to acquire new skills. These skills should not be difficult to attain given the solid foundation of knowledge and skills in the areas of assessment and intervention that the majority of school psychologists possess.

Today, a school psychologist can access many ways of developing professional skills in the procedures of RTI, given the multiple outlets for professional development and online resources. There are several outlets for school psychologists to seek professional development in RTI, such as state and national conferences, hiring trainers for pre- and in-service skill development, continuing education courses, webinars, books, and trainer-of-trainers models. The National Association of School Psychologists' annual convention, for example, has seen an exponential increase in the number of workshops and presentations delivered on the aspects of skills necessary for RTI since the passage of IDEA 2004. Even a brief review of local and national school psychology conventions demonstrates the availability of core training components described in this chapter.

Many educational leaders have stated that the benefits of hiring an expert in RTI to provide pre- or in-service training for school psychologists far exceed the costs, especially considering how much it would cost for alternative means of professional development. Continuing education courses are another viable means for professional development. The Internet is a great resource for school psychologists who seek to develop their skills. LRP, for example, offers webinars for those interested in learning about the conceptual and practical underpinnings of RTI. The literature on RTI is also growing rapidly, and there are many great resources on the topic that school psychologists could consult to increase their repertoire of RTI-related professional skills.

Administrators of school psychologists should conduct a needs assessment and develop an action plan to ensure that the school psychologists in the district are receiving professional development in key aspects of RTI. The following is a professional development checklist of the skills school psychologists should possess to function effectively within an RTI model:

- Conceptual understanding of academic and behavioral RTI and the three-tiered model of service delivery
- Universal screening procedures for academics and behavior
- Progress-monitoring tools for academics and social behavior
- Evidence-based academic and social behavioral interventions for Tier 1, 2 and 3
- Evidence-based interventions in social behavioral interventions when three tiers have been exhausted
- Monitoring and evaluating the integrity of interventions
 - Effective consultation strategies to increase treatment integrity
- How to graphically depict progress-monitoring data
- Data-based decision-making processes in an RTI model
- Effective, collaborative, consultative techniques for intervention design and data collection
- Effective membership in a transdisciplinary school team that monitors student outcomes
- Comprehensive special education evaluation that uses student-response data as the centerpiece

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