

Post Intervention Services for Students with Learning Disabilities

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Abstract: Every student requires different needs for developing different skills. Students with disabilities range in needs of literacy and language development, social interaction development, and attention and behavior issues. Educators in early childhood education need to carefully plan and use intervention strategies to increase productivity, motivation and develop skills that they may be lacking. Choosing a strategy needs research and data to appropriately meet the goals and needs of the child's skills and knowledge. Progress monitoring, data gathering, and annual goals will determine if intervention strategies are working effectively for the student. This paper examines the different types of post-intervention strategies educators can use to effectively enhance a student needed skill.

Keywords: special education, progress monitoring, intervention, intervention models, teaching strategies.

1. INTRODUCTION

Background of Intervention Services for Students with Disabilities

Early childhood special education educators use intervention strategies to develop the skills and knowledge of young children with disabilities. Intervention is used with young children to decrease the risk of illiteracy and developmental issues that will impact their future. It involves heavy planning with research from the teacher, staff, parents, and professionals in order to implement a strategy that enhances, improves and develops children special needs skills. Teachers like to see their student's progress, but the student can only develop as much as teacher, parents and professionals help them to do so. The process starts with choosing and implementing a strategy by analyzing students through their abilities outside and inside the classroom. Starting, updating, and assessing a data through a trusted and efficient system by documenting events, improvements or issues throughout the teacher's analysis, will point the teacher in the right direction for which strategy would be best to use. There are many different intervention strategies. Each strategy has a benefit to why an early childhood special education teacher might use it to improve a student needed skills and knowledge. Intervention provides a roadmap for teachers and their students. Intervention strategies do not replace traditional methods or resources for helping students academically, rather, they focus on problems the student has and using the appropriate resources to increase their skills (Morris-Union, 2007, pI).

Problem Statement

If an intervention is not working towards a student's improvement and success, this creates a stressful problem for educators unless there is an effective system to help them serve students. Prior to the "Individuals with Disabilities Education Act (IDEA 2004)", educators used the "discrepancy model" to identify and serve students in an effective way. In 2004, Congress added response-to-intervention (RTI), which could help serve many more children who struggle to improve on the education system (Hale, 2008, p1). The law includes students with 'specific learning

disabilities' who have a disorder in one or more of psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The old system not only failed to serve every student, but it also failed to serve the student at an effective time. In the old discrepancy, students had to first be labeled with a disability, and then scored based on the difference of their IQ and achievement scores. If the difference did not fit into a score that was considered high, the student would not receive special education services (Hale, 2008, p2). This process was not only long, but also inaccurate. This was causing false positive and false negative results (Hale, 2008, p2). The old systems problem has been resolved through the implantation of response-to-intervention (RTI).

RTI was developed in the behavioral tradition of psychology where data are collected over time while the intervention is adjusted consistently through process monitoring until the child achieves success within different models (Hale, 2008, p3). There are two common approaches to RTI, the problem-solving model and the standard protocol model (Peixotto & Stepanek, 2009, p26). It provides the benefit of being a prevention of disability (East, p3). The RTI approach improves education outcomes by monitoring a student's academic progress through the assessment of data to identify struggling students and modifying instruction to match the correct intervention to the students' needs (Peixotto & Stepanek, 2009, p4).

RTI is mandated by the No Child Left behind Act, which is a program that improves disadvantaged students by effectively improving academic achievement (Hale, 2008, p3). The No Child Left Behind Act (NCLB) of 2002, was passed by George W. Bush as an effort to fix American education and aid students (PBS). The NCLB legislation sets in place basic requirements that affected almost every public school in the United States of America. It expanded the federal role in public education while also improving education standards for disadvantaged students. NCLB contains many options for programs, for example, each state can choose what type of annual standardized test they want to give their students (PBS). In return, the schools will receive funding from the government. Ten years ago, a goal was set in place that all students should have 100% efficiency in all groups of students within 12 years of age (PBS).

After students are identified for intervention, strategies are developed and implemented in their curriculum and educational environment. Staff and professionals study the student's level and skill set pre-intervention and undergo processes monitoring throughout the intervention. After the plan has been implemented, students are evaluated, and the school staff and professionals make an assessment of how effective and successful the intervention plan was for the student. If the student has shown signs of improvement, then the intervention is working. In some cases, the intervention is not successful with students and no improvements are made. Teachers, parents, and staff then must develop strategies when intervention does improve a child's intellectual or everyday developmental skills. This process can be continued and repeated until an intervention is matched to increase the student's academic, behavioral, or everyday developmental success.

The purpose of this study will be to examine the different types of post-intervention strategies educators can use to effectively enhance a student needed skill. Post intervention services for students with learning disabilities are important for a variety of reasons. First, Progress monitoring, data gathering, and annual goals will determine if intervention strategies are working effectively for the student. Second, help the educator to choose effective strategies that meet the goals and needs of the child's skills and knowledge. Finally, the outcomes of this research, will help the educators to change the strategies that used with students before wasted the time with non-effective strategies.

Research Questions

This paper will cover three questions through researching studies and different models of RTI. In researching the importance of intervention and the positive effects it can have on students, it is just as important to study the negative results of intervention not working for students. Does implementing RTI, help to improve and enhance a student's ability to become successful through strategic tools and prevention methods? With this, RTI has been implemented as a new strategy for educators to use in creating an effective way for schools to enhance education for all students. Does this strategy focus on the well-being of every child's future? It has been ten years since RTI has been implemented as the new system. This gives teachers, parents and professionals a chance to study the system and find reasonable issues in the system. Are there limitations to RTI?

2. METHODOLOGY

This research was conducted to analyze and investigate post intervention services for students with learning disabilities. This research combines qualitative and quantitative research, or an explanatory sequential mixed method. I collected data via interviews of teachers, professionals and students on post intervention strategies and services. The qualitative research investigated the rationale for early intervention and the dimensions, the commitment and strategies of the school and parents to enhance the students' performance, examining the different types of post intervention models and how to identify students who need such services and the type of guidelines and plans associated within. The Quantitative research observed students in intervention services through staff and professional implementation. There were three quantitative research studies. One with a sample size of 900 students where the school district worked to educate students with optimizing success through problem-solving and implementing problem-solving facilitators to implement a plan for the students to decrease the number of suspensions (Canter, 2004, p12). The second study had an unspecified amount of young students where professionals implemented an intervention for a behavior related response (Gresham, 2005, p330). The last study and a sample size of 327 students in-between grades K-12 where educators were trained, collected performance data, follow an outlined format, use feedback techniques, clear signals in group responses and proper error correction (Marchand-Martella et al, 2007). The data collection was a continuous basis of interviews, performance data and feedback of the students involved in each study.

3. DATA ANALYSIS

Quantitative research via Interviews and data collected suggests proper treatment and post intervention services. In the first study, sample size of 900 students, the plan to examine the students increase in commitment and enhance school reform efforts by focusing on individual students resulted in a 99% student participation rate (Canter, 2004, p13). In the second study, unknown sample size of students, there was twenty percent of children in school have a mental health problem so serve that needs attention, treatment, and support (Gresham, 2005, p331). The last study, sample size of 327, resulted in statistical improvements in K-2 grade students with an effect ranging from 2.50 to 3.96. 3rd grade students had pre-test and post-test improvements and large improvements in their reading skills via the standard-protocol model of RTI (Marchand-Martella et al, 2007). The results and data collected through this research will answer all three of my research questions as well as explain how post intervention services can be effective for students with learning disabilities.

4. LECTURER REVIEW

RTI Models

Different states can adopt the right model that fits with their students' needs and curriculum. Many states can adopt even the same model but customize the model to their students and curriculum (Peixotto & Stepanek, 2009, p7). Models can be used alone or can be used together to accommodate each student or a group of students. RTI model are not "one size fits all" in that they are customized. Also, if one does not seem to be working, another one can be implemented. Data is collected and monitoring is done to find out how and why each model is working for the student(s). TRI models can improve a student's performance academically and behaviorally.

Problem Solving Model

Conducting RTI with the problem-solving model is done through the tiered model as well as collecting data and progress monitoring. The problem-solving model gives flexibility to teachers and helps to identify the behavioral or academic problems of individual students and develop a hypothesis about the cause of the issues and implement an intervention or multiple interventions. This is done through a four-step process which includes problem identification, problem analysis, plan implementation and problem evaluation. Parent participation is essential in the problem-solving process and they play an important role or the student's historical and environmental background (Eljaua et al, 2012). Parents should be a part of all decision-making and monitoring their behavior (Eljaua et al, 2012). The implications of the problem-solving model is it requires the teachers to have extensive training. Also, the implementation of intervention has been often inconsistent. The interventions that teachers are using are often not validated by researchers (Peixotto & Stepanek, 2009, p26-27). There is a flaw in the system known as "Wait-to-fail," where the students are not eligible for support in early education until they prove to underperform where their skills

are greatly less than the expectations (NASP). Even then, students may not qualify for the appropriate services, such as special education. Students' left without eligibility result in behavioral or academic problems in grade school or middle school (NASP).

A case study on optimizing success through problem solving (OSPS) by Marcia Staum and Loudres Ocampo focuses on Juneau High School of Milwaukee Public School system of 900 students where the problem-solving facilitators joined the schools' learning team of staff and school administrators (Canter, 2004, p12). The goal of the learning team was to improve student's participation in the Wisconsin Knowledge and Concept Exam (WKCE). The learning team used the problem-solving model to implement a plan, which in turn increased student participation on the WKCE to 99 percent (Canter, 2004, p12). They also used the problem-solving model to increase the participation of parent-teacher conferences, increase team building, school climate and commitment from staff members as well as decreased the number of suspensions (Canter, 2004, p12). This case study proves that the problem-solving model has increased student achievement in behavior and academics.

Standard Protocol Model

Conducting RTI with the standard protocol model is also done through the tiered model as well as collecting data and progress monitoring. The standard protocol model helps teachers identify a single standardized intervention that will prevent or decrease a specific issue or help solve the issue of a common academic deficiency. This is done through a group of students with similar problem areas, and not on individual students such as the problem-solving model. The implication to the standard protocol model is there can be a different outcome each time, and the model is usually done by a researcher, not a teacher (Peixotto & Stepanek, 2009, p26-27).

A study was conducted using the standard-protocol model within the tiered system to deliver reading instruction in 327 K-3 students (Marchand-Martella et al, 2007, p1-4). All students were tested for placement in the beginning of the school year and were grouped into classrooms based on their individual performances (Marchand-Martella et al, 2007, p4). The standard-protocol model was implemented in all three tiers in the instruction as well as the problem-solving approach in tier three. Because the standard-protocol approach was used, the teachers were trained in the curriculum in each tier and collected performance data to make data-based decisions (Marchand-Martella et al, 2007, p8-9). Teachers were to follow an outlined format of the Reading Mastery Plus program, use specific praise and immediate feedback techniques, use clear signals in group responses, use the proper error correction and engage the students in the appropriate task (Marchand-Martella et al, 2007, p7). As a result, there were statistical improvements in K-2 grade students with an effect ranging from 2.50 to 3.96 (Marchand-Martella et al, 2007, p7). Third grade students had pre-test and post-test improvements and large improvements in their reading skills (Marchand-Martella et al, 2007, p10).

Tiered Model

Conducting RTI with the tiered model involves a system of strategies, services and interventions that are organized by levels based on intensity. The tier address issues via differentiated intervention and core curriculum and instruction where students are having academic or behavioral issues. (Peixotto & Stepanek, 2009, p2-7). The tiered system also serves the RTI system with the No Child Left Behind Act (Peixotto & Stepanek, 2009, p6).

The first tier of the model has a variety of teaching strategies that can be used for all subjects, all grade levels and can be combined with each other (Trick, 2013). The benefits of this model are it is flexible and can fit into any lesson plan and you can accommodate to the type of learning styles that the students fit best with. The common goals of tier one is to use several steps for a student to fully understand concepts such as proper study, memory, test taking skills and problem solving (Trick, 2013). Another example, the tier model can be used for is to teach students to understand nouns through a variety of steps. First you would state the objective, give direct instruction, use hands-on- non-linguistic representations, use grouping, use feedback, reinforcement, and recognition, use similarities and differences, use advanced organizers such as graphic organizers, provide feedback, use summary, and note taking, restate the objective and reinforce the lesson (Trick, 2013).

When students do not respond to the first-tier strategy, then teachers can try the second-tier strategy. The second tier uses intentional teaching strategies where teachers only teach the students exactly what students need to learn and do

so until the skill is mastered (Trick, 2013). Tier two is specific to each subject, uses direct instruction, a slower, more in-depth process, uses progress monitoring and is conducted in small groups (Trick, 2013).

Students who also do not respond to tier two will move on to tier three where the teachers focus on the students individually and the lesson plan is customized to the students learning style (Trick, 2013). Tier three is conducted in very small groups or in one-on-one sessions that are longer in time frame and with teachers who are specialized in tier three intervention techniques. Tier three teaches a student how to problem solve through asking and answering questions, process information, comprehend, increase memory skills and help students with cognitive learning difficulties. Once the student is successful in tier three, they move back to tier two. If tier three is not successful for the student, then the student will be screened for special education.

A study done by the U.S Department of Education and The National Center for Education Evaluation and Regional Assistance with the Regional Educational Laboratory Northwest (REL), address the models of response to intervention in the northwestern region states and their policies and activities. The REL takes a deeper look into Alaska, Idaho, Montana, Oregon, and Washington and their RTI models by collecting data from interviews, documents, conferences, and handbooks on the intervention initiatives from those states (Peixotto & Stepanek, 2009, p5-6).

Washington, Alaska, Montana, and Oregon had the three-tier model. Washington and Oregon's tiered model did not have a specific number of tiers (Peixotto & Stepanek, 2009, p7). All states implemented the tier model to various grade levels from Pre-K to 12 where all teachers analyzed individual student data, identified or discussed interventions, planned and conducted TRI-related assessments and only Montana, Oregon and Washington monitored the outcomes (Peixotto & Stepanek, 2009, p8-iii). The members of the group ranged from state education agency staff, principals, parents, teachers, district administration to school psychologists (Peixotto & Stepanek 20). Alaska and Washington provided training on analyzing data, while Idaho, Montana and Oregon provided technical assistance for data analysis (Peixotto & Stepanek, 2009, p iii). The report successfully depicts how RTI can be implemented in various ways and customized to the state, students and resources available.

RTI and Behavior

One of the most important reasons why an RTI plan will be implemented for a student is due to behavioral issues or deficiencies. The RTI model can match the intensity of the intervention to the intensity of the problem behavior and the problem behavior's resistance to intervention efforts (Gresham, 2005, p340). Children can suffer from severe emotional and behavioral challenges. A study done by the American Psychiatric Association suggested that twenty two percent of children in school have a mental health problem so serve that needs attention, treatment and support (Gresham, 2005, p329). The RTI model to serve a student's problem is the student's behavior excesses or deficits continue at unacceptable levels with evidence-based intervention implemented, or if there is an inadequate change to specific behaviors in response to intervention (Gresham, 2005, p330). When implementing an intervention for a behavior related response, teachers are about to determine the intervention on several factors such as the severity of the behavior, chronicity of behavior, generalizability of behavior change, treatment strength, treatment integrity and treatment effectiveness (Gresham, 2005, p332). Models focused on behavioral interventions include intensity, intensive, primary (tier one), research-based interventions, standard protocol intervention, strategic (tier two) and the tiered model (Peixotto & Stepanek, 2009, p2).

Schools are using RTI to address behavioral issues because of the theory that behavioral problems are caused by poor academic performance (Peixotto & Stepanek, 2009 p26). The study done by the Regional Educational Laboratory Northwest (REL) discussed above in the tiered model, the state of Idaho and Oregon also conducted a related project in addition to the tiered model of effective behavioral and instructional Support Systems. This project focused on behavior and gave positive behavior support to students (Peixotto & Stepanek, 2009, p6). The study also reported that Ohio's Intervention Based Assessment has evolved into the Ohio Integrated Systems Model of three tiers focusing on academics and behavior (Peixotto & Stepanek, 2009, p3). Implementing behavior into RTI involves teachers and specialists developing a hypothesis on the cause of the behavioral problem(s), developing a strategy and continuously monitoring the students' progress (Peixotto & Stepanek, 2009, p26).

RTI and Academics

One of the most important reasons why an RTI plan will be implemented for a student is due to academic issues or deficiencies. As mentioned above, poor academic performance has an effect of a student's behavior. A student's academic performance is usually measured on an annual basis that is based off of academic and functional goals that are in correspondence to the curriculum standards with benchmarks and short-term objectives (Morris-Union, 2007, p14). For children who are eligible for special education, an IEP will be developed by parents, teachers and the school administration to improve the quality of education for the student. However, RTI is the first step in serving the student's needs to improve their academic performance (Borsari et al. 2011, p7).

The Byram Hills Central School District has an academic intervention service for English, mathematics, science and social where students may receive RTI. The Coman Hill School assesses which students are eligible for the academic intervention services based on their reading, literacy and the risk of not achieving proficiency on state standard levels (Borsari et al. 2011, p4). The Coman Hill School implemented an instructional support team (IST) into the RTI system to implement the best strategy, serve a broad range of students need and improve students' performance through the collection of teachers data (Borsari et al. 2011, p7). The IST process coincides with RTI through tier 1 and tier 2 -3 if needed (Borsari et al. 2011, p9). Students who show improvements and reach a proficiency of a level 3 or above are able to exit from the academic intervention services and the data from the IST shows progress (Borsari et al.2011, p10).

Special Education Referral

Once parents, staff, teachers, and professionals recognize the student's problem area(s) and needs, the child goes through intervention with progress monitoring and post intervention, or pre-referral stage of RTI, and does not to progress, and then a referral for special education is evaluated. Referring a student to special education is a formal process that must have the parent or legal guardian's consent to begin the evaluation of the referral within 60 days (Project Ideal). The Individuals with Disabilities Education Act (IDEA) requires all students to receive a nondiscriminatory multi-factored evaluation by a multidisciplinary team of individuals who bring different perspectives and expertise to the final decision (Project Ideal). Members of the team could include the school psychologist, special educators, general Educators, parents, legal guardians, related service providers, medical doctors, physical or occupational therapists. The evaluation will measure the student's intelligence, achievement, behavior, disability and specific issues and medical conditions (Project Ideal).

Once the child is considered for special education services, the student will be evaluated for eligibility of Free Appropriate Public Education (FAPE). The student must have a disability that is defined by IDEA that is negatively affecting their academic performance and the student needs the special education services in order to progress and benefit from education (Project Ideal). If the student is eligible for special education services under the criteria, then a formal and detailed Individualized Education Program (IEP) will be planned and developed by teachers, parents, doctors and professionals of special education services for the student (Project Ideal).

The IEP includes the student's background information, strengths and weaknesses of the student, academic and behavioral performance, and the reason he or she is receiving special education services (Project Ideal). The IEP ensures the child will get the appropriate services and the best care for their condition(s). The IEP covers annual goals for the student, assistive technology, special transportation services, extracurricular activity participation guidelines and limitations, evaluations, and a behavior intervention plan (BIP) (Project Ideal). For example, a child with autism and severe self-injurious behaviors, such as hitting themselves or putting their hands through vehicle windows, needs a BIP and the information would have to be on the IEP to ensure that there is proper behavior on the school bus. IDEA states "a student posing a substantial risk of harm to self or others may be placed in an alternative setting prior to a hearing officer's decision as to whether the placement is appropriate" (IPAS). This information would also be needed to be in the IEP and what measures need to be taken to ensure safety to themselves or others. When the IEP team or committee of parents / legal guardians, professionals and teacher meet to develop the IEP, it is also called an Admission, Review and Dismissal meeting (ARD) (Project Ideal). The first they meet will be to develop the IEP. Next, they will oversee the implementation of the plan and then lastly evaluate the effectiveness of the plan on an annual basis (Project Ideal).

Careful consideration and evaluation of the IEP plan is essential. Once this is done, the IEP team will implement the IEP plan. Data and monitoring will be done as well as frequent meetings concerning issues or annual goals and changes. Every year, the IEP team will meet to evaluate the current plan and develop the next annual IEP where they will evaluate the different services the student received as well as the assessment data with results and which services should be added or remain for the next year (Project Ideal). Every three years there should be a formal evaluation of the students' progress and standing unless other reasons call for more frequent formal evaluation meetings (Project Ideal). If the services are working and the students seem to be progressing and developing skills and needs that they were lacking, the IEP team can determine that the student no longer needs special education services anymore and will have to execute documentation to support the reasons why the student is no longer eligible for special education (Project Ideal).

5. CONCLUSION

Studies show that intervention strategies may be successful and beneficial for students who are struggling academically or behaviorally by providing improvements in the needs of children with disabilities. Intervention strategies are very flexible in that they can be combined, taking away and added to a student's intervention plan with a strategic and considerable reason behind it. Teachers implementing intervention strategies can see successful outcomes for children seeking needs of different types of skills. However, if these intervention strategies are not improving a student's needs or skills, there are other options. Failure among intervention strategies does not mean failure for a student's education. There is not one strategy that every teacher should implement, and it takes many different people to come together to ensure that no child is left behind and gets the service that they need and deserve. This idea was started with the implantation of RTI in education. The studies discussed show that students are able to receive many different options for helping them succeed in school as well as focus on the well-being of every child's future through the different models of RTI. Implementing RTI helps to improve and enhance a student's ability to become successful through strategic tools and prevention methods such as the problem-solving mode, standard-protocol model, and the tiered model as well as RTI in academics and behavior. As the research indicated, there are indication of limitations to the models and systems; however, that is where special education services can fill the void that post-intervention models could not fill.

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