2009

A protocol for occupational therapy involvement in the response to intervention model

Nicole Bolinger
University of North Dakota

Follow this and additional works at: http://commons.und.edu/ot-grad

Part of the Occupational Therapy Commons

Recommended Citation
http://commons.und.edu/ot-grad/176

This Scholarly Project is brought to you for free and open access by the School of Medicine & Health Sciences at UND Scholarly Commons. It has been accepted for inclusion in Occupational Therapy Scholarly Projects by an authorized administrator of UND Scholarly Commons. For more information, please contact zeinelbousif@library.und.edu.
A PROTOCOL FOR OCCUPATIONAL THERAPY INVOLVEMENT IN THE RESPONSE TO INTERVENTION MODEL

By

Nicole Bolinger, OTR/L

Advisor: Gail Bass, Ph.D., OTR/L

A Scholarly Project
Submitted to the Occupational Therapy Department of the University of North Dakota In partial fulfillment of the requirements for the degree of Master’s of Occupational Therapy

Grand Forks, North Dakota

May 15, 2009
This Scholarly Project Paper, submitted by Nicole Bolinger in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

[Signature]
Faculty Advisor

5-4-09
Date
Title: A Protocol for Occupational Therapy Involvement in the Response to Intervention Model

Department: Occupational Therapy

Degree: Master's of Occupational Therapy

In presenting this Scholarly Project in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, I agree that the Department of Occupational Therapy shall make it freely available for inspection. I further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised our work or, in her absence, by the Chairperson of the Department. It is understood that any copying or publication or other use of this Scholarly Project or part thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and the University of North Dakota in any scholarly use which may be made of any material in our Scholarly Project.

Signature

Date 4-29-09
# TABLE OF CONTENTS

**ACKNOWLEDGEMENTS** ................................................................. V

**ABSTRACT** .................................................................................. VI

**CHAPTER**

I. **INTRODUCTION** ................................................................. 1

  Statement of the Problem ......................................................... 1
  Person-Environment-Occupation Model ................................. 3
  Importance to the Profession ..................................................... 5

II. **REVIEW OF LITERATURE** .................................................. 7

  Introduction .............................................................................. 8
  Legislation ............................................................................... 9
  Response to Intervention ......................................................... 14
  Occupational Therapy's Role in Rtl .......................................... 24

III. **METHODOLOGY** ............................................................ 30

IV. **PRODUCT** ........................................................................... 32

V. **SUMMARY** ............................................................................ 45

**APPENDIX** ............................................................................. 48

**REFERENCES** ........................................................................... 49
AKNOWLEDGEMENTS

The author would like to thank her advisor Gail Bass, Ph.D., OTR/L, for all her time and expertise in the development and completion of this project. I also would like to thank all the other brilliant University of North Dakota professors and staff members for your help and support.

Tad, thank you for time and extra support while I completed one of my professional goals. Also thank you to my parents for the inexhaustible patience and encouragement.

Aniston thank you for being my homework buddy and making the time together fun. Lastly, Avery, thank you for being patient with mommy and all the smiles along the way.
ABSTRACT

In order to provide effective occupational therapy services to children within the school-based practice setting, it is important to be knowledgeable regarding the current theories and educational models which drive the educational system. Also, it is imperative that school-based occupational therapy practitioners understand the educational models and how they may impact the way occupational therapists deliver services. Chandler (2007) states, "an initiative is gathering momentum that has the potential to significantly change the way occupational therapists practice in the public school" (p. 7). Occupational therapy may have an opportunity to expand their services through a model called Response to Intervention.

"When working in an educational setting, the occupational therapist analyzes barriers and facilitators to performance of these occupations within the areas of occupation (activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation) within the context of the educational environment" (Frolek-Clark, & Polichino, 2007, p. 3). As a related service, occupational therapists "are expected to support students' participation and academic achievement by assisting them in accessing and making progress in the curriculum" (Cahill, 2007, p. 2).
The product of this scholarly project, *Response to Intervention: An Occupational Therapy Practitioners Guide for Effective Service Delivery*, was designed to help therapists to gain a greater understanding of the Response to Intervention (Rti) model, the history behind it and occupational therapy’s role with Rti. This model may allow occupational therapists the ability to serve both special education students and aid in development of interventions for general education students. This project will serve to help decrease the information gap and answer questions which school-based occupational therapy practitioners may have regarding their role in a Response to Intervention model.

The methodology used to develop this product included an extensive review of literature and conversations with other occupational therapists who are working and attempting to identify their individual role as occupational therapists in the Rti model. The author’s background is in pediatric occupational with extensive in school based practice.
CHAPTER I
INTRODUCTION

Statement of the Problem

In order to provide effective occupational therapy services to children within the school-based practice setting, it is important to be knowledgeable regarding the current theories and educational models which drive the educational system. Also, it is imperative that school-based occupational therapy practitioners understand the educational models and how they may impact the way occupational therapists deliver services. Chandler (2007) states, “an initiative is gathering momentum that has the potential to significantly change the way occupational therapists practice in the public school” (p. 7). Occupational therapy may have an opportunity to expand their services through a model called Response to Intervention. This may allow occupational therapists the ability to serve both special education students and aid in development of interventions for general education students. “Response to Intervention (RtI) is a process for educational decision-making promoted by the U.S. Department of Education. General-education students are screened early in their schooling as a way to identify those at risk for school failure” (Frolek-Clark, 2007, p. 1). The National Association of State Directors of Special Education (2009) define Response to Intervention as the practice of (1) providing high-quality instruction/intervention
matched to student needs, using learning rate over time and level of performance to make important educational decisions (slide 3).

The problems with the traditional system, according to Batsche, et al. (2006), are the separation of special education from general education, undocumented benefits, eligibility procedures unrelated to intervention, wait-to-fail model, over-representation of some minority students and failure of traditional assumptions (slide number 6). Batsche et al. (2006) expand on early intervening models research supporting the adoption of an RtI model, in place of the traditional system. RtI uses scientifically based instruction and interventions, multi-tier models, progress monitoring, formative evaluation, functional assessments leading to intervention and standard treatment protocol interventions (slide number 7). Frolek-Clark and Polichino (2007) note that although the term response to intervention is not included within the law or regulations, language about a process like RtI was included in the 2004 reauthorization of IDEA as an alternative method of determining whether a student has a specific learning disability. “RtI is clearly implied in sections 300.307(a) (2), 300.309(a) (2) (i), 300.311(a) (7) of the IDEA 2004 regulations” (Frolek-Clark & Polichino, 2007, p. 3). The 2004 regulations which align Individuals with Disabilities Education Improvement Act (IDEA 2004) with No Child Left Behind Act (NCLB) reflect a noticeable trend “in the Department of Education toward flexibility in the delivery of services under IEP’s and in broader special education initiatives and district-level programs” (Jackson, 2007, p. 15). As a related service, occupational therapists “are expected to support students’
participation and academic achievement by assisting them in accessing and making progress in the curriculum” (Cahill, 2007, p. 2). Cahill goes on to note the various supports “may involve enhancing a students’ skills and abilities, altering the environment to be more supportive, providing assistive technology, adapting or modifying the curricular instructional strategies and expected methods of demonstrating competence, and consulting with educators through collaborative problem solving” (p. 2). “Occupational therapy services within the context of RtI and EIS in general education are similar, however, therapists have the opportunity to affect the occupational performance of all the students in a school, not just those students who have IEP’s” (p.3). First and foremost it is the responsibility of the occupational therapist to know their individual state regulations and licensure laws. “Occupational therapy practitioners also need to have a strong knowledge of their state practice act (licensure) and regulations regarding evaluation, screening, and providing interventions before an evaluation for occupational therapy/special education” (Frolek-Clark & Polichino, 2007, p. 3).

Person-Environment-Occupation Model

The implementation of an early intervening service such as RtI may be guided more effectively through the use of the person-environment-occupation (PEO) model, and understanding the interwoven relationship between the sub-areas to obtain optimal occupational performance (Law, Baum & Dunn, 1996) The PEO model “acknowledges that occupational performance cannot be separated from contextual
influences, temporal factors, and the physical and psychological characteristics of the person” (Law et al., 2005, p. 14). This model recognizes that environments, task demands, activities, and roles are dynamic and constantly shifting (Law et al., 2005, p. 14). This model also takes into consideration the temporal aspects of occupational routines, not only on a daily, weekly or monthly basis but, from a life span development perspective as well (Neistadt & Crepeau, 1998, p. 473). Using the PEO model to guide practice within the school based setting allows the occupational therapy practitioner to focus on the person and environment, and how these areas effect the occupation. The occupational therapy practitioner may observe difficulty within the person sub-area: un-functional pencil grasp, handwriting weaknesses, or spatial awareness. Within the environment, there may be difficulty with the classroom lighting, or classroom arrangement. Within the occupation sub-area there may be a need for adapted scissors, visual schedule or adapted writing paper. This model seeks to enable optimal occupational performance as defined as important by the client (Law et al., 2005, p. 14).

“This approach to practice provides therapists with a tool to help them analyze and understand problems in the occupational performance of their clients, expands options for planning of interventions and evaluation, and assists in the clear communication to others of what is occupational therapy practice in occupational settings” (Law et al., 2005, p. 151). The PEO model fits with the RtI model by opening the collaborative process between staff and providing professional development on occupational therapy while meeting the student’s academic needs.
Importance to the Profession

As occupational therapy practitioners practicing within the school based setting, it is important we are up to date with the educational models that may either impact or expand our profession. We not only have our own guiding theories and framework but, at times we are required to fit our profession into the educational models and theories. This project is designed to help therapists to gain a greater understanding of the Response to Intervention (RtI) model, the history behind it and occupational therapy’s role with RtI. This model may allow occupational therapists the ability to serve both special education students and aid in development of interventions for general education students. Delivering effective services early on may prevent many students from qualifying for special education in the future and reduce the number of students identified as having a learning disability. This project will serve to help decrease the information gap and answer questions which school-based occupational therapy practitioners may have regarding their role in a Response to Intervention model.

Summary

Chapter II, is a review of the literature utilized for this scholarly project. Chapter III provides a descriptive overview of the process used in designing the product, as well as inclusion of the methodology and related activities utilized to develop the product. Chapter IV contains the product, in its entirety. Finally, Chapter V is the summary of the scholarly project. It summarizes the purpose of the product, key information,
recommendations for implementation, limitations of the product, a proposal for further development and conclusion of the project.
CHAPTER II

REVIEW OF LITERATURE

In order to provide effective occupational therapy services to children within the school-based practice setting, it is important to be knowledgeable regarding the current theories and educational models which drive the educational system. Occupational therapy may have an opportunity to expand their services through a model called Response to Intervention. This may allow occupational therapists the ability to serve both special education students and aid in development of interventions for general education students. The problems with the traditional system, according to Batsche, et al. (2006), is the separation of special education from general education, undocumented benefits, eligibility procedures unrelated to intervention, wait-to-fail model, over-representation of some minority students and failure of traditional assumptions (slide number 6). Batsche et al. (2006) expands on early intervening models and research supporting the adoption of an RtI model, in place of the traditional system. As a related service, occupational therapists “are expected to support students’ participation and academic achievement by assisting them in accessing and making progress in the curriculum” (Cahill, 2007, p. 2). The product of the scholarly project is a guide to help the occupational therapy practitioner implement effective services into a Response to Intervention model. In order to have validity this type of project needs a foundation
from current research and literature. Chapter II is a review of the literature. The first section is an introduction followed by an overview of the current legislation. The next section addresses the Response to Intervention concept; the chapter concludes with information on occupational therapy's role into RtI.

**Introduction**

Response to Intervention (RtI) is an early intervening service which continues to integrate general education and special education; this integration was emphasized in the No Child Left Behind Act (Chandler, 2007, p. 7). "The RtI approach to problem solving has emerged at the forefront of a national effort to provide immediate intervention for any child having difficulty with general education instruction or behavior skills" (Frolek-Clark & Polichino, 2007, p. 2). This early intervening model is designed to provide high quality interventions by gathering data for learning rate over time and performance. Its main premise is to “provide supportive services to students before they have failed to succeed in general education” (Nanof, 2007, p. 7). In order to provide effective occupational therapy services to children within the school-based practice, it is important to be knowledgeable regarding the current theories and educational models which drive the educational system. Also, it is imperative that school-based occupational therapy practitioners understand the educational models and how they may impact the way occupational therapists deliver services. Chandler (2007) states, “an initiative is gathering momentum that has the potential to significantly change the way occupational therapists practice in the public school” (p. 7).
Occupational therapy may have an opportunity to expand their services through Response to Intervention by the ability to serve both special education students and aid in development of interventions for general education students. “Response to Intervention (RtI) is a process for educational decision-making promoted by the U.S Department of Education. General-education students are screened early in their schooling as a way to identify those at risk for school failure” (Frolek-Clark, 2007, p. 1). Therefore, this early intervening model identifies those children at risk before they fail, and provides interventions necessary to promote the students success.

Legislation

Prior to addressing Response to Intervention in detail, it is necessary to review the history behind the development of RtI and the educational laws which RtI stemmed from. Occupational therapists need to understand and know the laws which govern and guide practice within the educational system.

*Individuals with Disabilities Education Act*

The Individuals with Disabilities Education Act (IDEA) was first enacted as the Education for All Handicapped Children Act (EHA). EHA’s focus was to abolish the history of segregation and exclusion of children with disabilities from the public school system. According to the U.S. Department of Education, in 1970 U.S. schools educated only one in five children with disabilities, and many states had laws excluding certain students from school. (Jackson, 2006, p.4) The EHA was reauthorized and implemented as the Individuals with Disabilities Education Act. IDEA is a civil rights law and its focus is
to provide a free, appropriate public education for all students with disabilities within the least restrictive environment (LRE). "IDEA mandates a free and appropriate public education in the least restrictive environment for students who are eligible for special education. This mandate includes related services, such as occupational therapy, needed to help each student benefit from his or her special education plan" (Swinth, & Hanft, 2002, p.1). "IDEA presumes that the LRE is the general education classroom" (Jackson, 2007, p. 4). This means that first and foremost the members of the Individualized Education Plan team need to evaluate how to provide services in the students LRE or within the general education classroom. If that environment is not conducive to meeting the student's needs then other placements, such as a resource room, are evaluated. IDEA also protects parent and student rights, and outlines mandated evaluation procedures and procedural safeguards. "The Individualized Education Plan (IEP) is the centerpiece of IDEA. Parents use the IEP to ensure that an appropriate program is developed to meet their child's unique needs" (Jackson, 2007, p. 4). The IEP is written and reviewed by the IEP team which includes the child's parents, the child (if appropriate), representation of the school or agency, child’s teacher, and others who may have special knowledge or expertise and are invited by school or parents. In 2004, IDEA was again reauthorized and renamed as Individuals with Disabilities Education Improvement Act. This revision mandates that schools establish programs to help students who are struggling with learning or behavior before they are referred to special education; these programs are identified as Early Intervening
Services. “The reauthorization of the IDEA in 2004 focused national attention on a growing successful practice in the general education classroom” (National Association of State Directors of Special Education, 2006, p.1). It is important to note that Early Intervening Services are not the same as Early Intervention Services which are provided to infants and toddlers under Part C of IDEA. The National Association of State Directors of Special Education and the Council of Administrators of Special Education (2006) report on the changes in IDEIA supporting RtI:

IDEIA 2004 brings new interest to the use of RtI because of major changes made in the law:
(1) “...when determining whether a child has a specific learning disability as defined in section 602, a local educational agency shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability...” [P.L. 108-446, §614(b)(6)(A)];
(2) “In determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures...” [P.L. 108-446, §614(b)(6)(B)]; and
(3) a local education agency may use up to 15% of its federal funding “...to develop and implement coordinated, early intervening services...for students in kindergarten through grade 12 (with a particular emphasis on students in kindergarten through grade 3) who have not been identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment” [P.L. 108-446, §613(f)(1)]. (p. 1)

No Child Left Behind Act

According to Jackson (2007) the No Child Left Behind Act (NCLB) was signed into law January, 2002. Although NCLB is understood as a general education legislation and occupational therapy practice is guided under IDEA, it is vital to understand NCLB and its impact on occupational therapy due to the impact NCLB has on the entire school, the
schools certified personnel, and the goal of improving the outcomes of all students. NCLB made drastic changes to the Elementary and Secondary Education Act of 1965 (ESEA). NCLB covers all states, school districts, and schools that accept Title 1 federal grants. “NCLB emphasizes accountability and effective teaching methods, with a focus on reading achievement. It requires states to establish high learning and achievement standards for all students, especially students with disabilities and those from low-income backgrounds, from minority population, or with limited English proficiency” (Jackson, 2007, p. 5). NCLB is also associated with the terms highly qualified teacher, annual testing, adequate yearly progress and closing the achievement gap. “Highly qualified teacher is one with full certification, a bachelor’s degree and demonstrated competence in subject knowledge and teaching. Core subjects include English, reading or language arts, mathematics, science, foreign languages, civics and government, economics, arts, history and geography” (U.S. Department of Education, 2003, p. 1).

Jackson (2007) explains since 2005, schools have been required to test all children in grades 3-8 every year in math and reading; science assessments are scheduled to begin in fall 2007 (p. 6). Adequate Yearly Progress (AYP) is an individual state’s measure of progress toward the goal of 100 percent of students achieving to state academic standards or levels in at least reading/language arts and math. It sets the minimum level of proficiency that the state, its school districts, and schools must achieve each year on annual tests and related academic indicators. AYP is to ensure that the school district and schools are making progress toward the goal of proficiency for all children,
meaning performing at the average grade level. Along with measuring the schools yearly progress NCLB requires states and school districts to report their statewide testing scores to parents and the public. "Parents whose children are attending Title I (low-income) schools that do not make AYP over a period of years are given options to transfer their child to another school or obtain free tutoring (supplemental educational services)" (U.S. Department of Education, 2009, p. 1). "If the school does not meet its AYP goal for two consecutive years, parents can choose to send their children to better performing schools in the district. In some cases, parents may be able to send their children to schools in another school district if all the schools in their district are in need of improvement" (Heath, 2006, p. 3). NASDSE (2006) states although “RtI was initially identified as a strategy through IDEA it has the potential to have a similar impact on NCLB and the education of all students” (p. 7). Further explanation from NASDSE (2006) states that RtI is a strategy for meeting the goals of NCLB and RtI can help states and school districts meet those goals by identifying the struggling learners early to improve their educational outcomes.

Response to Intervention and Alignment of IDEA and NCLB

In 2004, IDEA added provisions to the education legislation. "The primary goals of IDEA 2004 are to increase the focus of education on results (instead of on paper compliance); prevent problems (rather than waiting for children to fail before providing help); and improve student academic achievement and functional outcomes as well as postsecondary success, special education and related services, which include
occupational therapy, are expected to prepare students with disabilities for 'further education, employment, and independent living'" (Jackson, 2007, p. 13). Frolek-Clark and Polichino (2007) note that although the term response to intervention is not included within the law or regulations, language about a process like Rtl was included in the 2004 reauthorization of IDEA as an alternative method of determining whether a student has a specific learning disability. “Rtl is clearly implied in sections 300.307(a) (2), 300.309(a) (2) (i), 300.311(a) (7) of the IDEA 2004 regulations” (Frolek-Clark & Polichino, 2007, p. 3). The 2004 regulations which align IDEA with NCLB reflect a noticeable trend “in the Department of Education toward flexibility in the delivery of services under IEP’s and in broader special education initiatives and district-level programs” (Jackson, 2007, p. 15). Frolek-Clark & Polichino (2007) reported although not a mandate, states are being encouraged by the U.S. Department of Education (USDOE) to adopt Rtl. The USDOE is also promoting Rtl through the IDEA Partnership Project, which includes AOTA. Jackson (2007) explained the alignment of IDEA and NCLB with the key words: Accountability, high quality personnel, and Research-based practices were added to IDEA from NCLB. Achievement of all students, highly qualified personnel, and research-based instruction were adopted into NCLB from IDEA (p. 12).

Response to Intervention

Overview

Response to Intervention is defined by the National Research Center on Learning Disabilities (NRCLD) (2005a) as a valuable construct for schools because of its potential
utility in the provision of appropriate learning experiences for all students and in the early identification of students as being at risk for academic failure (p. 3). “Students need and benefit from a close match of their current skills and abilities with the instructional and curricular choices provided within the classroom” (NRCLD, 2005a, p. 3). The National Association of State Directors of Special Education (2009) define Response to Intervention as the practice of (1) providing high-quality instruction/intervention matched to student needs and (2) using learning rate over time and level of performance to (3) make important educational decisions. The problems with the traditional system, according to Batsche et al. (2006), is the separation of special education from general education, undocumented benefits, eligibility procedures unrelated to intervention, wait-to-fail model, over-representation of some minority students and failure of traditional assumptions (slide number 6). Batsche et al. (2006) expand on early intervening models research supporting the adoption of an RtI model, in place of the traditional system. RtI uses scientifically based instruction and interventions, multi-tier models, progress monitoring and formative evaluation, functional assessments leading to intervention and standard treatment protocol interventions (slide number 7). “The hypothesis is that the earlier these floundering students can be identified and provided appropriate instruction, the higher the likelihood they can be successful and maintain their class placement” (NRCLD, 2005a, p. 3). It is important to understand that RtI is a function of general education and functions to address all students. “IDEA contains a provision that allows school districts
to use up to 15% of their federal IDEA funds to provide early intervening services (EIS) to students in kindergarten through 12th grade who are at risk for school failure due to learning or behavioral concerns” (Cahill, 2007, p. 1). NASDSE (2006) explains that states and local agencies who do not currently have a RtI or problem-solving approach in place are encouraged to identify, consolidate, supplement and integrate resources from diverse funding sources to produce the infrastructure necessary to support RtI implementation (p. 7). NASDSE further expands on the topic of school resources by utilizing the funds allocated by IDEA, Title 1, Title V, and State Grants for Innovation. Successful implementation may also be restructuring building personnel, including staff and time, or changes in roles or role clarification.

Core Principles

RtI has many core principles which guide the model. The first principle states we can effectively teach all children. This core principle doesn't limit the student due to their demographics or race. The second principle is to intervene early. An educator could identify these at-risk students and intervene when appropriate instead of the wait-to-fail model, and the rigorous testing of special education. RtI uses a multi-tier model of service delivery and students move throughout the tiers depending on their level of intervention. RtI uses a problem-solving methodology. The model also includes a core principle regarding research-based, scientifically validated interventions/instruction. Another core principle is monitoring student progress to inform instruction and then use this data to make decisions. The last core principle is the use of
assessments for screening, diagnostics, and progress monitoring. (Batsche et al., 2006, slide 7).

**Essential Components of RtI Implementation**

According to NASDSE (2006), RtI utilizes three essential components. The first component is high-quality instruction or intervention. This is “defined as instruction or intervention matched to student need that has been demonstrated through scientific research and practice to produce high learning rates for most students” (NASDSE, 2006, p. 3). The modifications to instruction/intervention are determined by the individual student’s response. The second component is using learning rate and level of performance. Learning rate and level of performance are the primary sources of information used for decision making. “Learning rate refers to a student’s growth in achievement or behavior competencies over time compared to prior levels of performance and peer growth rates. The level of performance refers to a student’s relative standing on some dimension of achievement/performance compared to expected performance (either criterion or norm referenced)” (NASDSE, p. 3). The last essential component for RtI is an effective problem solving method. Important educational decisions regarding intervention duration and intensity based on individual student response. These decisions may include “necessity of more intense interventions, including eligibility for special education, exit from special education or other services, are informed by data on learning rate and level” (NASDSE, p. 3).
Multi-Tier Model

RtI is a multi-tiered service delivery intervention model. Discussion continues surrounding the issues of how many tiers constitute an adequate intervention within the RtI model (Marston, 2003). Most frequently, RtI utilizes a three-tiered model approach, which will be the model used and expanded on as part of this scholarly project. All of the students receive instruction through Tier One also known as the Core Instructional Intervention, as RtI is a school-wide program, targeting the entire school population. Tier Two effects at-risk students and is also known as Targeted Group Intervention. Lastly, Tier Three addresses individual students and has high intensity. This tier is also known as Intensive, Individual Intervention. (NRCLD, 2005, p.5)

Tier-One Instruction: Core Instructional Intervention

Tier One interventions are used as preventive and proactive to all students in the school. “This first level of instruction is designed to serve all students with well-supported instructional programs” (NRCLD, 2005a, p. 3). Typically, 80% of the students benefit from these tier one interventions. “Tier One reduces the incidence of ‘instructional casualties’ by ensuring that students are provided high-quality instruction and monitoring” (NRCLD, 2005b, p. 1). The National Research Center on Learning Disabilities (2005) describes this tier as having three elements: (1) Research-based core instructional programs provided by the general education teacher, (2) Progress monitoring of students such as through curriculum-based measurement, (3) Analysis of the progress monitoring results to determine which students are at risk and require
more intense instructional support (p. 5). “In general, screening assessments occur at least three times per year, are school wide, use a broad index, and are used to identify students who are at risk and to inform school or class-wide instruction and curriculum decisions” (NRCLD, 2005b, p. 5). However, recommendations for progress monitoring occur at least once every three weeks but, can be done weekly, three times a week or daily. The data gathered from progress monitoring can aid with decision making on “regrouping students, continuing, revising, or changing an intervention” (NRCLD, 2005b, p. 5). The student remains in Tier One through the duration of the school year “unless found eligible for special education and specially designed instruction that cannot be provided in the general classroom” (NRCLD, 2005b, p. 1). As defined in the No Child Left Behind Act, the instructor qualifications to carry out Tier One interventions are provided by “highly qualified” teachers.

Tier Two: Targeted Group Interventions

This tier is for those students who were not making sufficient progress, not maintaining grade-level expectations within Tier One, and falling behind on benchmark skills. “Tier Two and beyond is considered to be an intervention intended to remediate the student’s deficits and promote participation in Tier One with general education students” (NRCLD, 2005b, p. 2). Students move into Tier Two as soon as they have been identified as not maintaining grade-level expectations. This tier is different than tier one in the respect that the traditionally this is the point when students may be referred for special education services. The student would then have to be identified after
undergoing many lengthy evaluations to receive supplementary services. Instead this tier provides these students the small-group support and interventions within the general education setting. “Although many variations of Tier Two interventions are described in the research, in general, Tier Two is small-group supplemental instruction (ratio of up to one teacher to five students) provided by a specialist, tutor, or special education teacher to students who fail to make adequate progress in the general classroom” (NRCLD, 2005a, p. 6). Students who participate in the RTI interventions typically are provided three to four interventions per week and each session ranges in length of 30-60 minutes. Within this tier, 15% of the student population is successful after Tier Two intervention. Again, as with Tier One students are monitored to determine if they are making sufficient progress, and evidence-based practices are utilized for interventions. Typically these students undergo progress monitoring a minimum of once a week up to three times per week. “Although no clear consensus exists on the duration of Tier Two interventions, in general the research supports 8 to 12 weeks for each round of intervention” (NRCLD, 2005a, p. 6). At the end of this time frame a decision is made based on the student’s individual data from progress monitoring, student achievement, and the student’s instructional needs. Based on information from the National Research Center on Learning Disabilities (2005), the options for the students are: (1) Return to the general education classroom if sufficient progress has been made, (2) Receive another round of Tier Two interventions if the student is achieving progress but still remains behind the grade level benchmarks,
perhaps repeat the intervention or change to another scientific, research-based intervention, (3) Consider Tier Three for more intensive interventions (p. 6). Tier Two interventions may be “conducted by trained and supervised personnel (not the classroom teacher)” (NRCLD, 2005b, p. 2).

Tier Three: Intensive, Individual Interventions

“In some RtI models, special education services are provided to students with intensive needs who are not adequately responding to high-quality interventions in Tier One, Tier Two and beyond.” (NRCLD, 2005b, p. 3). Tier Three is typically longer in duration than the 10-12 weeks of supplemental instruction provided in Tier Two. “Instructional support in Tier Three will most likely be delivered by the best qualified teacher or specialist to provide sustained, intensive support in the specified area of need” (NRCLD, 2005a, p. 7). Tier Three is different than Tier Two because it is geared more to the individual student by addressing the unique needs of each student. Tier Three is going to have a longer duration of time depending on the student’s needs and more intense instruction to be given. Tier Three serves approximately 5% of students. The appendix of this document has a flow chart depicting how RtI might be carried out in a school.

Progress Monitoring

Continual progress monitoring is a vital element in a successful RtI model. Depending on the tier, progress monitoring may be done to the entire school population tri-annually up to many times a week. “In short, the function of assessment in RtI is to
identify at-risk students as early as possible, to alter relevant data to support educational decision making and to impact what the teacher is doing to improve achievement" (Batsche, Elliott et. all, 2006, p. 4). Progress monitoring is done for two reasons. "One is to determine whether the students are learning what is being taught. And second if the students are not learning, then test results will show what instruction is needed to pinpoint and address problem areas" (NRCLD, 2007, p. 1). "Research findings suggest that the best method of progress monitoring is Curriculum-Based Measurement (CBM)” (NRCLD, 2007, p. 1). CBM assessments are the skills that the student would be required to know for their grade level. For example, a fifth grader would take a math test in the fall on the concepts he or she would need to know by the end of fifth grade year. Then those same math concepts would be tested again in the winter and spring with different, yet similar, items each time. Ideally, the students would achieve higher scores as the year progresses. If the scores do not improve, teachers then know what concepts to concentrate on. The CBM tests are often brief, and take between one to five minutes to complete. After all the students in a particular grade level have completed the CBM, assessment data is gathered and displayed in a graph. This graph is utilized to show each student’s skill progression (NRCLD, 2007, p. 1). The progress monitoring graph is represented with a horizontal line graph of the students achievement. If the bar continues to go up then the student is learning the concepts vital for their grade level. If the bar is staying horizontal then the student is not progressing and may not be benefitting from the instructional program. "CBM is
typically used in the elementary grades to monitor skills such as pre-reading, reading, spelling, mathematics, and written expression" (NRCLD, 2007, p. 2). Social studies and science can be monitored and measured for mastery in the secondary schools. CBM has many benefits such as its quick and easy to administer. CBM is based on grade level curriculum and can also give guidance to interventions/instruction. The results can then aid in developing an individual student’s learning plan (NRCLD, 2007, p.2).

**Professional Development**

The belief that it is everyone’s responsibility for student learning and all children can learn, is the forefront of professional development. “Achieving consensus about this belief at a building level is a prerequisite to implementing the professional development activities that support the implementation of RtI” (NASDSE, 2006, p. 6). This belief takes commitment upon all educators and must reflect into our practice that all children can learn. Professional Development also plays an important role in building the problem-solving model, which must “continuously progress through cycles of planning, implementing, assessing and acting” (NASDSE, 2006, p. 6). Successful RtI implementation depends on the ability of general and special educators to use the model with fidelity. “Responsibility also means that professional development needs are examined so that administrators, teachers, related services personnel and paraprofessionals possess the requisite skills and attitudes to implement RtI” (NASDSE, 2006, p. 6). Reliability and validity factors are directly impacted by the quality of pre-service and in-service professional development for the school personnel. Another vital
factor which parallels professional development is using the professional development time to translate research into practice. This will expand upon the evidence-based interventions and be used to develop further instructional strategies within the tiered model. “In-service professional development needs to occur both within and across administrative structures at the state, district and building levels. Successful professional development must include all three components of skill development: beliefs, attitudes; knowledge; and skill” (NASDSE, 2006, p. 6).

Occupational Therapy’s Role in RtI

First and foremost it is the responsibility of the occupational therapist to know their individual state regulations and licensure laws. “Occupational therapy practitioners also need to have a strong knowledge of their state practice act (licensure) and regulations regarding evaluation, screening, and providing interventions before an evaluation for occupational therapy/special education” (Frolek-Clark, & Polichino, 2007, p. 3). “Some states allow occupational therapists to use screening activities and make suggestions to general education children and teachers. A referral to occupational therapy should be made at the point that the occupational therapist and RtI team members feel the student’s performance would benefit from more intensive and long-term interventions” (Jackson, 2007, p. 116). Frolek-Clark (2007) emphasizes in *Response to Intervention: A Role for Occupational Therapy Practitioners* the importance of checking your states licensure requirements for allowing an occupational therapist the ability to assist a teacher in whole class screening, to provide screening to a student
with parent consent, to provide suggestions to parents/teachers, and to provide ongoing screening or short-term evaluations (2007, slide 60). In terms of a related service “most states are developing guidance for what constitutes early intervening services from an educational standpoint” (Frolek-Clark, & Polichino, 2007 p. 3). “When working in an educational setting, the occupational therapist analyzes barriers and facilitators to performance of these occupations within the areas of occupation (activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation) within the context of the educational environment” (Frolek-Clark, & Polichino, 2007, p. 3). As a related service, occupational therapists “are expected to support students’ participation and academic achievement by assisting them in accessing and making progress in the curriculum” (Cahill, 2007, p. 2). Cahill goes on to note the various supports “may involve enhancing a students’ skills and abilities, altering the environment to be more supportive, providing assistive technology, adapting or modifying the curricular instructional strategies and expected methods of demonstrating competence, and consulting with educators through collaborative problem solving” (p. 2). “Occupational therapy services within the context of RtI and EIS in general education are similar, however, therapists have the opportunity to affect the occupational performance of all the students in a school, not just those students who have IEP’s” (p.3). “IDEA (2004) supports our involvement at §614(a)(1)(E), which states: ‘The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not
be considered to be an evaluation for eligibility for special education and related services." (Frolek-Clark, Polichino, 2007, p. 3)

As Occupational therapy practitioners, it is important to be cognizant of the *Occupational Therapy Practice Framework: Domain and Process 2nd Edition* (AOTA, 2008) and the direct application into the school-based practice. The framework is intended for internal and external audiences, it presents a summary of interrelated constructs that define and guide occupational therapy practice (p. 625). As defined within the framework, occupational therapy has seven areas of occupation: activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation (p. 628). Breaking down the seven areas of occupation further include the activity of eating, feeding, functional mobility, toileting, communication management, safety, community mobility, formal educational participation, job performance, play exploration and participation and leisure exploration and participation (p. 632). The framework assists by guiding the occupational therapist to develop an occupational profile. The occupational therapy practitioner is able to analyze a student's occupational performance, and assist by identifying strengths and limitations while implementing interventions to address performance skills. (p. 649). These performance components may include sensory perceptual skills, motor and praxis skills, emotional regulation skills, cognitive skills, communication and social skills (p. 628). The Occupational Therapy Practice Framework also includes specific strategies to help direct the process of intervention. These
strategies are called intervention approaches and are based on the client’s desired outcomes, evaluation data and evidence (p. 657). The various intervention approaches are: create, promote (health promotion), establish, restore (remediation, restoration), maintain, modify and prevent. The area of create and promote is “an intervention approach that does not assume a disability is present or that any factors would interfere with performance” (p. 657). Establish and restore is an “intervention approach designed to change client variables to establish a skill or ability that has not yet developed or to restore a skill or ability that has been impaired” (p. 657). The intervention approach of maintain is designed to “allow the client to preserve the performance capabilities they have regained, that continue to meet their occupational needs” (p. 658). Modify is an intervention strategy which is helping the client find a way to “revise the current context or activity demands to support performance in the natural setting” (p. 658). Lastly, the prevent intervention approach is “designed to prevent the occurrence or evolution of barriers to performance in context” (p. 659).

It is also important to be knowledgeable regarding the type of service in which occupational therapy is contributing to the RtI process. Due to increased collaboration with the general education teacher and any other certified staff, there are three main process examples of school-based collaboration which will be referenced within this project: team supports, system supports and hands-on services (Hanft & Shepard, 2008, p.5). According to the authors, these descriptive terms are not service provision models but they refer to the process that families, educational staff and therapists work in to
share knowledge and ensure children participate successfully within the educational environment (p.6). System supports are defined as “the formal and informal initiatives, programs, and communications that occupational therapists and other team members engage in to ensure that a school district meets federal, state, and local requirements to educate all children” (p.13). Examples of system supports may be in the form of professional development, task forces, program evaluation, curriculum committees or drafting state/district OT guidelines (p. 5) “Team supports are the strategies and interactions that one team member uses to enhance the competency of another to facilitate students’ academic achievement and participation in school” (p. 11). Hanft and Shepard list some examples of team supports such as: in-service/workshops, collaborative consultation, co-teaching, pre-referral screening, progress monitoring, RtI, and mentoring team members. Lastly hands-on supports coupled with team supports are “provided by the occupational therapist to promote the academic achievement and functional performance of individual students as well as selected groups” (p.6). Examples of Tier 1 intervention by which an occupational therapist may contribute “that emphasizes context and activity demands include assisting in the development of school-wide incentive programs, school-wide positive behavioral support programs, classroom management systems, and professional development training” (Cahill, 2007, p. 2). Under Tier 1 the occupational therapist may help carry out strategies addressing professional development such as: handouts for teachers, based on scientifically-based evidence for fine motor problems, in-service to enhance alertness to learning,
positioning suggestions, or being a member of a handwriting curriculum committee (Frolek-Clark, & Polichino, 2007, p. 3). An occupational therapist may assist the RtI team by teaching correct student computer ergonomics, providing strategies to enhance peer relationships, participating in team brainstorming sessions of techniques which may improve educational outcomes, or screening a student’s visual perceptual skills (Frolek-Clark, 2007, p. 3). “Tier 2 continues instructional interventions and addresses the needs of students in small groups before the possible delivery of more individualized, Tier 3 interventions” (Cahill, 2007, p. 2). Cahill notes that Tier 2 and Tier 3 are based on students’ specific needs and therefore may resemble traditional occupational therapy interventions (p. 2). This model opens many doors for occupational therapy services in the school-based setting. “The new and expanded OT role has much to contribute to districts using RtI or EIS. OT roles need to expand to include prevention and identification of at-risk children, services may be direct or indirect and for children, families, educators and colleagues, and lastly OT needs to be in general education settings” (Frolek-Clark, 2007, slide 74). “As school-system occupational therapy practice continues to evolve, new legislation and educational models, such as Response to Intervention, are being implemented across the country. It is important that education professionals are aware of the role of occupational therapy practitioners and how our skills can be effectively used within the school system to enhance education of all students, not just students within special education” (Donica, 2009, p. 7)
CHAPTER III

METHODOLOGY

It was determined through a variety of sources that there is a need for a guide to aid in occupational therapy involvement in the RtI model. The need for more information and guidance was determined through input from a variety of stakeholders. Stakeholder input came from administrators, staff working in the school district, who are piloting the RtI model, and specifically the occupational therapist practitioners involved. An initial review of the literature in this area indicated that there is not a wealth of literature regarding the realm of involvement for occupational therapy, and the need for guidance as to what role occupational therapy practitioners had in the RtI model. An extensive literature review on Response to Intervention, including a historical look at legislation and references to the Person, Environment, and Occupation Theory (Law et.al., 1996) were conducted to gain more information to develop and support this project. Conversations with other occupational therapists who are working and attempting to identify their individual role as occupational therapists in the RtI model also supported the need for this product. The author’s background is in pediatric occupational therapy with extensive experience in school based practice.
The literature reviewed served as a foundation of information for the development of the product, *Response to Intervention: An Occupational Therapy Practitioners Guide for Effective Service Delivery*. The guide was developed to help the occupational therapy practitioner implement effective services into the Response to Intervention Model. The guide was designed to help occupational therapy practitioners increase their knowledge about their important role for implementation of the RtI model. Chapter IV contains the guide for occupational therapy involvement into the RtI process developed as the product of this scholarly project.
CHAPTER IV

PRODUCT

In order to provide effective occupational therapy services to children within the school-based practice setting, it is important to be knowledgeable regarding the current theories and educational models which drive the educational system. Occupational therapists may have an opportunity to expand their services through a model called Response to Intervention. This may allow occupational therapists the ability to serve both special education students and aid in development of interventions for general education students. The problems with the traditional system, according to Batsche, et al. (2006), is the separation of special education from general education, undocumented benefits, eligibility procedures unrelated to intervention, wait-to-fail model, over-representation of some minority students and failure of traditional assumptions (slide number 6). Batsche et al. (2006) expands on early intervening models and research supporting the adoption of an RtI model, in place of the traditional system. As a related service, occupational therapists “are expected to support students’ participation and academic achievement by assisting them in accessing and making progress in the curriculum” (Cahill, 2007, p. 2). The product of the scholarly project is a guide to help the occupational therapy practitioner implement effective services into a Response to Intervention model.
Response to Intervention: An Occupational Therapy Practitioners Guide for Effective Service Delivery


Nicole Bolinger, OTR/L

Advisor: Gail Bass, Ph.D., OTR
Introduction

First and foremost it is the responsibility of the occupational therapist to know their individual state regulations and licensure laws. "Occupational therapy practitioners also need to have a strong knowledge of their state practice act (licensure) and regulations regarding evaluation, screening, and providing interventions before an evaluation for occupational therapy/special education" (Frolek-Clark, & Polichino, 2007, p. 3). "Some states allow occupational therapists to use screening activities and make suggestions to general education children and teachers. Frolek-Clark (2007) emphasizes in *Response to Intervention: A Role for Occupational Therapy Practitioners* the importance of checking your states licensure requirements for allowing an occupational therapist the ability to assist a teacher in whole class screening, to provide screening to a student with parent consent, to provide suggestions to parents/teachers, and to provide ongoing screening or short-term evaluations (slide 60). It is essential for the occupational therapy practitioner to understand legislation and policy to deliver effective services within the educational setting, and to ensure the student has access to appropriate services and supports (Jackson, 2007, p. 10).

**Occupational Therapy Involvement in RtI**

According to Gloria Frolek-Clark (2007), activities outlined under Early Intervening Services are broken down into two main categories: (1) professional development, and (2) evaluations, services and supports. Professional Developments purpose is to educate the teachers and other support staff so they can deliver scientifically based academic and behavioral interventions. The purpose of evaluations,
services and supports purpose is to identify instructional methodologies or interventions to enhance the student's rate of learning in the general education program (Frolek-Clark, 2007, slide 56-58). The occupational therapist should follow the state's licensure regulations for practice. Occupational therapists need to check to see if your state regulatory laws allow assisting the teacher in whole-class screening, providing screening to a student (with parent and teacher consent), providing suggestions to parents or teachers, and providing ongoing screening or short-term activities (Frolek-Clark, 2007, slide 60). Once determination has been made that students should be evaluated, screening ends and referral for special education should be obtained. The following tables are some general suggestions for an occupational therapist to glean information, on how occupational therapy services may fit within the RtI model. The tables outline basic intervention ideas for the various tiers. The tables include terminology from Occupational Therapy Practice Framework: Domain and Process 2nd Edition (AOTA, 2008). Also, under the intervention implementation are the process examples listed for school-based collaboration. System supports are defined as "the formal and informal initiatives, programs, and communications that occupational therapists and other team members engage in to ensure that a school district meets federal, state, and local requirements to educate all children" (Hanft & Shepard, 2008, p.13). Examples of system supports may be in the form of professional development, task forces, program evaluation, curriculum committees or drafting state/district OT guidelines (Hanft & Shepard, 2008 p. 5) "Team supports are the strategies and interactions that one team member uses to enhance the competency of another to facilitate students' academic
achievement and participation in school" (2008, p. 11). Hanft and Shepard list some examples of team supports such as: in-service/workshops, collaborative consultation, co-teaching, pre-referral screening, progress monitoring, RtI, and mentoring team members. Lastly hands-on supports coupled with team supports is “provided by the occupational therapist to promote the academic achievement and functional performance of individual students as well as selected groups” (2008, p.6).

As stated previously, RtI models can vary between the numbers of tiers utilized; for the purpose of this scholarly project a three tiered model was described. Two case studies were designed to give a sense of the big picture of occupational therapy’s involvement in the RtI process and they can be found following the tables.
## Tier One: Professional Development

<table>
<thead>
<tr>
<th>Occupational Therapy Intervention</th>
<th>Area of Occupation</th>
<th>Intervention Implementation</th>
<th>Intervention Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide an in-service on strategies to enhance the student’s alertness.</td>
<td>Education</td>
<td>Team (Classroom) Support</td>
<td>Create, Promote</td>
</tr>
<tr>
<td>Provide the classroom teacher with suggestions on positioning students for fine motor activities</td>
<td>Education</td>
<td>Team (Classroom) Support</td>
<td>Modify</td>
</tr>
<tr>
<td>Serve on a Curriculum Committee for adoption of handwriting programs</td>
<td>Education</td>
<td>System Supports</td>
<td>Create, Promote</td>
</tr>
<tr>
<td>Participate in brainstorming to help with strategies to enhance peer relationships</td>
<td>Education, Social Participation</td>
<td>Team (Classroom) Support</td>
<td>Create, Promote</td>
</tr>
<tr>
<td>Participate in team brainstorming for instructional outcomes</td>
<td>Education</td>
<td>Team (Classroom) Support</td>
<td>Create, Promote</td>
</tr>
<tr>
<td>Provide intervention strategies to the classroom to help build skills in letter formation</td>
<td>Education</td>
<td>Team (Classroom) Support, Individual Support</td>
<td>Create, Promote, Establish, Restore</td>
</tr>
<tr>
<td>Provide intervention strategies to the classroom to help build skills in letter placement</td>
<td>Education</td>
<td>Team (Classroom) Support, Individual Support</td>
<td>Create, Promote, Establish, Restore</td>
</tr>
<tr>
<td>Provide in-service on strategies to aid in fine motor development</td>
<td>Education</td>
<td>Team (Classroom) Support, Individual Support</td>
<td>Create, Promote</td>
</tr>
<tr>
<td>Provide in-service on environmental modifications</td>
<td>Education</td>
<td>Team (Classroom) Support, Individual Support</td>
<td>Create, Promote, Modify</td>
</tr>
<tr>
<td>Provide an in-service on sensory processing</td>
<td>Education</td>
<td>Team (Classroom) Support</td>
<td>Create, Promote</td>
</tr>
<tr>
<td>Provide an in-service on precutting/cutting skills</td>
<td>Education</td>
<td>Team (Classroom) Support</td>
<td>Create, Promote, Establish, Restore</td>
</tr>
<tr>
<td>Provide an in-service on various feeding techniques</td>
<td>Education, Feeding</td>
<td>Team (Classroom) Support, Individual Support</td>
<td>Establish, Restore</td>
</tr>
<tr>
<td>Serve on a New Building Committee to ensure appropriate accessibility is accurate for students with special needs.</td>
<td>Education, Functional Mobility Community Mobility</td>
<td>System Support</td>
<td>Modify</td>
</tr>
<tr>
<td>Provide an in-service for the teachers who work with disabled students on dressing strategies to promote independence.</td>
<td>Education, Dressing</td>
<td>Team (Classroom) Support</td>
<td>Modify</td>
</tr>
<tr>
<td>Create a handout of various community resources available to students with special needs.</td>
<td>Community Social Participation</td>
<td>System Support</td>
<td>Create, Promote</td>
</tr>
<tr>
<td>Provide an in-service on bus safety for those students with wheelchairs</td>
<td>Education Safety and Emergency Maintenance</td>
<td>System Support</td>
<td>Create, Promote, Modify</td>
</tr>
</tbody>
</table>
## Tier One: Evaluations, Services and Supports

<table>
<thead>
<tr>
<th>Occupational Therapy Intervention</th>
<th>Area of Occupation</th>
<th>Intervention Implementation</th>
<th>Intervention Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform a class screening for visual perceptual abilities</td>
<td>Education</td>
<td>Team (Classroom) Support</td>
<td>Establish, Restore</td>
</tr>
<tr>
<td>Help in the set-up of the computer lab to promote child ergonomics</td>
<td>Education</td>
<td>Team (Classroom) Support, Individual Support</td>
<td>Establish, Restore</td>
</tr>
<tr>
<td>Perform a class screening for handwriting abilities</td>
<td>Education</td>
<td>Team (Classroom) Support</td>
<td>Establish, Restore</td>
</tr>
<tr>
<td>Provide intervention strategies to the classroom to help build skills in letter formation</td>
<td>Education</td>
<td>Team (Classroom) Support, Individual Support</td>
<td>Create, Promote Establish, Restore</td>
</tr>
<tr>
<td>Provide intervention strategies to the classroom to help build skills in letter placement</td>
<td>Education</td>
<td>Team (Classroom) Support, Individual Support</td>
<td>Create, Promote Establish, Restore</td>
</tr>
<tr>
<td>Provide intervention strategies to the classroom to help build skills in letter reversals</td>
<td>Education</td>
<td>Team (Classroom) Support, Individual Support</td>
<td>Create, Promote Establish, Restore</td>
</tr>
<tr>
<td>Observe primary student’s computer ergonomics and help in recommendations</td>
<td>Education</td>
<td>Individual Support</td>
<td>Modify</td>
</tr>
<tr>
<td>Provide the classroom teacher with suggestions on positioning students for fine motor activities</td>
<td>Education</td>
<td>Team (Classroom) Support</td>
<td>Create, Promote Modify</td>
</tr>
<tr>
<td>Provide suggestions to help with strategies to enhance peer relationships</td>
<td>Education, Social Participation</td>
<td>Team (Classroom) Support</td>
<td>Create, Promote Establish, Restore</td>
</tr>
<tr>
<td>Conduct a sensory processing screening on a student</td>
<td>Education</td>
<td>Individual Support</td>
<td>Establish, Restore</td>
</tr>
<tr>
<td>Occupational Therapy Intervention</td>
<td>Area of Occupation</td>
<td>Intervention Implementation</td>
<td>Intervention Approach</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Provide strategies to enhance a student's alertness.</td>
<td>Education</td>
<td>Individual Support</td>
<td>Create, Promote Establish, Restore Modify</td>
</tr>
<tr>
<td>Provide strategies to de-escalate student behaviors.</td>
<td>Education</td>
<td>Individual Support</td>
<td>Create, Promote Maintain Modify</td>
</tr>
<tr>
<td>Provide the classroom teacher with specific suggestions on positioning a student for fine motor activities</td>
<td>Education</td>
<td>Individual Support</td>
<td>Create, Promote Establish, Restore</td>
</tr>
<tr>
<td>Help in the set-up of a computer station for a student with special needs</td>
<td>Education</td>
<td>Individual Support</td>
<td>Modify</td>
</tr>
<tr>
<td>Provide suggestions to help a student with strategies to enhance positive peer relationships</td>
<td>Education, Social Participation</td>
<td>Team (Classroom) Support</td>
<td>Create, Promote Establish, Restore</td>
</tr>
<tr>
<td>Provide intervention strategies for a student to develop appropriate letter formation</td>
<td>Education</td>
<td>Individual Support</td>
<td>Establish, Restore</td>
</tr>
<tr>
<td>Provide intervention strategies for a student to develop letter placement</td>
<td>Education</td>
<td>Individual Support</td>
<td>Establish, Restore</td>
</tr>
<tr>
<td>Provide recommendations on strategies to help meet a student's sensory processing needs</td>
<td>Education</td>
<td>Team (Classroom) Support, Individual Support</td>
<td>Establish, Restore Maintain Modify</td>
</tr>
<tr>
<td>Provide strategies to help a student develop cutting skills</td>
<td>Education</td>
<td>Individual Support</td>
<td>Establish, Restore</td>
</tr>
<tr>
<td>Provide suggestions for adaptive equipment for a student to promote independence.</td>
<td>Education, Personal Device Care</td>
<td>Team (Classroom) Support, Individual Support</td>
<td>Establish, Restore</td>
</tr>
<tr>
<td>Brainstorm ideas with a student to aid in organization of multiple classes</td>
<td>Education</td>
<td>Individual Support</td>
<td>Create, Promote Establish, Restore Modify</td>
</tr>
<tr>
<td>Provide alternative locking solutions for a student who can't manipulate the turn dial of their locker</td>
<td>Education</td>
<td>Individual Support</td>
<td>Create, Promote Modify</td>
</tr>
<tr>
<td>Help in the development of appropriate sensory breaks for a student</td>
<td>Education</td>
<td>Individual Support</td>
<td>Create, Promote Establish, Restore Maintain Modify</td>
</tr>
</tbody>
</table>
### Tier Two: Evaluations, Services and Supports

<table>
<thead>
<tr>
<th>Occupational Therapy Intervention</th>
<th>Area of Occupation</th>
<th>Intervention Implementation</th>
<th>Intervention Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform a screening with a student to determine visual perceptual abilities</td>
<td>Education</td>
<td>Individual Support</td>
<td>Establish, Restore</td>
</tr>
<tr>
<td>Perform a screening with a student to determine handwriting abilities</td>
<td>Education</td>
<td>Individual Support</td>
<td>Establish, Restore</td>
</tr>
<tr>
<td>Provide intervention strategies for a student to help build skills in letter formation</td>
<td>Education</td>
<td>Individual Support</td>
<td>Establish, Restore</td>
</tr>
<tr>
<td>Provide intervention strategies for a student to help build skills in letter placement</td>
<td>Education</td>
<td>Individual Support</td>
<td>Establish, Restore</td>
</tr>
<tr>
<td>Provide intervention strategies for a student to help build skills in letter reversals</td>
<td>Education</td>
<td>Team (Classroom) Support, Individual Support</td>
<td>Establish, Restore</td>
</tr>
<tr>
<td>After an observation in PE provide possible strategies to enhance the student’s participation</td>
<td>Education, Social Participation, Leisure</td>
<td>Individual Support</td>
<td>Create, Promote Establish, Restore Modify</td>
</tr>
</tbody>
</table>
Tier Three: Evaluations, Services, and Supports

Occupational Therapy involvement in Tier Three would be included in the evaluation, services, and supports. Tier Three has more intense individual interventions rather than the opportunities for professional development. Tier Three is dependent on the individual student’s needs and developing instructional methodologies and interventions to help the student in meeting educational outcomes. Therefore due to the individual nature of Tier Three it is difficult to identify various interventions for occupational therapy involvement. Some RtI models include special education into Tier Three so this level of intervention depends on how the school district sets up their pyramid of intervention (NRCLD, 2005, p. 7).
Case Study A

In this school Rti is utilized. Mrs. Williams is a kindergarten teacher. During a recent class screening, she found several students whose fine motor skills were delayed when compared to the rest of their peers. Following a discussion with Mrs. Williams, you determine her concerns are mostly in the area of in-hand manipulation and strength. At this time, your state licensing board does not allow occupational therapy to screen individual students, but you are able to provide the teacher with some general suggestions, based on evidence-based research, to use with the entire class to promote these two areas. You may suggest that she set up an additional center to enhance fine motor skills. This may be done by adding a fine motor center to target various skills such as intrinsic muscle strengthening, dexterity, in-hand manipulation, finger isolation, prehension patterns and coordination. After listening to Mrs. William’s class schedule and learning what she will be teaching the students you may determine that there are other activities which could accompany her lesson plans to address fine motor skills. Some examples include: Since the class is working on patterns, the students could roll small balls of play dough using a tip pinch (addressing the fine motor coordination) and then put them into the patterns being taught, or before the students handwriting activity you could facilitate a handwriting warm-up with the class (Frolek-Clark, 2007, slides 65-67).
Case Study B

Mr. Thompson's 5th grade class just finished with their whole school quarterly progress monitoring. After Mr. Thompson provided screening probes to his class, he determined that two students were below the rate of progress as compared to all the 5th grade students within their school. Mr. Thompson then put these two students in the Tier Two intervention group. He followed Tier Two with fidelity and collected the necessary data for the interventions. After interpreting the data, Mr. Thompson determined one student was making progress and the other student was not making the expected progress. He then contacted the occupational therapist of this student and expressed his concerns. Your state licensing board allows an occupational therapist to screen students and provide suggestions. The school nurse who completed the school wide vision screenings reported that this student had passed. You then decide to conduct a screening, with parent consent, which indicates this student's visual perceptual skills appear to be significantly delayed. After the screening, parents were notified of the delay and you report their child may benefit from an in-depth evaluation by an eye care professional. You also provide the teachers with some strategies for this student. During a follow-up consultation a month later, Mr. Thompson reports that the student did require glasses and the strategies recommended in class are helping. The student is displaying gains in both reading and writing on his progress monitoring data (Frolek-Clark, 2007, slides 69-72).
References


CHAPTER V

SUMMARY

This project was designed as a result of input from a variety of professionals and the literature review that was completed. After discussions with various professionals and reviewing the state licensure act it was concluded there were many questions behind occupational therapy’s involvement in an Early Intervening Service also known as the Response to Intervention Model. In order to provide effective occupational therapy services to children within the school-based practice, it is important to be knowledgeable regarding the current theories and educational models which drive the educational system. Also, it is imperative that school-based occupational therapy practitioners understand the educational models and how they may impact the way occupational therapists deliver services.

This project will help therapists to gain a greater understanding of the history of the legislation in terms of IDEA and NCLB, an RtI overview, and occupational therapy’s unique role. Chandler (2007) states, “an initiative is gathering momentum that has the potential to significantly change the way occupational therapists practice in the public school” (p. 7). Occupational therapists may have an opportunity to expand their services through Response to Intervention through the ability to serve both special education students and aid in development of interventions for general education students. This project will serve to help occupational therapists gain the knowledge to help bridge the gap for their participation into the Response to Intervention process.
This project does have limitations. It was developed for occupational therapy practitioners who are delivering services within a school based setting. The guide was developed for the practitioners whose state licensure act allows them to provide services, support and screenings under the Rtl model. Due to the various state regulation parameters, a specific state licensure act could limit the audience in the applicability of the project to their school-based practice. Also, the individual paradigm shift of the historical direct service provision versus a more collaborative consultation approach may have an impact on the project. The project is a starting point for the occupational therapy practitioner to get involved with the Rtl model; the guide is not an inclusive list of intervention strategies within the Rtl model.

The guide is designed for any professional seeking out more information on occupational therapy’s involvement in the Rtl process. The guide is intended for the occupational therapy practitioner to read and gain ideas regarding intervention strategies, intervention approaches and the areas of occupation. This will build the practitioners knowledge regarding intervention strategies for effective involvement into their school-districts Rtl model.

This project was completed to help meet a specific occupational therapy practitioner’s need to expand their knowledge of the involvement of occupational therapy in Rtl; however the needs of multiple school districts and practitioners were considered. The project allows for the occupational therapy practitioner to aid in the implementation of effective services under the Rtl model. The project also allows for
practitioners who may have a basic knowledge base to increase their knowledge through review of the literature and further ideas of intervention strategies within the various tiers.

Further training and research are needed in this area. After completing the literature review it was apparent that there is not a great deal of information regarding a related service's involvement into the RtI model. Further research involving occupational therapy practitioners who are working in a school district using RtI would be beneficial. The project has the potential to be expanded on based on this type of research. Additional information may include effective intervention strategies and professional development tools utilize for optimal occupational therapy involvement.

There may also be opportunities the role of other related service providers in this guide or another guide modeled after the one developed for this scholarly project.
APPENDIX

Response to Intervention: Student Flow Chart through the Tiered Model

Tier One Intervention

Grade Level Students

Progress Monitoring Benchmarks

At-Risk Students

No Previous Tier Two Intervention

Tier Two Intervention Only

Tier Two Intervention Multiple Times

Tier One Intervention and Tier Two Intervention-First
(10-12 weeks)

Meet Exit Criteria
Back to Tier One

Tier One Intervention and Tier Two Intervention-Second
(10-12 weeks)

Meet Exit Criteria
Back to Tier One

Tier Two Intervention and Tier Three Intervention

Meet Exit Criteria
Back to Tier One

Adapted from NRCLD (2005a). Responsiveness to Intervention in the SLD Determination Process.
REFERENCES


