Special Education Service Delivery Models in Light of Results Driven Accountability

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April 14, 2016

Abstract

In 2014, the Office of Special Education Programming (OSEP) under the United States Department of Education announced changes related to the Individuals with Disabilities Education Act (IDEA) accountability regarding a movement from procedural compliance to results-driven accountability (RDA). In response to the changes in accountability, The Nebraska Department of Education (NDE) Special Education Department worked with statewide stakeholders to identify a need to narrow the gap between the reading proficiency rates of students with disabilities and general education peers using a multi-tiered systems of supports (MTSS) framework for special education service delivery (Delisle & Yudin, 2014; Blomstedt & Sherman, 2014). Nebraska is not alone in recommending an MTSS framework to be used as a service delivery model for students with disabilities. Kansas, Tennessee, and Florida have statewide models in place related to MTSS. Others states, such as California, have recommend the use of the MTSS framework without a state model in place. Nebraska does not have a state model but does support the use of MTSS through a collaborative project between the Nebraska Department of Education – Special Education Department and the University of Nebraska- Lincoln. However the MTSS project can only support a small number of school districts across the state. In Nebraska, with the limited supports available from the state, is the MTSS framework a viable service delivery model to use with students with disabilities to impact results driven accountability?

Research Topic

This research brief will seek to address whether or not the MTSS framework is an effective service delivery framework for students with disabilities related to impacting their achievement results. To do so, it first analyzes the context of moving from compliance based accountability to results driven accountability. Then, it will examine the current literature on the use of the MTSS framework as a service delivery model for students with disabilities and the perceived effect that the MTSS framework can have on students with disabilities in the state of Nebraska.

Background – Context

Special Education Pre-2001

Federal legislation related to students with disabilities can be traced back to 1975 with the passage of Public Law 94-142, which became known as the *Education of All Handicapped Children Act*. For the first time ever, children with disabilities ages 3 through 21 were guaranteed a free and appropriate public education (FAPE). Before 1975, it is estimated that shockingly only one in five children with disabilities were being educated in a public school setting while more than a million children with disabilities were kept home, placed in an institution or were in a public school not receiving any support. Several states actually had laws that excluded children with disabilities from attending public school. Public Law 94-142 identified four goals a) to provide students with a disability a free appropriate public education, b) to protect the rights of students with disabilities and their parents, c) to support local school districts in responding to students with disabilities, and d) to assess and assure effective strategies are used with students with disabilities (United States Department of Education, 2010; Prasse, 2014).

The first two goals of Public Law 94-142 child find and the protection of the rights of students with disabilities and their parents initially dominated the field of special education. David Prasse (2014) reinforced that the initial focus area related to implementing Public Law 94-142 was finding or identifying children with disabilities and getting them into school. At times child find efforts took some extreme measures such as sending school personnel out to talk with parents who were suspected to have a

child with a disability and convincing the parents that the place for their child was in school. This was especially important in rural areas of the country such as Nebraska and Iowa.

The focus also included parents or groups of parents going to court to enforce the right to have their child with a disability educated in a public school setting (United States Department of Education, 2010). These efforts by parents and advocates for children with disabilities to take issues to court developed a case law basis for certain rights that every child was entitled too. This growing case law around special education greatly contributed to a compliance mentality that was developing and was embraced by the United States Department of Education - Office of Special Education Programs (OSEP), individual state special education departments, as well as school districts and special education staff. As a result, Federal and State agencies responsible for special education frequently went out of their way to make sure that school districts were compliant with the rules and regulations around students with disabilities. Along with the obligation to meet Federal and State requirements, school staff also began to fear not following the rules and regulations around special education may lead to the risk of being engaged in costly litigation.

Therefore, throughout the 1980s and 1990s, compliance with child find and the protection of the rights of parents and students with disabilities were very active elements of Public Law 94-142. So much so that several concerns were developing, including the large number of students identified as having a disability, especially in the areas of specific learning disability and the rising costs of litigation of special education. The potential disproportionality in the verification of students with learning disabilities can be seen in the significant growth of verified students. Shortly after the passage of P.L. 94-142, students identified as having a specific learning disability were less than 2% of the United States student population and by the late 1990s it grew to more than 6% (Fuchs & Fuchs, 2006; Prasse, 2014). Since it can cost two to three times more to educate students with disabilities the costs for providing special education services was also spiraling (Fuchs & Fuchs, 2006). By the mid-1990s goal one of Public Law 94-142 related to child find was probably working too well. For goal two, progress had been made to ensuring the rights of students and parents through a better understanding in the area of special education

compliance. Again these processes were costly. With the focus on compliance, however, less progress had been made on goal three related to supporting school districts in responding to students with disabilities, and goal four which is the development of effective strategies to use with students with disabilities.

Service Delivery Models

Service delivery related to students with disabilities had its inception in the passage of Public Law 94-142 in 1975. It was an immense task to get the well over a million children with disabilities actually into school. Once students with disabilities were in school, child find quickly gave way to a service delivery model where students with disabilities were often educated away from their more traditionally developing peers. In the late 1970s and 1980s, special education was generally seen as a separate place where students with disabilities would go to be educated by special educators away from the general education classroom, non-disabled peers, and general education teachers (United States Department of Education, 2010).

As Public Law 94-142 went through its first major revision in 1997, becoming known as the Individuals with Disabilities Education Act (IDEA), service delivery had been a major topic of research and discussion for many years. Following the *A Nation At Risk* report many began to challenge the separate or silo-ed approach to special education. The *A Nation at Risk* report started a movement that focused on improving the learning performance of all students in public schools including students with disabilities (Bastche et al., 2006).

IDEA (1997) brought into law much of the research, thoughts, and ideas for educating students with disabilities that had been developed over the previous decade and laid the foundation for many changes in special education. It started to change the paradigm of how students with disabilities were viewed in that IDEA (1997) indicated students with disabilities were general education students first, then a student who receives additional benefit from a set of special education services (Bastche et al., 2006; United States Department of Education, 2010; Prasse, 2014). This new model where students were general education

students first was a shift from the previous model of educating students with disabilities in separate classrooms thus ultimately having an immense effect on service delivery.

During the 1900s, inclusion of students with disabilities in the general education classroom became a more prevalent service delivery model. The inclusion service delivery model has various forms but the overall focus is on providing students with disabilities support in the general education classroom environment. This provides the student with a disability the same opportunity to learn the general education curriculum right alongside their non-disabled peers from the general education teacher. In an inclusive model, the general education teacher becomes responsible for the learning of the student with a disability. It also provides the students with a disability the ability to learn through peer models. Children learn through direct instruction from a teacher but also through modeling (Hanover Research, 2014).

In a full inclusion service delivery model, students with disabilities spend their entire school day in the general education classroom and the general education teacher provides the majority of their instruction. Special education teachers may come in to offer assistance during specific activities or to consult with the general education teacher. But, the responsibility for the learning of a student with a disability falls mainly on the general education teacher. When full inclusion was introduced, it was often feared putting more students with disabilities into general education classrooms would negatively affect the learning success of other students. Multiple studies have shown that no significant difference was found in the academic achievement of students without disabilities who were served in classrooms with inclusion (Ruijs, Van der Veen, & Peetsma, 2010; Sermier, Dessemontet & Bless, 2013).

Co-teaching as a service delivery model is based on placing both a general education teacher and a special education teacher together in the same physical classroom space so that the needs of all learners can be addressed in that learning environment. The general education teacher and the special education teacher collaboratively teach all students, often teaching curriculum that is a strength area for each teacher while the other supports the teaching efforts. When the general education and special education teacher work with students in small groups, students are placed together related to an identified learning need

rather than by disability. Students without disabilities made significantly greater progress in reading and math when served in inclusive settings (Cole, Waldron, & Majd, 2004; Hanover Research, 2014).

Inclusion as a service delivery model does not fit all students with disabilities. Many students with disabilities are easily distracted, therefore, the general education classroom might not be the best learning environment for them, especially for first time learning opportunities. It can also be hard in the general education classroom to pace instruction, differentiate instruction, and provide students with disabilities substantial opportunities to respond (Hanover Research, 2014). Push-in and pull-out is a more balanced service delivery approach giving teachers a variety of options to choose from while providing the opportunity to match the individual needs of the student with the types of services being provided.

In a push-in service delivery model, the special education teacher would advocate for a general education classroom to support students with disabilities during a particular subject area or time of day. The special educator would provide specialized support or pull students with disabilities together to work on a specific learning concern. The special education teacher often works with a small group of students with disabilities using some type of very structured intervention. In this small group setting, the special education teacher can control the pacing of the lesson, provide additional examples, and solicit more responses from students (Hanover Research, 2014).

A pull-out service delivery model is very similar with the special education teacher pulling students with a disability into a separate instructional environment. The special education teacher has more control over the instructional environment and teacher decision making in a pull-out model.

Results for Students with Disabilities – Pre-2001

Before 2001, and NCLB results related to students with disabilities were often only collected in isolated ways. They could not be compared with other groups or often even non-disabled students. Before the passage of NCLB, the performance of students in subgroup areas were not always analyzed and were even dismissed by some educators as they would not expect students with disabilities to perform at the same educational level as other non-disabled students (DuFour, DurFour, Eaker, & Karhanek, 2004). Even though there was not often a way to compare results with others, it was pretty clear that

every indicator of school performance that was collected illustrated an unfavorable picture of school functioning both academically and behaviorally for students with disabilities before the 2001 passage of NCLB (Fuchs, Fuchs, & Vaughn, 2014).

Summary of Findings

Results for Students with Disabilities – Post NCLB

In 2001, No Child Left Behind (NCLB) stated for the first time that results for students with disabilities would be collected in the same manner as all other students. NCLB mandated that schools are not only responsible for the educational results of all students, but also the educational results of students that belonged to a variety of subgroups (Schiller, Sanford, & Blackordy, 2008). The subgroups include gender, economically disadvantaged students, students with disabilities, English language learners, and race-culture including African-American, Asian, Caucasian, Hispanic and Native American.

Secretary of Education Arne Duncan recently referred to gains in graduations rates for students across the United States as promising. Graduation rates for all students have increased (Bidwell, 2015). Bidwell (2015) also confirms gains in graduation rates for the majority of NCLB subgroups when compared with white students. This has been touted as a sign that the achievement gap may be closing for nearly every subgroup. This all seems to be good news until further examination of the numbers. The 2012-2013 data indicated a record high 81% of all students graduated from high school nationally while only 62% of students with disabilities graduated (Diament, 2015). Other subgroups are not only graduating at higher rates, but also have substantially closed the graduation gap. Black students (71%), Hispanic students (75%), American Indian students (69%), and low income students (73%) have shown much greater progress than students with disabilities in closing the achievement gap (Bidwell, 2015). Students with disabilities are being left behind. They are not closing the graduation gap similar to other subgroups. But there may be other factors influencing the graduation rate for students with disabilities.

The graduation rate being presented measures students that graduate high school in four years. IDEA states that students with disabilities may be entitled to an education through the school year of their twenty-first birthdate so there would be an expectation with the IDEA provision that some students with

disabilities would continue their education and not graduate in four years may be needed. Also, due to a slower rate of learning related to some students with disabilities, additional time to graduate beyond the four years. It would be expected that both of these circumstances would affect the graduation rate for students with disabilities. A more accurate way to look at students successfully completing their K-12 education would be to examine the drop-out rates for all students and then by subgroups.

Looking at the graduation rates alongside drop-out information for students with disabilities will give us a more complete picture of school completion for students with disabilities. Twenty-eight percent of students with disabilities drop-out or leave school before graduating, a much higher rate than their non-disabled peers whose drop-out rate is below 10%. The outlook related to dropping out for students identified as having an emotional disturbance disability is even worse at 44% (Wagner, Newman, Cameto, Garza, & Levine, 2005). As a subgroup, students with disabilities are dropping out at a much higher and seemingly disproportionate rate when compared to other groups of students.

One of the few national academic measures is the National Assessment of Educational Progress (NAEP). An analysis of the 2011 results indicates that 68% of fourth graders and 64% of eighth graders with disabilities were identified as below basic in the area of reading compared to 30% of fourth graders and 21% of eighth grade non-special education students (National Center for Educational Statistics, 2012). A similarly high number of students with disabilities were below basic in math (45%) in the fourth grade and 65% in the eighth grade while for non-special education students these rates were only 15% in fourth grade and 23% in eighth grade (National Center for Educational Statistics, 2012). In both the areas of reading and math, students with disabilities were functioning in the below basic category at rates more than double those of students that do not have a disability. In examining NAEP data from 2009 to 2013, students with disabilities was the only subgroup where proficiency levels declined while their non-disabled peers continued to show increases (Delisle & Yudin, 2014; National Center for Educational Statistics, 2012). Teacher-reported information related to how their students performed on standardized tests, described in the National Longitudinal Transition Study-2 (NLTS-2), indicated that about 26% of students with disabilities are five or more grade levels behind in reading and math, 40% are

3 to 4.9 grade levels behind in reading and math. The study also indicates that only 12% of students with disabilities were considered above grade level, at grade level, or less than 1 grade level behind in reading and math (Blackorby, Chorost, Garza, & Guzman, 2003).

The academic results for students with disabilities are confirmed on state school report cards from across the country. For example, for the 2013-2014 State of the Schools Report for Nebraska Public Schools, 47% of students with disabilities were considered proficient in the area of reading compared with 77% of all students (Nebraska State of the Schools Report, 2014). The 2013-2014 results in math looked similar with 42% of students with disabilities being considered proficient while 71% of all students were proficient (Nebraska Department of Education, 2014). This pattern of limited academic success for students with disabilities is repeated on state report cards across the country. There is no denying that the results indicate low academic learning performance for students with disabilities.

When NCLB, in 2001, made special education a subgroup where data would be collected in similar ways to other subgroups and all students, many assumed that students with disabilities would not perform as well as their non-disabled peers. But the significance of the gap between students with disabilities and other students was much more pronounced than many expected (Fuchs, et al., 2014; DuFour et al., 2004).

Service delivery Post NCLB

IDEA (1997) required general education teachers to intervene with students that were not learning like their peers before they referred them for special education services. This process came to be known as pre-referral strategies. Schools began to form student assistance teams that attempted to problem-solve the issues that students were having in the classroom. A plan was developed and monitored. If the student showed limited or no progress, they were referred to special education.

IDEA (2004) brought a new structure to the pre-referral process or a re-structuring of the way services were delivered to at-risk students and students with disabilities called Response to Intervention (RTI). RTI was a promising set of practices that aimed to alter the learning path for students who did not learn in traditional ways. The concepts of RTI were borrowed from the medical community and the

health care systems' emphasis on preventive measures rather than intensive emergency measures. The health care system has revised many of their practices related to prevention and care, which are focused on a primary care physician who routinely sees a patient, builds a relationship, and uses regular screenings to identify potential health concerns. These health concerns are often identified early, at lower levels of care, and medical intervention is used to resolve these health issues. Very serious medical conditions identified at later points of onset not only are harder to treat, they often have less than optimal results for the patient, and cost much more to treat successfully in regards to the need for specialist physicians and hospitalization. The medical community recognized if they could identify medical conditions at the earliest possible point and at the lowest level of need of medical intervention, not only was the prognosis for the patient much more positive but also the cost related to addressing the medical concern was far less (Fuchs, & Fuchs, 2006).

Special education had become an expensive wait-to-fail model. To identify and then address the needs of a student, educators waited until the student's learning looked significantly worse than other students. The gap in learning between the student and his peers had to become significant before the child is evaluated, and identified as a student with a disability. General education teachers often noticed that a student was struggling to learn at a much earlier point than when they were identified as having a disability and were providing much academic or behavioral support for that student. Like the changes in the health care system, education needed to revise its structures and systems to a preventive model rather than a wait-to-fail model (Bastche et al., 2006).

The general education classroom teacher, like the primary care physician, was the professional that was closest to the student. Using screenings and other measures a classroom teacher could identify students that were at-risk of falling behind typically developing students. Once identified, interventions could be developed or identified to make sure these at-risk students were able to stay up with their classmates. These lower level interventions would occur at the earliest possible point providing the greatest possibility of being successful in regards to student learning, and like the medical model, were far less costly than more intensive services such as special education services (Bastche et al., 2006). It was

thought that these methods of addressing potential problematic learning patterns at the earliest possible moment would not only impact at-risk students, but also be very beneficial for students with disabilities. By not waiting until a gap had developed between a student that eventually would be identified as having a disability and their non-disabled peers, it would be much easier to intervene even if the student was later identified as having a disability.

Three essential components are generally used to define an RTI service delivery model including multiple tiers of instruction and intervention, use of problem solving methods, and integrated data collection and analysis systems to inform instructional decision making (Bastche et al., 2006). Multiple tiers of instruction and intervention generally include tier one, the general education classroom. If a student is not responding as a learner in the classroom, additional supports would be added and the student would be moved to tier two, which is general education along with a targeted group intervention. If tier two was not successful then even more intensity would be added through tier three or general education along with a targeted individualized intervention. Other RTI service delivery models have four tiers which provide an additional level of intervention. The type, intensity, frequency and duration of the instruction and intervention increases based on the student's Response to Intervention. As a student begins to grow as a learner and respond to the instruction and intervention, the type, intensity, frequency and duration can be decreased. The decisions related to intervention are informed by data collected related to student growth in learning. As intensity of the instruction and intervention increase for a student, so does the need to collect data on a more regular basis to inform the decisions related to monitoring progress of the student's learning. Decision making by teachers is a critical factor related to the RTI process. A student's data is analyzed, thus helping a team of teachers define the learning problem. This problem solving leads to a plan for the instruction and intervention for the student and then the plan's effectiveness is evaluated. Using data and team-based problem solving to inform decisions related to the learning of a student are critical components of RTI (Bastche et al., 2006).

Initially, RTI was seen as a strategy to effectively intervene in the learning of individual students, in individual classrooms, by individual teachers. RTI was often lead by special educators who tried to get

general educators to adopt the practices. It has grown over the last decade from the use of isolated strategies to become a way to systematically align structures in a school and a school district to effectively address the learning needs of all students. This systems level approach has become known as Multiple Tiered Systems of Support (MTSS) (Bastche, 2014). MTSS is focused on school reform through school-wide problem solving that not only informs educators how an individual student is learning, but also how well learning is happening for all students across the entire school district. Rather than being led by special education purely as a service delivery model for students with disabilities, it has become a service delivery system led by general education to address the learning issues of students at the earliest possible point and least intrusive manner. Students with disabilities interact with and gain advantages from the system of supports just like any other student. Because of its more global systems' focus, accelerating the performance of all students becomes the desired outcome. Critical components continue to be multiple tiers of instruction and intervention, use of problem solving methods, and student data not only related to academic areas but also related to student behavior.

IDEA (2004) states that school districts need a continuum of services leading to a variety of service delivery models and interventions being available for students with disabilities. Students with disabilities are individuals and since no two individuals are alike, no two students with disabilities are alike. Each student with a disability needs access to a variety of services and interventions to assist them in being successful. A one size fits all model does not work. As the law indicates, looking for a single model to fit all needs is not only illegal, but is not in the best interest of individual students that have disabilities. In theory, MTSS provides an opportunity through a systems service delivery model for providing each student necessary supports. Since MTSS is a systems focused service delivery model, inclusion, co-teaching, push-in and pull-out, and other service delivery strategies work well with particular students as strategies within the model.

National perspective of Multi-Tiered System of Supports

Because MTSS is a relatively new concept, there is not a strong evidence base. Many school districts across the country are in early stages of implementation of MTSS. Others are moving from a

RTI service delivery model to an MTSS model that systematically includes both academic and behavior support for all students. In contrast, other school districts have not seen the value of using MTSS as a service delivery model (Dulaney, Hallam, & Wall, 2013). Some states have developed state-wide models for MTSS with the leaders in this area being Tennessee, Florida, and Kansas. In most areas of the country, a decision about the use and implementation of MTSS is left up to individual school districts with uneven support from state education agencies.

Lane, Carter, Jenkins, Dwiggins, and Germer (2015) reported over 50% of the responding administrators indicated that they had implemented a MTSS service delivery model that included both tier 1 and tier 2-3 interventions in the academic areas. Most school districts reported less implementation in the area of behavior and better implementation at the elementary level with less being done with MTSS at the high school level. Dulaney, et al., (2013) found superintendents of school districts in the southwest which do not have a state-wide model of service delivery, indicated that their districts have not developed a common plan around the MTSS framework. If no state framework exists, it is up to individual school districts to establish the core components of an MTSS service delivery model. In their responses, superintendents indicated that they had not developed a district MTSS service delivery model but had supported some individual schools in developing some type of model. Although many superintendents in the study expressed that a common model of MTSS service delivery had not been established in their school districts, most expressed efforts around building capacity to do so. Balu et al., (2015) in a national study looked at the use of RTI practices correlated with only reading in 1st through 3rd grades. Results indicated that at least 56% of the elementary schools included in the study, and 86% of 146 elementary schools in a comparison group reported full implementation of RTI in reading. In this study the authors defined the use of RTI as offering multiple tiers, allocating staff to provide support at different tier levels and use of data to make instructional decisions. To date there has been a more limited implementation of MTSS beyond the elementary grades, in the area of behavior, and with school districts in states that do not have a state-wide model.

Another way to examine the use of MTSS nation-wide is to look at which states allow the MTSS process to be used for special education verification. The 2004 reauthorization of IDEA allows states to use an MTSS process for verification in the area of specific learning disabilities. It also allowed states to continue to use an IQ-achievement discrepancy model or the combination of both, often referred to as a research-based alternative. Twelve states have moved to using the MTSS process as their verification process related to specific learning disabilities. Twenty states allow the third option being a research-based alternative along with some form of the IQ-achievement discrepancy model. School districts in 32 states can use MTSS as part of their process for verification, but there are some special educators who question the legal defensibility of using MTSS to verify students with a disability. Even with the rise of school districts using some type of MTSS model many special educators still view the IQ-achievement discrepancy method for verification as the most viable (Zirkel & Thomas, 2010).

Use of Multi-Tiered System of Supports in Nebraska

The RTI Consortium is Nebraska's support system related to MTSS. It is a collaboration between the Nebraska Department of Education and the University of Nebraska, Lincoln. The Nebraska RTI Consortium is not a state model but offers professional development and technical assistance to a limited number of school districts and educational service units across the state. The RTI Consortium has identified the following essential elements related to MTSS: team leadership, parent involvement, scientifically-based core instruction and intervention, universal screening assessment, individual progress monitoring, planned service delivery decision rules, intervention delivery, and fidelity of instruction (RTI Framework in Nebraska, 2014).

Results Driven Accountability

The emphasis of IDEA 1997, and especially IDEA 2004, aimed to improve learning results for students with disabilities. In 1975, goal one focused on child find and goal two focused on the protection of the rights of students with disabilities and their parents. Goals three related to assisting school districts in educating students with disabilities and goal four being the use of effective strategies to educate students with disabilities were emerging because of the lack of educational success for students with

disabilities. By late 2015, the compliance rate related to IDEA had increased to nearly 100% with 98% of the States meeting the Office of Special Education Programming compliance indicators (GRADS360, 2015). Melody Musgrove, Director of the Federal Office of Special Education Programs (OSEP) on January 22, 2015 addressed Nebraska Administrators of Special Education (NASES) to indicate that it has become easier to address compliance topics rather than the actual achievement of students with disabilities. She went on to indicate that a focus on compliance does not produce outcomes, such as students with disabilities being successful in school academically and behaviorally.

A May 21, 2014 letter from the Assistant Secretary for Elementary and Secondary Education Deborah Delisle and the Acting Assistant Secretary for Special Education and Rehabilitative Services Michael Yudin requested the support from school districts across the country for a revised federal accountability initiative known as Results Driven Accountability (RDA). The letter explains that Results Driven Accountability is a shift in the accountability system for students with disabilities under the Individuals with Disabilities Education Act (IDEA) from a "primary emphasis on compliance" to a "framework that focuses on improved results for students with disabilities" (Delisle & Yudin, 2014, p. 1). Although the compliance areas of IDEA will still be monitored and supported, there will be a greater emphasis placed on improving "child outcomes such as performance on assessments, graduation rates, and early childhood outcomes" (Delisle & Yudin, 2014, p. 1). This letter not only identifies an important shift in priorities for accountability processes and systems under IDEA, but also acknowledges necessary efforts to be successful. It is essential there is intentional connection and collaboration between general education and special education. The most critical acknowledgement by Delisle and Yudin is that other subgroups of students have closed the achievement gap but for students with disabilities the achievement gap has widened when compared to their non-disabled peers.

Delisle and Yudin's letter was followed up on August 4, 2014 in the state of Nebraska by a letter from Matthew Blomstedt, Commissioner of Education and Gary Sherman, Special Education Administrator. Similar to the federal letter on RDA, the Nebraska Department of Education letter emphasized the need to focus on improving results for students with disabilities. The letter went on to

indicate a need to conduct a self-assessment, develop a multi-year improvement plan, involve stakeholders, and re-align focusing more resources on the results of students with disabilities. Through the stakeholder input process, Nebraska has developed a State Systemic Improvement Plan (SSIP) that is submitted to OSEP for approval. In Nebraska's SSIP the identified measurable result was the increase in reading proficiency for students with disabilities at the 3rd grade level. The strategy to meet the measurable result was the MTSS framework with support from the Nebraska RTI Collaborative. NDE also required each school district within the state to conduct a self-assessment and develop a multi-year improvement plan called a Targeted Improvement Plan (TIP). In order to make progress towards the measurable goal of the Nebraska SSIP, NDE has recognized that there needs to be an alignment in the infrastructure of supports within the state. Special education alone will never make adequate progress on the identified measurable results unless there is alignment and collaboration between several departments at NDE.

Implications of the Findings and Application to MOEC

Implications of Findings

According to IDEA, 1-3% of students with disabilities are identified as severe/profound. The cognitive abilities of these students most likely limit their ability to be successful academically and behaviorally in the core general education curriculum. In the federal RDA letter (2014), Delisle and Yudin identified that the majority of students with disabilities spend 80% or more of their day in general education and have the potential to be successful in the general education curriculum with the right supports. The larger group of students with disabilities is not severe/profound and ought to be reasonably successful in school when provided the appropriate academic and behavior supports.

As special education shifts from compliance accountability to results driven accountability several reforms need to be considered. First, special education cannot follow a wait-to-fail model. In other words, a true partnership with general education is needed. Even though this partnership is collaborative, general education has to take the lead in educating students with disabilities. After all, it is general educators who are the experts in the general education curriculum and greater than 90% of

students with disabilities are spending 80% or more of their school day in general education classrooms. Second, special educators need to provide support in the general education classroom because that is where their students are. They need to be teaching, supporting, and partnering with general educators to be part of the problem solving related to student learning. By putting the right people around the table to have the right conversations most, if not all student learning problems can be positively impacted.

General and special educators need to lay aside their identified roles and use their strengths to impact student learning. Individual teachers, just like individual students, have different areas of strength. Working together as a collaborative team, general and special educators need to maximize what each individual brings to the classroom that can be used to impact student learning. This is acknowledged in the Nebraska SSIP which calls for an alignment of general and special education supports. Third, if general and special education are going to truly work together, a well-designed system is necessary. Everyone needs to understand how to respond when some students are not learning at a rate similar to other students. A system that can identify the start of the learning gap at the earliest possible moment so that a teacher can intervene with a student at the lowest possible level of support is needed because this will be the most effective. Many characteristics of the MTSS service delivery model fit this need, including the use of data in problem solving and decision making, tiers of increasing intensity that can be used when students do not respond, scientifically-based core instruction and intervention, parent involvement, and the most important is leadership.

Lastly, educators need to take into account the whole child. It is hard to separate academics from behavior. Using a MTSS service delivery model that looks at both academic achievement and student behavior is important.

While it may be too early to tell, MTSS as a service delivery model has many of the components that appear necessary to impact the growth in learning and behavior for students with disabilities. It would appear that implementation may be difficult but critical related to MTSS. Through implementation, it will be possible to more fully examine which components of MTSS are impacting student learning and behavior, and which components need revision. It has been noted school districts in

states without a state-wide framework for MTSS have a seemingly bigger challenge with implementation. It would appear though that as a response to Results Driven Accountability (RDA), a Multi-tiered System of Support (MTSS) is of benefit.

Application to MOEC

The Metropolitan Omaha Education Consortium (MOEC) provides a forum for the University of Nebraska, Omaha, the 12 school districts in the metro area and 2 Educational Service Units to address educationally relevant issues. Impacting the learning of all students within the Omaha metro area is critical to the MOEC mission. The identification of poor learning and behavior results for students with disabilities and the federal shift towards Results Driven Accountability is an area that should be of keen interest to MOEC. Since Nebraska does not have a statewide model for MTSS, it would be beneficial if school districts in the Omaha metropolitan area, with the support of the University of Nebraska, Omaha, were able to collaborate about this promising service delivery model. The majority of school districts involved with MOEC use some form of the MTSS model. There may be an advantage in designing a MTSS service delivery model with a smaller group of school districts because the system will more likely fit their needs rather than a state model which may be less flexible and tailored to the unique needs of the MOEC school districts. Collaborative efforts would assist school districts in identifying core components of MTSS, and their potential effect on the learning and behavior of all students including students with disabilities. Effective implementation of an MTSS service delivery model relies on extensive professional development, strong building leadership, teacher buy-in, and adequate time to problem solve (Scruggs & Mastropieri, 2013; Hughes & Dexter, 2011). Since strong implementation of the MTSS service delivery model has been noted as a concern around the nation, MOAC could be a catalyst in assisting with implementation of topics. MTSS is an evidence based practice that desires more attention not only as a service delivery model for students with disabilities but also as a system of supports to positively impact the learning of all.

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