

ABSTRACT

Title of Dissertation: AN EXPLORATION OF PARENT INVOLVEMENT IN RESPONSE TO INTERVENTION (RTI) IN TITLE I SCHOOLS

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Research demonstrates that parental involvement positively impacts student achievement and enhances targeted instruction. Notably, however, little research currently exists on how schools involve parents in Response to Intervention (RTI), a framework for implementing targeted, tiered, research-based instruction. The purpose of this study was to interview selected parents, teachers, RTI specialists, and principals in three Title I elementary schools in one school district, plus one district-level administrator, in order to examine how elementary schools currently involve parents in RTI prereferral interventions, and to understand the factors that might facilitate or challenge such parent involvement. I employed a comparative case study qualitative design with each elementary school as the main unit of analysis. I conducted individual, in-depth interviews that lasted approximately 45-60 minutes with a total of 33 participants across the three school sites, including 11 parents, 12 teachers, and six RTI specialists, three principals, and one district-level administrator. I also analyzed documents related to RTI processes that are available through websites and participants. I used Strauss and Corbin's (1998) three-step scheme for thematic/grounded theory analysis, and Atlas.ti as

the electronic tool for management and analysis. Analyses of the data revealed that personnel across the sites largely agreed on how they explain RTI to parents and notify parents of student progress. Parents mostly disagreed with these accounts, stating instead that they learn about RTI and their child's progress by approaching teachers or their own children with questions, or by examining report cards and student work that comes home. Personnel and parents cited various challenges for involving parents in RTI. However, they all also agreed that teachers are accessible and willing to reach out to parents, and that teachers already face considerable workloads. It appears that no district- or school-wide plan guides parent involvement practices in RTI at any of the three schools. Finally, I present a discussion of findings; implications for teachers, RTI implementation leaders, and Title school leaders; study limitations; and possibilities for future research.

AN EXPLORATION OF PARENT INVOLVEMENT IN RESPONSE TO
INTERVENTION (RTI) IN TITLE I SCHOOLS

by

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Dissertation submitted to the faculty of the Graduate School of the
University of Maryland, College Park in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
2016

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Dedication

This dissertation is dedicated to my first and greatest teachers:

Debra Burho Kendall, Jim Burho Sr., and Sheila Burho

And with much gratitude for their support throughout this project-
to my siblings Dayna, Jim, Morgan, Rylan, Farren, Lisa, and Anna;
my friend John Nosco; my Uncle Stinky; and my Grandma JoAnn (RIP)

ACKNOWLEDGMENTS

I want to express a big thanks to my dissertation committee for their support and patience over the last six years of my studies. In particular I am grateful for the help of my advisor, Maggie McLaughlin. Dr. McLaughlin has assisted me throughout the doctoral program, but also very kindly agreed to take me on as an advisee partway through the process. I have learned a great deal with her guidance and encouragement, and I deeply appreciate her immediate replies to all my queries throughout research and writing. Likewise, Dr. Joan Lieber and Dr. Rebecca Silverman have invested considerable time providing me direction and feedback. I am very lucky that Dr. Kathy McAdams agreed to fill the Dean's Representative position, and I thank Dr. Paula Beckman for recently joining the committee.

I also greatly appreciate the time, support, and encouragement I received from all study participants in Hillside School District. It was an honor to be invited to your schools and to learn about your programming and collaborative practices. Thanks to all for your generosity.

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Chapter 1: Introduction

Statement of the Problem

The No Child Left Behind Act (NCLB) and the Individuals with Disabilities Education Act (IDEA) include provisions to improve academic achievement for students in general education and special education settings. Significant among these provisions are the incorporation of meaningful parent involvement and the use of prereferral interventions. Parent involvement is a cornerstone of NCLB and IDEA, and a large body of research indicates its strong relationship with student achievement (Barnard, 2004; Desimone, 1999; Eglund, Luckner, Whaley & Egeland, 2004; Hill & Craft, 2003; Hill & Taylor, 2004; Reschly, 2012; Spann, Kohler & Soenksen, 2003; Zellman & Waterman, 1998). Further, NCLB and the most recent authorization of IDEA (2004) (§ 300.307) also endorse the use of scientific, research-based prereferral interventions that support students at-risk for low academic achievement (National Joint Committee on Learning Disabilities, 2005).

In addition to the emphasis that U.S. education policy places on both *parent involvement* and *prereferral interventions*, research demonstrates the importance of combining these two strategies. For example, there is evidence that collaborative interactions between teachers and parents positively impact student learning (Pianta & Walsh, 1996) and that parents can improve the effectiveness of targeted interventions (Carlson & Christenson, 2005; Duffy, 2007; Jones & Gansle, 2010). However, despite this connection between parent involvement and student achievement in interventions, few studies have focused specifically on parent involvement in prereferral processes (Dowd-Eagle, 2008). The research that does exist on this topic demonstrates that school

professionals rarely involve parents in such interventions (Turnbull, Zuna, Turnbull, Poston & Summers, 2007).

Parent Involvement in Prereferral Processes

Special education law, beginning with the All Handicapped Children Education Act of 1975, mandates parent involvement as one of six foundational concepts of special education policy (Turnbull & Turnbull, 2000). In fact, each subsequent iteration of this law, now known as the Individuals with Disabilities Act, or IDEA, has more explicitly defined the role of parents and has provided educators with additional guidelines for meaningfully including parents in decision-making (Trainor, 2010). Such involvement includes participation in processes that precede implementation of special education services, including students' special education evaluations and disability eligibility decisions (Trainor, 2010; Yell, 2006). NCLB also requires parent involvement, specifically among schools that receive Title I funds, and defines the term as “the participation of parents in regular, two-way, and meaningful communication, involving student learning and other school activities” (U.S.C. 7801 (32)). However, neither IDEA nor NCLB provides guidelines for meaningfully involving parents in the prereferral processes that directly precede special education eligibility evaluations.

Prereferral interventions originally emerged during the 1970s to address concerns about inappropriate referrals for children to special education services (Garcia & Ortiz, 2006). School personnel implemented these interventions to distinguish students with disabilities from those whose academic or behavioral challenges stem from other factors, including insufficient instruction (Garcia & Ortiz, 2006). Students who failed to respond to this additional intensive support were considered possible candidates for special

education services and referred for formal eligibility evaluations (Fletcher, Barnes & Francis, 2002). Overall, prereferral interventions include the following four defining features: (a) the process is preventative- team members develop and implement interventions before a formal special education evaluation; (b) the team engages in collaborative problem-solving to review student data, hypothesize the causes of the student's difficulties, and generate strategies to remediate those difficulties; (c) the approach is oriented toward action research through which the team designs an intervention that teachers and perhaps other team members implement and then evaluate; and (d) the process centers on improved student outcomes within the general education setting and curriculum (Buck et al., 2003).

Since the emergence of prereferral interventions, schools have developed several different types of prereferral intervention models, many of which involve some type of *prereferral intervention team* (PIT) that is responsible for supporting general education teachers in designing specific interventions to address individual children's specific academic and behavioral difficulties. In different schools and districts, these teams have various names, including Child Study Teams, Teacher Assistance Teams, School-based Intervention Teams, or Student Support Teams. Further, there are some variations across the teams in terms of personnel who are involved in the team. Proactive and collaborative in nature, PITs may include the referring teacher, other relevant school personnel, consultants, parents, and students (if appropriate) (Bahr & Kovaleski, 2006; Chen & Gregory, 2011). PITs usually serve a collaborative and consultative role by employing a problem-solving process to address referrals through various non-special education instructional methods (Truscott et al., 2005).

Developments in Prereferral Intervention Models: RTI

A recent iteration of prereferral is *Response to Intervention* or RTI. Regarding changes in U.S. educational policy, IDEA (2004) validated Response to Intervention (RTI) as an approach to supporting students at risk of academic failure and identifying specific learning disabilities (SLD). RTI is a highly contextualized mode of instruction and assessments in which teachers gauge individual students' responses to classroom-based tiers of prereferral intervention (National Center on Response to Intervention, 2010). Instruction under RTI is preventative and multi-tiered; special education is a last resort after a student fails to respond to interventions administered in the general education setting (Burns, Vanderwood & Ruby, 2005). To address concerns related to (1) inappropriate referrals for special education evaluations, (2) the disproportionate representation of minority students in special education (Donovan & Cross, 2002; U.S. Department of Education, 2007) and (3) traditional means of identifying disability, including the IQ discrepancy model, experts proposed using RTI as a data-driven, intervention-based alternative to supporting students who struggle in the general education setting (Burns & Ysseldkye, 2005; Fuchs & Fuchs, 2006).

The assessment process involved in RTI does not merely identify a student's need for special education services; rather, it allows educators to determine which contextual variables and alterations of these variables facilitate student learning (Reschly et al., 2007). Thus, the RTI approach assumes a functional rather than a structural explanation of students' academic challenges (Christ, Burns & Ysseldyke, 2005); instead of focusing on "within-child" deficits (i.e. structural approach), the functional approach focuses on external, alterable variables influencing outcomes, including time allotted for instruction,

difficulty of instruction, and teacher feedback (Daly, Witt, Martens & Dool, 1997). Under this model, educators alter variables to test hypotheses about instructional and environmental variables that contribute to learning problems and select interventions based on the functional explanations that result from such testing (Reschly et al., 2007).

Systematic and preventative elements of the RTI model, such as screening, early intervention, and progress monitoring also provide opportunities for meaningful parent-teacher collaboration earlier than is usually the case in traditional practice (Reschly et al., 2007). Accordingly, the US Department of Education recommends that school leaders who implement RTI consider parents as an important stakeholder group and “develop appropriate ways of keeping parents ‘in the loop’ regarding the interventions provided to address their child’s needs” (2009, p. 16). The National Center on Response to Intervention (NCRTI) (2011) likewise views parent involvement as critical to RTI implementation. The NCRTI has published an “RTI Essential Components Integrity Worksheet” that functions as a tool for voluntary self-assessment in which individuals responsible for school-level RTI implementation reflect on a series of questions related to parent involvement in RTI, including:

- “Are parents knowledgeable about the RTI framework in your school?”
- How are parents at the secondary or tertiary level (of RTI interventions) kept informed of the progress of their child?
- How are parents involved in decision-making regarding the participation of their child in secondary and tertiary levels of prevention?” (p. 12).

Since its IDEA endorsement, RTI has been gaining prominence as a prereferral intervention framework and SLD identification method: a 2008 study on its nationwide

implementation discovered that 16 states are in the planning stages for implementing the RTI model, while 28 other states have already begun implementing the framework (Hoover, Baca, Wexler-Love & Saenz, 2008). Despite its growing use, however, the same study shows that schools' efforts to ensure culturally responsive RTI, including parents' involvement in these processes, are desperately lacking (Hoover et al., 2008). This lack of cultural responsiveness and family engagement is especially problematic given that the RTI approach calls for reflection of the complex interactions among various environmental factors in the different contexts in which children learn (Reschly, et al., 2007). As Reschly et al. (2007, p. 153) state, "parents are necessary, not optional, in a well-conceived application of RTI."

Specifically regarding parent involvement in RTI, IDEA decrees that if a child participates in a process that assesses the child's response to scientific, research-based intervention, schools must document their notification to families about the following: (1) state's policies regarding the amount and nature of student performance data collected and the general education services that would be provided, (2) strategies for increasing student's academic performance, and (3) the parent's right to request an evaluation at any point during the prereferral process (§ 300.311) (IDEA, 2004). Further, in identifying disabilities, public agencies must also carefully consider parent input (IDEA, 2004). Naturally, parents' input is helpful only insofar as parents understand prereferral processes. Consistent with these legal requirements, schools must promote prereferral intervention procedures that incorporate active parent participation in identification and evaluation practices (Brandon & Brown, 2009). As Fuchs and Mellard (2007) state, "Parents have a right to know what documentation is used in indicating their child's

progress in the curriculum and interventions. They also should know what interventions were considered and used to improve their child's performance and who was the highly qualified staff member who provided those interventions" (p. 7).

As a prereferral model, RTI must represent "early and preventative, problem-solving, action-oriented implementation" in order to effectively support struggling students in the general education environment and prevent faulty special education referrals (Argus-Calvo, Tafoya & Grupp, 2005, p. 71). As Reschly et al. (2007, p. 153) state, "early teacher-parent consultation in the assessment to intervention process is invaluable." Early notification regarding student learning difficulties helps build positive, trusting relationships with families. Timely collaborative efforts also allow parents and teachers to share concerns and design school- and home-based strategies for intervening as soon as students begin experiencing difficulty. Finally, parent input might be ineffective if it comes late in the trajectory of students' academic struggles (Harry, 1992).

Parents likely require considerable assistance from schools for understanding prereferral interventions such as RTI since processes for collecting data, designing interventions, regularly assessing student progress, and continuously refining intervention strategies are highly complex. A review of parent and family interventions that took place in schools or in collaboration with schools (Carlson & Christenson, 2005) found that the most effective intervention elements included dialogue about programming, shared monitoring of student performance, specific academic targets, strategies that highlighted parents' roles as teachers, and consultations regarding individual students' needs.

Reschly et al. (2007) explain that since children grow, learn, and behave within multiple contexts (including home and school as primary contexts), a study of intervention and assessment processes that is consistent with a systems ecological framework must account for these different contexts holistically and systematically rather than in isolation. Accordingly, Reschly et al. (2007) state in their review of the literature on contextual influences and RTI that Ysseldyke and Christenson's (2002) ecological systems approach comprehensively accounts for the influence of external, adjustable variables rather than within-child deficits and is thus "particularly helpful to prereferral or intervention assistance teams" to create the most optimal conditions for students' academic, behavioral, and social growth (p. viii). The framework, known as the Functional Assessment of Academic Behavior (FAAB), rests on three important assumptions related to the importance of home-school collaboration. First, schools create optimal conditions for academic achievement when they work with parents as partners to increase students' learning opportunities. Second, students' rate of progress depends largely on the implementation of appropriate learning support strategies provided across school and home contexts. Finally, school personnel achieve greater accuracy in clinical judgment when they, in collaboration with parents, systematically gather data related to students' total learning environment.

The FAAB framework provides a checklist of alterable learning conditions, or structures and supports for individual students' learning (Ysseldyke & Christenson, 2002). These conditions fall under three categories: instructional support for learning, home support for learning, and home-school support for learning. *Instructional support for learning* includes support that occurs in classrooms in schools. *Home support for*

learning includes support that occurs in out of school hours (at home or in the community). *Home-school support for learning* involves the degree of continuity across home and school and the quality of the relationship for families and school personnel working as partners to support student learning. This present literature review focuses on conditions for student learning aligned specifically with the “home-school support for learning” category.

Six separate conditions for student learning comprise FAAB’s understanding of “home-school support for learning”: *shared standards and expectations; cross-setting opportunities to learn; consistent structure; mutual support; positive, trusting relationships; and modeling*. Among these six conditions, four are particularly relevant to an analysis of parent involvement in RTI: *consistent structure; cross-setting opportunities to learn; mutual support; and positive, trusting relationships*.

The Need for Current Research on Parent Involvement in Prereferral Processes

Much research parent involvement in prereferral processes dates from the 1980s and 1990s; overall, these researchers discovered that even when schools included parents in prereferral teams, personnel were unable to adequately inform parents and meaningfully engage them in decision-making processes (Gutkin & Nemeth, 1997; Mehan, Hartwick & Meihls, 1986; Pfeffer, 1982; Ysseldyke, Algozzine, Richey & Graden, 1982). More recently, a 2007 study also demonstrated that parents’ involvement in RTI, a model that is gaining prominence (Hoover et al., 2008), “has been minimal” (Turnbull et al., p. 575). Otherwise, current research offers little information on the extent of parent involvement in RTI (Byrd, 2011).

In an example of such current research, Burns and Ysseldyke (2005) compared four large-scale Response to Intervention (RTI) models identified as “exemplars” of prereferral intervention processes. These researchers found that only two models required parent involvement; consequently they state that parent involvement in RTI is “yet to be determined” (Burns & Ysseldyke, 2005, p. 16). Other studies of large-scale implementations of RTI models describe parents as invited participants (e.g., Telzrow, McNamara & Hollinger, 2000), but other similar studies do not outline parent involvement (e.g., Marston, Muyskens, Lau & Canter, 2003). Finally, in two well-known studies in which researchers gathered data on nationwide implementation of prereferral interventions, neither Carter and Sugai (1989) nor Buck, Polloway, Smith-Thomas, and Cook (2003) collected data on parent participation.

Purpose of the Present Study

Given the requirements for school/parent collaboration and the strong preference given to multi-tiered systems of support in both NCLB and IDEA, it is imperative that schools receive guidance on how to involve parents in the prereferral interventions. As Turnbull et al. (2007) state, “future research is vitally needed to develop (RTI) models that involve partnerships with families” (p. 574). Further, Harry (2011) explains school professionals must ask themselves the following questions in reference to RTI implementation: “What will be the role of parents in this process? At what point will RTI teams invite parent input? What kinds of information from parents will be sought and valued?” However, according to Reschly et al., (2007), such questions remain largely unanswered. As they explain, “More rhetoric than action in creating significant opportunities for parent engagement” (p. 148). To date, the little research has focused on

parent involvement in RTI and other prereferral intervention models (Byrd, 2011; Dowd-Eagle, 2008). Researchers have merely speculated that schools likely vary in their practices for involving parents in RTI (e.g., Fuchs & Mellard, 2007).

Not only is there limited research on the topic of parent involvement in RTI, but there is even less information available about how this model is implemented in Title I schools where many students and their families experience poverty. Some extant literature suggests that these types of schools might experience greater challenges in involving parents because these schools also face other challenges associated with serving low-income communities (e.g. Jeynes, 2005; Morales-James et al., 2012). Moreover, one study suggests that Title I schools also experience challenges engaging parents in RTI in particular. McClain, Schmertzing, and Schmertzing (2012) researched RTI implementation in one rural, low-income school community and found that the tasks of intervention delivery and explaining RTI to families placed substantial demands on a school staff that already experienced chronic shortages and lack of resources. Given the challenges that Title I schools might encounter in meaningfully involving parents, plus the potential for collaborative, trusting home-school partnerships to foster more effective prereferral interventions (Ahram et al., 2012; Carlson & Christenson, 2005; Duffy, 2007; Jones & Gansle, 2010), it is critical to understand how families are involved in RTI processes in low SES school communities.

Consequently I conducted the present study in order to examine how Title I elementary schools fulfill the NCLB requirement and related recommendations to involve parents in regular, two-way, and meaningful communication related to RTI interventions. To this end, I posed the following research questions:

1. How do school personnel describe RTI to parents?
2. How do school personnel and parents communicate when children show initial signs of the need for intervention?
3. How do school personnel maintain communication with parents throughout the intervention process?
4. According to school personnel and parents, what factors either impede or facilitate parent involvement in RTI?

I used the *home-school support for learning* category of Ysseldyke and Christenson's (2002) FAAB model for student learning as an analytical framework to analyze data I collected from relevant school- and district-based documents and interviews with parents, teachers, RTI specialists, and principals in three Title I elementary schools in one school district, as well as one district-level administrator.

Chapter 2: Review of the Literature

In the following chapter I provide a review of current literature on parent involvement in prereferral processes in four sections. In the first section, I describe the methods used to search for and select the research included in this review. In the second section, I outline the frameworks this review employs for analyzing the content of each study. In the third section, I categorize the studies according to their overall findings. Within these categories, I describe each study, summarize its results, and discuss its validity. Finally, this chapter ends with a discussion of the following: collective findings, existing gaps in the literature base, methodological strengths and limitations across the studies, and a proposal for future research.

Method

In order to find literature on schools' efforts to involve parents in prereferral processes, I searched the Academic Search Premier, Education Research Complete (EBSCO), Educational Resources Information Center (ERIC), and PsychInfo electronic databases using the following terms: "parent", "eligibility", "prereferral", "intervention", "special education", "student support", "instructional consultation team", "instructional support team", "interdisciplinary team", "problem solving team", "student support team (SST)", "child study", "child study team (CST)", and "teacher assistance team (TAT)", "mainstream assistance team", "intervention-based assessment", "prereferral intervention team", "instructional support team", "function-based intervention", "conjoint behavioral consultation (CBC)", and "response to intervention (RTI)". I also conducted archival

searches among the studies these initial electronic searches yielded. This wide-ranging search yielded 35 studies that explore parent involvement in prereferral processes.

Among these 35 studies, I selected 17 to include in this review based on five criteria. First, I retained only studies published in peer-reviewed scholarly journals. Second, I included quantitative, qualitative, and mixed methods studies. Other researchers have applied both of these strategies in conducting literature reviews on parent involvement in prereferral processes (e.g., Dowd-Eagle, 2008; Kaufmann, 2002; Ott, 1993).

Third, I included only studies that involved prereferral intervention processes for addressing students' academic, behavioral, and social learning needs that meet Buck et al.'s (2003) four criteria as outlined in the first chapter of this paper (are preventative, involve collaborative problem-solving, are oriented toward action research, and center on outcomes within general education setting). Consequently, I retained studies in which students with and without disabilities received intervention services if the interventions served specifically as prereferral interventions for those students who had not been identified with disabilities (often described as "students at-risk for academic failure"). My fourth criterion was the inclusion of research that explored the nature or influence of parent involvement in particular.

Finally, I included studies conducted in the last 25 years for the sake of relevance. Applying this final criterion, I narrowed my review to 17 final studies (Chen & Gregory, 2011; Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom & Erchul, 2003; Hardin, Mereoiu, Hung & Roach-Scott, 2009; Heller &

Fantuzzo, 1993; Klingner & Harry, 2006; McClain et al., 2012; McNamara, Telzrow & DeLamatre, 1999; Pearce, 2009; Schoorman, Zainuddin & Sena, 2011; Sheridan et al., 2004; Sheridan, Clarke, Knoche & Edwards, 2006; Sheridan, Eagle & Doll, 2006; Sheridan, Meegan & Eagle, 2002; White et al., 2012).

Analytical Framework

Analytical frameworks are useful tools that offer researchers “a vantage point from which to view the subject, criteria for judging what information is relevant to the study, and a device for organizing the data that are gathered” (Campbell & Mazzone, 1976, p. 5). In the following section, I describe the analytical framework I employed to analyze the content of these 17 studies on parent involvement in prereferral processes.

I employed Ysseldyke and Christenson’s (2002) Functional Assessment of Academic Behavior (FAAB) framework to analyze schools’ efforts to involve parents in prereferral processes as described in these studies. The FAAB framework adopts an ecological perspective by proposing that the school, classroom, and home contexts, as well as the interface of these contexts, have a powerful effect on children’s learning and define a child’s *total learning environment*. The total learning environment includes three components: “instructional support”, “home support”, and “home-school support”.

FAAB draws from Bronfenbrenner’s (1977) ecological systems theory, which posits that children develop within a series of nested contexts, or structures. These structures interact, and these interactions in turn influence children’s growth (Bronfenbrenner, 1977). A systems theory provides a structure for organizing information from parent-teacher interactions related to child development (Reschly et al., 2007)

because it recognizes the importance of the interface between a child's primary environments (in this case, home and school) and the role of these mesosystemic influences (system in which Microsystems of home and school interact) in influencing children's functioning.

Applying a systems theory to learning particularly on behalf of students who struggle in the general education setting involves establishing a shared mission, two-way communication, mutual respect, and equal opportunities for active collaboration among participants from all systems (Pianta, Kraft-Sayre, Rimm-Kaufman, Gercke & Higgins, 2001). Investigating student performance from a combined home-school perspective is critical because: (a) out-of-school learning, including community and peer influences, is influential; (b) school programs that enhance student outcomes are comprehensive, organized, provide opportunities for family involvement; (c) school programs that enhance student outcomes allow school personnel to respond to families' needs and to develop strategies that make the most of families' strengths; and (d) the degree to which home and school contexts match contributes to student success (Christenson & Sheridan, 2001).

Reschley et al. (2007) explain that since children grow, learn, and behave within multiple contexts (including home and school as primary contexts), a study of intervention and assessment processes that is consistent with a systems ecological framework must account for these different contexts holistically and systematically rather than in isolation. Accordingly, Ysseldyke and Christenson's (2002) ecological systems approach focuses on the influence of external, adjustable variables rather than within-child deficits and is thus "particularly helpful to prereferral or intervention assistance

teams” to create the most optimal conditions for students’ academic, behavioral, and social growth (p. viii). The framework rests on three important assumptions related to the importance of home-school collaboration. First, schools create optimal conditions for academic achievement when they work with parents as partners to increase students’ learning opportunities. Second, students’ rate of progress depends largely on the implementation of appropriate learning support strategies provided across school and home contexts. Finally, school personnel achieve greater accuracy in clinical judgment when they, in collaboration with parents, systematically gather data related to students’ total learning environment.

The FAAB framework provides a checklist of alterable learning conditions, or structures and supports for individual students’ learning (Ysseldyke & Christenson, 2002). These conditions fall under three categories: instructional support for learning, home support for learning, and home-school support for learning. *Instructional support for learning* includes support that occurs in classrooms in schools. *Home support for learning* includes support that occurs in out of school hours (at home or in the community). *Home-school support for learning* involves the degree of continuity across home and school and the quality of the relationship for families and school personnel working as partners to support student learning. This review focuses on conditions for student learning aligned specifically with the “home-school support for learning” category.

Six separate conditions for student learning comprise FAAB’s understanding of “home-school support for learning”: *shared standards and expectations; cross-setting opportunities to learn; consistent structure; mutual support; positive, trusting*

relationships; and *modeling*. Under “shared standards and expectations”, key adults (parents and school personnel) hold expectations for student performance in a way that is congruent across home and school and reflects a belief that the student can learn. Key adults establish “cross-setting opportunities to learn” when they ensure that youth have access to a variety of learning options during school hours and outside the school day (i.e., in the home and community). Evidence of such opportunities includes family involvement in creating home-based learning activities and parents’ implementation of assigned aspects of classroom-based interventions. The “consistent structure” condition involves the congruence of intervention routine and progress monitoring between home and school settings. Treatment integrity between home and school intervention methods is one measure of consistent structure.

“Mutual support” encompasses key adults’ efforts to provide guidance and communicate with one another in order to facilitate student learning. Types of mutual support include parent involvement in team-based planning and decision-making, two-way communication between home and school, schools’ explanations of prereferral processes, and parents’ attendance at prereferral team meetings. The “positive, trusting relationships” condition refers to the amount of warmth and friendliness, praise and recognition, and positivity and respect that characterize adult-youth relationships. It also includes the quality of the relationship among key adults who collaborate to support student learning. Indicators of these quality adult relationships include schools’ efforts to invite parents to participate in collaborative processes, especially at the point of the initiation of these processes, and parents’ feelings of trust toward school personnel. This present literature review focuses on this second aspect of the condition, the quality of the

interactions between key adults, for determining the presence of positive, trusting relationships during prereferral processes. Finally, under “modeling”, key adults demonstrate to students’ desired behaviors and commitment and value toward learning and working hard in their daily lives.

Among these six types of conditions of “home-school support for learning”, four are relevant to this analysis of parent involvement in prereferral processes: *consistent structure*; *cross-setting opportunities to learn*; *mutual support*; and *positive, trusting relationships*.

Results: Content and Method

The 17 studies I reviewed used quantitative, qualitative, and mixed methods to explore schools’ efforts to involve parents in prereferral processes. In this review, researchers used five different approaches: (1) quantitative analyses to test for correlations between (a) the character of communicative exchanges among teachers and school personnel during CBC meetings and (b) team members’ perceptions of the *effectiveness* and *acceptability* of CBC processes and student outcomes (Grissom et al., 2003; Sheridan et al., 2002); (2) quantitative analyses to test for correlations between (a) teachers’ and parents’ perceptions of the *effectiveness* and *acceptability* of CBC meetings and (b) other related factors including the severity of student difficulties and intervention complexity (Cowan & Sheridan, 2003); CBC process integrity and partnership orientation (Garbacz et al., 2008); student outcomes (Sheridan et al., 2004); student outcomes and parents’ and teachers’ relationships with one another (Sheridan, Clarke, et al., 2006); and families’ varying levels of diversity (Sheridan, Eagle, et al., 2006), (3)

quantitative analyses and mixed methods to test for correlations between (a) parent involvement in prereferral interventions and (b) student outcomes (including referrals for special education evaluation) (Chen & Gregory, 2011; Galloway & Sheridan, 1994; Heller & Fantuzzo, 1993; McNamara et al., 1999; Pearce, 2009); (4) qualitative analysis to investigate parent involvement as a critical aspect of two different schools' larger effort to implement RTI (McClain et al., 2012, White et al., 2012); and (5) qualitative analysis to understand how parents who do not speak English as a native language experience prereferral processes (Hardin et al., 2009; Klingner & Harry, 2006; Schoorman et al., 2011).

As I describe each study, I highlight details such as study setting; descriptions of participating students, parents, schools, and school districts; approaches to collecting and analyzing quantitative and qualitative data; study findings; and methodological strengths and weaknesses.

Definitions of terms and description of associated measures. This review includes eight studies that examined schools' attempts to involve parents in the context of CBC processes (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Sheridan et al., 2002; Sheridan et al., 2004; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006). All eight studies measured teachers' and parents' perceptions of the *acceptability* and *effectiveness* of consultation procedures, and four also measured teachers' and parents' *satisfaction* with CBC consultants and their consultation services (Garbacz et al., 2008; Sheridan et al., 2002; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006). Researchers defined *acceptability* as parents' and teachers' perceptions of the acceptability of CBC's consultation procedures (Sheridan et

al., 2002). *Effectiveness* includes teachers' and parents' subjective beliefs about the effectiveness of consultation services and classroom-based interventions (Sheridan, Eagle, et al., 2006), and *satisfaction* is the degree to which parents and teachers are satisfied with CBC consultants and the services they provide (Sheridan, Clarke, et al., 2006). For the purposes of this literature review, I included analyses of *acceptability*, *effectiveness*, and *satisfaction* among the CBC studies as part of the "mutual support" condition under FAAB. I made this choice because "mutual support" includes key adults' efforts to provide guidance and communicate with one another to support student learning (Ysseldyke & Christenson, 2002). Thus, measures of teachers' and parents' *satisfaction* with collaborative CBC processes and their perception of the *effectiveness* and *acceptability* of these processes and associated interventions can serve as "proxy measures" for "mutual support" between teachers and parents.

Researchers in all eight CBC studies in this review assessed *acceptability* and *effectiveness* using a revised version of the Behavior Intervention Rating Scale (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004) (BIRS-R). BIRS-R factor analysis includes three factors: Acceptability, Effectiveness, and Time to Effect (Elliott & Von Brock, 1991). However, researchers in these eight CBC studies did not use the Time to Effect factor in their data collection and analysis procedures. The effectiveness factor consists of seven items scored on a six-point scale, and the acceptability factor consists of 15 items scored on a six-point Likert scale.

Researchers in five CBC studies also used Goal Attainment Scaling (GAS), a measure that employs a five-point Likert scale, to assess teachers' and parents' perceptions of the degree to which students met goals established during consultation (Grissom et al., 2003; Sheridan et al., 2002; Sheridan et al., 2004; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006).

To measure parents' and teachers' *satisfaction* with CBC services, including the degree to which consultees found consultants helpful, researchers in six CBC studies administered the Consultant Evaluation Form (Garbacz et al., 2008; Grissom et al., 2003; Sheridan et al., 2002; Sheridan et al., 2004; Sheridan, Clarke, et al., 2006, Sheridan, Eagle, et al., 2006) (CEF; Erchul, 1987). The CEF is a 12-item measure with a seven-point Likert scale.

Finally, researchers in two studies used the Children's Intervention Rating Profile (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994) (CIRP; Witt & Elliott, 1985) to examine students' perceptions of intervention acceptability. This measure consists of seven items rated on a five-point Likert scale with low mean scores (i.e., 1 or 2) referring to higher acceptability.

Five CBC studies incorporated single subject designs and gathered data through direct observation, data collection forms, and permanent products to assess student outcomes (Garbacz et al., 2008; Sheridan et al., 2002; Sheridan et al., 2004; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006). Data analyses in each of these cases involved a "no assumptions" approach in which researchers computed effect sizes without assumptions related to population distributions or homogeneity of variance. To

calculate effect size, researchers divided the different phase means within each case by a standard deviation of the baseline (Sheridan et al., 2002).

Finally, six CBC studies made use of a CBC Objective Checklist to track the number of structural objectives CBC participants were able to maintain during CBC meetings (Garbacz et al., 2008; Sheridan et al., 2002; Sheridan et al., 2004; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Galloway & Sheridan, 1994). This measure gauges process integrity, or the degree to which participants maintained task and relational aspects of the CBC collaborative process and thus shared standards and expectations for student learning. Examples of CBC objectives include (a) defining the problem in behavioral terms, (b) identifying trigger events and other ecological conditions that might influence the behavior, and (c) determining intervention effectiveness (Garbacz et al., 2008).

Studies that analyzed communicative exchanges. The first two studies in this review explored the character of communicative exchanges among teachers and school personnel during CBC meetings (Grissom et al., 2003; Sheridan et al., 2002). Grissom et al. (2003) examine prereferral team members' "domineeringness" and "dominance", while Sheridan et al. (2002) investigated their "influence", "involvement", and use of "collaborative", "controlling", "obliging", and "withdrawing" speech acts. Though these researchers isolated different types of communication in their analyses, both studies used quantitative methods to explore correlations between team members' communication styles and teachers' and parents' perceptions of the CBC process and student outcomes.

First, Grissom et al. (2003) examined the relationship between the “domineeringness” and “dominance” of 16 trained consultants, 23 school-based professionals, and 20 parents and three outcome variables: teachers’ and parents’ perceptions of (a) the *effectiveness* of CBC processes; (b) the *acceptability* of CBC processes, and (c) client goal attainment. The researchers defined “domineeringness” as the number of “one-up messages” by Speaker A divided by the total number of Speaker A’s messages, and “dominance” as the proportion of Speaker A’s “one-up messages” which Speaker B responded with “one-down messages”. “One-up messages” are those communications that move toward gaining control, and “one-down messages” are those communications that accept another’s control. School-based professionals and parents referred 20 elementary and middle school students who exhibited academic, behavioral, and social challenges for CBC services, 15 of whom had been diagnosed with a disability, and five of whom did not have formal diagnoses; for these students, CBC team members implemented the consultation as a prereferral intervention strategy. Fifteen of the 20 students were Caucasian.

The researchers employed a “relational communication framework” and the Family Relational Control Coding System (FRCCS; Heatherington & Friedlander, 1987) to analyze parents’, school-based professionals’, and consultants’ communication as it unfolded during CBC meetings. Trained graduate students coded transcripts and achieved satisfactory inter-rater reliability (mean kappa scores= .84). Results revealed that consultants demonstrated the highest level of domineeringness, while parents and teachers displayed lower levels that were nearly identical. All three types of participants displayed similar levels of dominance; team members thus made some effort to influence

conversation (domineeringness), but similar patterns of dominance showed shared influence in the collaborative relationships. There were no significant relationships between either the consultants', school-based professionals', or parents' levels of dominance and domineeringness with any of the three outcome variables, which suggests that attempts to influence conversation did not correlate with participants' perceptions of CBC outcomes. However, parents' influences over consultants had a significant relationship with two outcome variables: (a) school-based professionals' perceptions of the acceptability and the effectiveness of CBC and (b) lower parent perceptions of students' goal attainment. Overall, parents and teachers reported being satisfied with CBC and gave high ratings to the effectiveness and acceptability of intervention processes. Though this study relied on a small sample and self-report on outcome measures, trends among data gathered through the FRCCS imply that verbal behavior within a dyad influenced the perception of individuals outside the dyad, and that parents' evaluated treatment less favorably in cases in which they demonstrated influence over consultants.

In a similar study on communication during CBC, Sheridan et al. (2002) investigated the presence of collaborative, affiliative exchanges and its relationship with (a) team members' perceptions of the *effectiveness* and *acceptability* of CBC processes and (b) outcomes for 10 students with disabilities and six students identified as "at risk of being classified in special education" on account of academic, behavioral, and social difficulties. These students, 16 of whom were Caucasian, attended public schools in and around a large Western metropolitan area. The researchers used the Psychosocial Processes Coding Scheme (PPCS; Leaper, 1991) to characterize speech acts of 13 trained

consultants, 19 participating parents (87% of whom were Caucasian), and 19 participating teachers as “collaborative”, “controlling”, “obliging”, or “withdrawing”, and as demonstrating either “influence” or “involvement”. “Influence” refers to the speaker’s intent to either assert the self and exert influence or downplay the self and not exert influence; “involvement” refers to the speaker’s intent to either affiliate with the other person or separate from the other person. “Collaborative” messages showed high influence and involvement; “controlling” messages showed high influence and low involvement; “obliging” messages showed low influence and high involvement; and “withdrawing” messages showed low influence and involvement. Finally, the researchers characterized participants’ exchanges as “affiliative” (involving a collaborative or obliging message followed by another collaborative or obliging message); “distancing” (involving a controlling or withdrawing message followed by another controlling or withdrawing message); or “mixed” (involving a collaborative or obliging message followed by a controlling or withdrawing message, and vice versa).

Sheridan et al. (2002) employed single subject design to measure student achievement. They also measured parents’ and teachers’ perceptions of the acceptability and effectiveness of CBC measures using the BIRS; perceptions of consultation goal attainment using GAS; and satisfaction with consultants’ methods using the CEF.

Results indicated that team members met 92.4% of CBC objectives, and that most participants’ speech acts were affiliative (98.2% for consultants, 95.7% for teachers, and 97.4% for parents). Consultants made fewer collaborative statements and more obliging statements than either parents or teachers, and all three parties contributed to dialogue in equal proportions (.4 for consultants, .3 for teachers, and .3 for parents). Teachers and

parents were satisfied with consultants' services and perceived the interventions to be moderately effective and highly acceptable. Effect sizes on student achievement ranged from 1.1 at school and 1.3 at home. Analyses revealed no significant relationship between the character of speech acts during CBC meetings with parents' and teachers' evaluations of acceptability and effectiveness or with student outcome measures. A few limitations weaken the strength of this inference, however, including small sample size, lack of reliability measures related to student outcomes, the exclusive retention of cases for which a complete set of data were available, lack of a control group, and failure to investigate possible mediating variables such as the type of target behavior and treatment integrity.

Studies that analyzed correlations between parents' and teachers' perceptions and other related factors. While the previous two quantitative CBC studies examined relationships between the character of communicative exchanges and parents' and teachers' perceptions and student achievement, five other quantitative CBC studies in this review explored correlations between teachers' and parents' perceptions and other factors related to student achievement including (1) the severity of student difficulties and intervention complexity (Cowan & Sheridan, 2003); (2) fidelity to CBC procedures and consultants' partnership orientation (Garbacz et al., 2008); (3) student outcomes (Sheridan et al., 2004); (4) student outcomes and parents' and teachers' relationships with one another (Sheridan, Clarke, et al., 2006); and (5) student and family diversity (Sheridan, Eagle, et al., 2006).

First, Cowan and Sheridan (2003) investigated how 67 parents, 62 teachers, and 64 students ages five to 15 (24 of whom were "at risk for academic failure" on account of

academic, behavioral, and social difficulties, and 50 of whom were Caucasian), rated the acceptability of various types of CBC interventions implemented in six large Western and Midwestern school districts. Parents' and teachers' provided information on their perceptions of CBC acceptability through the BIRS, and children rated procedural acceptability using CIRP. Regarding independent variables, the researchers assessed the nature and complexity of intervention types by determining whether the intervention included a negative component and by counting the total number of components used in each intervention; they evaluated problem severity by asking teachers and parents to rate student problems on a seven-point Likert scale. The researchers reported high inter-rater agreement for coding intervention types (ratio= .97). Analyses involved (a) t tests to determine significant differences between different intervention types and acceptability ratings, (b) Pearson product-moment coefficient analyses to test for significant relationships between intervention complexity, problem severity ratings, and acceptability ratings; and (c) hierarchical regression analysis to predict acceptability ratings from interactions between intervention complexity and problem severity ratings.

Results demonstrated that parents, teachers, and students all rated a variety of intervention types as highly acceptable. Parents favored interventions that included a negative reinforcement. A significant positive correlation between perceptions of acceptability and intervention complexity emerged for teachers, but no significant relationships for these variables emerged for parents. Likewise, a significant positive correlation between problem severity and perceptions of CBC acceptability emerged for teachers, but none surfaced for parents. Although the study drew data from a relatively small sample and relied largely on self-report measures, findings indicated that CBC

interventions are highly acceptable, especially from the perspective of teachers who implemented complex interventions and used CBC to support students with severe interfering behaviors.

While Cowan and Sheridan (2003) focused on the impact of problem severity and intervention type on teachers' and parents' perceptions, Garbacz et al. (2008) examined the relationship between CBC consultants' ability to maintain a partnership orientation throughout the prereferral processes and student outcomes, treatment integrity, and teachers' and parents' evaluation of the processes. Garbacz et al. (2008) selected 20 student cases from a larger, multi-year CBC study based in classrooms ranging from the Head Start to high school levels in a suburban Midwestern city; consultations included 19 trained graduate students, 20 parents, 19 teachers, and 20 students (14 of whom were Caucasian and five of whom experienced academic, behavioral, and social challenges and received CBC as a referral intervention). The study employed a single subject design to assess student outcomes, and parents and teachers reported their perceptions of the program's acceptability and effectiveness, as well as their satisfaction with consultation services, on the BIRS and CEF scales. Additionally, teachers and parents completed a Partnership Orientation Measure (POM; Sheridan et al., 2005), a seven-item assessment that uses a six-point Likert scale to investigate participants' perspectives on themes such as CBC strengths, teaming and collaboration, team members' sensitivity and responsiveness, effective communication, skill development, resourcefulness, and the open sharing of information (Garbacz et al., 2008). Regression analyses explored the degree to which consultants' partnership orientation predicted student outcome effect sizes and parents' and teachers' satisfaction and perceptions of acceptability and

effectiveness. One-tailed Pearson product-moment coefficient analyses tested for the significance of relationships between a partnership orientation and CBC process integrity.

Mean scores on the BIRS, CEF, and POM measures indicated that parents and teachers were highly satisfied with consultants' work, perceived CBC processes to be highly acceptable and effective, and believed that consultants led CBC meetings effectively and with a high degree of partnership orientation. Significant positive correlations emerged between partnership orientation and teachers' perceptions of acceptability, as well as between partnership orientation and teachers' satisfaction. Partnership orientation failed to predict parent perceptions of acceptability and effectiveness, student achievement effect sizes, or the number of CBC objectives met (consultants achieved 89% of these objectives). Results suggest that CBC process integrity and partnership orientation themes were unrelated and did not appear to influence one another; thus, in theory, team members can focus on both aspects of CBC implementation simultaneously. However, a few validity threats limit the strength of these results, including lack of reliability measures for student outcomes and small sample size.

In a related study that investigated similar variables, Sheridan et al. (2004) explored two relationships: (a) the degree to which parents' and teachers' perceptions of the CBC consultant's helpfulness are congruent and (b) the degree to which teachers' and parents' agreement on perceptions of case outcomes relate to effect sizes for students' achievement. The five-year study took place in an urban Western city (Salt Lake City, UT) and a suburban Midwestern city (Lincoln, NE) in public and parochial schools spanning rural, suburban, and urban areas. School psychologists, teachers, and support

staff referred 118 child clients, ages five to 15, for the study, 78% of whom were Caucasian and 53 of whom were identified as “at risk” on account of academic, behavioral, and social difficulties and received CBC as a prereferral intervention strategy. Other participants included 137 parents, 122 teachers, and 53 trained graduate student consultants. The researchers administered the CEF to assess parent and teacher satisfaction, the BIRS to measure parents’ and teachers’ perceptions of CBC acceptability and effectiveness, the GAS to assess parents’ and teachers’ perceptions of the attainment of consultation goals, and used direct observation to collect student progress data. Pearson product-moment coefficient analyses tested for (a) significant relationships between teachers’ and parents’ CEF ratings and (b) the difference in these CEF ratings with other outcome measures (student achievement effect sizes, parents’ and teachers’ acceptability and effectiveness ratings, and parents’ and teachers’ perceptions of student goal attainment).

CBC checklists demonstrated that CBC participants met 89% of consultation goals, and overall parents and teachers rated CBC as moderately effective (though parents’ scores are higher for this factor) and highly acceptable. Parents and teachers were also moderately satisfied with CBC and perceived high levels of CBC goal attainment. The researchers discovered congruence between parents’ and teachers’ perceptions of consultants’ helpfulness and negative, nonsignificant correlations between this agreement and effect sizes for student work at home and school. In other words, no significant patterns for decreases in student achievement emerged as differences in parents’ and teachers’ CEF ratings increased. Similarly negative, nonsignificant relationships emerged between teachers’ and parents’ agreement according to the CEF

and teachers' and parents' perceptions of CBC acceptability and parents' perceptions of effectiveness; as differences in CEF ratings increased, perceptions of acceptability decreased for both teachers and parents, and parents' perceptions of CBC efficacy decreased. Overall, findings suggest that parents' and teachers' perceptions of the CBC consultants' helpfulness were not necessarily related. Although this study drew from a relatively large sample that participated over an extended period, the study exhibits methodological weaknesses similar to those of other CBC studies, including the use of an exploratory design, lack of reliability in assessing student outcome data, and inherent restrictions on the degree to which researchers could control for internal and external validity of intervention results in the context of naturalistic home and school settings.

In the next CBC study, Sheridan, Clarke, et al. (2006) examined relationships between similar independent and dependent variables as in the previous study, but in the context of a ten-year investigation of early interventions for 50 students ages six and younger, 74% of whom were Caucasian, who attended public schools, private schools, and Head Start programs in two states across two regions of the country (Intermountain West and Midwest). Parents and teachers referred students to this study based on concerns related to academic, behavioral, or social learning. The researchers explored the effects of CBC interventions on these children's goal attainment and on 59 parents' and 44 teachers' perceptions of their relationships with one another. Descriptive analyses also examined parents' and teachers' perceptions of the acceptability and effectiveness of CBC and parents' and teachers' satisfaction with services provided by 24 trained graduate consultants. As in the other CBC studies, the researchers assessed student achievement through direct observation through the use of an A-B single subject design,

and parents and teachers reported their perceptions of CBC effectiveness, acceptability, and satisfaction with consultants' services on the BIRS, GAS, and CEF measures.

Additionally, the researchers administered the Parent Teacher Relationship Scale-II (PTRS; Vickers & Minke, 1995), a 35-item measure scored on a five-point Likert scale, to parents and teachers to measure the quality of their relationships. Paired sample t tests checked for correlations between the overall effectiveness of the CBC interventions and parent-teacher relationships.

Overall, results suggest that the CBC interventions had positive effects: the average effect sizes for student achievement was 1.01 in the home setting and 1.15 in the school setting. According to the PTRS, parents reported a significant change in their relationships with teachers as a result of participating in the CBC process; however, there was no significant corresponding change for teachers. BIRS scores demonstrated that teachers and parents rated CBC as highly acceptable. Both teachers and parents rated CBC as moderately effective, although parents' ratings were slightly higher. On the GAS measure, teachers and parents rated high levels of goal attainment in the school and home settings, respectively, with teachers' ratings being slightly lower. In interpreting these results, it is important to consider the limitations and strengths of this study. For example, while the sample was small and no random assignment was possible due to the fact that students received referrals for CBC services over the course of several years, the researchers minimized validity threats by continuously collecting data, verifying treatment integrity, and replicating CBC procedures across participants. Regarding reliability, the study lacked observers trained in behavioral assessment methodology;

however, parents and teachers received extensive training in data collection, graphing results, and debriefing.

Another CBC study examined the effects of CBC in the context of work with students and families who represented varying levels of diversity in two states across the Intermountain West and Midwest (Sheridan, Eagle, et al., 2006). Specifically, the researchers investigated three types of outcomes: (a) teachers' and diverse parents' satisfaction with CBC processes and their perceptions of CBC's acceptability and effectiveness, (b) the relationship between these ratings and students' level of diversity, and (c) the effect of cumulative diversity versus single diversity factors on student achievement. Sheridan, Eagle, et al. (2006) defined *diversity* as "demonstrating characteristics that are unique or different from the mainstream society, including those of ethnicity, socioeconomic status (SES), parent education level, language, family stability, and others" (p. 397). Diversity factors in this study included SES (family income is less than \$15,000 per year), family composition (single-parent families), ethnicity (non-Caucasian), maternal education level (less than high school), language spoken in the home (non-English); research indicates that all these factors predict higher drop-out rates (Doll & Hess, 2004; Rumberger & Larson, 1998) and challenge teachers, parents, and communities to build strong collaborative partnerships (Giles, 2002). Sheridan, Eagle et al. (2006) also examined the cumulative effects of these diversity factors, since longitudinal studies suggest that the cumulative effect of multiple risk factors, beyond the effects of isolated risk factors, contribute to students' poor achievement. (Coie et al., 1993; Rutter & Sroufe, 2000). Among the 125 students, ages three to 15, who participated in this study, 53% received CBC as a prereferral

intervention related to academic, behavioral, and social challenges, 26% were diverse in one respect, and 18% were diverse in two or more respects. Other participants included 143 parents, 127 teachers, and 52 trained graduate consultants.

Sheridan, Eagle, et al. (2006) administered to teachers and parents the BIRS to assess perceptions of CBC acceptability and effectiveness; the GAS to measure perceptions of consultation goal attainment; and the CEF to gauge satisfaction with CBC processes. Direct observations in the context of a single subject design assessed student achievement.

According to results, participants met 89% of CBC objectives, and parents and teachers rated CBC as somewhat to moderately effective, with parents rating the intervention as more effective. Notably, parents' effectiveness ratings increased as level of diversity increased. GAS scores indicated that both parents and teachers perceived high levels of consultation goal attainment, with parents also rating this aspect more positively. Within parent and teacher ratings, perceptions of goal attainment were highest in cases for students with two or more levels of diversity. Parents and teachers reported high levels of satisfaction with CBC processes and the CBC consultant, and these ratings increased as diversity level increased. Regarding student outcomes, the mean effect size for students with no diversity factors was 1.35, while effect sizes for students with one form of diversity and with two or more forms of diversity were 1.21 and 1.51, respectively. Overall, this research demonstrates that CBC received moderate to high *effectiveness* and *satisfaction* ratings. Further, the variability in achievement outcomes indicates that factors other than the number of diversity characteristics contributed to the effectiveness of interventions in which parents are actively involved. Despite having a relatively large

sample size, however, this study exhibited a few important methodological limitations that weaken these claims. For example, the researchers relied on self-report rather than objective means of identifying students' levels of diversity. The dichotomization of diversity variables also (a) prevented an examination of the meaning and impact of individual diversity characteristics and (b) perhaps led to the underrepresentation of "diverse" participants who might have identified with one or more levels of diversity if researchers had described these variables in more nuanced ways.

Studies that investigated correlations between parent involvement in prereferral interventions and student outcomes. The previous seven quantitative studies in this review examined relationships between parents' and teachers' perceptions of CBC procedures and a range of other variables, including communicative exchanges (Grissom et al., 2003; Sheridan et al., 2002); types of student difficulties and intervention complexity (Cowan & Sheridan, 2003); fidelity to CBC procedures and consultants' partnership orientation (Garbacz et al., 2008); student outcomes (Sheridan et al., 2004); student outcomes and parents' and teachers' relationships with one another (Sheridan, Clarke, et al., 2006); and student and family diversity (Sheridan, Eagle, et al., 2006). In the next section, I review five quantitative and mixed methods studies that focused specifically on the relationship between parent involvement and student outcomes, including referrals for special education evaluation, in the context of four types of prereferral interventions: CBC (Galloway & Sheridan, 1994), RTI (Chen & Gregory, 2011; Pearce, 2009), reciprocal peer tutoring (Heller & Fantuzzo, 1993), and intervention-based assessment (IBA) (McNamara et al., 1999).

Unlike the other CBC studies in this review, Galloway and Sheridan (1994) used a matched pairs design to investigate the effectiveness of CBC for six first through third graders who exhibited poor or inconsistent daily performance in math. Three of these students, along with their parents, participated in a scientifically based math intervention that included regular communication between parents and teachers through notes, as well as a self-instruction manual for parent reference. The other three students, their parents, and a school psychologist used the same intervention, including the note communication system and self-instruction manual, but in the context of CBC. The home-school notes involved parents' implementation of rewards and consequences based on teachers' reports of school-based academic and behavioral difficulties and provided parents with techniques for supporting math achievement. In advance of the intervention, students took the Kaufmann Brief Intelligence Test and four subtests of the revised Woodcock Johnson Psychoeducational Battery to rule out the manifestation of learning disabilities. Teachers individualized aspects of the intervention, such as environmental variables and assistance based on math error analysis, and employed a single subject design based on curriculum based measures (CBMs) to monitor and assess math achievement and to compare outcomes for matched pairs. The researchers also measured the following independent and dependent variables: (a) integrity of home note and consultation interventions (through self-monitoring checklists, observations, and anecdotal interviews), (b) parents' and teachers' perceptions of CBC acceptability and effectiveness (through the BIRS), and (c) students' perceptions of CBC acceptability (through the CIRP).

Parents and teachers involved in the CBC treatment rated the intervention as more acceptable and effective than did parents and teachers in the non-CBC group. Students who received CBC services also rated the intervention as more effective than those who completed the intervention outside the CBC context. Regarding accuracy in math computation as measured by the CBM, two out of three of the students in the non-CBC intervention demonstrated improvement, with no statistically significant changes between baseline and treatments level or slope. On the other hand, all three students in the CBC group showed progress, with no significant changes in level but significant changes in slope. In terms of CBM completion, all students in the non-CBC group improved, with no significant changes in slope but significant changes in level. In the CBC group, completion rates also increased for all students, with no significant changes in slope, but with significant changes in level for two out of three students. In a follow-up assessment seven weeks later, all non-CBC students decreased in completion rates and continued to show variability in overall performance; two of these three students also decreased in accuracy. By comparison, among CBC students, two out of three continued to show gains in accuracy and completion rates. In the matched pairs, CBC students outperformed the non-CBC students. Data from self-monitoring checklists, observations, and interviews also indicated that rates of treatment integrity were 90% for non-CBC teachers, 91% for CBC teachers, 90% for non-CBC parents, and 94% for CBC parents. Regarding procedural integrity, participants met 91% of CBC objectives.

Results from this comparison study suggest that collaborative CBC processes contributed to slightly greater treatment integrity and significantly greater student achievement gains, especially considering that all parents received the same instruction

manual and took part in the same home-school note exchange. A few strengths lend credit to this study's claims, such as researchers' efforts to triangulate treatment integrity measures and the use of a control group. However, researchers could not control for historical threats (teachers individualized math instruction during the course of the intervention) or therapist effects (the same consultant worked with every student in the CBC group). Further, the study took place in a high functioning suburban public elementary school that promoted parent involvement, and the researchers reported that all teachers and parents were initially enthusiastic to participate.

In contrast with the eight previous studies, Chen and Gregory (2011) examined the impact of parent involvement on student achievement in the context of RTI, a prereferral process that, unlike CBC, focuses exclusively on students who have not been identified with a disability but who do exhibit academic, behavioral, and social difficulties. These researchers reviewed documents related to the cases of 88 parent involvement teams (PITs) in 14 elementary schools within a mid-sized Southeastern public school district that had initiated the PIT process that year. The district required schools to invite parents to participate in PIT meetings. Chi-square tests revealed that African American students were overrepresented among the kindergarten through fifth graders involved in PIT processes; African American students made up 21% of the sample, but only 13% of the school district's population (another 69% were in the sample were Caucasian, 7% were Latino, and 1% were Asian).

The forms provided data related to referral concerns; team-selected goals and interventions at initial meetings; documentation of follow-up meetings conducted after school personnel had conducted interventions and subsequent student assessments; PIT

meeting participants; and the roles of those who implemented the interventions. Coders analyzed parent intervention implementation on a dichotomized scale and intervention alignment with target child's presenting problems on a five-point scale; inter-rater reliability for these coding process reached .95 and .64, respectively. The researchers used hierarchical linear regression to test for correlations between parent involvement and intervention alignment, and hierarchical binary logistical regression to assess the connection between parent involvement and eventual special education evaluation.

Results of the document review indicated that parents actively implemented interventions in 45% of cases, were present at both initial and follow-up meetings in 43% of cases, and were present at one of the two meetings in another 43% of cases. Overall, interventions were somewhat well aligned with target students' learning challenges, and PITs referred 34 out of the 88 students for special education evaluations at the end of the year. Parent intervention implementation correlated significantly and positively with parent presence at PIT meetings and intervention alignment. Parent meeting attendance significantly and negatively correlated with special education referrals. Further, students whose parents attended at least one PIT meeting had close to one third the odds for a special education evaluation referral as students whose parent did not attend meetings; students whose parents attended at both PIT meeting had close to one third the odds for a special education evaluation referral as students whose parent attended only one meeting. No significant correlations emerged between special education evaluations and either parent intervention implementation or intervention alignment. While these results suggest that parent involvement can potentially influence the rates of special education referral and can help school personnel improve intervention alignment, limitations such as a

small sample size, reliance on self-report of intervention implementation, and lack of information about the content of parent contributions at PIT meetings are important to consider in the interpretation of these quantitative analyses.

In a mixed methods study, Pearce (2009) examined parent involvement under the problem-solving RTI model implemented to treat significant emotional and behavioral problems for nine students in kindergarten through 5th grade in a small rural elementary school in South Dakota. The *problem-solving model* of RTI allows the teacher to modify or accelerate the student's instruction based on a part clinical, part research process that requires knowledge of assessment and instruction and that is "focused, analytical, data-based, recursive (test-teach knowledge-test)" (Fuchs, Fuchs & Stecker, 2010, p. 312). The researcher tracked student achievement through single subject design and interviewed the following participants: (a) nine students who received treatment in this school's behavioral intervention program, (b) the students' parents (an undisclosed number), (c) the students' nine teachers, and (d) an undisclosed number of school- and district-based personnel and other RTI Team members.

Although the study broadly examined RTI implementation, Pearce (2009) also included information related specifically to parents' experiences and perspectives related to prereferral processes. Overall, Pearce discovered that parent participation varied from case to case and within cases across the two year period. According to interview data, school personnel empowered parents to create and implement analogous interventions at home and to adopt a problem-solving rather than punitive approach in teaching their children more positive behaviors. RTI team members reviewed these topics with parents at the program's inception, as well as informally as issues arose throughout the course of

the intervention program. Parents reported that the implementation process helped them see that staff cared about their children, and they felt positively about instruction and the notes teachers shared on a daily basis regarding students' progress. Teachers commented on the effectiveness of daily reports, which offered parents timely feedback and allowed parents to make adjustments to the analogous intervention strategies they were executing at home. Further, quantitative analysis demonstrated that applied behavior analysis (ABA) and parent involvement positively impacted student progress particularly in kindergarten and first grade. Although this study did not incorporate an experimental design for evaluating the impact of RTI on student outcomes, it is noteworthy that in the end personnel referred only two of the nine participating students for special education evaluations.

While results show that school personnel meaningfully involved parents in prereferral processes, some limitations threaten the strengths of these claims. For example, though the interviewee pool included participants who represent a range of roles, the author offered no information on the interview questions and provided no evidence of treatment integrity. Finally, though the author did cite disconfirming evidence, he provided many more quotes from teachers than parents despite the even number of parent and teacher participants.

Like Galloway and Sheridan (1994), Heller and Fantuzzo (1993) also incorporated a control group to study the effectiveness of parent involvement in another type of prereferral intervention, the Reciprocal Peer Tutoring (RPT) program. RPT is a collaborative learning intervention that combines peer teaching with reward contingencies for student groups; students prompt one another, monitor each other's

performance, and evaluate and reward their own group's goal attainment. The intervention consisted of 45 intervention sessions focused on math instruction that occurred twice weekly during the school day. School personnel facilitated parent engagement in the program by (a) introducing the program objective in an initial meeting, (b) inviting parents to discuss new ideas for engaging with families that are more practical and sensitive to parents' work and home lives, and (c) organizing structures that enabled parents to offer their children "home rewards" for math achievement and observe and assist children engaged in collaborative learning in the classroom setting. The study took place in an urban public school in Philadelphia among 84 African American fourth and fifth grade students from low to low-middle class households identified as "at risk" on account of poor math performance; 26 parents also participated.

The researchers isolated the effects of parent involvement in particular by randomly assigning students to one of three conditions: RPT plus parent involvement (RPT plus PI), RPT only, and a control group that received "business as usual" math instruction. Achievement measures included CBMs, the Stanford Diagnostic Mathematics Test, 3rd Edition, the Teacher-Child Rating Scale (which measures school problems, behaviors, and competencies) and the Child Rating Scale (a self-assessment in which students rate their own anxiety, social skills, rule compliance, and interest in school). The researchers also assessed students', parents', and teachers' satisfaction (perceptions of acceptability, effectiveness, and desire to participate in additional RPT interventions) with the intervention using three-point Likert-scaled measures created specifically for this RPT program. The study included a qualitative component, as well:

parents answered interview questions regarding their impressions of the RPT plus PI program at the conclusion of the intervention.

Overall, students, teachers, and parents reported high levels of satisfaction. In particular, 89% of parents observed substantial gains in math achievement, and 61% observed positive changes in students' attitudes toward school. Regarding student achievement, students in the RPT plus PI group on average demonstrated higher achievement on CBMs than students in the other two groups, and the RPT only group outperformed the control group. On the standardized measure, the RPT plus PI *and* the RPT only group scored better than the control group. Teachers' ratings for positive academic and social behaviors were higher on average for students in the RPT plus PI group than the other two groups, and students' in both RPT groups saw themselves as more socially confident than students in the control group. Students in the RPT plus PI group reported having better work habits and higher levels of motivation than students in the other groups, and teachers perceived students in the RPT plus PI group as more task-oriented, less disruptive, and more interpersonally confident than students in the RPT only or control groups. The researchers also discovered a high level of treatment integrity among parents who rewarded student achievement, though only 31% of parents participated in classroom observations. A few methodological weaknesses, however, threaten these claims regarding *satisfaction* ratings and efficacy of the RPT and RPT plus interventions. For example, teacher aides rather than teachers facilitated RPT sessions and communicated with parents about student achievement; teachers' participation in the study was indirect. Additionally, the assessment of treatment integrity relied solely on

self-report, and the authors offered no information on reliability for the measures they used to assess participants' *satisfaction*.

Finally, McNamara et al. (1999) described another type of prereferral intervention, intervention-based assessment (IBA). Under this problem-solving model, IBA team members, including a school principal, a special education teacher, a general education teacher, a school psychologist, and a parent, participated in a prereferral process that includes components of referral question consultation (RQC) (Batsche & Knoff, 1995) and CBC. RQC is a systematic problem-solving process that offers administrators, teachers, and parents a common language to address academic, social, and organizational challenges. Procedures include: (a) use of data to define referral problem and its context, (b) development of hypotheses to explain referral problem, (c) multiple assessments of those hypotheses, (d) intervention development to address referral problem, and (e) evaluation to determine effectiveness and acceptability of interventions (Knoff & Batsche, 1993). In this study, McNamara et al. (1999) explored how parents reacted to the IBA process and how parents' perceptions correlated with (a) the IBA team's years of experience, (b) parents' team membership from initiation of the IBA process, and (c) student goal attainment. From among the 329 school communities that participated in Ohio's IBA initiative, 185 parents of kindergarten through sixth graders completed a survey that ascertained their degree of involvement in IBA, satisfaction with procedures, and perception of IBA's effectiveness in addressing students' learning needs.

Survey results indicated that parents were satisfied with opportunities made available to participate in IBA, and felt included, listened to, and respected. This satisfaction related positively to parents' reported degree of involvement in intervention

planning. However, students' goal attainment did not predict parents' perceptions of intervention effectiveness. Overall, parents expressed satisfaction with their child's progress following intervention implementation, and reported that their children felt successful in school as a result of the IBA process. Parents who were most involved in IBA gave higher ratings to (a) intervention effectiveness and alignment, (b) satisfaction with their child's academic progress, and (c) child's feelings of academic success. Parents who participated from the point of IBA initiation on average rated the process as more adequate, but did not rate IBA effectiveness or goal attainment more highly. Notably, the only questionnaire topic that predicted students' goal attainment was parent report of having reinforced the intervention plan at home. While these findings suggest that school personnel can improve the effectiveness of IBA and parents' satisfaction with this intervention by actively involving parents in decision-making, it is important to note that schools had sole discretion over the selection and submission of cases for this study, and the researchers reviewed only "best case" documentation that reflected complete IBA implementation. The authors also did not provide information on treatment or procedural fidelity; parents' home-based reinforcement of intervention instruction was based on self-report.

Studies that analyzed parent involvement as part of schools' effort to implement RTI. Among the 17 studies in this corpus, two qualitative studies investigated parent involvement in the context of two different school-wide efforts to implement RTI as a prereferral process (McClain, et al., 2012; White et al., 2012). In the first of these, McClain et al. (2012) interviewed RTI team members, including students' parents, to study the implementation of tiered instruction for young children with learning

difficulties who attended a rural pre-kindergarten program. McClain et al. conducted an instrumental case study, which is a qualitative approach that allows researchers to gain a better understanding of a theoretical question or problem (Hancock & Algozzine, 2006). Eighty-six percent of this school's population received free or reduced price lunch, and 34% represented minority racial/ethnic groups. The researchers interviewed 10 pre-kindergarten staff members who served on the school's RTI leadership team and eight parents of students involved in interventions. Each of 18 interviewees (8 parents and 10 teachers) participated in one 40-60 minute interview. In addition to the interviews, the researchers gathered data from field notes, classroom observations, and pertinent documents (including lesson plans, anecdotal records, and RTI referral forms). The study's purpose was to understand the impact of a problem-solving approach to RTI implementation on the pre-kindergarten curriculum and on teachers' instructional practices and professional roles.

Regarding parent involvement, teachers indicated they initially experienced problems informing parents about RTI processes because parents became alarmed, believing teachers were automatically referring their children for special education services. Teachers felt especially taxed, constantly having to reiterate the purpose and procedures of RTI, write notes home, call parents, and schedule and attend meetings with parents in order to communicate effectively about students' progress. Both teachers and parent felt that home-school communication focused too much on RTI processes rather than students' actual academic progress, asserting that explanations of RTI and special education referral procedures should be simpler and involve less jargon. Consequently, teachers suggested that information on RTI should be disseminated more publicly to

families to lighten teachers' outreach responsibilities. However, teachers reported several positive outcomes of RTI implementation, including (a) improved interactions with parents as a result of such regular communication, (b) a belief that the RTI processes helped parents become more involved, (c) reports that they solicited parent support at an earlier stage than they had before the RTI framework had been developed, and (d) less resistance from parents when special education referrals did occur. Parents also felt optimistic about RTI; they appreciated that teachers taught them instructional practices to reinforce learning at home, and that they were happy to receive the extra help to become actively involved in their children's learning.

This study offers insights on teachers' and parents' frustrations as well their satisfaction with RTI and demonstrates a number of methodological strengths and weaknesses. Regarding limitations, the authors did not offer details about the interview process, and information on parents' involvement originated from teachers' rather than parents' accounts, despite the fact that a considerable number of parents participated in this interview study. Notwithstanding these weaknesses, however, the researchers did support their claims by weighing opposing perspectives and drew data from two different sources (interviews and relevant documents).

In another qualitative analysis of RTI implementation, White et al. (2012) conducted a case study involving unstructured interviews with 10 school staff members of one North Carolina elementary school's RTI leadership team and five district administrators. The study investigated the school's implementation of the problem-solving RTI model for students in kindergarten through 5th grade, including contextual variables that impacted that implementation. The study took place during a district-wide

RTI pilot program in an elementary school in which students were performing below the state average in reading and just below the state average in math. The school enrolled a population that was representative of the U.S. population in terms of race and ethnicity, and 20% of students received free or reduced price lunch.

The researchers studied the application of RTI in general and reported on teachers' and administrators' perceptions of parent involvement in particular. Interviewees believed that parents distrusted the former special education eligibility process because it involved norm-referenced data, thereby not allowing parents to understand their children's actual progress toward classroom-based objectives. In discussing the new prereferral system under RTI, interviewees cited many instances of effective home-school communication. For example, school personnel reported that the RTI framework allowed parents to engage in richer and more explicit conversations with teachers about screening and progress monitoring data, instructional planning, and students' ongoing achievement and learning challenges. Additionally, parents also seemed more confident in the faculty's good intentions and eligibility meeting determinations; parents were more convinced that students needed special education evaluations when the team did reach such a decision. Through continued use of RTI, administrators at the district level hoped to eventually develop tools for communicating system-wide student data. The lead teacher and administrators also reported efforts to design interventions appropriate for parent use at every grade level.

This study describes many instances of active parent involvement: interviewees explained that teachers and parents were engaged in two-way communication focused on assessment results and instruction, and teachers learned interventions they could describe

and assign to parents for the purpose of reinforcing home learning opportunities.

However, the study's limitations may weaken these claims. For example, the researchers based their results solely on school personnel's viewpoints, and they failed to substantiate their claims with interviewee quotes.

Studies that analyzed how parents who do not speak English as a native language experience prereferral processes. In the next section, I review qualitative research that examined the perspective of parents who do not speak English as a native language who participated in prereferral processes (Hardin, et al., 2009; Klingner & Harry, 2006; Schoorman et al., 2011). In contrast with the other 14 studies in this review that examine CBC, RTI, RPT, or IBA, each of these three studies described the processes using the general term "prereferral interventions".

In the first study in this category, Hardin et al. (2009) explored the experiences of parents who do not speak English as a native language. The researchers chose to focus on one urban area and one rural area to better understand the impact of social geographic factors. In each site, the researchers conducted three focus group interviews (one with administrators, one with teachers, and one with parents) for a total of six group interviews. Participants included 15 administrators, 11 teachers, and five parents in this investigation of early childhood prereferral services in North Carolina. The school staff spoke English, while the parents mostly spoke Spanish.

Administrators, teachers, and parents agreed that prereferral teams encountered the following challenges in establishing meaningful home-school partnerships: (1) language barriers between parents and personnel, and (2) a lack of bilingual teachers,

trained interpreters, and translated documents. Teachers voiced concern that parents required more information about the referral process and its purpose to make informed decisions. Likewise, administrators worried that parents did not understand the referrals but nonetheless frequently agreed with referral and placement decisions out of respect for school personnel's positions. Parents confirmed this perspective, and admitted they seldom actively contributed to the decision-making process due language barriers and their confusion about prereferral procedures. Administrators and teachers remarked on frequent discrepancies between students' screening results and information gathered during parent interviews and home visits. Moreover, school staff reported parents' apparent confusion about what information to share in evaluation meetings. However, administrators and teachers also agreed that student observations, parent interviews, home visits, and culturally responsive assessment instruments and evaluation methods facilitated the evaluation process. In fact, one administrator stated that more effectively involving parents in the screening process had prevented faulty referrals. Administrators also reported that parents' illegal status often complicated efforts to build trust between families and staff. Interestingly, parents reported a high level of satisfaction with professionals' work. Parents enjoyed support they received from teachers in assisting their children, and strove to reinforce teachers' instruction at home. Participants from each group agreed that social, linguistic, and cultural obstacles hindered collaborative prereferral decision-making. Though this study offers in-depth perspectives from a range of participants, some limitations weaken its validity. The authors provided no information how they addressed language barriers throughout the interview processes, and the study included only five parent interviewees.

By contrast, Klingner and Harry (2006) included a large number of participants in their research on school personnel's methods for including parents who speak English as a second language. This ethnographic study took place in a major urban school district in a southern state in schools that enrolled students of African American, European American, Hispanic (predominantly from Cuba, Nicaragua, and Mexico), Haitian American, and Jamaican American ethnicities. Through open-ended and semi-structured interviews with students, parents, school- and district-based personnel, document analyses, and observations of child study team (CST) meetings and special education placement conferences, the researchers explored the degree to which team members understood second language acquisition, accounted for language-based learning challenges, and involved parents in meaningful collaboration for 19 students undergoing the prereferral process.

This study made several important claims about schools' approaches to parent involvement during prereferral processes. For example, the researchers discovered that school personnel marginalized parents and undervalued their input during CST proceedings. Several factors contributed to this dynamic, including (1) a lack of translated documents interpreters and translation services; (2) negativity and unprofessionalism among school personnel in their interactions with and attitudes toward parents; (3) overreliance on jargon and a lack of parent voice in meetings; and (4) a lack of effort to discover and build on families' strengths. Additionally, while school personnel told researchers that parents are meaningfully involved from the beginning of the prereferral process, the researchers discovered through meeting observations and document analysis that the school psychologist had the most authority to determine

disability eligibility. Further, psychologists along with other CST members seemed to view meetings as an opportunity to inform parents about predetermined decisions rather than actively engage them in thoughtful deliberation. Notably, the psychologists typically met the parents for the first time at the second CST meeting and did not interact with families thereafter.

A major strength of this study is the extent to which the researchers triangulated data through observing meetings, conducting interviews, and reviewing relevant documents. They also weighed disconfirming evidence by including school personnel's perspectives, though they do not provide information about member checks.

In their effort to understand administrators', teachers', and parents' perspectives on parent involvement, Hardin et al. (2009) conducted focus groups and Klingner and Harry (2006) conducted a large number of interviews and observations. By contrast, Schoorman et al. (2011) employed a single case study design to investigate how a child study team facilitated decision-making processes and collaboration between parents and school staff. The examination targeted the experience of the mother of a 3rd grade student of Guatemalen Maya descent. The researchers drew primary data from school-based documents central to special education placement processes, meeting observation notes, and field notes that described deliberations between the authors and the student's mother. Interestingly, the three researchers actively participated in child study meetings involved in this research. The CST also included the student's mother, the school psychologist, contact personnel from the school's Exceptional Student Education (ESE) program, the ESE teacher, an English for Speakers of Other Languages (ESOL) coordinator, the homeroom reading teacher, a representative from the Family Literacy Program (a

community-based program in which the child and his mother were enrolled), the student's math and writing teachers, and a Maya language translator. The third grader attended a school in which 90% of students received free or reduced-price lunch, and 94% represented a racial/ethnic minority.

Throughout the CST meetings, which began in November and ended in April the following year, the authors noticed several barriers to meaningful, two-way communication, including failure to: (1) adequately inform the child's mother about referral processes, (2) meaningfully include her in decision-making, or (3) consider her needs as a non-native English speaker. As in the CST meetings Klingner and Harry (2006) describe, school personnel relied heavily on jargon, focused primarily on norm-referenced tests, failed to solicit input from teacher and the mother, and appeared to push the decision-making process to a foregone conclusion rather than facilitating deliberation and seeking consensus. Also similar to Klingner and Harry's (2006) findings, a lack of attention to families' language needs further impeded meaningful parent involvement. For example, no translator was present at the first CST meeting, and in preparation for subsequent meetings, the team had not budgeted time for the translation process. According to the authors, "although it was evident to the school personnel that (the mother) would have difficulty understanding, no accommodations were made to present the information in a manner that would support her understanding" (Schoorman et al., 2011, p. 34). The meeting outcome, however, was atypical because the mother eventually influenced the CST to reverse its original decision to refer the child to special education services. The authors attributed this success to the mother's awareness of her own power

and willingness to exercise her rights: she refused to sign the eligibility documents in the first meeting because she did not understand the CST's decision.

This single case study offers a detailed perspective on one mother's experience of the referral process over a five month period, but several weaknesses challenge the strengths of the authors' claims. For example, the researchers state that the mother's realization of her own power was a decisive factor in overturning the CST's original decision to refer the student to special education services. However, the authors also acknowledged their own role in advocating for the mother and state that understanding the politics of decision-making, including the CST's attempts to marginalize the mother, was key to successfully advocating for the student.

Summary of results. The 17 studies in this corpus used quantitative, qualitative, and mixed methods to investigate schools' efforts to involve parents in prereferral processes. In this review, researchers employed five different methods of investigating parent involvement, including, (1) testing for correlations between (a) the character of communicative exchanges during CBC meetings and (b) team members' perceptions of the *effectiveness* and *acceptability* of CBC processes and student outcomes (Grissom et al., 2003; Sheridan et al., 2002); (2) testing for correlations between (a) teachers' and parents' perceptions of the *effectiveness* and *acceptability* of CBC meetings and (b) other related factors including the severity of student difficulties and intervention complexity (Cowan & Sheridan, 2003); CBC process integrity and partnership orientation (Garbacz et al., 2008); student outcomes (Sheridan et al., 2004); student outcomes and relationships between parents and teachers (Sheridan, Clarke, et al., 2006); and family diversity (Sheridan, Eagle, et al., 2006), (3) testing for correlations between (a) parent involvement

in prereferral interventions and (b) student achievement (including referrals for special education evaluation) (Chen & Gregory, 2011; Galloway & Sheridan, 1994; Heller & Fantuzzo, 1993; McNamara et al., 1999; Pearce, 2009); (4) exploring parents' involvement in the context of school-wide efforts to implement RTI (McClain et al., 2012; White et al., 2012); and (5) investigating the experiences of parents who do not speak English as a native language in prereferral processes (Hardin et al., 2009; Klingner & Harry, 2006; Schoorman et al., 2011).

Overall, these 17 studies offer important insights on many different stakeholders' perceptions of and experiences with parent involvement in prereferral processes. Research in this corpus also explored the degree to which parents actively engaged in prereferral processes, the relationship between parent involvement and student achievement, and the influence of procedural integrity and quality of communicative exchanges on relationships between families and school personnel. In the next section, I discuss themes that emerged among these studies results and implications for these collective findings.

Discussion

Each study in this review analyzed schools' efforts to involve parents in various types of prereferral intervention models. In this final section of the chapter, I provide an overview of themes that emerged from these studies' findings, especially as they relate to Ysseldyke and Christeson's (2002) FAAB framework. Next, I identify content gaps in the current literature base and discuss the extent to which researchers in this corpus ensured

the validity of their studies. Finally, I propose research that aims to address content gaps, maximize methodological strengths, and minimize methodological weaknesses.

Content analysis through the FAAB framework. In the following paragraphs, I use the FAAB framework to analyze the 17 studies in this review according to themes that emerged from their results. For the purpose of this review, I chose to focus on the FAAB's "home-school support" component and four of its six conditions for learning: *cross-setting opportunities to learn; consistent structure; mutual support; and positive, trusting relationships.*

"Cross-setting opportunities to learn" and "consistent structure". Schools and parents establish cross-setting learning opportunities by providing students with instruction related to their prereferral interventions outside normal school hours. Further, these key adults create a "consistent structure" for students by ensuring that intervention-based instruction that takes place both in and outside the classroom is aligned. In analyzing the studies in this review, I consider these two FAAB components in tandem due their highly interrelated nature.

The treatment implementation phase of CBC consists of parents and teachers implementing a co-created intervention across home and school settings (Cowan & Sheridan, 2003). Thus, perhaps because home-based interventions are an integral part of the CBC design, the two CBC studies on communicative exchanges in this review omitted details related to treatment integrity or the content, frequency, duration of interventions parents implemented at home (Grissom et al., 2003; Sheridan et al., 2002). Further, only two of the five CBC studies in which researchers examined the relationship

between teachers' and parents' perceptions of the *effectiveness* and *acceptability* of CBC meetings and other variables accounted for treatment integrity; they explained that liberal measures of consistent home-school intervention structures included self-recorded completion of steps and use of permanent products (Sheridan, Clarke, et al. 2006; Sheridan, Eagle, et al., 2006).

Among the studies that examined the impact of parent involvement on student outcomes, Galloway and Sheridan (1994) did explain that teachers of students in the CBC group provided parents with techniques for supporting math achievement. Further, these parents delivered rewards and consequences based on teachers' reports of school-based progress. These researchers verified the implementation of this home-based treatment through self-monitoring checklists, observations, and anecdotal interviews; they reported the following treatment integrity rates: 90% for non-CBC teachers, 91% for CBC teachers, 90% for non-CBC parents, and 94% for CBC parents (Galloway & Sheridan, 1994).

Chen and Gregory (2011) used a dichotomized scale for measuring the construct of parent intervention implementation (0= no involvement, 1= some involvement). They discovered that parents actively implemented interventions in 45% of cases, and that parent intervention implementation had a significant positive correlation with parent presence at PIT meetings and intervention alignment. However, this parent intervention implementation statistic is based on parents' self-report, and the records the researchers reviewed did not indicate measures of treatment integrity for home- or school-based interventions. By contrast, Heller and Fantuzzo (1993) reported a high degree of treatment integrity among parents who rewarded student achievement. However, the

researchers also relied on parents' self-report in taking this measure; in a more objective measure of parent participation in this same study, only 31% of parents participated in classroom-based observation and assistance portion of the intervention. Similarly, in McNamara et al.'s (1999) study, the self-report measure (a parent survey) indicated high levels of supporting intervention plans at home. Finally, Pearce (2009) described teachers' and parents' collaborative work to design and monitor home-based instruction analogous to the interventions students received at school; however, the report offered no evidence of treatment integrity for these efforts.

Two of the qualitative studies also accounted for cross-setting student learning opportunities and drew positive conclusions about home-based instruction: Hardin et al. (2009) reported that parents enjoyed receiving support from teachers and strove to reinforce intervention instruction at home, and White et al. (2012) explained that teachers and administrators endeavored to create interventions appropriate for parent use at every grade level. However, these findings must be also considered in light of the fact that neither Hardin et al. (2009) nor White et al. (2012) provided evidence for treatment integrity for these interventions.

Among the studies in this review, the inherently difficult nature of ensuring consistent structure across home and school became apparent. Most of these researchers fail to measure treatment integrity (Chen & Gregory, 2011; Cowan & Sheridan, 2003; Garbacz et al., 2008; Grissom et al., 2003; Hardin et al., 2009; McClain et al., 2012; McNamara et al., 1999; Pearce, 2009; Sheridan et al., 2002; Sheridan et al., 2004; White et al., 2012) or depended on liberal measures such as self-report, checklists, and permanent products (Heller & Fantuzzo, 1993; Galloway & Sheridan, 1994; Sheridan,

Clarke, et al., 2006; Sheridan, Eagle, et al., 2006). Perhaps the incorporation of such measures would perhaps add unmanageable burden for parents and teachers, though none of the studies offer a rationale for not using rigorous treatment fidelity measures.

“Mutual support”. School personnel and parents enjoy “mutual support” when (1) parents collaborate in team-based planning and decision-making, (2) all stakeholders engage in two-way communication, (3) school personnel explain prereferral processes to parents, and (4) parents attend prereferral team meetings.

Out of the total 17 studies in this review, 13 used different means to assess “mutual support” between teachers and parents during the course of prereferral interventions. For example, eight quantitative studies focused on CBC, a process designed to actively involve parents; they employed the BIRS to measure acceptability and effectiveness (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004), the GAS to measure teachers’ and parents’ perceptions of how well students met goals set during CBC consultation (Grissom et al., 2003; Sheridan et al., 2002; Sheridan et al., 2004; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006), the CEF to assess teachers’ and parents’ satisfaction with CBC services, including the degree to which CBC consultants were supportive (Garbacz et al., 2008; Grissom et al., 2003; Sheridan et al., 2002; Sheridan et al., 2004; Sheridan, Clarke, et al., 2006, Sheridan, Eagle, et al., 2006), and the CIRP to gauge students’ perceptions (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994). By contrast, the studies on IBA and RPT measured “mutual support” through researcher-created surveys (Heller & Fantuzzo, 1993; McNamara et al., 1999), and the study on RPT and the

qualitative studies on RTI and other prereferral interventions collect stakeholders' perceptions of prereferral processes through interviews (Heller & Fantuzzo, 1993; McClain et al., 2012; Pearce, 2009; White et al., 2012). In the following paragraphs, I summarize the CBC studies' descriptive data regarding "mutual support", and then I outline the patterns researchers discovered when they tested "mutual support" measures for correlations with other variables. Finally, I describe "mutual support" as it was identified in the studies on the RPT, IBA, and RTI prereferral interventions.

In every CBC study in this review, the researchers discovered that teachers and parents gave high ratings to the acceptability of the procedures (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004). Regarding perceived effectiveness, ratings were high in three studies (Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003;) and moderately high in four other studies (Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004). Parents' and teachers' perceptions of students' goal attainment also ranged from moderate (Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004) to high (Sheridan, Clarke, et al., 2006). Parents and teachers were highly satisfied with CBC procedures in four studies (Garbacz et al., 2008; Sheridan et al., 2002; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006) and moderately satisfied in two studies (Grissom et al., 2003; Sheridan et al., 2004). Finally, students found CBC services to be moderately acceptable in two studies (Cowan & Sheridan, 2003; Galloway & Sheridan,

1994). Across these eight studies, stakeholders found CBC services to be satisfactory, moderately effective, and highly acceptable.

In addition to providing descriptive statistics on proxy measures for “mutual support”, researchers who examined CBC processes also tested for correlations between measures of “mutual support” and several related factors. In terms of the character of communicative exchanges during CBC meetings, for example, Grissom et al. (2003) found that participants’ attempts to influence conversation did not correlate with their perceptions of intervention outcomes. Sheridan et al. (2002) explored a similar relationship and discovered that there was no significant relationship between participants’ speech acts and participants’ satisfaction with services and perceptions of intervention acceptability and effectiveness. Considered together, these results indicate that the character of participants’ meeting contributions (e.g., degree of cooperativeness, “dominance”, or “domineeringness”) did not relate with their perceptions of CBC processes.

Cowan and Sheridan (2003) examined the relationship between “mutual support” measures, intervention complexity, and severity of students’ academic, behavioral, and social problems. They found that for teachers, perceptions of acceptability had a significant and positive correlation with intervention complexity and problem severity, while no significant relationships emerged between these variables in the case of parents. Similarly, in a study on the congruence of parents’ and teachers’ satisfaction ratings, Sheridan et al. (2004) found that perceptions between these two groups of stakeholders were not necessarily related.

Garbacz et al. (2008) tested the relationship between CBC consultants' partnership orientation and teachers' and parents' satisfaction with CBC services and their perceptions of the acceptability and effectiveness of the process. They discovered significant positive correlations between a partnership orientation for teachers' (but not parents') ratings in terms of "mutual support" measures; as in the Cowan and Sheridan (2003) study, this study demonstrated that parents' and teachers' ratings were not necessarily related. Further, the absence of a significant relationship between procedural integrity (number of CBC objectives met) and partnership orientation suggests that CBC consultants can work toward high fidelity and partnership orientation simultaneously.

Another study examined the relationship between families' level of diversity and ratings of "mutual support" measures; Sheridan, Eagle, et al. (2006) reported that parents' effectiveness ratings increased as diversity levels increased, and both teachers' and parents' perceptions of student goal attainment had a significant, positive relationship with students' level of diversity. Finally, two studies assessed the relationship between "mutual support" measures and student achievement (as measured by effect sizes): both Sheridan et al. (2004) and Grissom et al. (2003) discovered a non-significant relationship between these two variables.

As in the CBC studies, Heller and Fantuzzo (1993) and McNamara et al. (1999) examined measures of mutual support through quantitative methods, but through surveys created for specifically the purpose of these individual investigations. McNamara et al. (1999) discovered that parents were satisfied with their children's progress and believed their children felt more confident in academic learning following IBA implementation. With the three-point Likert scales they created for parents, teachers, and students, Heller

and Fantuzzo (1993) found that all participants were highly satisfied with the RPT plus PI condition, and interview data demonstrated that parents in particular found the intervention to be highly effective.

Interview data from two of the four RTI studies also indicated stakeholders' satisfaction with prereferral processes. For example, though teachers in McClain et al.'s (2012) investigation felt taxed by demands to constantly explain RTI to parents, and parents and teachers felt that home-school communication focused excessively on the basics of RTI, teachers believed the process encouraged greater parent involvement, and parents reported feeling optimistic and eager for the assistance in supporting their children. Pearce (2009) also reported parents' satisfaction with RTI and its system of regular written home-school communication.

By contrast, two studies that explored the experiences of parents who do not speak English as a native language did not directly investigate "mutual support" as part of prereferral processes, despite the negative and dysfunctional interactions these researchers uncovered (Klingner & Harry, 2006; Schoorman et al., 2009). Interestingly, however, Hardin et al. (2009) explained that parents reported a high level of satisfaction with professionals' work regarding prereferral interventions, despite the language barriers that impeded their meaningful participation in the processes.

In the five CBC studies that examined correlations between teachers' and parents' perceptions of the *effectiveness* and *acceptability* of CBC meetings and other related variables, researchers explored evidence for mutual support chiefly in terms of the number of CBC objectives that participants met. Researchers measured this variable

using checklists, and identified CBC objectives as (1) defining the problem in behavioral terms, (2) identifying trigger events and other ecological conditions that might influence the behavior, and (3) determining intervention effectiveness. Coincidentally, Garbacz et al. (2008), Sheridan, Eagle, et al. (2006) and Sheridan et al. (2004) all report that parents, teachers, and consultants met 89% of CBC objectives. Sheridan, Clarke, et al. (2006) offer more details on progress toward these objectives by citing an 84.5% completion rate for problem analysis and a 94% completion rate for evaluation. However, Cowan and Sheridan (2003) offer no information on CBC objective completion.

Another important indicator of mutual support is parent attendance at CBC meetings. Interestingly, none of the CBC studies I reviewed offer parent attendance rates in CBC meetings- such participation is assumed (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004).

Among the five studies that examined the impact of parent involvement on student outcomes, Galloway and Sheridan (1994) report mutual support in terms of percentage of CBC objectives met (91%). In their review of documentation related to student interventions and PIT meeting, Chen and Gregory (2011) could not offer information on the content of parents' and school personnel's communication, but some degree of collaboration between staff and parents can potentially be inferred since interventions were better aligned as a result of parents' participation in meetings and home-based intervention implementation. Among these five studies, only Chen and Gregory (2011) cite parent meeting attendance rates- 86% of parents attended at least one meeting, and 43% attended both the initial and follow-up meetings.

By contrast, Pearce (2009) offered concrete evidence for one-way and two-way communication between parents and school staff. According to this study, teachers explained program to parents, and parents and teachers exchanged daily reports, which also allowed teachers and parents to plan collaboratively. McNamara et al. (1999) also provided affirmative evidence of parents' active involvement in planning and home-school communication by reporting that parents felt that school staff listened to, included and respected them. Though McNamara et al. (1999) provided no attendance data in this report, 49.2% of respondents claimed to be members of the problem solving team from the beginning of students' prereferral processes. Notably, the IBA process involved in this research included elements of CBC and referral question consultation (RQC), both of which are highly structured methods for facilitating parent-teacher interaction. Heller and Fantuzzo (1993) described more passive modes of parent involvement in their study. Teachers introduced the program in an initial meeting and presented parents with structures for organizing home-based reinforcement. In this study, two-way communication that did occur was peripheral to the actual intervention: parents and teachers met in separate meetings to discuss ideas for engaging families that would accommodate their work and home lives.

The qualitative studies that focused on RTI offered little information on the content of parent and teacher communication. For example, McClain et al. (2012) report that RTI fostered earlier and more frequent two-way communication between teachers and parents, while White et al. (2012) claimed that parents and teachers were engaged in two-way communication related to assessment, instruction, and progress monitoring.

However, it is important to note that this latter study drew exclusively from teachers' and administrators' rather than parents' viewpoints.

In contrast with the other research in this review, the three studies that examined the experiences of parents who do not speak English as a native language describe substantial obstacles to such engagement (Hardin et al., 2009; Klingner & Harry, 2006; Schoorman et al., 2011). Klingner and Harry (2006) and Schoorman et al. (2011) found that school personnel seemed to inform parents of predetermined decisions rather than actively involving them in decision-making. All three studies described obstructions to collaborative decision-making and two-way communication in the case of working with parents who are non-native English speakers, including language barriers, lack of translation services, and an overreliance on jargon and references to standardized testing (Hardin et al., 2009; Klingner & Harry, 2006; Schoorman et al., 2011).

In conclusion, researchers across this corpus provided highly positive ratings for “mutual support” proxy variables in the context of the prereferral interventions they investigated. To begin with, the CBC studies that tested for correlations between “mutual support” measures and other variables examined a wide range of factors, and their results have implications for a number of disparate goals for CBC as a prereferral process. For example, CBC was highly acceptable to stakeholders working with diverse students and students with severe learning challenges that require complex interventions. This study also demonstrated that CBC consultants can work toward maintaining a high degree of both procedural integrity and partnership orientation simultaneously. A few themes emerged across these correlational studies, including (1) the quality of communicative exchanges does not appear to relate to measures of “mutual support”; (2) teachers' and

parents' perceptions of the acceptability and effectiveness of CBC services are not necessarily related; and (3) results indicated no significant relationship between "mutual support" measures and student achievement. One study that focused on IBA (McNamara et al., 1999), one study that focused on RPT (Heller & Fantuzzo, 1993), two studies that focused on RTI (McClain et al., 2012; Pearce, 2009), and one that focused on prereferral processes that involved non-native English-speaking parents (Hardin et al., 2009) also reported parents' and teachers' satisfaction with these processes. Interestingly, among the four studies that did *not* incorporate "mutual support" measures, one based results entirely upon teachers' and administrators' viewpoints of parent involvement in RTI (White et al., 2012), and two highlighted obstacles non-native English-speaking parents faced during prereferral processes (Klingner & Harry, 2006). Interestingly, researchers did not address the importance of gauging sustainability of home-school collaboration involved in prereferral interventions through "mutual support" proxy measures in studies that overlooked parents' views or that focused on processes that failed to meaningfully involve parents.

Overall, the studies that examined CBC and IBA processes investigated parent involvement in the context of highly structured prereferral intervention meeting formats (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; McNamara et al., 1999; Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004). Notably, participants in these studies met most of their own goals for collaborative planning, and parents in McNamara's (1999) study reported feeling included and respected in collaborative planning and two-way communication. The RTI studies provided some evidence for meaningful two-way

communication and collaborative decision-making (McClain et al., 2012, Pearce, 2009; White et al., 2012), and studies examining the participation of parents who did not speak English as their native language described several obstacles to establishing such mutual support (Hardin et al., 2009; Klingner & Harry, 2006; Schoorman et al., 2011). However, across these 17 studies, little evidence for the actual content of these collaborative discussions emerged. Only two studies reported parent attendance rates in prereferral meetings, and both figures were relatively low: 43% (for both initial and follow-up meetings) (Chen and Gregory, 2011), and 31% (Heller & Fantuzzo, 1993).

“Positive, trusting relationships”. “Positive, trusting relationships” between parents and school personnel in prereferral interventions entail schools’ efforts to invite parents to participate in collaborative processes, especially at the point of the initiation of these processes, and parents’ feelings of trust toward school personnel. Notably, research demonstrates that the quality of parent-teacher relationships depends largely on schools’ and teachers’ efforts to reach out to parents and facilitate such involvement (Kohl, Lengua & McMahon, 2000; Waanders, Mendez & Downer, 2007). The two CBC studies that investigated the nature of communicative exchanges (Grissom et al., 2003; Sheridan et al., 2002) and three CBC studies that examined the relationship between teachers’ and parents’ perceptions of the *effectiveness* and *acceptability* of CBC meetings and other related variables (Cowan & Sheridan, 2003; Sheridan et al., 2004; Sheridan, Eagle, et al., 2006) did not address the quality of the relationships among meeting participants. However, among the other CBC studies, two did explore these relationships. Garbacz et al. (2008) assessed how well CBC consultants led intervention meetings with a partnership orientation as evidence for the existence of positive, trusting relationships.

Parents and teachers in this study reported believing that consultants led meetings with a high degree of partnership orientation. Sheridan, Clarke, et al. (2006) tested the effect of CBC processes on parent-teacher relationships, and found that parents, but not teachers, reported a significant positive change.

Four of the five studies that tested the impact of parent involvement on student outcomes overlooked the quality of parent-teacher relationships (Chen & Gregory, 2011; Galloway & Sheridan, 1994; Heller & Fantuzzo, 1993; McNamara et al., 1999). However, Pearce (2009) reported that parents believed the RTI process helped them recognize the staff's concern for their children. By contrast, the qualitative studies on parent involvement in the course of school-wide RTI implementation largely focused their analysis on this variable. For example, teachers in the McClain et al. (2012) study indicated that initial communication with parents about RTI was difficult due to parents' apprehension that teachers were immediately referring their children for special education evaluations. Over time, however, RTI fostered more regular parent-teacher communication, which eventually improved these relationships and helped parents better trust teachers' decisions to refer students for evaluations. Likewise, White et al. (2012) reported that parents placed more confidence in school personnel's good intentions and eligibility meeting determinations with RTI as compared to their experiences with traditional processes in place before the school adopted RTI, due especially to improved methods for sharing data with parents.

As in the previous section on "mutual support", the three studies that focused on the experiences of parents who do not speak English as a native language reported negative home-school interactions. For example, Hardin et al. (2009) found that

administrators believed that parents' illegal status often obstructed schools' efforts to build trust with families. In their observations of CST meetings, Klingner and Harry (2006) noticed that school personnel marginalized parents, dismissed their CST meeting contributions, ignored their strengths, and otherwise behaved in negative and unprofessional ways toward families. Although Schoorman et al. (2011) did not explicitly describe the quality of parent-staff relationships in their case study, their report did highlight several negative relations, including the mother's refusal to sign initial paperwork due to her lack of understanding and the school's failure to provide translation services.

In general, the eight quantitative studies that focused on CBC and the subgroup of studies that investigated the impact of parent involvement on student outcomes overlooked the quality of relationships between school staff and parents. The three qualitative RTI studies in this review reported highly positive home-school relationships (McClain et al., 2012; Pearce, 2009; White et al., 2012). By contrast, all three studies that involved non-native English-speaking parents provided evidence for adverse interactions between families and school personnel (Hardin et al., 2009; Klingner & Harry, 2006; Schoorman et al., 2011).

Impact of parent involvement. Studies in this review concentrated largely on the conditions of prereferral interventions that allowed for home-school support (consistent structure, cross-setting opportunity to learn, mutual support, and positive, trusting relationships) and the perceptions of various stakeholders, including parents, on the acceptability and effectiveness of these processes. However, it is also important to understand the actual impact of parent involvement as an independent variable in these

processes, especially given the proposed link between such active parental participation in prereferral interventions and student outcomes (Carlson & Christenson, 2005; Duffy, 2007; Jones & Gansle, 2010). Although only five studies in this review focused particularly on the correlation between parent involvement and in prereferral interventions and student outcomes (including referrals for special education evaluation) (Chen & Gregory, 2011; Galloway & Sheridan, 1994; Heller & Fantuzzo, 1993; McNamara et al., 1999; Pearce, 2009), six other studies noted changes in student outcomes and intervention implementation as a result of prereferral processes that involved parents (Garbacz et al., 2008; Hardin et al., 2009; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004). In the following paragraphs, I summarize the results of studies that addressed the connection between parent involvement and the four following dependent variables: (a) student achievement (Galloway & Sheridan, 1994; Garbacz et al., 2008; Heller & Fantuzzo, 1993; McNamara et al., 1999; Pearce, 2009; Sheridan et al., 2002; Sheridan et al., 2004; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006), (b) intervention alignment (Chen & Gregory, 2011; McNamara et al., 1999), (c) “mutual support” proxy measures (McNamara et al., 1999; Sheridan, Clarke, et al., 2006), and (d) special education referrals (Chen & Gregory, 2011; Hardin et al., 2009; Pearce, 2009).

A total of nine studies in this corpus incorporated measures of student progress toward prereferral intervention goals. Among these nine, five are CBC studies that reported effect sizes for student goal attainment (Garbacz et al., 2008; Sheridan et al., 2002; Sheridan et al., 2004; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006). Parent involvement is integral to the CBC process; thus, students who received CBC

services also experienced active parent support as part of their treatment, and effect sizes in these studies included home-based achievement measures. In interpreting effect sizes for this research, it is also important to note that these five studies were exploratory rather than experimental in nature- these researchers did not use control groups to isolate the effects of CBC on student achievement. Further, objective oversight for home-based intervention implementation and measures of achievement was not available in any study in this corpus that investigated cross-setting opportunities for learning, and researchers in only two CBC studies reported “liberal” efforts to ensure treatment integrity for these measures (Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006) Researchers in these five studies also adopted the “no assumptions” approach for computing effect sizes, which can result in inflated effect sizes and a high degree of variability (Garbacz et al., 2008).

These limitations notwithstanding, three of these five CBC studies reported average effect sizes, which included both school- and home-based measures, as .988 (Garbacz, et al., 2008), 1.2 (Sheridan et al., 2002), 1.18 (Sheridan et al., 2004). Sheridan, Clarke, et al. (2006) reported median effect sizes (1.06 for school-based measures, and .97 for home-based measure), and Sheridan, Eagle, et al. (2006) reported average effect sizes according to students’ diversity level (1.35 for students with no diversity factors, 1.21 for students with one diversity factor, and 1.51 for students with two or more diversity factors). According to Cohen (1992), these are very favorable effect sizes.

By comparison, another CBC study did not compute student effect sizes, but did incorporate experimental design by administering a home-based intervention to three students, and the same intervention plus CBC services to another three students

(Galloway & Sheridan, 1994). As a group, the students who received CBC services outperformed their peers who received only the intervention in three different measures, including a follow-up assessment. In matched pairs, the CBC students also made greater gains than their non-CBC counterparts. Considering these positive results across all six of these aforementioned studies, it appears that CBC, which includes active parent involvement by design, contributed to student learning.

Unlike the CBC studies, the three remaining studies that analyzed the impact of prereferral interventions on student achievement did isolate parent involvement as an independent variable. For example, McNamara et al. (1999) discovered that the only item on their parent questionnaire that predicted positive student learning outcomes related to parents' self-report of having implemented the IBA intervention at home. Heller and Fantuzzo (1993) reported that students who received the RPT plus PI treatment outperformed the RPT-only and control groups on CBMs and a standardized measure, and Pearce (2009) cited inferential statistics to demonstrate that parent involvement led to increased student performance, particularly for kindergartners and first graders. While these researchers, like the researchers in the CBC studies, did face the same inherent challenge of establishing reliability for the treatment integrity of parent-implementation interventions, it is remarkable that findings in all three studies suggest that parent involvement positively influences student achievement.

The two studies on the character of communicative exchanges demonstrated that no significant relationship existed between communication types and student outcomes (Grissom et al., 2003; Sheridan et al., 2002). In terms of mutual support, however, Chen and Gregory (2011) found that parent meeting attendance had a significant negative

relationship with special education evaluation referrals. Like Chen and Gregory (2011), Hardin et al. (2009) also discovered that parent collaboration in prereferral processes decreased chances for special education referral: administrator and teacher interviewees in this study reported that parent interviews and home visits contributed much-needed information for understanding students' challenges and helped prevent faulty evaluation referrals. Further, McNamara et al. (1999) claimed that the only topic in their questionnaire for parents that correlated positively with student goal attainment was parents' report of having reinforced the intervention plan at home. Pearce (2009) also demonstrated through quantitative analyses that parent involvement influenced positive student outcomes, especially for kindergartners and first graders.

Though nine studies in this review considered the impact of home-school interventions on student achievement, two studies also measured the impact of parent involvement on the degree to which prereferral interventions aligned with students' learning needs (Chen & Gregory, 2011; McNamara et al., 1999). Ostensibly, interventions that are better aligned with individual students' goals will enhance student learning opportunities and consequently lead to improved student achievement. Chen and Gregory (2011) found that parent presence at PIT meetings was associated with improved intervention alignment. Although McNamara et al. (1999) used a less direct measure for analyzing this dependent variable, they discovered that parents who reported the greatest involvement in IBA processes also gave the highest ratings to intervention alignment. Thus, both studies indicated that parent involvement was linked with the design and implementation of prereferral interventions that better suited students' needs.

Two studies in this review also indicated that parent involvement positively impacted parents' own perceptions of the acceptability and effectiveness of CBC processes (McNamara et al., 1999; Sheridan, Clarke, et al., 2006). According to McNamara et al. (1999), parents who were most involved in IBA gave higher ratings for intervention effectiveness and reported greater satisfaction with their child's academic progress and confidence in learning than did parents who were less involved. Further, parents who were involved from the point of intervention initiation rated IBA as more acceptable than those who became involved later. In their study of early childhood interventions, Sheridan, Clarke, et al. (2006) found that parents believed that parent-teacher relationships had become stronger as a result of their participation in CBC processes. Such findings are important because parents' perceptions of the acceptability and effectiveness of prereferral processes can impact the degree to which parents maintain their involvement with and implementation of these interventions (Kazdin, 1980).

Finally, results for three studies in this corpus suggest that parent involvement impacted the process of referring students for special education evaluations (Chen & Gregory, 2011; Hardin et al., 2009; Pearce, 2009). First, Chen and Gregory (2011) found that students whose parents attended at least one PIT meeting had close to one third the odds for a special education evaluation referral as a student whose parent did not attend meetings, and students whose parents attended at both PIT meeting had close to one third the odds for a special education evaluation referral as a student whose parent attended only one meeting. Pearce (2009), on the other hand, did not use a comparison group when evaluating special education evaluation referrals. However, this research did indicate that

among the nine total students who received RTI services that spanned home and school, only two eventually received referrals for special education evaluation. Additionally, one qualitative study in this review reported comparable results: school administrators who participated in Hardin et al.'s (2009) study stated that incorporating parents' perspectives during the prereferral process minimized faulty special education evaluation referrals.

Overall, eleven out of the 17 studies in this review addressed parent involvement as an independent variable, and their collective results suggest that this factor can impact student outcomes, intervention implementation, parents' satisfaction with prereferral services, and referrals for special education evaluations. In turn, all four of these outcomes are critical for ensuring student success, especially in schools in which student achievement is low, parents tend to be less involved, and minority groups are disproportionately represented in special education.

Gaps in the literature base. While these 17 studies offered many insights regarding how schools involve parents in prereferral processes and how parents and school personnel perceive these processes, three major content gaps emerged. In the following paragraphs, I describe those gaps, which include (a) a dearth of measures that evaluate the content of parents' involvement and parent-teacher collaboration; (b) a low number of studies on parent involvement in prereferral interventions in Title I school settings; and (c) a need for more studies that focus specifically on RTI, a prereferral intervention method that is growing in prominence (Ahram, Stembridge, Fergus & Noguera, 2012; Hoover et al., 2008).

Dearth of measures that evaluate the content and intensity of parent involvement and parent-teacher collaboration. Most studies in this review studied stakeholders' perceptions, including either the "mutual support" in the context of prereferral processes in general (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Hardin et al., 2009; Heller & Fantuzzo, 1993; McClain et al., 2012; McNamara et al., 1999; Pearce, 2009; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004;) or in terms of student outcomes related to these collaboratively planned and implemented interventions (Chen & Gregory, 2011; Galloway & Sheridan, 1994; Garbacz et al., 2008; Hardin et al., 2009; Heller & Fantuzzo, 1993; McNamara et al., 1999; Pearce, 2009; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004). Though two studies examined the *form* of parents' and teachers' collaborative exchanges (Grissom et al., 2003; Sheridan et al., 2002), few explore the *content* of parents' contributions to prereferral processes. In fact, the research that did address substance did so chiefly in terms of the degree to which meaningful home-school collaboration is lacking (Hardin et al., 2009; Klingner & Harry, 2006; Schoorman et al., 2011).

To understand this critical element of home-school collaboration- namely, the content of interactions between parents and school personnel in the planning, implementation, and evaluation of prereferral interventions- researchers in this field have proposed using qualitative inquiry (Sheridan, Eagle, et al., 2006). Indeed, observations of prereferral team meetings and interviews with participants could shed light on many variables that studies in this review overlooked, including (1) the content of parents' and

school staff's communication and (2) the processes through which parents and school personnel (a) define student problems; (b) co-create interventions to address those challenges; (c) jointly analyze results and intervention effectiveness; and (d) make necessary adjustments. Further, qualitative analysis could capture the degree to which school personnel recognize families' and children's individual differences and strengths and account for these in collaboratively creating interventions and evaluation systems.

Further, studies across this corpus largely failed to account for the substance of home-based interventions and the integrity with which parents implement them. Researchers either accepted parents' implementation of home-based interventions as a given (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Heller & Fantuzzo, 1993; Pearce, 2009; Sheridan et al., 2002; Sheridan et al., 2004), or measured parent intervention implementation on a Likert scale (McNamara et al., 1999) or as a dichotomized variable (Chen & Gregory, 2011). The two studies that did address the reliability of these home-based efforts did so through "liberal" means (Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006). Although the content and integrity of home-based intervention implementation might be inherently difficult to measure, interviews with parents and teachers could uncover critical details about these constructs, as well as information on the challenges parents and teachers face in coordinating cross-setting learning opportunities and discussing their outcomes. Only two studies explained the process by which school staff provide information to parents regarding prereferral intervention processes (Hardin et al., 2009; McClain et al., 2012; White et al., 2012); in two of these studies, participants reported that procedures for communicating the many details involved with these processes were difficult for teachers

and parents alike (Hardin et al., 2009; McClain et al., 2012). Regarding this type of information exchange among the CBC studies, however, such communication might be a fundamental part of the CBC design, though the researchers do not make this point explicitly (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004).

Regarding the establishment of positive, trusting parent-teacher relationships, none of the studies in this corpus described the efforts that educators make, or parents' perceptions of these efforts, in initiating contact with parents regarding the prereferral process. Considering that parents' perceptions of teachers' proactive parent engagement practices are the greatest predictor of parent involvement (Patrikakou & Weissberg, 2000), the degree to which school staff purposefully invite parents' participation in prereferral processes is a variable that warrants further investigation. Likewise, only two studies in this review mention schools' attempts to involve parents at the beginning of prereferral processes (Chen & Gregory, 2011; McNamara et al., 1999). However, concerning the eight CBC studies in this review, such early attempts might be integral to CBC design: the initial phase of CBC involves meetings in which parents, teachers, and consultants identify student problems and initial share concerns. However, the researchers in these studies did not offer details on how schools initiated contact with parents in these processes (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004).

Additionally, qualitative studies could further investigate several interesting correlations that emerged among the quantitative studies in this review. For example, two studies showed that the nature of communicative exchanges (described as “dominant”, “domineering”, “affiliative”, and “distancing”) did not relate to stakeholders’ perceptions of these process. Perhaps a more nuanced examination of communicative content and the nature of individual students’ needs would explain why these variables were not associated. Moreover, many of the studies analyzed proxy measures for “mutual support” in prereferral interventions and reported highly favorable results. Ostensibly, collaborative prereferral processes involved in CBC, IBA, RPT, and RTI empowered parents to communicate openly with their children’s teacher and grow better accustomed to that role. Qualitative inquiry could add invaluable insights by exploring which elements of the collaborative process parents’ and teachers’ believe are most helpful in establishing trust, comfort, and student success. Finally, McNamara et al. (1999) discovered that parents’ participation in IBA teams did not correlate with students’ goal attainment; such a disconnect calls for a qualitative investigation of the content of parent-teacher collaboration.

In addition to qualitative measures, quantitative analysis could fill other gaps in terms of understanding the intensity of parent involvement in prereferral processes. While one study in this review did measure the proportion of parents’, teachers’, and consultants’ verbal exchanges during CBC meetings (Sheridan et al., 2002), none of the studies offered details on the duration of these collaborative exchanges. Regarding frequency, CBC processes in the CBC studies involved three to four meetings (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003;

Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004), and Chen and Gregory (2011) described a PIT process that involves two meetings. Otherwise, however, the remaining studies in this review overlooked the number of prereferral team meetings involved in these processes. Further, only Chen and Gregory (2011), Heller and Fantuzzo (1993), and Schoorman et al. (2011) provided attendance rates for these meetings. Perhaps since parent attendance is integral to CBC, studies of these processes assumed rather than tracked parent attendance (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004). Even two studies that described obstacles to productive parent-teacher collaboration neglected to provide information on the frequency and duration of prereferral team meetings or parent attendance (Hardin et al., 2009; Klingner & Harry, 2006).

Overall, the studies in this corpus shed light on high degrees of “mutual support” and the potential benefits of involving parents in prereferral intervention processes. Future research, however, should seek to describe how exactly parents participate in these processes in terms of the intensity of their involvement and the content of their contributions.

Low number of studies on parent involvement in prereferral interventions in

Title I school settings. Regarding research context, only two of the 17 studies in this review focused on Title I schools (Heller & Fantuzzo, 1993; Schoorman et al., 2011). While all types of schools inherently face difficulties in supporting struggling learners, the fact that only two studies in this review focused on low-income populations is

remarkable in light of the particular institutional and cultural challenges that beset these school communities.

Need for more studies that focus specifically on RTI. The final major gap in this review relates to the type of prereferral processes these studies targeted. While RTI currently takes center stage as a framework for achieving equitable outcomes for all students (Ahram et al., 2012; Hoover et al., 2008), only four of the 17 studies in this review focused on RTI (Chen & Gregory, 2011; McClain et al., 2012; Pearce, 2009; White et al., 2012). Another eight of this review's studies focused on CBC (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004); one focused on IBA (McNamara et al., 1999); one focuses on RPT (Heller & Fantuzzo, 1993); and three remaining studies focused on processes described in general as prereferral interventions (Hardin et al., 2009; Klingner & Harry, 2006; White et al., 2012).

Future research should focus on parent involvement specifically in the context of RTI as a prereferral intervention for two important reasons. First, as mentioned previously, the use of RTI continues to grow; as of 2008, 44 states had already adopted RTI as a framework for tiered instruction and prereferral interventions (Hoover et al., 2008). Interestingly, the dates of the studies in this review perhaps reflect this growing interest in RTI: while the CBC studies took place from 1994-2008 (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004); research on IBA took place in 1999 (McNamara et al.); and research on RPT took

place in and 1993 (Heller & Fantuzzo). By contrast, the RTI studies were more recent (2009-2012) (Chen & Gregory, 2011; McClain et al., 2012; Pearce, 2009; White et al., 2012).

Second, nearly half the studies in this review investigated CBC, a process that is designed for supporting students with and without disabilities. In fact, in six out of these eight studies, most participating students had already been identified with disabilities (Cowan & Sheridan, 2003; Garbacz et al., 2008; Grissom et al., 2003; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004); only a minority of students in these studies received CBC as a prereferral intervention. Consequently, this review cannot isolate the effectiveness of CBC particularly for helping students who are at risk to succeed in the general education setting and for avoiding faulty special education evaluation referrals.

In light of the dearth of current studies on parent involvement in RTI, especially considering the framework's growing prominence, future research should investigate how schools engage parents in RTI prereferral processes in particular.

Methodological analysis. In addition to analyzing the 17 studies in this review in terms of their content, I also evaluated their strengths and weaknesses in terms of validity and reliability. In the following paragraphs, I have organized the studies by methodological approach and intervention type: (1) quantitative studies that examined CBC; (2) quantitative studies that examined IBA, RPT, and RTI; and (3) qualitative studies. I conclude this section with recommendations for future research based patterns of methodological strengths and weaknesses that emerged in this review.

Quantitative studies that examined CBC. To begin with, the eight CBC studies in this review (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004) all incorporated qualitative methods. Collectively, this group exhibited strengths concerning the reliability of the instruments they used to measure “mutual support” proxy measures. For example, all eight of these studies used the BIRS to measure participants’ perceptions of the acceptability and effectiveness of CBC. Regarding this measure’s reliability, Von Brock and Elliott (1991) discovered alpha coefficients of .97 for the total scale, .97 for the acceptability factor, and .92 for the effectiveness factor. Further, a study by Sheridan et al. (2001) revealed internal consistency for the revised version of BIRS with alpha coefficients of $r = .95$ for teachers and $r = .93$ for parents. Five CBC studies also used the GAS to assess teachers’ and parents’ perceptions of the degree to which students met goals established during consultation (Grissom et al., 2003; Sheridan et al., 2002; Sheridan et al., 2004; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006). Reviews of the reliability and validity of the GAS demonstrate inter-rater reliability between $r = .87$ and $r = .93$ (Sheridan, Eagle, et al., 2006). To measure participants’ satisfaction with CBC services, six CBC studies employed the CEF (Garbacz et al., 2008; Grissom et al., 2003; Sheridan et al., 2002; Sheridan et al., 2004; Sheridan, Clarke, et al., 2006, Sheridan, Eagle, et al., 2006); research demonstrates high internal consistency estimates for this measure (alpha = .95) (Erchul, 1987). Finally, two studies used the CIRP to assess students’ perceptions of acceptability; these studies demonstrated satisfactory levels of reliability and construct validity for this scale (Turco & Elliott, 1986a, 1986b).

Despite the reliability of these proxy measures for “mutual support”, however, the CBC studies also demonstrated a number of methodological weaknesses. First, regarding measures on students’ outcomes, none of the researchers offered information on reliability for data collected at home or at school related to direct observations or assessments of permanent records and checklists. Students’ effect sizes could be inflated due to the “no assumptions” approach the researchers adopt (Cohen, 1983). The method by which these most of these studies measured CBC’s impact on student outcomes also threatens internal validity: all but Galloway and Sheridan (1994) executed exploratory rather than experimental single subject research using an A-B design, and none of these researchers reported that stable baselines existed before intervention services began.

Concerning intervention implementation, only three of the studies offered details on treatment integrity (Galloway & Sheridan, 1994; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006). Establishing controls for internal and external validity was not possible in any of the CBC studies due to the naturalistic context of the naturalistic home and school settings in which interventions took place. These studies’ samples also posed threats to internal validity, since the willingness of participants for these intensive collaborative processes might have reflected a particularly highly involved and cooperative sample. Sample sizes of target students for these studies were also fairly small: six (Galloway & Sheridan, 1994), 16 (Sheridan et al., 2002), 20 (Garbacz et al., 2008; Grissom et al., 2003), 50 (Sheridan, Clarke, et al., 2006), 67 (Cowan & Sheridan, 2003), 118 (Sheridan et al., 2004), and 125 (Sheridan, Eagle, et al., 2006). Regarding parent participants, CBC is an intensive process that requires a high degree of home-school collaboration; parents involved in these studies were highly involved and might

not represent the general population of parents. Finally, parents' and teachers' acceptability and effectiveness ratings lacked variability across these studies; such homogeneity might have led to Type I and Type II errors.

Quantitative studies that examined IBA, RPT, and RTI. Four studies in this review employed quantitative measures to assess student outcomes and the impact of parent involvement on these outcomes in other types of prereferral interventions, including IBA (McNamara et al., 1999), RPT (Heller & Fantuzzo, 1993), and RTI (Chen & Gregory, 2011; Pearce, 2009). Strengths between two of these studies included high inter-rater reliability on data coding procedures for ranking variables such as intervention alignment and parents' efforts to implement interventions at home (Chen & Gregory, 2011; McNamara et al., 1999). Heller and Fantuzzo (1993) also reported high internal consistency for the teacher and child rating scales they created for their study. Chen and Gregory (2011) strengthened the internal validity of their document analysis by randomly selecting 88 cases from a larger pool that represented 14 different elementary schools; these authors reported that missing data were minimal among these cases. McNamara et al. (1999) surveyed 185 parents, a relatively large sample, and Heller and Fantuzzo (1993) collect quantitative data from multiple sources, including parent, teacher, and child rating scales, as well as student outcome data and rates of parent attendance and participation. Similarly, Chen and Gregory (2011) drew from multiple data sources by reviewing extensive documentation (including forms related to referrals, student goals, interventions, documentation of initial and follow-up meetings, and PIT meeting attendance records) for each individual student case. Finally, while Pearce (2009) also relied on single subject design for computing student effect sizes (as in the CBC studies),

this research controlled for the effects of the effectiveness of RTI across nine units by offering detailed records of each individual student's monthly progress toward behavioral goals.

These four studies also exhibited a number of weaknesses, however. To begin with, all four relied on self-report to assess parents' implementation of home-based interventions. The researchers also operationalized the construct of home-based intervention implementation imprecisely. For example, Chen and Gregory (2011) dichotomized the variable, and Pearce (2009) offered little information about the duration and intensity of parents' intervention implementation, except to note that this involvement varied across the group of nine parent participants over the two year course of the study. Interestingly, Heller and Fontuzzo (1993) reported that only 31% of parent participants took part in classroom-based portion of the role they assigned parents in this intervention. Such a low turnout casts doubt on parents' self-reported home-based involvement, which the researchers claimed was very high.

The sample sizes in terms of student participants in three cases were also relatively small: nine (Pearce, 2009), 84 (Heller & Fantuzzo, 1993), 88 (Chen & Gregory). As in the CBC studies, parent participants in the McNamara et al. (1999) and Pearce (2009) studies might not have been representative of the general parent population, since both studies called for highly involved parent volunteers. Further, a number of other validity threats weaken claims made in the McNamara et al. (1999) study, including respondent bias in favor of suburban schools, lack of demographic information for parent respondents, reliance on only one source of data (13-item

questionnaire), and the fact that participating schools had sole discretion over the cases submitted for this research.

Qualitative studies. Six studies in this review employed qualitative research methods to investigate parent involvement in prereferral interventions (Hardin et al., 2009; Klingner & Harry, 2006; McClain et al., 2012; Pearce, 2009; Schoorman et al., 2011; White et al., 2012). Among these, one relied on focus group interviews (Hardin et al., 2009); two relied largely on observations of prereferral team meetings (Klingner & Harry, 2006; Schoorman et al., 2011); two relied on data from individual interviews (McClain et al., 2012; White et al., 2012); and one drew from interview data as part of a larger mixed method design (Pearce, 2009). In the following paragraphs, I discuss the strengths and limitations of these various qualitative approaches.

First, the studies varied in strength in terms of researchers' efforts to triangulate data. Remarkably, White et al. (2012) interviewed only teachers and administrators in their exploration of parent involvement. McClain et al. (2012) and Pearce (2009) also conducted individual interviews, but they included parents among their participants. However, McClain et al. (2012) offered surprisingly few parental accounts, considering that eight out of their 18 interviewees were parents. Hardin et al. (2009) gained a more in-depth perspective from a wider range of participants by interviewing parents, teachers, and administrators in the context of focus groups. Finally, Schoorman et al. (2011) collected data from two distinct sources, relevant documents and direct observations of meetings, and Klingner and Harry (2006) included data from three sources: interviews, observations, and document review. One considerable weakness with one observation study, however, is Schoorman et al.'s (2011) admitted active involvement in the CST

meetings they observe. By contrast, Klingner and Harry (2006) reported having deliberately limited their interference in prereferral proceedings.

Regarding researchers' efforts to validate the accuracy of data and data analysis with study participants, four of the six studies in this review failed to report on this step (Hardin et al., 2009; Klingner & Harry, 2006; Pearce, 2009; Schoorman et al., 2011). Additionally, only half the studies weighed disconfirming evidence in their effort to fairly represent different participants' perspectives (Hardin et al., 2009; McClain et al., 2012; Pearce, 2009). The two studies cast school personnel in a highly negative light did not report conducting member checks as part of their research design (Klingner & Harry, 2006; Schoorman et al., 2011). Finally, while researchers in two studies do describe the general focus of their interview questions (Hardin et al., 2009; White et al., 2012), none of the interview studies in this provide the interview protocols they used.

As a final weakness among this subgroup, four qualitative studies in this review described home-based interventions as an integral part of prereferral intervention processes, but failed to account for the frequency, intensity, or fidelity with which parents implemented these interventions (Hardin et al., 2009; McClain et al., 2012; Pearce, 2009; White et al., 2012). Interestingly, the CBC studies exhibited a similar limitation in terms of neglecting to provide evidence for consistent structure of intervention delivery across home and school settings.

Collectively, the qualitative studies in this review also demonstrated a few important strengths. For example, four out of the six offered thick, detailed descriptions and substantiated their claims with qualitative data from interviews, field notes, or

observation descriptions (Hardin et al., 2009; Klingner & Harry, 2006; Pearce, 2009; Schoorman et al., 2011). In terms of participant selection, the studies in this review also exhibited considerable strength. For example, Pearce (2009) sampled a wide range of prereferral team members in their interviews, including parents. Likewise, Klingner & Harry (2006) interview students and parents along with school- and district-based personnel, and McClain et al. (2012) include eight parents among their 18 total interviewees. Hardin et al. (2009) conducted separate focus groups for three different types of participants (parents, teachers, administrators); uniquely, this balanced approach led to the discovery that all participants fundamentally agreed that serious cultural and linguistic challenges prevented parents' meaningful contributions to prereferral processes. Despite this balance, however, no linkages could be made among various participants' views since the study was not based on individual student cases but rather on focus groups with small groups of individuals (parent focus groups were especially small with one consisting of two parents and the other consisting of three) (Hardin et al., 2009).

Finally, most researchers in this review outlined their data analyses processes in ample detail (Klingner & Harry, 2006; Hardin et al., 2009; McClain et al., 2012; Schoorman et al., 2011; White et al. 2012), and several others also explained how they tied their coding system to related research on qualitative methods (Klingner & Harry, 2006; Hardin et al., 2009; McClain et al., 2012; White et al. 2012).

Recommendations for future research: Methodology. Overall, the 17 studies in this review demonstrated a number of strengths and weaknesses in both quantitative and qualitative research methods. Accordingly, future research on parent involvement in

prereferral processes should reflect careful consideration of the themes that emerged in this methodological analysis.

To begin with, a major weakness across this corpus was a dearth of evidence to demonstrate treatment integrity for interventions implemented across home and school settings. While such data might prove difficult to track considering parents' unique circumstances and the nature of tracking home-based instruction, perhaps in-depth interview questions for parents and teachers related to this intervention component could elicit responses that shed light on the content and form of parents' efforts to support learning at home. Considering that three studies in this review indicated that the availability of cross-setting learning opportunities had a direct and positive impact on student learning (Heller & Fantuzzo, 1993; McNamara et al., 1999; Pearce, 2009), this particular variable warrants thorough measurement and analysis.

Further, in this review's quantitative analyses related to student achievement, researchers depended chiefly on exploratory single subject designs and an associated "no assumptions" approach to assessing and analyzing student learning outcomes as they related to prereferral interventions that involve parents (Garbacz et al., 2008; Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2006). Other methods of measuring student goal attainment included psychologists' ratings (McNamara et al., 1999), standardized measures (Galloway & Sheridan, 1994), and the administration of CBMs (Galloway & Sheridan, 1994; Heller & Fantuzzo, 1993). Further, only two studies in this corpus included control groups in their design (Galloway & Sheridan, 1994; Heller & Fantuzzo, 1993). Given that the "no assumptions" approach in single subject research can lead to inflated effect sizes

(Cohen, 1983) and that teachers more commonly use CBMs and standardized measures to assess student goal attainment in RTI processes, future analyses of the impact of parent involvement on student outcomes could incorporate more of these latter assessments in the context of experiment research. Additionally, small sample sizes in five studies in this review ranged from six to 50 (Garbacz et al., 2008; Galloway & Sheridan, 1994; Grissom et al., 2003; Sheridan et al., 2002, Sheridan, Clarke, et al., 2006); future quantitative studies should draw from larger samples of students who require prereferral intervention services. As a strength, however, all quantitative studies in this review indicated high reliability measures for their various instruments and coding methods.

Considering the strengths and weaknesses that emerged among the qualitative studies in this review, future research should draw from variety of data sources, including interviews, document analysis, and observation to better understand how collaboration unfolds and how teams actually make decisions. Three studies in particular revealed the sensitive nature of such prereferral processes in schools in which school staff and families differed widely in terms of cultural and racial/ethnic background (Hardin et al., 2009; Klingner & Harry, 2006; Schoorman et al., 2011). Also, two qualitative studies that included data on participants from various role groups illustrated school personnel in a highly negative light, and did not offer disconfirming evidence in consideration of such extreme findings (Klingner & Harry, 2006; Schoorman et al., 2011). In consideration of this highly negative portrayal, it would be interesting to investigate the degree to which school personnel receive training to meaningfully involve parents in prereferral processes. Accordingly, future studies on this topic should include opposing viewpoints from a range of stakeholders, report participants' confirmation of the correctness of data

interpretation, and explore the degree to which school personnel receive training to actively involve parents in these processes. Finally, research on parent involvement in prereferral processes should outline interview protocols and follow-up questioning procedures in careful detail.

Proposal for Future Research

In the previous sections of this chapter, I discussed the results of this review and analyzed the body of research in terms of its content and methodological approaches to investigating how schools involve parents in prereferral processes. In this final section of the chapter, I propose future research that takes into account this review's findings and analyses.

RTI holds promise as a seamless system of research-based interventions that consist of high quality, instruction and assessments for students who struggle to achieve in the general education setting (Buffum, Mattos, & Weber, 2009). However, despite the potential benefit of parent involvement in such interventions (Carlson & Christenson, 2005; Duffy, 2007; Jones & Gansle, 2010), and the fact that school districts across the country are adopting RTI in growing numbers (Ahram et al., 2012; Hoover et al., 2008), only four studies in this review focused specifically on parent involvement in RTI (Chen & Gregory, 2011; McClain et al., 2012; Pearce, 2009; White et al., 2012). Accordingly, future research should analyze the degree to which parents and schools collaborate to support learners under this new framework.

Only two studies in this review focused on home-school collaboration in the context of Title I school settings in particular (Heller & Fantuzzo, 1993; Schoorman et

al., 2011), and neither of these involved RTI. This result is surprising given that research suggests that these types of schools might experience greater challenges in involving parents (e.g. Jeynes, 2005; McClain et al., 2012; Morales-James et al., 2012), and that research also suggests that parent involvement in these processes can boost student achievement (Carlson & Christenson, 2005; Duffy, 2007; Jones & Gansle, 2010). Parent perceptions and patterns of involvement are also particularly important to understand in Title I schools, since parents in these settings are more likely to have experienced (1) limited education themselves, (2) negative experiences with public schools, and (3) feelings of distrust toward school personnel (Patrikakou & Weissberg, 2000; Menacker, Hurwitz, & Weldon, 1988). Moreover, staff in Title I schools are more likely to hold lower expectations for disadvantaged parents and their children (Moles, 1993). Consequently, it is critical to understand the efforts of Title I school personnel to involve parents in prereferral processes since such outreach can dramatically improve home-school relationships, parent involvement, and cross-setting opportunities for student learning (Patrikakou & Weissberg, 2000).

Patrikakou and Weisberg (2000) have also reported that the more parents in underserved school communities perceived that teachers value their contributions, offer information about their children's strengths and weaknesses, and provide suggestions and strategies, the more parents actively engaged in children's learning. Accordingly, future research should deliberately and thoroughly examine the character and quality of Title I school personnel's work to establish home-school partnerships in their effort to improve student learning and RTI implementation.

While future quantitative analyses can shed light on the impact of parent involvement in RTI on student outcomes, a qualitative approach offers a better preliminary understanding of the current general context for current parent involvement in RTI in Title I schools (Orosco & Klingner, 2010). Thus I conducted the present qualitative comparative case study in order to investigate Title I schools' parent involvement practices. In the following chapter, I explain the methodology I employed to conduct this research.

Chapter 3: Methodology

The purpose of this study was to explore the ways in which parents are involved in RTI in Title I elementary schools. The results of the literature review I reported in the previous chapter inform this present research. This study addressed an important research gap by investigating the extent to which parents and school personnel currently interact within efforts to support vulnerable learners. To explore this problem, I conducted a comparative case study (Merriam, 1998) that included document analysis and interviews with parents, teachers, RTI specialists, and principals who represent three Title I public elementary schools in the Hillside School District (HSD), a medium-size school district in Arizona [Hillside School District (HSD) is a pseudonym]. Additionally, I interviewed one district-level administrator who oversees RTI implementation for all of HSD. I employed these research methods in order to address the following four research questions:

1. How do school personnel describe RTI to parents?
2. How do school personnel and parents communicate when children show initial signs of the need for intervention?
3. How do school personnel maintain communication with parents throughout the intervention process?
4. According to school personnel and parents, what factors either impede or facilitate parent involvement in RTI?

By using the term “school personnel” in these research questions, I am referring to the teachers, RTI specialists, and principals I interviewed as part of this study.

In the remainder of this chapter I define parent involvement in RTI with reference to the FAAB analytical framework, NCLB, and IDEA. Next I describe the research method I used to address these research questions. I explain the chosen research design and its relevance to the content of this research. A description of potential participants and settings follows. Next, I outline the procedures I used for collecting, analyzing, synthesizing, and interpreting interview and document data. Finally, I outline the measures I adopted for ensuring the study's credibility. I conclude with a summary of research objectives and procedures.

Defining Parent Involvement in RTI

I based this study's research questions on Reschly et al.'s (2007) definitions *parent involvement* in RTI. In their chapter focused on contextual influences and family engagement related to RTI in the *Handbook of Response to Intervention*, Reschly et al. (2007) highlighted the importance of informing parents about RTI structure and instructional principles (reflected in Research Question 1), notifying parents whose children are candidates for Tier 2 and Tier 3 interventions (reflected in Research Question 2), and engaging regularly with parents in dialogue related to students' learning needs, specific academic targets, and baseline and progress monitoring data (reflected in Research Question 3). In Research Question 3, the phrase "dialogue regarding students' progress as well as home-based learning opportunities" also reflects Reschly et al.'s assertion that teachers should also collaborate with parents in order to (1) evaluate the effectiveness of interventions; (2) make instructional decisions based on student data; and (3) share instructional strategies that parents can incorporate in home-based learning opportunities. In Research Question 4, the term *parent involvement* refers to all of the

constructs I included in the preceding three research questions and have outlined in this paragraph. In the Table 3.1 below, I outline the components of Reschly et al.'s definition and provide shorthand labels for each.

Table 3.1: Components of Reschly et al.'s (2007) Definition of Parent Involvement in RTI

Shorthand label for component	Definition
<i>Informing parents about RTI</i>	School personnel inform parents about the RTI framework and instructional principles
<i>Notification of intervention candidacy</i>	School personnel notify parents when their children are candidates for traditional Tier 2 or Tier 3 interventions
<i>Regular dialogue</i>	School personnel engage regularly with parents in dialogue related to students' learning needs, specific academic targets, and baseline and progress monitoring data
<i>Collaboration</i>	School personnel collaborate with parents to evaluate the effectiveness of interventions and make instructional decisions based on student data
<i>Share strategies</i>	School personnel share instructional strategies that parents can use to provide home-based learning opportunities

Definition of Parent Involvement in RTI in Alignment with Analytical Framework

Reschly et al.'s (2007) constructs for parent involvement in RTI complements the FAAB framework I used to conduct this study's literature review. I used the FAAB framework in the literature review because it encompasses parent involvement related to *any type of prereferral intervention*. By contrast, Reschly et al. (2007)'s constructs relate specifically to the *RTI framework*, and only four studies in this study's literature review

involved RTI (Chen & Gregory, 2011; McClain et al., 2012; Pearce, 2009; White et al., 2012). In Table 3.2 below, I revisit the components of the FAAB framework that I employed.

Table 3.2: Components of the FAAB Analytical Framework and Their Definitions

FAAB Analytical framework component	Definition of analytical framework component
<i>Cross-setting opportunities to learn</i>	Extent to which students have access to a variety of learning options during school hours and outside the school day (i.e., in the home and community)
<i>Consistent structure</i>	Extent to which intervention-based instruction that takes place both inside and outside the classroom is aligned
<i>Mutual support</i>	Extent to which parents and school personnel provide guidance and communicate with one another in order to facilitate student learning
<i>Positive, Trusting Relationships</i>	Quality of the relationship among key adults who collaborate to support student learning

Most elements of the FAAB framework align directly with components of Reschly et al.'s (2007) definition. For example, the FAAB conditions "cross-setting opportunities to learn" and "consistent structure" correspond with Reschly et al.'s (2007) "share strategies." The FAAB condition "mutual support" corresponds with Reschly et al.'s (2007) "collaboration", "regular dialogue", and "informing parents about RTI." Finally, the FAAB condition "positive, trusting relationships" corresponds with Reschly et al.'s (2007) "collaboration" and "notification of intervention candidacy". See Table 3.3 for an illustration of the alignment between the framework components, and also between both frameworks and this study's research questions.

Table 3.3: Alignment of Analytical Framework Components with Reschly et al.’s (2007) Definition of Parent Involvement in RTI

FAAB Analytical framework component	Corresponding Construct(s) from Reschly et al.’s (2007) definition of parent involvement	Research Question(s) in Which Component Is Addressed
<i>Cross-setting opportunities to learn and Consistent structure</i>	<i>Share strategies</i>	3, 4
<i>Mutual support</i>	<i>Collaboration, Regular dialogue, Informing parents about RTI</i>	1, 3, 4
<i>Positive, Trusting Relationships</i>	<i>Collaboration, Notification of intervention candidacy</i>	2, 3, 4

Definition of Parent Involvement in RTI and Parent Involvement According to NCLB and IDEA

Reschly et al.’s (2007) definitions of parent involvement in RTI also align with the more general definitions of parent involvement that I outlined in the first chapter of this paper, including: (1) NCLB’s more general definition of *parent involvement* as “the participation of parents in regular, two-way, and meaningful communication, involving student learning and other school activities” (U.S.C. 7801 (32)); and (2) the definition in special education law, beginning with the All Handicapped Children Education Act of 1975, that includes parents’ participation in processes that precede implementation of special education services, including students’ special education evaluations and disability eligibility decisions (Trainor, 2010; Yell, 2006).

While my research questions focused largely on Reschly et al.'s (2007) constructs as they align with the FAAB components, I also examined *alternative* ways in which research participants interpreted parent involvement in RTI.

Research Design and Rationale

Education researchers adopt research designs and methods that align with the nature of inquiry and research questions to be addressed (Schulman, 1981). I thus used a qualitative comparative case study research design to collect, analyze, synthesize, and interpret data for the purpose of exploring a particular phenomenon (Brantlinger, Jimenez, Klingner, Pugach & Richardson, 2005; Merriam, 1998). Brantlinger et al. (2005) define qualitative research as “a systematic approach to understanding qualities, or the essential nature, of a phenomenon within a particular context” (p. 195). Other characteristics of qualitative inquiry include: (1) an aim to elicit understanding and meaning; (2) the role of the researcher as a primary instrument of the use of fieldwork; (3) an inductive orientation to analysis; and (4) findings that are richly descriptive data collection and analysis (Merriam, 1998).

Qualitative case studies are holistic, heuristic, naturalistic processes of inquiry (Merriam, 1998; Stake, 1995) that investigate all variables that influence a phenomenon, activity, situation, or event and focus on context, process, and discovery rather than outcomes or confirmation (Merriam, 1998). Comparative case studies in particular allow for the examination of several different cases on the basis of the extent and presence or absence of some particular characteristic of the original case (Bogdan & Bilken, 2007). Case studies suit education research that (1) poses “how” and “why” questions; (2)

studies cases that constitute a “bounded” or “integrated” system as the object of the study (e.g., an activity, event, process, or set of individuals); (3) focuses on a modern phenomenon relevant to real life; and (4) investigates some aspect of educational practice (Merriam, 1998). A propos to RTI implementation, qualitative case studies are needed to understand related social dynamics (Harry, Klingner, Sturges, and Moore, 2002) and to describe contexts of large and complex school organizations in which RTI is implemented (Orosco, 2007).

I selected the comparative case study method because it is well-suited for exploring little-studied situations and phenomena and because my study delimited three Title I public schools as three separate “bounded systems” (Merriam, 1998). The main unit of analysis in this study was the elementary school as a bounded case. I chose school cases as my main unit of analysis because I wanted to understand how parent involvement in RTI occurs within individual school communities as “bounded systems.” I also wanted to compare interactions across these three different “bounded systems.” The three school cases I selected operate within the larger system of HSD, a school district that has adopted RTI as a signature program. By conducting a descriptive and exploratory comparative case study in three different schools, and by drawing data from varied sources and different stakeholders, I was able to gain a thorough, nuanced, and balanced understanding of how these interactions unfold.

I launched this qualitative case study by collecting a wealth of detailed data from relevant documents (including school brochures, school- and district-based parent handbooks, RTI information published on the HSD and individual school websites, classroom and school newsletters, literature published by school-based parent-teacher

organizations (PTOs), student records, meeting notices, and notes exchanged between parents and school personnel) and from in-depth, individual interviews with parents, teachers, RTI specialists, principals, and one district-level administrator. See Table 3.3 for a list of the research questions, research methods, data sources, and interview questions I drew from to address each research question.

Next, I analyzed and interpreted the data on parent involvement in RTI and composed the results in a richly descriptive narrative (Merriam, 1998). I provide this narrative in the fourth chapter of this paper. In collecting data for this study, I engaged in a recursive process that evolved from open exploration to confirmation. I began by collecting documents and interview data, analyzing this initial data, and then returning to data collection through document analysis and interviews with the aim to further explore patterns I had already discovered. I chose to study multiple school cases rather than a single school in order to generate a more compelling interpretation of the phenomenon (Merriam, 1998). I also opted for a multiple case design because researchers suggest examining a range of cases that are both similar and contrasting in order to better understand findings from each single-case. Thus the multi-case approach allows the researcher to ground each case to determine *how* and *where* and, if possible, *why* it occurs as it does (Miles & Huberman, 1994).

Participants and Settings

In their discussion of quality indicators for qualitative interview studies, Brantlinger et al. (2005) explain that researchers must purposely identify, effectively recruit, and appropriately select an adequate number of participants who represent the

target population and setting. In the next section, I outline the methods I used for meeting these criteria.

Selecting case study sites. My main criterion for selecting the three schools for this comparative case study was their Title I status and their belonging to a school district that has officially adopted RTI. Consequently I choose to focus on three HSD Title I elementary schools due to this district's adoption of RTI as a signature program in all its elementary schools. HSD also states in both its public and internal documents that "family involvement" is one of the "four essential elements" of its RTI framework (along with "high quality classroom instruction for all students", "tiered instruction and intervention", and "ongoing student assessment") (HSD, 2014a; HSD, 2014b). The HSD website also explains the RTI process to parents, and each of its elementary schools staffs two RTI specialists (HSD, 2014).

HSD's RTI framework is also part of a state-wide RTI implementation effort. In 2009, the Arizona State Department of Education endorsed RTI as a method for preventatively identifying and supporting students at risk for school failure and to use data to drive instruction (Arizona State Department of Education, 2014). Later, in 2012, the Arizona State Legislature passed the Move on When Reading Revised Statute 15-211 (A), which required all schools with a kindergarten-third grade program to submit a comprehensive plan for reading instruction and multi-tiered systems of support across grades kindergarten through three (Arizona State Department of Education, 2014).

Similar to HSD, the ADE also emphasizes the critical nature of parent involvement in the RTI process. As it states in its "Elementary Technical Assistance

Paper”, “collaboration among ALL stakeholders (including parents)” is one of four critical aspects of AZ RTI implementation (along with providing effective teaching and supports, access to “a rigorous, standards-based curriculum and research-based instruction, and “a comprehensive system of evidence-based, tiered interventions”) (ADE, 2009b, p. 1). The ADE also offers concrete guidelines for meaningfully involving parents in every phase of the RTI process throughout its technical assistance literature (ADE, 2009a; ADE, 2009b; ADE, 2009c; ADE, 2014a; ADE, 2014c; ADE, 2014d). These guidelines include recommendation that teachers receive training to share “family-friendly” data with parents and otherwise involve parents in RTI processes (ADE, 2014a).

Study participants represented three different HSD Title I elementary schools, and each school was considered a “case”. Merriam (1998) explains that multi-case studies involve cases that share critical common attributes, but that also vary in their details. I began recruiting these three schools by contacting principals at the five total Title I elementary schools that the HSD Director of Research and Evaluation authorized for inclusion in this study in a letter of approval that I received on September 29, 2014. For the sake of confidentiality, I refer to these schools as School A, School B, School C, School D, and School E in the remainder of this paper. The ADE recognized each of these schools as Title I schools in its most recently published *Arizona Title Schools* report covering the 2012-2013 school year (ADE; 2014h). I provide demographic information for these five schools in the table below.

Table 3.4 HSD Title I School Statistics 2014-2015

School Name		School A	School B	School C	School D	School E
Grades Served		K-6	K-5	K-5	K-6	K-5
Ethnicity	% Native American	19%	31%	98%	18%	31%
	% Black	1%	2%	0%	1%	1%
	% Hispanic	23%	56%	1%	38%	42%
	% Asian	0%	0%	0%	2%	0%
	% White	54%	8%	0%	39%	23%
	% Multi-race/Other	3%	3%	1%	2%	3%
Total Student Population		688	535	144	574	505
% of Students Eligible for FARM*		49%	84%	95%	55%	65%
% 3rd Graders Pass AIMS Reading**		69%	64%	65%	70%	67%
% 3rd Graders Pass AIMS Math***		60%	60%	43%	61%	56%

*HSD (2015) **FARM: Free or reduced price lunch (HSD, 2015) *** Percentage of 3rd grade students who met or exceeded grade-level standards in Reading on the Arizona Instrument to Measure Standards (AIMS) in Spring 2014

**** Percentage of 3rd grade students who met or exceeded grade-level standards in Reading on the Arizona Instrument to Measure Standards (AIMS) in Spring 2014. (ADE, 2015).

The Director of K-3 Literacy at the Arizona State Department of Education informed me that despite district-wide mandates for RTI implementation that have been issued in school districts across Arizona, every public school in the state that has implemented RTI has done so in a unique manner (M. Wennersten, personal communication, September 12, 2014). Consequently, each school likely differs slightly in its implementation of RTI.

I asked principals at these five Title I schools whether they were willing to participate. Principals from Schools A, B, and D assented. I then asked each of these principals to refer me to their school's two RTI specialists in order to introduce the study and obtain consent for participation. These three RTI specialists also assented.

Selecting interview participants. This study involved four sets of interview participants across Schools A, B, and D, including: (1) 11 parents; (2) 12 classroom and special education teachers; (3) six RTI specialists (two from each school); and (4) three principals. The study also included one district-level administrator who oversees RTI implementation for all of HSD. Thus the overall sample included a total of 33 participants. Below I describe the strategies I used to select study participants.

Samples in qualitative research are usually small because the focus of such studies is on depth rather than breadth (Merriam, 1998). Correspondingly, practical constraints, including the level of analysis desired, limited this study's sample size. However, I believe that interviewing 11 parents, 12 teachers, six RTI specialists, three principals, and one district-level administrator offered data triangulation and variability for the purpose of this study (Guest, Bunce & Johnson, 2008). During data collection and analysis for this study, (procedures that I describe further in this chapter), I determined that additional participants would not offer a significant amount of additional insights related to the research questions I posed.

By interviewing participants who represented a variety of role groups, I gained a considerable range of perspectives which allowed me to strike a balance in my analysis by carefully weighing participants' views. These many and varied accounts also helped

me fill a critical gap in the research related to parent involvement in RTI in Title I elementary schools.

Inviting HSD employees. Four of the five types of study participants were HSD employees: *teachers, RTI specialists, principals, and one district-level administrator.* I interviewed *teacher* participants in Schools A, B, and D who teach general and special education in grades kindergarten through third. I focused on these grades because (1) most studies in my literature review involved students in these grades, (2) RTI interventions are particularly appropriate for children at this stage of development (NCRTI, 2013), and (3) Arizona state law requires that all schools with K-3 programming submit a comprehensive plan tiered, research-based reading interventions for these particular grade levels. I included both general and special education teachers because research indicates that schools are increasingly delegating the tasks of intervention design, implementation, and evaluation to both general and special education teachers (Fuchs & Fuchs, 2012).

I interviewed each school's two *RTI specialists* since these personnel work directly with teachers, principals, families, and district-level administrators to organize and implement RTI interventions for students. They also fill a number of various roles in their schools, including RTI specialists, psychologists, reading and math specialists, intervention specialists, special education coordinators, Title I coordinators, academic deans, counselors, parent liaisons, etc. (HSD, 2014c). I interviewed each school's *principal* since he or she oversees his or her school's implementation of Arizona's state-wide mandate to implement a comprehensive reading intervention plan for grades K-3. Finally, I interviewed one *district-level administrator* who works directly with RTI

specialists to oversee RTI implementation in HSD. The RTI specialists I interviewed referred me to this administrator as someone to whom they report regularly. Thus I included this district-level administrator in this study in order to gain insight on policies for parent involvement in RTI as they are understood and possibly enforced at the district level.

Inviting parent interviewees. My original criterion for selecting parent participants was that they have a child who is currently involved in Tier 2 or Tier 3 interventions through RTI, or who has been involved in these interventions during the past two school years. However, I discovered after interviewing principals and RTI specialists at Schools A, B, and D that *all* HSD elementary students are involved in what these personnel described as “Tier 2 interventions.” Under this district-wide system, RTI specialists and teachers arrange all students in each school into ability-based “flex groups.” The “Tier 2 interventions” target various skills and range in level from “far below grade level” to “on-grade level” to “above grade level”. The groups are “flexible” because students regularly change groups, depending on their evolving needs as indicated by various assessments. Therefore, since all HSD students received “Tier 2 interventions”, all parents of students in grades kindergarten through third grade met my selection criterion. In the section that follows, I explain how I recruited parent participants by asking for referrals from teachers, RTI specialists, and principals.

Interview process, step by step. I began the interview process by interviewing the principal and two RTI specialists at each school. During these interviews, I identified potential teacher and parent participants through purposive sampling. Researchers use purposive sampling when potential interviewees are part of a hidden population that is

difficult to access and for which no obvious lists exist (Merriam, 1998; Patton, 2002). Such sampling techniques allow a researcher to deliberately select particular settings, persons, or activities in order to gather data from “information rich” cases (Patton, 1990, p. 169). Thus, according to these guidelines, I asked principals and RTI specialists for referrals for parent participants who might be willing to participate. I also asked for referrals for general and special education teachers who work with students in grades kindergarten through third, who have knowledge related to RTI processes, who might be willing to participate, and who, in these administrators’ estimation, best involve parents in RTI. At School A, the principal referred me to one kindergarten teacher, one first grade teacher, one second grade teacher, and one third grade teacher. At School B, the principal referred me to one kindergarten teacher, two third grade teachers, and one special education teacher. At School D, one RTI specialist referred me to one kindergarten teacher, one first grade teacher, one second grade teacher, and one third grade teacher. All of these teachers agreed to participate. Additionally, the opportunity to interview teachers who represent all grade levels involved in this study (kindergarten, first, second, and third) strengthens the methodology of this research.

During interviews with RTI specialists, I also used purposive sampling to recruit a district-level administrator participant. As the Director of Research and Evaluation informed me when he approved my study, RTI specialists across the district meet regularly and report to various administrators at the district level. However, no one district administrator is officially tasked with RTI oversight (R. Hagstrom, personal communication, October 8, 2014). Thus, I asked the RTI specialists to refer me to a district-level administrator who is most knowledgeable about RTI implementation in

HSD. They referred me to the district's Assistant Superintendent of Curriculum and Instruction. In terms of the chronology of this interview process, I conducted this interview with the district-level administrator once I had interviewed all three RTI specialists and obtained this referral.

After completing interviews with principals and RTI specialists, I processed and analyzed the interview and document data I had collected thus far. Next, I interviewed the 12 teachers to whom these principals and RTI specialists had referred me. During interviews with RTI specialists, principals, and teachers, I also obtained referrals for 11 parent participants. In order to protect potential parent participants' confidentiality, I had asked these personnel to send to those identified parents a letter that included a brief description of the study and an invitation to participate. From School A, four parents agreed to participate in this study; from School B, four parents agreed; and from School D, four parents agreed. Parent interviews made up the final phase of the interview process. As is typical in purposive sampling, personnel from each school referred me to parents with whom they regularly interact (Patton, 2002). In fact, all 11 parents I recruited also described themselves as active school volunteers. These parents represented 16 kindergarten through third grade students, and parents reported that half of these students had been identified by teachers as performing below grade level. Consequently, this study's parent sample does *not* include parents who infrequently communicate with school personnel.

The following table provides a summary of the interview participants I finally selected for this study.

Table 3.5: Study Participants

HSD (1 total)	School A (11 total)	School B (11 total)	School D (10 total)
Assistant Superintendent of Curriculum & Instruction	Principal	Principal	Principal
	Two RTI specialists	Two RTI specialists	Two RTI specialists
	One kindergarten teacher	One kindergarten teacher	One kindergarten teacher
	One first grade teacher	Two third grade teachers	One first grade teacher
	One second grade teacher	One special education teacher	One second grade teacher
	One third grade teacher		One third grade teacher
Four parents	Four parents	Three parents	

In my original research proposal, I had planned to engage in an iterative process of data collection and analysis in which I would conduct interviews until I reached a point of data saturation. However, the fact that I selected and recruited parents and teachers through the schools limited my ability opportunity to continue interviews with these individuals in order to reach data saturation. Nonetheless, I did note that consistent theme emerged as I analyzed interview data throughout the data collection process. I acknowledge that I was not able to fully complete the iterative process of verifying data saturation.

I had also planned to follow-up with individuals I had already interviewed in the case that I generated further questions through this iterative process. In fact, I did determine the need to conduct one follow-up interview with one School D RTI specialists who I had already interviewed. The reason for this additional interview was that during

our initial interview, this RTI specialist told me that she planned to convene a meeting with all HSD RTI specialists as a result of learning about this study's objective. She explained that wanted to learn more about how other RTI specialists at other HSD elementary schools involve parents in this process. I wanted to follow-up with this RTI specialist after she had conducted this meeting in order to learn about the meeting's content and outcomes. My objective was to gain additional information on current district-wide policies for parent involvement in RTI. Since the objective of this interview was different from the interviews I had previously planned, I created a new protocol for the interview and obtained permission from the University of Maryland's Institutional Review Board to amend the study in this way.

Procedures: Collecting, Processing, Analyzing, and Interpreting the Data

The literature review findings and analytical framework (FAAB) guided my approach to data collection, analysis, and interpretation (Merriam, 1998). In this section, I outline the sequence of data collection procedures I used.

Once I had recruited principals and RTI specialists from Schools A, B, and D, the research unfolded in a recursive process of initial data collection, interpretation, further data collection, and further interpretation. Given the exploratory nature of this study, I conducted each interview and reviewed the documents that each participant voluntarily shared with me, and then analyzed this data immediately to guide my next steps in conducting and interpreting subsequent interviews and collecting and interpreting subsequent document data. This iterative method allowed me to learn new concepts from participants and continually incorporate this new learning in subsequent interviews and

document review. The method also enabled me to build categories of data through in vivo hypothesis testing (Saldaña, 2009). Next, I analyzed and synthesized all data in terms of each research question and drew conclusions based each research question. In the following paragraphs, I describe these steps in greater detail and end by explaining how I managed data throughout the research.

Interviews. In-depth, semi-structured interviews (Rubin & Rubin, 2012) provided the majority of this study's data on Title I elementary schools' effort to involve parents in RTI. As Patton (2002) explains, this data collection method helps researchers determine what is "in and on someone's mind" (p. 341) and view an issue from another person's perspective. Interviews also enable researchers to identify and appreciate how people make meaning from their experiences (Seidman, 2006). Essentially, by grounding this study in participants' lived experiences, I offered an emic perspective (Merriam, 1998); this standpoint enabled me to understand the phenomenon of parent involvement in RTI specifically from the perspectives of parents, teachers, RTI specialists, principals, and one district-level administrator who were involved in these processes.

I conducted in-depth, individual interviews with parents, teachers, RTI specialists, principals, and one district-level RTI administrator. These interviews lasted approximately 45 minutes to one hour. In advance of the study, I also piloted my questions with three school personnel and parents at School C. The School C principal had agreed to participate as a pilot site but not as a site for conducting the main research. Though I drafted questions in advance of the interviews (see Table 3.4 for a list of interview protocols for participants in each of the five role groups included in this study), I also modified questions during interviews to fit individuals' experiences and ask follow-

up questions to delve more deeply into specific subjects as the need arose (Brantlinger et al., 2005; Rubin & Rubin, 2012). For example, when participants explained to me that had not received training to involve parents in RTI, I followed up with a question related to what he or she believes is going well in terms of parent involvement in RTI, rather than asking more detailed questions on training received. This design enabled me to pursue the natural course of the conversation.

I interviewed all participants at the location that was most convenient for them. For all personnel participants, this location was their office or classroom. I interviewed one School A parent in the School A cafeteria, and I interviewed the rest of the School A parents at a coffee shop located near School A. I interviewed two School B parents in the School B Family Resource Room, one in an administrator's office, and one at a coffee shop located near School B. I interviewed all School D parents at a coffee shop near School D. All interviews took place in one sitting. At the beginning of each interview, I asked each participant for permission to record our conversation using a digital audio recording device. Only one School B parent refused to be recorded. In this case I proceeded with the interview and recorded ample field notes. I also recorded field notes throughout my interviews with all other participants.

All interviews took place during the winter of the 2014-2015 school year. By this point teachers had already been conducting regular assessment and delivering all three tiers of RTI instruction for three to four months. Thus, the school personnel had likely established some form of communication with parents concerning students' overall performance.

Wolcott (2001) recommends that qualitative researchers talk little, but listen carefully, during interviews, as well as accurately record data immediately following each interview. In this effort, I approached every interview with the goal of thoughtfully listening to my participants, who I believed could offer enormous insight and knowledge to my study. Transcripts attest to this effort: the vast majority of text represents interviewees' words. In order to *record immediately and accurately*, I completed field notes during and directly after individual interviews to maximize the authenticity of my impressions and recollections.

In the table below, I offer a matrix to show how the components of the research questions I posed in this study corresponded with the study's research methods, data sources, and interview questions (Table 3.6). Further, I provide the interview protocols I used with each set of participants (found in Appendix A).

Table 3.6 Research Questions, Research Methods, Data Sources, and Interview**Questions**

**PP1: Parent protocol, TP: Teacher protocol, RTICP: RTI Specialist Protocol, PP2: Principal Protocol, DAP: District Administrator Protocol

Research Question	Research Methods	Data Sources	Interview Question #
1. In general, how is RTI explained to parents?	Document analysis Individual interviews	School brochures School- and district-based parent handbooks Information published on the HSD and individual school websites Classroom and school newsletters Literature published by school-based parent-teacher organizations (PTOs) Interviews with participants from all role groups	PP1 #3 TP #3 RTICP #3 PP2 #2, 3 DAP #2-5
2. How do teachers, RTI specialists, and parents communicate when children show initial signs of the need for intervention?	Document analysis Individual interviews	School- and district-based parent handbooks Student records Meeting notices Notes exchanged between parents and school personnel Interviews with participants from all role groups	PP1 #2 TP #2 RTICP #2 PP2 #2, 3 DAP #2-5
3. Throughout the intervention process, how do parents, teachers, and RTI specialists engage in dialogue regarding students' progress as well as home-based learning opportunities?	Document analysis Individual interviews	Student records Meeting notices Notes exchanged between parents and school personnel Interviews with participants from all role groups	PP1 #4-6 TP #4-6 RTICP #4-6 PP2 #4-6 DAP #2-5

4. According to research participants in all role groups, what factors either impede or facilitate parent involvement in RTI?	Individual interviews	Interviews with participants from all role groups	PP1 #7, 8 TP #7-10 RTICP #7-10 PP2 #7, 8 DAP #2-7
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During interviews, I also asked RTI specialists, teachers, and parents for some demographic information (as shown in the protocols). I asked RTI specialists about the total number of years they had worked in education and the highest level of education they had attained. I asked teachers about the total number of years they had taught, the grade level(s) they currently teach, and the highest level of education they had attained. I asked parent participants for their ethnicity/race and the gender and grade level of their child who has received an intervention through RTI.

The two RTI specialists from School B had the fewest years of experience working in education, with three and eight years. The four RTI specialists from Schools A and D all had over 20 years of experience. All six RTI specialists had master's degrees. Thus, the three schools that participated in this research had RTI specialists with advanced graduate degrees, and two schools had RTI specialists with substantial experience in education.

Two School A teachers had between six to eight years of teaching experience, and two others had between 27-30 years of teaching experience. Three had master's degrees. Teacher participants at School B had between 10-20 years of teaching experience, and all had master's degrees. Teachers at School D had between 8-18 years of experience, and

two had master's degrees. Thus, the teachers I interviewed were veteran teachers and over half held advanced graduate degrees.

Among the 11 parents I interviewed, nine identified themselves as "White", and two from School B identified themselves as "Hispanic." These parents represented sixteen kindergarten through third grade students who had received interventions through RTI at their respective schools. Seven of these students were third graders, three were second graders, five were first graders, and one was a kindergartner. Two parents at School A reported that their children were performing below grade level, three parents from School B reported that their children were performing below grade level, and one parent from School D reported that her child was performing below grade level.

Management of interview data. Brantlinger et al. (2005) and Merriam (1998) suggest creating a database to organize qualitative data. In this study, I assigned a file for each participant for the purpose of arranging and storing reflective memos, field notes, and interview transcriptions for easy retrieval. Additionally, I saved interview audio recordings and electronic copies of transcripts in an online, password-protected filing system.

Document analysis. Bowen (2009) explains that document analysis is a "systematic procedure for reviewing and evaluating documents" (p. 27). The documents are "social facts" that stakeholders produce, distribute, and use in socially organized ways (Atkinson & Coffey, 1997, p. 47). Researchers often incorporate document analysis in qualitative studies in order to triangulate their data (Bowen, 2009) and provide rich descriptions of a single phenomenon, event, organization, or program (Merriam, 1998).

Through examining and interpreting this material, researchers gain meaning, empirical knowledge, insights on background and context, ideas for additional interview questions, and means of analyzing data and results from other sources (Bowen, 2009; Corbin & Strauss, 2008; Mills, Bonner & Francis, 2006).

In this study, I reviewed documents that parents and school personnel voluntarily shared with me that related to school-wide RTI initiatives and plans to involve parents in these processes. In advance of interviews, I asked participants to provide any artifacts that would shed light on schools' or the district's efforts to inform and involve parents in RTI. During interviews, parents provided me with documents that included written communication from the school, written protocols published and disseminated by the district, excerpts from school handbooks, class newsletters, examples of students' data folders (with students' names removed), and examples of benchmark data reports (with students' names removed). I also obtained documents published on the individual school and district websites related to tiered interventions and related policies for parent involvement. Document analysis for this study unfolded according to Bowen's (2009) four-step process: (1) finding documents; (2) selecting documents; (3) appraising, or making sense of, documents; and (4) synthesizing data contained in the documents. In the following paragraphs, I explain how I accomplished each of these objectives.

Finding documents: In advance of interviews, I asked participants for permission to read documents related to RTI that parents and school personnel participants provided me. During individual interviews, I took careful handwritten field notes on the content, number, and type of these documents. To ensure confidentiality, I labeled field notes for each document with the participant's and school's pseudonyms rather than with any

identifying information. Immediately after interviews, I also recorded in my field notes how and why the material appeared relevant (Brantlinger et al., 2005; Merriem, 1998).

Selecting documents: I asked participants to share documents related to school-wide RTI policies and school-wide efforts to involve parents in RTI. These documents I reviewed during interviews referred to more or less direct means of parent involvement. For example, an announcement to parents that the school had adopted RTI was an example of a less direct gesture, while a letter requesting parents' attendance at class-wide data meetings represented a more direct effort to involve parents in RTI.

Appraising documents: Document analysis entails "skimming (superficial analysis), reading (thorough examination), and interpretation" in an iterative process combining *thematic* and *content analysis* (Bowen, 2009, p. 32). Through content analysis, the researcher distinguishes between irrelevant and relevant information (Corbin & Strauss, 2008; Strauss & Corbin, 1998) and finally organizes pertinent data in categories aligned with central research questions (Bowen, 2009). Accordingly, I conducted a deeper thematic analysis among document data by rereading and reviewing these documents as the open-ended interview process unfolded. I thereby continued to engage in the recursive constant comparative process for identifying emerging patterns among the data. When appropriate, I referred my participants to the document data (which I kept organized and readily accessible on my laptop computer) in order to ask participants to evaluate, discuss, or refer to the materials.

I analyzed the content of my document-related field notes using the FAAB analytical framework (Merriam, 1998). Specifically, I looked for evidence of parents' and

HSD personnel's perceptions of activities and practices that included: (1) informing families about RTI, engaging in two-way communication with parents, including parents in team-based planning and decision-making, and including parents in team meetings ("Mutual Support" condition); (2) providing families with information on how to implement interventions outside of school ("Cross-Setting Opportunities to Learn" condition); (3) ensuring congruence between home- and school-based interventions ("Consistent Structure" condition); and (4) actively welcoming parents to participate in collaborative processes and establish consistent home-school communication and support ("Positive, Trusting Relationships" condition). Concerning thematic analysis, I discuss the approach I used for organizing and coding document data in the "data analysis" section this chapter.

Synthesizing document data: Bowen (2009) states that researchers can use document analysis to corroborate evidence from other sources. During this stage, researchers organize data yielded from documents- excerpts, quotations, or entire passages- into major categories, themes, and case examples through a process of content analysis (Labuschagne, 2003). In the following section, I outline my process for (1) analyzing and synthesizing interview and document data, also noting how interview participants referred to and made sense of related documents; and (2) identifying contrasts between participants' accounts and document data.

Data analysis. Qualitative data analysis is an ongoing, iterative, and malleable process (Wolcott, 2001) that is "emergent and flexible" depending on the shifting conditions of the study in progress (Merriam, 1998, p. 3). Data analysis can take many forms. Saldaña (2009) recommends that qualitative researchers (1) adopt a highly

organized, creative, and rigorously ethical approach; (2) exercise perseverance and flexibility; (3) embrace ambiguity; and (4) make precise word choices using an extensive vocabulary.

I began the first major task of data analysis by personally transcribing all of the digitally recorded interviews (Brantlinger et al., 2005). I also added my observer comments from my field notes to these transcriptions, and I read transcripts and document-related field notes a minimum of four times as Saldaña (2009) recommends. Throughout the entire study process, I composed memos and field notes to document my ideas, reactions, and analysis in order to facilitate understanding, reflection, and analytical insight (Maxwell, 2013). I wrote field notes by hand in a paper journal, and create memos on electronic files using Atlas.ti. The content of these memos and field notes included reflections on patterns that emerged among the data, as well as my methodological concerns, ethics, self-critique, and personal reactions (Maxwell, 2013).

Strauss and Corbin's (1998) three-step scheme guided the coding process. First, I conducted open coding by reviewing interview transcripts in chunks and field notes and memos line by line. I then labeled exact words and phrases from interview transcripts and document-related field notes as well as insights and events I had recorded in the field notes and memos (Merriam, 1998). I constantly compared these labels and their component data to decide how best to form my first set of codes. Next, I engaged in "axial coding" (Strauss & Corbin, 1998) by organizing these codes into conceptual categories; I identified these "axes" through an interpretive lens as I created meaning from the data (Harry, Sturges, & Klingner, 2005). Finally, in the third step, I engaged in "thematic building", by first deciding how the codes and clusters of codes related to each

other and then developing a narrative based on these relationships (Harry et al., 2005). In the fourth chapter of this paper, I provide tables with the code clusters (conceptual categories) and individual codes I created as I reflected on each of the four research questions. I also provide a table with the conceptual categories and codes that seemed meaningful in terms of the overall objective of the study, but did not fit under any one of the four pre-established research questions. In the tables I also align these codes with elements of the FAAB analytical framework I used to conduct this study's literature review, and Reschly et al.'s (2007) components for parent involvement in RTI.

After conducting each individual interview, I analyzed data within each school "case" as well as across the three "bounded" school systems. Through these analyses I constructed understanding, refined the interview questions, and began to analyze the data as a whole (Harry et al., 2002). As I compared interview responses within each school, and then across all three schools, I inductively created codes to interpret common categories that emerged (Brantlinger et al., 2005). During this process of constant comparison I also modified my open-ended interview questions as needed (Harry et al., 2002).

Most of the codes I eventually created did align with components of the FAAB framework and Reschly et al.'s (2007) definition of parent involvement in RTI. In the chapter that follows, I explicitly outline connections between these codes and components of the two analytical frameworks. However, I used an *inductive* process to develop the codes and apply them across the data, based on the patterns I observed. Such an approach aligns with the grounded theory method of prioritizing empirically generated conceptual categories and codes (Strauss & Corbin, 1998). I also categorized groups of

codes into larger conceptual categories as those categories emerged. As I revised codes throughout the data analysis process, I recoded all previously coded data to align with these subsequent changes.

In order to select a tool for electronic data analysis, I engaged in extensive research by weighing the advantages and disadvantages of each system, learning about researchers' alternative coding techniques (e.g., Belaney, 2008; Jaratt, 2002; Saldaña, 2009), and discussing coding with a researcher who regularly analyzes both qualitative and quantitative data. I decided to use Atlas.ti, which is a type of data analysis and research software that enables “the qualitative analysis of large bodies of textual, graphical, audio and video data.” (Atlas.ti, 2016).

Analytic Checks and Measures

Brantlinger et al. (2005) suggest several analytic techniques for improving the quality of qualitative research, including triangulation, disconfirming evidence, rich, detailed description, member checks, and collaborative work (to ensure inter-rater reliability). I incorporated each of these five strategies in my study through the following means:

Triangulation: Brantlinger et al. (2005) describe triangulation as a systematic approach to seeking consistency in evidence from multiple and diverse sources of data. In this study, I triangulated data in two ways. First, I interviewed participants who represented five different roles (that of “parent”, “teacher”, “RTI specialist”, “principal” and “district-level administrator”). I also examined documents related to students' records and RTI processes that participants voluntarily shared with me. These multiple

and varied sources of evidence allowed for sufficient triangulation of data and thus strengthened the credibility of my analyses.

Disconfirming evidence: According to Brantlinger et al. (2005), researchers should weigh disconfirming evidence by deliberately seeking out data that is inconsistent with initially established data categories and themes. To highlight disconfirming evidence in my own study, I similarly accounted for data that challenged the patterns I first identified among three similar but different and separate cases. I also strove to establish a careful balance among the varying perspectives of parents and school personnel.

Rich, detailed description: Rich, detailed description involves a researcher's use of abundant interviewee quotes and field note descriptions to validate interpretations and conclusions (Brantlinger et al., 2005). To offer such a rich account, I consistently supported my interpretations and conclusions with vivid material including participants' own words and direct citations from documents (Merriam, 1998).

Member checks: According to Brantlinger et al. (2005), researchers conduct member checks by inviting study participants to evaluate the accuracy of interview transcriptions or notes collected during observations. The first level of member checks involves asking participants to review these records prior to an analysis of the results. In the second level, participants validate researchers' analyses, interpretations, and conclusions. In this study, I conducted the first level of member checks by sharing interview transcriptions with participants prior to analyzing and interpreting data. In the second level of member checks, I discussed my analyses and interpretations with participants to secure their endorsement. Specifically, I emailed excerpts of my analyses

to a parent, an RTI specialist, and a principal. Each of these three participants responded to my emails by stating that my analyses seemed accurate.

Collaborative work: A researcher engages in collaborative work by (1) concurring about conclusions with multiple researchers to check for biases and idiosyncrasies, and (2) conducting inter-rater reliability tests on data coding (Brantlinger et al., 2005). I tested for reliability in my own study by recruiting colleague insiders (fellow special education researchers) to independently read a selection of interview transcripts and field notes and create a set of codes based on these data excerpts. I used pseudonyms for schools and individual participants throughout the study, including during this “collaborative work” process, to protect participants’ identities. We collaboratively discussed and compared our codes and associated quotations in order to resolve any discrepancies that arose.

Measures to Assure Credibility

Rigorous qualitative case study designs generate empirical evidence that can impact education policy, practice, and future research (Merriam, 1998). However, applications of this research method require a unique and deliberate approach to assuring credibility (Brantlinger et al., 2005). In the section that follows, I describe how I maximized the methodological strength of my study by minimizing researcher bias (Brantlinger et al., 2005; Merriam, 1998) and addressing issues related to generalizability (Maxwell, 201; Miles & Huberman, 1994).

Addressing researcher bias. A major threat to the credibility of qualitative research is *researcher bias*, or the impact of researchers’ subjectivity on their work (Brantlinger et al., 2005; Merriam, 1998). According to Brantlinger et al. (2005), a

researcher's effort to address and disclose assumptions, beliefs, values, and biases adds to the credibility of such studies. I remained reflexive in this study by continually contemplating the influence of my personal and professional experiences (as a special education researcher, teacher instructor, and former public school special education teacher) and deeply held values on my analyses. I regularly logged and analyzed these reflections in field notes and memos.

Internal generalizability. *Internal generalizability* describes the applicability of conclusions of a case study to the case as a whole (Maxwell, 2013). To ensure internal generalizability, qualitative researchers must draw data from samples that fairly represent the phenomenon, activity, situation, or event under study while also taking into consideration the potential variability in the setting or group of people involved in the case. As Maxwell (2013) explains, qualitative studies often lack adequately diverse samples and settings, or they overemphasize common characteristics and overlook differences among participants and contexts. In the present study, I minimized this threat by including 33 total participants, including parents, teachers, RTI specialists, principals, and one district-level administrator. Thus, by examining a range of potentially similar and contrasting cases from stakeholders who represented five different roles in these processes; by analyzing different types of documentation available at each site; and by using the same research tools and strategies in each of the three sites, I strengthened the internal generalizability of my findings (Miles & Huberman, 1994).

Transferability. In quantitative research, *generalizability* usually refers to the general applicability of a study's inferences and is closely aligned with the concept of "transferability" in qualitative research (Miles & Huberman, 1994). As some researchers

affirm, the generalizability, or *transferability*, of qualitative studies does not depend on results of a sample that can be generalized to a larger specified population, but rather relates to understanding processes as they unfold in the case studied, with the awareness that similar processes might occur in related cases, but might produce various results in different contexts (Becker, 1991; Ragin, 1987). While the purpose of this study was to understand how parents are involved in RTI processes in Title I elementary schools, I do not imply through my findings and interpretations that the trends I discovered among my data generalize to parent involvement in RTI in all Title I schools. Rather, I hope to offer insights about how parent involvement in RTI does occur in some Title I schools. Such knowledge can inform researchers, education leaders, and policy makers and potentially shape future policy related to RTI and parent involvement. Additionally, the research design I developed in this study and the tools I used might benefit similar studies in other settings.

Chapter Summary

The present descriptive qualitative case study allowed me to investigate parent involvement in RTI in three Title I public schools through two means: (1) interviews with 33 parents, teachers, RTI specialists, principals, and one district-level administrator, and (2) an analysis of related documents. In this chapter, I described my research method and its relevance; participants and settings; methods for collecting, analyzing, and interpreting data; and efforts to assure credibility. In Table 3.5, I outline this approach. I include details on: (1) the overall structure of the study; (2) data collection techniques; (3) data analysis; and (4) measures to ensure credibility.

I begin the next chapter of this paper by revisiting the methods I used and the codes and conceptual categories I created during data analysis. I then share and compare participants' perspectives, identify themes that emerged through a richly detailed narrative.

Table 3.7 Outline of Research Design

Methodological Approach	Qualitative research
Research Design	Qualitative case study using interview and document analysis and comparative case study stance
Sampling Method	
<u>Steps for purposeful sampling</u>	<ol style="list-style-type: none"> 1. Contacted the five schools in which HSD had authorized this study, selected three schools (Schools A, B, and D) based on principals' willingness to participate 2. Obtained referrals for teacher and parent participants during my initial interviews with principals and RTI specialists 3. Asked RTI specialists for a referral for one district-level administrator, whom I interviewed upon receiving this referral 4. Interviewed teachers and obtained further referrals for parent participants 5. Interviewed parents 6. Conducted one follow-up interview with one School D RTI specialist because she had convened a district-wide meeting with all other HSD specialists to understand how they involve parents in RTI 7. Continued to analyze related documents throughout the interview process
Data Generation	

<u>Data collection techniques</u>	Individual, in-depth, open-ended interviews, document analysis
<u>Data documentation techniques</u>	Verbatim transcripts; research reflection memos and field notes; talk little, but listen; record immediately and accurately
<u>Data analysis method</u>	Strauss and Corbin's (1998) three-step scheme (open coding, axial coding, thematic building), Atlas.ti (as the electronic tool for management and analysis)
<u>Analytic techniques</u>	Researcher reflexivity; triangulation; disconfirming evidence; thick, detailed description; member checks; collaborative work
Data Analysis and Interpretation	
Content analysis and thematic analysis to generate and revise codes through the constant comparative method	

Chapter 4: Results

The purpose of this study is to understand how parents are involved in RTI in Title I elementary schools. To this end, I conducted a comparative case study (Merriam, 1998) of three Title I elementary schools, Schools A, B, and D, in Hillside School District (HSD). HSD was well-suited for this study because the Arizona Department of Education (ADE) states that one of four major beliefs underlying RTI implementation in its schools is that “collaboration among ALL stakeholders (including parents) is the foundation of effective problem-solving and instructional decision-making” (ADE, 2009b, p. 1), and HSD explains states that “family involvement” is one of “four essential elements of RTI” (HSD, 2014a; HSD, 2014b).

I gathered data from the following two sources: (1) in-depth, open-ended interviews with 33 participants, including HSD’s Assistant Superintendent of Curriculum & Instruction; one principal and two RTI specialists from each school; four teachers and four parents from School A; four teachers and four parents from School B; and four teachers and three parents from School D; and (2) relevant documents that I obtained online or from interview participants. I included a total of 34 interviews in this analysis, including a follow-up interview with an RTI specialist from School D.

I used Strauss and Corbin’s (1998) constant comparative method of qualitative analysis to analyze documents and the transcripts I transcribed from interview recordings. Using this method, I began analysis by conducting open coding on all data and creating a preliminary set of labels to represent distinct concepts. I then constantly compared these labels and their component data to develop an initial set of codes. Next, I conducted

“axial coding” by organizing these codes into conceptual categories (Strauss & Corbin, 1998). In Appendix B of this paper, I provide tables in which I revisit the components of the FAAB analytical framework I used to review studies for the present research, as well as Reschly et al.’s (2007) definition of parent involvement that I used to formulate my four research questions and analyze data for this research. I then outline the conceptual categories and individual codes that emerged from the open coding and constant comparison processes I conducted. In the Appendix B tables I also draw explicit connections between these conceptual categories and codes with (1) the study’s four research questions; (2) the FAAB framework; and (3) components of Reschly et al.’s definition.

During the final stage of these analyses, I built themes by identifying relationships among the codes and clusters of codes, and finally I developed a narrative based on these themes and component relationships (Harry et al., 2005). In the next six sections of this chapter, I present a contextual background for the study (Section 1) and a narrative that describes results for each of the four research questions (Sections 2-5), plus noteworthy results that did not align with any of the four research questions (Section 6). Finally, in the seventh section I compare and contrast findings for each of the three school cases with consideration to all four research questions. I also conclude by highlighting all the themes that emerged across the responses to all four research questions, including those couple of salient themes that did not relate to any one research question.

Section 1: Context

I begin this section by contextualizing the study's results and briefly describing HSD. In the rest of the section I provide demographic information, student achievement data, and a summary of RTI implementation and parent involvement policies at each of three organizational levels involved in this study: (1) the state [the Arizona Department of Education (ADE)], (2) the district (HSD), and (3) the school (individual Schools A, B, and D).

HSD and the community it serves. HSD is the primary school district for a mid-sized metropolitan area in Arizona (US Census, 2014). Participants representing all five participant levels of this study (district administrator, school administrators, RTI specialists, teachers, and parents) described the metropolitan area as an especially close-knit community in which local businesses and organizations, as well as the local state university are highly involved in supporting HSD students and their families.

Demographic information and student achievement at the state, district, and school levels. To further contextualize the study, I provide demographic and student achievement data for Arizona's public schools, HSD, and Schools A, B, and D. Table 4.1 illustrates this data:

Table 4.1: Demographic Information SY 2014-2015: Schools A, B, and D

Organizational Unit		ADE	HSD	School A	School B	School D
Grades Served		K-12	K-12	K-6	K-5	K-6
Ethnicity	% Native American	4.7%	25%	19%	31%	18%
	% Black	5.2%	1%	1%	2%	1%
	% Hispanic	44.4%	27%	23%	56%	38%
	% Asian	2.8%	1%	0%	0%	2%
	% White	40.1%	43%	54%	8%	39%
	% Multi-race/Other	3.2%	3%	3%	3%	2%
Total Student Population		1,116,143	9,917	688	535	574
% of Students Eligible for FARM*		52%	44%	49%	84%	55%
% 3 rd Graders Pass AIMS Reading**		78%	75%	69%	64%	70%
% 3 rd Graders Pass AIMS Math***		70%	64%	60%	60%	61%

*FARM: Free or reduced price lunch (ADE, 2015; HSD, 2015) ** Percentage of 3rd grade students who met or exceeded grade-level standards in Reading on the Arizona Instrument to Measure Standards (AIMS) in Spring 2014
 *** Percentage of 3rd grade students who met or exceeded grade-level standards in Reading on the Arizona Instrument to Measure Standards (AIMS) in Spring 2014. (ADE, 2015).

RTI implementation at the state, district, and school levels. In the second part of this section, I describe RTI implementation policies at three organizational levels (Arizona, HSD, and Schools A, B and D) in order to provide background for understanding how parents are involved in RTI at these schools.

RTI in Arizona. This section RTI in Arizona includes, (1) an outline of the Arizona Department of Education’s (ADE) “AZ RTI” initiative, and (2) a comparison between AZ RTI and Arizona’s laws for reading instruction.

AZ RTI: Arizona's RTI initiative. Under its RTI initiative, “AZ RTI”, the ADE recommends that schools adopt RTI and offers extensive implementation guidelines and free data management systems (ADE, 2009b). According to this policy, RTI is an instructional framework comprised of a fluid continuum of three instructional tiers. Tier 1 consists of “Universal Level” behavioral and academic instruction for all students. It takes place during the regular 90 minute block of literacy instruction and is aligned with the Arizona College and Career Readiness Standards (which the ADE adopted in 2010 based on national Common Core standards). Tier 2, or “Targeted Level” research-based interventions, addresses the needs of small, flexible groups of three to five students who are at-risk for school failure. Tier 3, or “Intensive Level” research-based interventions, supports three or fewer students who demonstrate severe deficits (ADE, 2009b). Trained personnel deliver Tier 2 and 3 interventions outside normal literacy instruction in 30 minute blocks (ADE, 2014a).

Comparing RTI and Arizona's laws for reading instruction. Arizona's recent legislation on reading instruction echoes many critical elements of AZ RTI. In 2001, when national focus on instruction shifted from a remediation to a prevention model, Arizona passed the *Arizona Revised Statute (ARS) 15-704*, the cornerstone of its *AZ READS* initiative (ADE, 2014). Under AZ READS, schools must implement universal screening measures, research-based reading instruction and interventions, and ongoing classroom-based reading assessments and progress monitoring (ADE, 2014).

In fall 2013, Arizona's schools began implementing two more recently adopted laws, *ARS 15-701* and *ARS 15-211*, as part of Arizona's *Move on When Reading (MWR)* initiative to improve statewide reading proficiency (ADE, 2009a). These statutes,

definitions of key terms, and acronyms such as MWR that I will use throughout this report are defined in Appendix C of this paper. Under MWR, school districts must submit a comprehensive plan for, (1) delivering evidence-based reading instruction and intervention in grades K-3, and (2) regularly collecting reading achievement data (ARS 15-211). Individual schools must develop “intervention and remedial strategies... for pupils in kindergarten programs and grades one through three who are identified as having reading deficiencies.” Further, schools cannot promote third graders to fourth grade if they “fall far below” grade-level standards on the statewide standardized achievement test (with exceptions for English Language Learners and students with disabilities) (ADE, 2014, para. 2a).

In Table 4.2 I display a side-by-side comparison of AZ RTI implementation suggestions and Arizona’s reading laws:

Table 4.2: A Comparison: AZ RTI Implementation Suggestions and Arizona’s Revised Statutes 15-211, 15-701, and 15-704

Program Element	AZ RTI Implementation Suggestions (ADE, 2009b)	Arizona’s Revised Statutes Mandates (ADE, 2014a)
Supporting students at risk of academic failure	Schools can use the RTI framework to specially select and implement interventions for struggling learners	Schools must use intervention and remedial strategies to support K-3 students who are identified as having “reading deficiencies” (ARS 15-211; ARS 15-701; ARS 15-704)
Screening	Used at least three times per year to identify each student’s level of proficiency	Used in preschool and K-3 to identify students with “reading deficiencies” (ARS 15-701, para. 3)
Progress monitoring	Used to assess students’ academic achievement and rate of improvement	Used to assess students’ academic achievement and rate of improvement (ARS 15-704)

Tier 1 Instruction	All students receive high-quality, research-based classroom instruction	All students receive high-quality, research-based classroom instruction (ARS 15-704)
Tier 2 and Tier 3 Interventions	Teachers deliver increasing intensities of instruction through research-based interventions that are matched to student needs	Teachers deliver increasing intensities of instruction through research-based interventions that are matched to student needs (ARS 15-704)
Data-based decision making	Employed at every level of RTI implementation (National Center on Response to Intervention, 2015).	Employed at every level of reading instruction and intervention (ARS 15-211, ARS 15-701, ARS 15-704)
Grade promotion regulations	<i>No focus on grade promotion/retention</i>	Third grade students whose reading performance “falls far below” grade level do not “move on” to the fourth grade (ARS 15-701)
Identifying Specific Learning Disabilities	Schools can use the RTI framework as one tool for identifying students with specific learning disabilities	<i>No mention of disability identification or special education in ARS 15-211, ARS 15-701, or ARS 15-704</i>

These two initiatives bear striking similarities: both promote a preventative approach to instruction and are closely aligned in terms of “supporting students at risk of academic failure”, “screening”, “progress monitoring”, “progress monitoring”, “Tier 1 instruction”, “Tier 2 and Tier 3 interventions”, and “data-based decision making”.

However, one significant difference arises: regarding support for students *who do not respond to research-based instruction*, AZ RTI treats disability identification as a logical next step and does not allude to grade retention. By contrast, Arizona statutes focus on grade retention and continued intervention services logical next steps; none of the Arizona reading statutes refer to disability identification.

RTI in HSD: District-level policies and site-level practices. The ADE recommended that schools adopt RTI in phases in a period of three to six years, and that such implementation involves a “fundamental reengineering” of resource deployment, ongoing professional development for teachers, and support for the transfer research-

tested methods to practice (ADE, 2010, p. 26). In light of these suggestions, I draw from related documents and interview data to describe HSD's RTI implementation policies and individual schools' practices.

Gradual implementation. Regarding gradual implementation, HSD followed ADE suggestions by piloting RTI in the 2006-07 school year with two elementary schools whose personnel had expressed interest in the framework. Under this preliminary model, teachers pulled students out of their general classrooms to deliver Tier 2 and Tier 3 interventions for 30 minute periods. The pilot targeted one grade level at each school during the first year and then added a new grade level each year until RTI was operating in kindergarten through third grades in 2010. At this point, HSD extended the model to all its elementary schools, and all teachers and administrators received RTI training (HSD, 2010).

Reengineering resource deployment. In 2010 HSD also created the "RTI specialist" position and hired two "RTI specialists" for each elementary school (HSD, 2010). RTI specialists, along with principals, comprise each school's "instructional leadership team" and are considered "master teachers" according to HSD administrators (HSD, 2014c). One RTI specialist normally oversees the primary grades while the other oversees the intermediate grades. The RTI specialists I interviewed had high levels of experience and expertise: four of the six had over 20 years of teaching experience, and all six held master's degrees.

HSD internal documents explain that RTI specialists' primary responsibilities include: (1) coordinating all universal screening, benchmark, progress monitoring, and state standardized testing; (2) compiling, analyzing, and managing student achievement

data; (3) organizing anonymously labeled data in large displays (housed in each school's "data room") that mimic the green, yellow, and red RTI pyramids from national implementation literature; (3) training teachers to analyze data and use data to make instructional decisions; (4) coordinating instruction and interventions at Tiers 1, 2, and 3; (5) planning intervention groups; and (6) delivering interventions. Secondary responsibilities may include: (1) designing Tier 2 and Tier 3 interventions; (2) coaching teachers in instructional design and delivery; (3) administering assessments; (4) arranging intervention materials; and (5) acting as a liaison between teachers and parents (HSD, 2014c).

According to the district-level administrator I interviewed, in 2010 HSD initiated the "flexible grouping" RTI delivery model, in which *every* student receives "Tier 2". Under this system, RTI specialists and teachers arrange students into ability-based "flex groups" that range in size, with smaller groups generally including students with greater academic needs. All students in the same grade level participate in flex groups during the same 30 minute block, four to five times per week. "Tier 2" interventions or instruction target various skills and range in level from "far below grade level" to "on-grade level" to "above grade level". The groups are "flexible" because students regularly change groups, depending on their evolving needs as indicated by various assessments. Flex group instruction in all three schools focuses entirely on reading, and only School B provides traditional Tier 2 and 3 interventions in math (although these interventions are not mandatory for struggling students since they take place during the school's "STARS" after school programming).

Principals at all three schools who I interviewed explained that during the RTI block, students identified as “gifted” or “advanced” receive “enrichment” instruction; personnel participants described “enrichment” as “more practice”, “more reading instruction”, “reading a story and then doing something to enhance it” (such as a dramatization, art project, or science activity), “book studies”, or learning “strategies for comprehension”, though many parent and personnel participants also simply referred to it as “enrichment.” According to the RTI specialists and teachers I interviewed at all three sites, teachers plan enrichment independently or within collaborative teams. As teacher participants explained, there is no “enrichment” curriculum or official guidance from HSD on *what* or *how* to teach students who require this additional challenge.

As principals, RTI specialists, and teachers at Schools A, B, and D explained, all instructional personnel, including the principal and special education teachers, and even some non-instructional personnel, such as counselors, librarians, and parent volunteers, deliver interventions in an “all hands on deck” approach, with the most qualified professionals teaching the students with the most severe deficits. These personnel participants cited several advantages to this system, including maximizing limited resources, minimizing flex groups size, and preventing students from feeling “singled out” or from missing regular classroom instruction.

Despite its break with traditional RTI, HSD’s flexible grouping still adheres to several national-level implementation recommendations: personnel deliver “interventions” in 6-8 week cycles; interventions for struggling students must be research-based (and district-approved); all students participate in universal screening and benchmark testing; and struggling students participate in regular progress monitoring

(Fuchs & Fuchs, 2006). Schools A, B and D also offer traditional Tier 3 interventions that are fundamentally different than flex group intervention. These more intense interventions consist of 30 minutes of one-on-one or one-on-two pull-out instruction that highly qualified professionals provide *in addition to* the flex group interventions they receive. However, principals at all three schools explained that resource and time constraints limit their ability to provide Tier 3 to all students who might normally qualify. For example, an RTI specialist and the principal from School D both stated that Tier 3 targets only those second and third graders who are most at risk for being held back in third grade under Arizona's MWR law.

According to principals', RTI specialists', and teachers' accounts across the three sites, all three schools implement flex grouping similarly, although the School A principal manages resources somewhat differently: she has hired an additional intervention specialist, she oversees four rather than three benchmark tests per year, and she allows grade level teams to decide whether to create flexible groups across their grade level or to keep students in their classrooms.

Ongoing professional development for teachers. According to personnel in all role groups at all three schools, another key HSD RTI implementation innovation was the establishment of "collaborative teams", or CTs (HSD, 2010). CTs consist of grade level teacher teams, as well as the RTI specialist who facilitates their weekly, hour-long CT meetings. At these meetings, which take place in the aforementioned "data rooms", the RTI specialists and teachers present the data they have compiled from universal screening measures, benchmark testing, progress monitoring, and other related assessments. Based on their joint analyses of these data, the teams collaboratively perform the following: set

benchmark goals and devise strategies for meeting them; design and adjust the curriculum; plan instruction and intervention; place students in flex groups and revise these groupings; track student progress; determine instruction and intervention effectiveness; and plan further assessment. Teachers also receive job-embedded professional development during these meetings as they, (1) learn to analyze data and engage in data-based decision-making; (2) share best practices; (3) solicit and receive feedback (HSD, 2010). At each of the three schools, the entire instructional staff, including principals, meets three times per year in school-wide CTs to analyze benchmark results. Notably, CT practices align perfectly with AZ RTI recommendations for site-based collaborative data analysis, data-based decision-making, and professional development (ADE, 2009b).

Support for the transfer of research-tested methods to practice. To provide schools a mechanism for systematically problem-solving on behalf of students who do not sufficiently respond during at least two cycles of intervention (Fuchs & Fuchs, 2006, P108, P121), HSD has developed the Individual Data Meeting (IDM) process. The process includes two meetings that involve parents, RTI specialist, general education teachers, special education teachers, counselors, school psychologists, and others as needed. During the first IDM, participants review relevant student background information and design an improved intervention. In the follow-up meeting, the team assesses this intervention's effectiveness and decides on next steps, which might include the student's return to Tier 1, further intervention, a referral for a special education evaluation, or grade retention (HSD, 2012). Personnel participants in this study provided nearly identical descriptions of the IDM process and followed the same district-published

IDM guidelines; the process appears to be standardized across HSD (HSD, 2012). In the results sections that follow I will explain how parents and personal interact within IDMs.

Parent involvement policies at the state, district, and school levels. In addition to RTI implementation policies, parent involvement policies offer critical background information for understanding parent involvement in RTI. In the fourth and final part of this section, I will describe general parent involvement policies at each organizational level involved in this study. This description will also offers a segue for results related to parent involvement in RTI in particular.

Parent involvement policies in Arizona: APTT. The ADE defines parent involvement as “parents having knowledge of their children’s learning program, and being engaged in helping their child meet or exceed appropriate education goals” (ADE, 2014a, p. 113). To facilitate such involvement, the ADE recommends in its State Literacy Plan that schools adopt the Academic Parent-Teacher Teams (APTT) model (ADE, 2014a). Under APTT, teachers personally invite all students’ parents to attend 75-minute APTT meetings that occur three times per school year following benchmark assessments (ADE, 2014a). Teachers lead these meetings by, (1) explaining students’ anonymously displayed data in a “family-friendly” way; (2) helping parents set 60-day academic goals for their children; (3) modeling for parents how to perform two to three home-based, skill-reinforcing activities, and supplying parents with their own materials; and (4) facilitating networking among parents (ADE, 2014a). As a complement to these meetings, teachers also conference with individual students’ families for 30 minutes at the beginning of the school year to discuss data and create individualized plans. As I will describe later in this chapter, principals, RTI specialists, and teachers at Schools B and D

explained that they have adopted the APTT model for conferencing with parents and use it to involve parents in RTI to varying degrees.

The ADE also establishes the importance of parent involvement in its State Literacy Plan by stating that, “a collaborative system among education... professionals, family, and community is essential to improved student literacy achievement.” In this plan, the ADE also sets the goal of “maximizing parent-teacher communication and collaboration” and seeks to “redefine family engagement in education as a shared responsibility.”

Parent involvement policies in HSD. Throughout its online literature, HSD also states the importance of partnering with parents and pledges to increase parents’ meaningful involvement. For example, in defining “parent involvement”, HSD borrows the NCLB definition verbatim:

Family involvement means the participation of families in regular, two-way, and meaningful communication involving student academic learning and other school activities, including ensuring:

- (A) that families play an integral role in assisting their child's learning;*
- (B) that families are encouraged to be actively involved in their child's education at school;*
- (C) that families are full partners in their child's education and are included, as appropriate, in decision-making and on advisory committees to assist in the education of their child;*
- (D) the carrying out of other activities under section 1118 of the ESEA (Elementary and Secondary Education Act). (HSD, 2009, para. 2).*

Table 4.3 illustrates specific commitments that HSD has made to involve parents:

Table 4.3: HSD Commitments to Involve Parents

Document	Statement
Family Involvement Plan (HSD, 2009)	<p>Pledges to “put into operation programs, activities and procedures for the involvement of families in all of its schools” (para. 1)</p> <p>Mandates that all schools “actively involve families in the important decisions about their student's education” and “reach out to, communicate with, and work with families as equal partners” (para. 10)</p> <p>Pledges to “build families’ capacity to support their children’s academic achievement” (HSD, 2009, part 3) and to “provide materials and training to help families work with their children to improve academic achievement” (part 2).</p>
Continuous Improvement Plan (HSD, 2010)	Pledges to “increase... (1) involvement in school-based decision-making, (2) active partnerships between home and school, and (3) understanding of student academic expectations” (para. 14)
Parent Handbook (HSD, 2014g)	States that parents are “partners” their child’s education (p. 10), “You are your child’s first and most important teacher” (HSD, 2014g, p. 10).

Parent involvement policies in Schools A, B, and D. Each school’s Continuous Improvement Plan (HSD, 2010) states the goal to collaborate with parents and increase parents’ involvement in children’s academics. Personnel in every role group at every school echoed this commitment by expressing their continual effort to improve collaboration with parents, and they described a host of parent-centered traditions that exist at all three schools, including open houses, scholastic family nights, “fun” family weekend and evening events, and Parent Teacher Organizations (PTOs).

According to interviews and documents reviewed, all three schools also partner with parents twice per year in the formal and academics-focused tradition of Parent

Teacher Conferences (PTCs). PTCs are conferences between teachers and parents of individual students that last 20 minutes and take place immediately following benchmark testing at the end of the first and third quarters. During PTCs, teachers distribute report cards, show students' work, and explain students' most recent test data in relation to established benchmarks. Teachers invite parents to ask clarifying questions, and parents and teachers might collaboratively set goals for students' progress and discuss specific skill-building tasks to reinforce learning at home (HSD, 2014g). These elements are consistent with national-level standards for PTCs (Lee, 2005). At Schools B and D where teachers use the APTT model, PTCs also serve as a follow-up to whole-class APTT meetings.

In summary of this section on the study's context, Schools A, B, and D function within larger district and state education systems that support RTI implementation *and* promote meaningful parent involvement in student academics. In the sections that follow, I explore how these policies might combine- how parents are involved in RTI.

Section 2: Research Question 1: How is RTI explained to parents?

In this section, I will describe patterns that emerged among the data I collected from state, district, and school-level documents and interviews in response to my first research question, "How is RTI explained to parents?"

How does the ADE explain RTI to parents? The ADE does not provide parents with information specifically about RTI. However, in five documents available on the ADE website related to *Move on When Reading* (MWR) and *AZ READS*, the ADE explains schools' use of universal screening, progress monitoring, and research-based,

data-driven reading instruction and intervention. These are all key elements of RTI. The ADE also establishes the importance of communicating with parents about RTI by suggesting in its technical assistance papers that schools (1) inform parents about universal screening at the beginning of the year; (2) describe RTI as a framework for meeting the needs of *all* students rather than a special education initiative; (3) rate their progress in these efforts and the ADE's "RTI Self-Assessment Tool; and (4) involve parents in site-level collaborative team discussions to evaluate the effectiveness of the school's RTI implementation.

How does HSD explain RTI to parents? Through its RTI webpage, two brochures, and "Sample Parent Letter" that site-level personnel can use to notify parents that their child will receive intervention, HSD introduces "Response to Intervention (RTI)" as a district-wide, "comprehensive system... for improving achievement of *all* students" and for supporting "struggling learners." (2014a). The sample letter also describes reading intervention as "targeted, small group reading instruction" that students receive "on a daily basis in addition to the core reading curriculum." On the district's parent-focused *MWR* webpage and in a brochure describing third grade retention policy, HSD further describes RTI as a mechanism for ensuring students' reading success. In explaining RTI, HSD outlines the following RTI components: universal screening, progress monitoring, tiered instruction, data-based decision-making, research-based instruction and intervention, and collaboration among educators. HSD also invites parents to learn more about RTI by contacting school personnel or by exploring the links it provides to national-level RTI organizations, such as the RTI Action Network and the National Center on Response to Intervention.

Of particular interest to my study, HSD states on its RTI webpage that the “four main elements” of RTI are “high quality instruction for all students, tiered instruction/intervention, ongoing student assessment, and *family involvement*.” Regarding communication suggestions for its schools, HSD, similar to the ADE, asks principals to rate their school’s effort to inform parents on its “RTI Framework Integrity Worksheet.”

District-level administrator’s perspective. According to the HSD district-level administrator, school personnel explain RTI during school-wide meetings and “make it really clear to parents that this framework is to benefit *all* kids.” The administrator also cited efforts to streamline this communication, saying, “We make sure that teachers are delivering the same kind of message.” She stated that schools that have adopted the APTT model are also using these class-wide meetings to explain RTI to parents. Finally, this administrator explained that RTI is “part of the culture... we’ve been doing this for eight years, so (the parents) all are very much aware of it.”

The three cases: How do personnel at Schools A, B and D explain RTI to parents? In the remainder of this section, I will describe how principals, RTI specialists, teachers, and parents explained how school personnel communicate RTI to parents within each of the three schools that I selected for this study (Schools A, B, and D). I also draw from school-based documents that were available online, or that personnel and parents provided during interviews.

School A. The School A website describes “Response to Intervention-RTI” as a “multi-tier approach to the early identification and support of students with learning and

behavior needs” (HSD, 2014c). The website also defines Tier 1 instruction, research-based interventions, progress monitoring, data-based decision-making, and the principles of flex group instruction.

School A principals, RTI specialists, and teachers also indicated that teachers explain RTI to *all* parents at the beginning of the school year in two different contexts: (1) PTCs and other private meetings, and (2) larger, non-private settings such as PTO meetings and Open Houses. School A staff reported that information-sharing with all parents occurs specifically during PTCs, PTO meetings, and Open Houses. Teachers typically explain that *all* students receive research-based instruction and interventions within ability-based flex groups, and that advanced readers receive “enrichment.” One teacher who was interviewed stated that she tells parents that RTI is “not just for those who have high needs. It’s to help all of those students progress from where they are to a higher level of understanding.” Another teacher expressed that she explains to all parents that instruction/ intervention cycles last six to eight weeks, that data drives instructional decisions and student groupings, and that all students move to flex groups at the same time so that no one feels singled out. One teacher also reported that she informs *all* parents which staff member in the school is their child’s RTI teacher. Finally, one RTI specialist explained that teachers often direct parents to the ADE website to learn more about reading benchmarks.

However, a number of School A personnel indicated that they do not believe that parents have enough information about RTI. As one teacher stated, “I definitely think that parents *don’t* have a very good understanding of what (RTI) is.” Further, the RTI specialist acknowledged that directing parents to explore the ADE website for benchmark

information is an incomplete and ineffective explanation on the part of teachers.

Teachers also indicated a lack of a school-wide policy for explaining RTI. As one teacher stated, “I don’t think there is a clear explanation or expectation of what RTI is and why we do it and who’s in it.” Another teacher wondered aloud if the principal or PTO leaders send information, and a third teacher qualified her description by clarifying that she is unaware of how other teachers explain RTI.

In School A, the principal, RTI specialists, and teachers generally agreed that parents learn about RTI by talking to their children and being familiar with the school through regular volunteering. All three groups of personnel also stated that parents typically only learn about RTI when their children’s reading scores have fallen below grade level. As one RTI specialist stated: “All (the parents) want to know is, ‘my child has an issue with *this*, here’s what we’re doing to help fix it’.” The principal further explained, “When we talk to parents about RTI, it’s because their child is at risk of not moving on in third grade.” When teachers and RTI specialists identify kindergarten through third grade students as at-risk for retention through *MWR*, RTI specialists send parents a notice, universally described by School A staff as the “retention letter”, that alerts parents to this risk. The letter refers to progress monitoring and data-based decision-making and describes RTI as “targeted, small group reading instruction” that helps students achieve reading proficiency.

Parents who were interviewed in School A corroborated these staff comments. None of the School A parents reported learning about RTI during a PTC or other personal conversation with a teacher. As one parent explained, “You hear about RTI, but... there’s not an explanation.” In fact, parents suggested that that teachers and administrators

improve communication about RTI by distributing flyers or brochures. Parents explained that they learned about RTI chiefly from talking to their children. As two parents stated, “all I know is pretty much what my kids have said” and “if my kids didn’t talk to me about their day, I wouldn’t know anything about it (RTI).” In general the parents described the content of their children’s RTI descriptions in the following ways:

- “The kids come home and tell you: ‘I have so and so for RTI’ or ‘so and so is in my RTI class’;”
- “(The children) talk about what they did in enrichment or RTI, and how the class is split up;”
- “RTI” is thrown around all the time at our house because my kids will talk about what they’ve done;” and
- “(My son) talks to me every day about going to RTI. I don’t know what it stands for- obviously it stands for *Reading* something.”

Parents also explained that they learn about RTI by regularly visiting the school, attending PTO meetings, and volunteering in their children’s classrooms. As parents stated, “If you’re there, I think you just kind of figure it (RTI) out,” and “I wouldn’t know (RTI) if I weren’t so involved.”

When asked to describe their understanding of the purpose of RTI, parent responses included, “RTI is to make sure that everybody is progressing to the next level;” “I think that there is more focus for kids that aren’t at (grade) level;” and “I think the goal is by 3rd grade because of the law... that they had to be reading and they had to be proficient.” Parents also described the principle of ability-based flexible grouping. As

one parent reported, “From being in the class last year I would see them break up and go, and so I just knew that it was based on their reading level.” Another parent described data-based decision-making as, “I think that they break them out based on where they are after doing an assessment, and then periodically review it and replace them.” One parent also described the enrichment instruction her daughter receives as “additional specials time with those teachers”, and another parent described enrichment as, “fun, not so much hard-core reading. It just seems like not that much pressure because they’re already there.” None of the parents referred to enrichment as “gifted education.” In fact, one parent explained that her daughter was identified in a district-based test as being gifted, but that to her knowledge gifted education is not available at School A. By contrast, all principals in this study characterized RTI enrichment instruction as their school’s gifted education program. Regarding logistics, all the parents also explained that their children receive RTI instruction outside of their regular classroom from another teacher.

During interviews, parents asked me questions about the meaning of the RTI acronym; the logistics of flex grouping; the framework’s purpose (“Is (RTI) available for all students, or just those who need to improve in certain areas?”); and ability-based grouping (“If (my son) goes with Ms. Smith (pseudonym), is she a certain level? Or do they just mix them all up?”). With the exception of the acronym question, I replied to these queries by suggesting that parents ask their child’s teacher, RTI specialist, or principal.

The desire to improve communication and understanding about RTI was clearly expressed by parents, one RTI specialist, and all teachers who were interviewed. As the RTI specialist stated, “That’s the missing link right now... the parent involvement of this

process shouldn't only be when (the students) are in the red. It should be everybody.” Other staff offered suggestions for raising parents’ awareness about RTI, including (1) inviting parents to observe flex instruction,; (2) explaining the purpose and framework of RTI, as well as the meaning of “research-based interventions” through a letter at the beginning of the year, (3) surveying parents to gauge their current understanding; and (4) hosting an RTI-focused Open House. As one parent stated, receiving more information from the school “would increase the value you perceive you’re getting in your education for your children.”

School B. The School B website does not explicitly use the term nor define RTI, though it does describe the following RTI elements: collaborative data-based decision-making; benchmark assessments; “FLEX reading intervention”; and “after school math STARS intervention”. Similar to HSD, the School B website also invites parents to visit the school’s RTI specialist to learn more about RTI.

The School B principal, RTI specialists, and teachers report that parents learn about RTI through classroom teachers during first quarter PTCs and APTT meetings (according to all these personnel approximately 70% of parents participate in APTT). In addition, the principal and one RTI specialist stated that they provide information about RTI at APTT. The principal indicated that he communicates to all parents that the purpose of RTI is “to provide each child an equal opportunity to achieve their highest potential.” Teachers, RTI specialists, and the principal also report that they explain benchmark assessments, progress monitoring, research-based instruction and interventions, data-based decision-making, ability-based flexible grouping across each grade level, and enrichment to all parents. As one teacher stated, she tells parents, “We

look at the data every 6 weeks and change groups. Just as their (child's) data is going to change throughout the year... their flex groups are going to change, too." One RTI specialist corroborated this, saying, "RTI is communicated specifically through data folders shared at APTT." This RTI specialist also explained how during APTT she introduces parents to the data room. "I'm able to visually show them that the students are grouped across classrooms, with the more intensive kids receiving more support." The principal also reported that he brings parents to the data room to discuss the students' progress in relation to benchmark goals.

Some School B personnel did indicate that they are not explaining RTI to all parents. As one teacher stated, "(Parents) have heard of flex groups, but... I don't know if we've really explained that to them." Another teacher explained, "(The parents) don't really understand the nitty gritty of each tier and how the process works." Both RTI specialists explained that parents understand RTI simply because it has become part of the school's culture. As one stated, "Flex is just what we do. Parents consciously or unconsciously understand that this is the way we work." Another RTI specialist indicated that parents are *not* initiating contact with her to learn more about RTI (as parents are directed to do by the school's website). Teachers also stated that they did not know how other personnel explained RTI to parents, and that they only felt comfortable speaking for their own policy.

School B personnel from all role groups also suggested that parents learn about RTI only when their children are struggling. For example, the principal stated that when children fail to meet benchmark goals, "it really does give us an opportunity to explain to them the Response to Intervention framework, the interventions that their children are

getting.” A teacher explained that when teachers approach parents about academic concerns, “we always try to explain to the parents what the flex groups are and how they are individualized to the students’ needs.” Likewise, an RTI specialist commented, “A lot of the RTI interventions aren’t even on the parents’ radar screen, unless they get a letter for STARS, or they’re in an individual data meeting because it’s gotten that bad.”

Another teacher reflected, “I don’t exactly know how much communication goes on with (the parents of) some of those other (non-struggling) students.”

School B parents indicated that they did not learn about RTI through school-wide APTT meetings. As one parent stated, “I’ve heard it (RTI) mentioned before, but no one has gone into detail.” Similar to parents in School A, these parents reported learning about RTI primarily through volunteering in their children’s classrooms and by asking teachers. For example, one School B parent explained that she learned about RTI by asking an RTI specialist and a teacher for information on academic support services. As she explained, “I asked them straight up: ‘what happens if he needs help with something?’”

Regarding the content of their understanding, only one School B parent described RTI in detail, while another parent made general references to 30-minute small-group reading instruction and the STARS after school math interventions. The parent who shared her detailed understanding stated that, “I don’t know how many parents are up on that (RTI). I do know that there are teachers on the PTO who are also parents, so they get it.” This parent described the purpose of RTI as supporting *all* students: “That was one of the reasons we picked (School B): because there was less chance for him to fall through cracks if we knew there were things in place that all students had access to.” This parent

also explained ability-based grouping, progress monitoring, and the policy that all instructional personnel lead flex group instruction. She also corroborated the RTI specialist's and principal's accounts related to the data room: "You could go into their room... and you could see... where your child is at in reading and in math, and when is the next time for them to test your child, and what score they're looking for."

Regarding instruction for advanced readers, one parent explained that she was having her daughter tested for gifted education this year. As in School A, this parent did not consider the enrichment instruction that her daughter already receives in RTI as "gifted education".

School B RTI specialists and teachers, again similar to School A, expressed a desire to improve communication about RTI. As one teacher reflected, "We need to do a better job with communication... of helping parents... to understand what this (RTI) is." The teachers and RTI specialists offered several suggestions for improving communication about RTI, such as (1) engaging parents earlier and more frequently in conversations about the framework and its value; (2) delegating the RTI communication task to the school's family liaison; and (3) interviewing parents about how the staff can improve this type of communication. As one RTI specialist stated, "It would be important to really check with our population at our school... maybe have an action committee that was able to say, 'this is the information that we want to know. This is the information that we really don't find that useful'." One teacher and one RTI specialist also expressed appreciation for the interview as an opportunity to reflect on the school's policy and brainstorm improvement ideas.

School D. On its website and blog, School D describes the purpose of RTI as “a multi-tiered approach to help struggling learners” and also as a framework for meeting the needs of *all* students, “from (the) most exceptional students to those who require the greatest support.” The webpage briefly refers to the following elements of RTI: benchmark assessment, progress monitoring, research-based instruction and intervention, flexible groupings, and data-based decision-making. School D also publishes a blog that describes Tier 3 as a type of instruction that “accommodates the learning needs of our students who most require additional assistance to meet grade-level requirements.” Similar to HSD and School B, the School D website invites parents to contact an RTI specialist or their child’s classroom teacher to learn more about RTI.

As in Schools A and B, School D personnel agree that teachers provide most of the information about RTI to parents. These explanations occur chiefly within APTT meetings (which approximately 40% of parents attend, according to the principal). As one teacher explained, APTT “is a really good way to communicate... what the (RTI) framework consists of.” Teachers also explain RTI at other school-wide meetings, PTCs, other private conversations with parents, and through individual classroom newsletters. One teacher provided me with copies of his weekly newsletters, which did notify parents about upcoming benchmark testing and flex grouping. Teachers reported that they explain to parents that every student receives additional reading instruction outside the regular classroom that is tailored to his or her academic needs, as determined by benchmark testing. All School D teachers also stated that they explain to parents which staff member teaches their child’s RTI group, and to which group their child belongs.

Like Schools A and B, the School D parents who were interviewed reported that they did not learn about RTI from school-based meetings or conferences. Rather, they indicated that they became informed about RTI through talking with their children and regularly visiting the school. For example, one parent described learning about RTI when her daughter expressed concern about participating in flex groups. As she explained, “When my oldest said: ‘what’s an intervention? Am I being bad?’ I was like, ‘What are you talking about?’ She’s like: ‘RTI!’ And I had never heard of that wording before.” This same parent explained that she is aware of RTI testing by visiting the school and sees “teachers walking down the halls with computers. They’ll sit outside a room and they’ll pull a kid out and they sit there and read... so I think they’re starting their new (RTI) groups.” Another parent reported learning about RTI through classroom observation: “I went and observed (in her son’s classroom) because I didn’t really know what it (RTI) was.” A third parent learned about flexible grouping by asking her daughter’s teacher, and a fourth parent asked other parents for information on RTI. One parent suggested that School D improve about RTI through online social media.

School D parents described the purpose of RTI as (1) providing students with additional daily reading instruction within small, ability-based groups; (2) supporting struggling learners who do not qualify for special education; and (3) helping students pass third grade. As one parent explained, “they (the students) all have to be reading by third grade on third grade level, so they’re trying to catch all those kids.” One parent also described flexible grouping by stating, “They move groups at semester, and some of them (students) don’t graduate out of the group that they’re in.” In terms of the content of instruction, one parent believed that her children focus on reading comprehension within

their RTI groups. Another parent expressed gratitude for the fact that her children have “additional reading time”, which is the term she used for describing RTI. Still another parent described the “enrichment” her son receives as “special projects (in which students) use their literacy skills.” In contrast to these accounts, one parent believed that all students receive the same instruction despite ability-based grouping: “It’s not really based individually on what that child needs. They’re all doing these packets and it’s all the same curriculum.”

The School D principal, RTI specialists, and teachers all stated that the school lacks a uniform policy for communicating RTI. Therefore, they report that not all parents receive a description of RTI. As one RTI specialist stated, “I’ll bet you 90% of our parents, even though they hear ‘RTI’ all the time, couldn’t tell you what the initials stand for. I don’t know that we’ve been very intentional about helping parents to understand what RTI really does, what it looks like.” Similarly, the principal explained that he is unaware of how teachers explain RTI and admits, “I’m not sure of the depth they go into.” Another teacher reported that it is “pretty much up to the teacher on how they’re going to communicate (RTI) with the parents” and explained that he is unaware of how other teachers engage in this type of communication. The principal also explained that parents know about RTI simply because the multi-tiered framework is “just part of our school culture.” One RTI specialist noted that parents learn about RTI by talking to their children and other parents, but that this second-hand information can be incomplete. As she explained, “It’s the word ‘intervention’ that throws all the parents off. They don’t think ‘intervention’ as in ‘my child’s higher’ or ‘my child’s on-level so they’re going to

intervene to keep moving them up.’ They think ‘intervention’-oh, they must be struggling’.”

However, all School D personnel did report that RTI was explained to the parents of children who were struggling academically. For example, two teachers reported describing traditional Tier 2 and 3 interventions to the parents of several students who were not meeting grade-level benchmarks, and the RTI specialists reported explaining RTI exclusively in the notifications they send to parents of children who qualify for Tier 3 interventions. As one RTI specialist explained, “My guess is only (in the case of) the students that we’re doing intensive work with do the parents get kind of pulled in and informed better about what (RTI) means.” The Tier 3 notifications are drafted by RTI specialists to students who are about to receive Tier 3 interventions and describe RTI as a “framework” that “allows for students to receive specialized instruction in reading according to their individual needs.” The notification also states, “You may hear your child talk about the ‘RTI group’ they attend Monday through Thursday.”

All School D personnel expressed a desire to improve RTI messaging and explained that they considered the interview questions an opportunity to reflect on how the school is communicating RTI to parents. One RTI specialist wondered aloud, “What could we be doing to better help parents understand what (RTI) looks like? It really is an interesting question because... should we do more? Could we do more? I really think we could.” Teachers and RTI specialists made suggestions for enhancing this communication, such as hosting an RTI-focused Open House, taking advantage of APTT meetings to explain RTI more deliberately, developing a brochure, or broadcasting an informational video on the school’s blog.

Cross-Cutting Findings for Research Question 1: Several patterns related to the first research question emerged from the review of websites and documents and interviews with school personnel and parents. First, the ADE, HSD and each of the three schools *acknowledged the need for explaining RTI to parents*, either through providing checklists for school leaders regarding this communication (ADE and HSD); by publishing explanations of the framework on their websites that target a parent audience (HSD and all three schools); and describing RTI in letters personnel send to notify parents that their child has been identified for reading intervention (HSD and all three schools). *The RTI processes appear to be consistently described or defined at the school level.* For example:(1) all school websites and RTI documents describe the same key RTI elements (progress monitoring, data-based decision-making, research-based instruction and intervention, principles guiding flexible grouping, etc.); (2) personnel at each school reported explaining the same basic RTI elements to parents; (3) personnel at each school also reported that teachers are the primary staff members who describe RTI to parents; (4) the HSD, School B and School D websites invite parents to explore internet links or contact personnel to learn more about RTI, and teachers at School A invite parents to explore related links on the ADE webpage. *Further, parents at every school reported understanding essential elements of RTI*, such as ability-based small-group reading instruction and data-based decision-making.

A second finding was the *lack of uniformity and consistency in communication strategies for all parents*. For example, Schools A and D provide an explicit written description of RTI while School B does not. While HSD and all three schools invite parents to contact personnel or explore RTI-related websites to better understand the

framework, RTI specialists at Schools A and B also explained that parents are *not* learning about RTI through these means. ***Personnel at all schools acknowledged that communication with parents about RTI chiefly occurs when a child is struggling and in need of intervention.*** In these cases, parents learn about RTI through notifications of imminent intervention services sent from RTI specialists and teachers, and also through private conversations with teachers. ***All personnel across the schools also indicated a lack of a uniform policy for informing all parents about RTI and many believe that parents do not understand the framework.*** Parents at all three schools indicated that they learned about RTI primarily through conversations with their children and through volunteering or other ad hoc communication in the schools. Parents reported receiving superficial details about RTI from their children, such as who their RTI teacher is or the fact that students are assigned to specific instructional groups. While principals at all three schools described RTI's enrichment groupings as "gifted education," none of the parents referred to enrichment in these terms, including two parents who believe their children require gifted education.

A third finding relates to the ***inconsistencies in the descriptions about the purpose and potential outcomes of RTI processes*** as provided by the schools. As an example, written documents variously described the goal of RTI as supporting all learners, struggling learners, or both. In their written notifications to the parents of students who do not respond to interventions, personnel from Schools A and D ***explain RTI in the context of preventing grade retention rather than in terms of disability identification,*** and parents at these schools also understand RTI as a measure to prevent grade retention. None of the parents involved in this study referred to special education

identification in their understanding of RTI. Describing the purpose of RTI in the context of preventing grade retention is consistent with how ADE describes its reading initiatives; namely, by focusing on grade retention rather than disability identification as a potential next step for students who do not respond to intervention. Finally, personnel in all three schools expressed *a desire to improve their communication of RTI to all parents* and made suggestions to this end.

Summary. In summary, communication to parents about RTI appears to be relatively consistent in terms of the purpose and logistics of flex group instruction. Communication is generally between teachers and parents of children who are struggling or otherwise not responding to a particular intervention. There appear to be limited and/or no communication about RTI that is provided to all parents in a school, and those parents who do receive information report that most of what they learn comes from conversations with their child. Finally, personnel from all three schools and some parents that were interviewed acknowledged the need for developing better communication strategies with *all* parents regarding the RTI framework.

Section 3: Research Question 2: How do teachers, designated RTI coordinators, and parents communicate when children show initial signs of the need for intervention?

In the following section, I will explain themes that emerged among the data I collected from state, district, and school-level documents and interviews in response to my second research question, “How do teachers, designated RTI coordinators, and parents communicate when children show initial signs of the need for intervention?”

How does the ADE recommend that teachers, designated RTI coordinators, and parents communicate when children show initial signs of the need for intervention? The ADE states that “for parents to be meaningfully involved (in their children’s education), they must have explicit knowledge and understanding of their child’s initial (achievement) level” (ADE, 2014, p. 113) and emphasizes that parents should be involved in RTI processes “beginning with the problem identification phase” (ADE, 2009, p. 17). More specifically, the ADE suggests that school personnel notify parents about the following: (1) the school’s assessment system; (2) results of student’s benchmark assessments; and (3) students’ candidacy for Tier 3 interventions (2009). It also suggests that teachers address individual students’ difficulties by sharing performance reports and assessment results during traditional October/March PTCs, or schedule additional private conferences as soon as these difficulties arise. Further, the ADE endorses the use of APTT meetings in which teachers present “family-friendly”, anonymously labeled reading, writing, and math achievement data for the entire class. The ADE also established in its State Literacy Plan that teachers should receive training to such share data with families.

Aside from RTI, ADE’s *Move on When Reading* law mandates that schools provide annual written notification to parents of kindergarten through third grade students who are performing below grade level in reading that explains that the student will not advance to fourth grade if he/she scores “falls far below” on the third grade standardized achievement test (2001).

Finally, the ADE suggests parents take an active role in this initial conversation about students’ emerging difficulties. In particular, the ADE recommends that parents

contact their child's teacher or other school staff member to ask, "How will I know that my child has a reading problem?" (ADE, 2014b, para. 7).

How does HSD recommend that teachers, designated RTI coordinators, and parents communicate when children show initial signs of the need for intervention?

HSD calls for three forms of written notification at the point when students begin to show difficulty. First, according to HSD's Continuous Improvement Plan, HSD screens all children before they enter kindergarten, and provides parents with notices of these evaluation results before the school year begins. The district-level administrator and the three kindergarten teachers involved in this study confirmed that this occurs. Second, in compliance with ADE requirements, HSD states in its *MWR* brochure that it will send annual notification to parents of students who are at risk for third grade retention.

Personnel from all three schools confirmed that parents receive this notification each spring. Finally, an internal HSD document advises all school-level personnel to send a letter notifying parents that their children have been identified for academic intervention. As mentioned in the previous section, HSD provides a template for this letter, in which it briefly explains RTI and states the following: "Based on the results of school-wide screening, your child has been identified as requiring *additional support in reading*." The district-level administrator confirms this district-wide notification, saying that relaying such screening results "is just a critical piece in the communication with the parents."

HSD also invites parents to initiate communication with the school if they suspect their child needs additional academic support. As the district states on its *MWR* webpage, "If you are concerned about your child's progress in reading, set up a conference with your child's teacher to discuss concerns and intervention options" (HSD, 2014a).

The three cases: How teachers, designated RTI coordinators, and parents at Schools A, B, and D communicate when children show initial signs of the need for intervention? In the remainder of this section, I will describe how principals, RTI specialists, teachers, and parents within Schools A, B, and D explained how they communicate when students begin to struggle academically. I also draw from school-based documents that were available online, or that personnel and parents provided during interviews.

School A. In addition to the district-issued letter, School A sends parents its own “retention” letter as described in the previous section. According to all School A personnel, the RTI specialists drafts and mails this letter to parents immediately following universal screening, and then following every benchmark assessment thereafter. The retention letter compares the child’s benchmark scores in math and reading with grade-level expectations. All teachers and one RTI specialist reported that parents usually react negatively to the letter. One RTI specialist explained how she trains teachers to field parent’s follow-up concerns, saying, “Part of the parents’ frustration is that they don’t understand, and (the teachers) don’t know how to communicate with (the parents). I tell (the teachers): ‘It has to be always back to... communicating that data piece to the parents’. I actually had to *train* the teachers.”

In addition to the “retention” letters, the RTI specialists and teachers also reported that teachers send written notice of students’ deficits in quarterly report cards. As one teacher stated, “It will be obvious from the grades that the child is struggling.” One teacher reported that she names and describes students’ reading groups (e.g., “emergent readers”, “developing readers”) in report cards and describes student’s progress in

relation to their reading groups. For example, she explained that she might write, “This grade is based on your child being in the “emergent group”, which is below grade level.” According to her, this explanation helps “parents understand that their child is doing really well, but they’re not meeting the standard yet.”

According to all School A personnel, teachers explain students’ difficulties *in person* at PTCs, which occur once teachers have issued first quarter report cards. During these conversations, teachers share graphical displays of benchmark and progress monitoring data and comparing these with the student’s previous data and grade-level expectations. All teachers also explained that they tell parents at PTCs if their child will be receiving a Tier 2 or Tier 3 intervention, though they might refer to interventions as “additional services available” or “extra support.” They all also reported using direct but reassuring language in describing students’ need for intervention. As they paraphrased their comments to parents,

- “I don’t beat around the bush. I say, ‘I am concerned, but this is what we’re going to do about it, and we’ll talk more’”;
- “We’re going to get there”/ “Hopefully someday we’ll get there”; and
- “We’ll keep working, and if it’s a problem, we’re going to take the next step.”

One teacher described her strong preference for speaking to parents *in person* regarding students’ difficulties. As she stated, “I think the message gets across better that your child is struggling and needs help- when you’re face to face.” One RTI specialist agreed with this idea, saying, “Data doesn’t mean a whole lot to some parents, and so there’s always

the phone call and the narrative kinds of communication... so that parents understand what these numbers mean.”

According to one RTI specialist and all teachers, the RTI framework facilitates communication with parents because it generates precise data at regular intervals. As one teacher explained,

I think that our ability to use data to drive our instruction and to communicate with parents... has really opened the door for including parents in being knowledgeable. And (the parents) look for those scores. It's easier to communicate what their kid needs and where their kid is going. I think the data piece is probably our strongest part of using RTI.

According to the RTI specialist and two teachers, conversations sometimes take place in the data room, especially when parents become “defensive and angry” upon learning that their child struggles academically. As the RTI specialist explained, in the data room the parents can see that their child is “in the red... at the very bottom. I'm not saying it's punitive, it's just *telling*. It's data, and it's factual, and there's no denying it. (The parents) need to see what it's all about.”

Teachers described other means of informing parents about students' need for intervention. First, teachers schedule private conferences as students' academic difficulties arise. As one teacher explained, “I will call a conference at any time if I need to.” Both RTI specialists agreed that this occurs. As one said, “Parents are called much more (than just for PTCs) if necessary.” Another explained, “If there's a concern, (the parents) are involved right away. The teacher contacts the parent whatever way they can.” One teacher and one RTI specialist report inviting parents of struggling students to

observe the classroom. As this teacher explained, “(The father) really didn’t think his child was struggling until he saw him among other peers.” The RTI specialist described such observations as “eye-opening.” One teacher reported initiating conversations about students’ difficulties at Open House, and another teacher reported sending parents emails about specific skill areas in which students need to improve. Finally, both RTI specialists and one teacher also reported that parents themselves initiate this conversation. As one teacher explained, parents sometimes approach her to say, “I have a concern about my child. What can we do?”

During interviews, School A personnel also offered evidence that the school lacks a protocol for initiating this conversation with parents. As one teacher explained, “I think that’s different for each teacher- I think it depends on the classroom the way that communication is given.” Another teacher reported giving parents immediate notice about students’ difficulties, but also expressed, “I can’t say that’s true for every teacher.” Another teacher, one RTI specialist, and the principal also contradicted the idea that teachers inform parents about students’ difficulties when they first arise or at PTCs. Instead, these personnel explain that teachers wait to contact parents until a student has failed to respond to Tier 2 interventions in the span of *two* six to eight week cycles. In this situation, the teacher invites parents to attend an Individual Data Meeting (IDM). For example, the principal reported that at IDMs, personnel explain to parents, “We have a concern about (your) child.”

Despite this apparent lack of protocol, however, all personnel believe they report students’ difficulties in a timely way. As one RTI specialist explained a typical case, “We were telling this parent over and over, our concerns about the child. They’ve had the

meeting (PTC), they've gotten the letter, they've gotten communication from the teacher." The principal agreed with this idea, saying that she believes that teachers and RTI specialists "do a really good job" of informing parents that their children are candidates for grade retention.

In contrast personnel accounts regarding timely notifications, two parents interviewed in this study explained that they approached teachers for help as soon as they realized that teachers were not communicating about their children's difficulties. One of these parents explained that she believed her son was meeting grade-level standards until third grade when he received an unexplained 73% reading grade on his report card. As this parent explained, "That's almost a D. That's horrible. So I don't think there would have been more communication if I hadn't initiated it, and at that point I was kind of freaking out." The other parent reported that she contacted her son's teacher about the poorly completed work her son began bringing home because she believed the teacher was too busy to reach her. As she explained, "I know that if I'm not going to ask, I won't get that (information). She's got *how many* other students?"

Notably, three parents whose children who do *not* struggle explained that they doubted that teachers would reach out if their children *did* have difficulty. As they stated,

- "It's almost like the parent has to be proactive. And I feel sometimes like I'm annoying to the teachers because I'm like, 'ok, how's this going?' But if I weren't there, I wouldn't know";
- "I assume he (her son) is at his reading level, but to tell you really, I'm not quite honestly sure. I guess the way that you know that ... is they send that

letter home that says ‘You can’t pass 3rd grade if you’re not at a certain reading level’”;

- “We’re not getting a whole lot of feedback from (the teachers)”;
- “I don’t think they do a lot of communicating to tell you honestly.”

In further evidence of inconsistent communication, School A personnel expressed a desire to better inform parents at the point when students begin to struggle. As one RTI specialist explained, “I don’t take it personally at all (when parents become “defensive and angry”). I just take it... that we need to do a better job of communicating with parents.” This RTI specialist suggested that teachers report benchmark scores to *all* parents, and not just to the parents of students who fall far below grade level.

Parents varied in their suggestions for reporting academic difficulties. For example, one parent believed that *parents* have the responsibility to initiate this conversation. As she explained, “It’s the parents, too that need to be engaged and need to seek the teacher out to find out how their child is doing.” Other parents reported wanting to regularly their child’s benchmark scores. One parent also wanted a more complete explanation of her son’s report card grades. Another parent suggested that the school host an additional PTC in the middle of the school year. As she explained, “I think stuff that comes up in one-on-one conversations is much more valuable that just reading the (report card).”

School B. As in School A, School B participants indicated that parents respond negatively to retention notices. For example, a School B parent who received the HSD-issued letter when her son’s fluency scores fell below grade level explained that she and

her husband, “did have a little bit of a ‘freak out’ session.” Unlike at School A, School B personnel do *not* send any additional written notification of students’ status as retention candidates. However, as described in the previous section, the School B RTI specialists send parents a letter explaining that their children have been recommended by their classroom teachers for after-school math intervention. As the letter states, “Your child was recently evaluated and test results show that he/she needs extra support in math and has been recommended by his/her teacher for the STARS Math Program.” Two teachers explained that they also call parents to explain the meaning of the letter.

In terms of notices for reading interventions, only one teacher stated that she regularly attaches such notification to individual students’ classroom newsletters. Otherwise, one RTI specialist explained that in years past School B informed parents about interventions in writing, but that personnel now prefer *in-person* communication. According to her, these conversations are data-focused and are “much richer than the paper that went home.” As she paraphrased a parent’s side in such an exchange, “I know that my child is supposed to have a 43 by the next strategic monitoring and my child’s at a 22. When is the next time you’re testing? What would be a reasonable goal?”

Evidence from internal documentation and all School B interviews indicates that in-person conversations chiefly take place at APTT meetings. As one RTI specialist explained, “All data conversations go through (APTT).” During class-wide APTTs, teachers describe norm-referenced benchmark testing, display anonymously labeled benchmark data and grade-level goals, and distribute students’ individualized data folders. All personnel explained that teachers make a special effort to clarify the meaning of data for parents using simple graphical displays. Similar to School A, School B

personnel explained that the data that RTI generates empowers teachers to communicate with parents. As one teacher explained, “(The parents) like the numbers because they can see more clearly.”

All School B personnel reported that teachers use reassuring language when describing students’ difficulties at APTTs. As one teacher explained, when parents seem surprised and disappointed with their children’s below- or far-below average scores during the first APTT, she explains, “This is just the beginning. All this means is we have some work to do.” A parent corroborated this idea, explaining that when she later approached her son’s teacher and an RTI specialist about the meaning of her son’s fluency scores, they allayed her fears. Her thought following these conversations was, “ok, I’m not worried about it.” One teacher also reported that at APTTs she also explains some of the inherent limitations of the benchmark assessments. As she stated, “I explain that it is just a 60 second screener. It takes a kid a minute to get situated or it takes them that time to figure out. As the year goes on ... they’re also going to get a lot more familiar with these tests.” Despite the fact that parents sometimes feel distressed at APTTs upon discovering their children’s difficulties, personnel also highlighted APTT’s growing popularity among teachers and parents. For example, one teacher explained “Most teachers really enjoy it. They like the ability to present once, rather than having to say the same spiel 20 times.” The principal also commented that most parents “are really satisfied with the (APTT) meetings and what they learn.”

Regarding more private PTCs, personnel in all three role groups also reported that teachers provide similar explanations of benchmark data and grade-level targets. According to the APTT model, PTCs are a supplement to class-wide meetings and also

provide a “make-up session” for those parents who cannot attend APTT (ADE, 2014a). In the case that parents cannot attend *any* school meetings, all personnel agreed that teachers conduct home visits or make other such efforts to contact parents. As one RTI specialist stated, “That’s very important at our school- that we have an extremely high turnout in that conversation. So we’ll do... whatever it takes.” According to all School B personnel, teachers also use these one-on-one conversations to describe interventions in general terms. A teacher paraphrased this explanation by saying, “I know I haven’t specifically said, ‘This is Response to Intervention.’ I’ve just said, ‘Here’s the data, here’s where your child is, here’s what we’re doing to meet their needs’.” Another teacher explained that she describes interventions in terms of “flex group” instruction. As she paraphrased her explanation for parents, “We’re going to be working on (target reading skill) in our flex group. And that 30 minutes (of flex group instruction) is exactly what they’re going to have to do in those 60 seconds (of AIMSweb testing).”

Similar to School A, School B personnel described informal training teachers receive from RTI specialists within CTs to engage parents in such sensitive conversations. As the School B principal explained, “That job-embedded professional development that teachers get once a week, their CTs, just reinforces everything that we’re doing (with RTI).” Internal documentation and teacher and principal accounts also indicate that teachers receive formal training on how to convey assessment results through APTT. However, personnel explained that neither this formal nor informal professional development relates directly to parent involvement in RTI.

Also similar to School A, School B staff in all role groups explained that parents occasionally initiate conversations regarding their child’s apparent academic difficulties,

and that personnel immediately address these concerns. For example, one teacher stated, “We take those comments and requests from parents to heart, and we find a way for our students to get that intervention.” The principal and one RTI specialist also explained that when parents approach the school with concerns, they bring these parents to the data room to help them understand how their child’s achievement compares to grade-wide achievement and grade-level benchmarks. According to the principal, when parents see that their “child is not functioning at the level he or she should be”, it can feel like a “rude awakening”. The principal reported that he responds by explaining available interventions. As he stated, “Most of the time the conversation is based around what we need to do in order to be able to help the child.”

Most school B personnel suggested that teachers immediately inform parents about students’ academic difficulties and describe the interventions students will receive. As the principal stated, “The teachers do a really good job of having these conversations.” A teacher supported this idea by explaining, “I feel like there are very few parents who are unaware of their children struggling.” However, some personnel also alluded to differences among teachers’ reporting practices. For example, one teacher explained that teachers share progress monitoring data with parents only at the point of initiating an IDM. As she explained, “The teachers look at that data I gather for (the students) ... and from there determine if a meeting (IDM) should be set up... and bring that data to the parents.” One teacher also explained that she is unaware of how other teachers provide this information. Another teacher stated that such communication practices are “really individualized... (it’s) up to the teachers.” Regarding teachers’ descriptions of interventions, one teacher stated, “I don’t know if parents are really made

aware of (interventions)” and one RTI specialist stated, “We don’t generally share on that level until we come to a problem-solving meeting (IDM) with families.”

Remarkably, School B parents cited a variety of different ways they learn about their child’s difficulties, and some of these accounts agree with those of personnel. For example, one parent reported being *invited* to a meeting to discuss the results of her son’s academic assessment. The same parent also corroborated the RTI specialist’s assertion that teachers make home visits to notify parents of their child’s academic difficulties. One of these parents corroborated aforementioned accounts that parents receive a letter regarding their child’s candidacy for the STARS math intervention. As she stated, “They sent home a letter saying that he needed just a little bit of help with his math.”

However, *none* of the parents reported learning about their child’s difficulties at APTT or PTCs. Instead, two parents reported gaining this insight through individualized *letters* they received from teachers. (By contrast, only one School B *teacher* described sending home such reports with monthly newsletters.) Another School B parent explained that she *initiated* such face-to-face conversations. She described her and her husband’s efforts to understand their son’s reading difficulties as “barreling through on our own.” As she explained, “There’s never been a time when I had to wait for a letter to know what’s going on. I would ask.” She also explained that she tracks her son’s progress toward grade-level goals by monitoring his homework.

As in School A, some teachers from School B expressed an interest in improving communication with parents at the point when students demonstrate a need for intervention. For example, one teacher explained that such communication should be more consistent. As he stated, “It might be a benefit to say (to parents), ‘Your child’s in

this intervention group, and your goal should be here.’ That’s kind of what we did with APTT, but it’s intermittent.” Another teacher stated that parents should be better informed about specific reading and math fluency benchmarks so that they can more meaningfully participate in APTTs and PTCs. As she explained, “In a dream world, I just wish all parents knew (their child’s) baseline, and what are the right questions to ask, like ‘What are your (intervention) programs?’” On the other hand, School B parents explained that they were satisfied with communication related to their child’s difficulties and suggested no changes.

School D. As in Schools A and B, School D teachers indicated that parents react negatively to retention notices. For example, one teacher stated, “It’s just so devastating. (The HSD-issued letter) makes it sound like their child... is not doing so well in the intervention.” This teacher also described how her own assessment of students’ progress usually contradicts the letter’s tone and content. As she explained, “Sometimes parents will come in and say, ‘Why did I get this letter? You said my child was doing great.’ And that’s when I have to (say), ‘Well, (your child) is in this intervention. This is what (your child) is doing, and your child *is* doing fine. The district sends out these letters, not me’.” One RTI specialist agreed that the HSD letter complicates parent-teacher communication regarding students’ intervention progress by saying, “That’s the negative part of parent communication. When parents have questions, they’re going to call the school. They’re not going to call the person who sent the letter.”

Regarding *school-level* written notification, all personnel explained that following each benchmark test, School D RTI specialists mail written notices to parents whose children will begin receiving Tier 3 interventions. The letter states, “Based on reading

scores and teacher input, we believe your child would benefit from participating in a Tier 3 reading group. Your child's reading skills will be checked weekly to measure progress. The goal is to help students reach grade-level targets."

One teacher also reported that he notifies all parents about their child's flex group level on report cards, and that he attaches graphs showing individual students' benchmark data to newsletters. On one example of a newsletter he provided during the interview, this teacher explained to parents, "This week the students got tested on their fluency. The goal is to be reading 80+ words per minute. Attached is a report of how they did. The next benchmark will be in May and they will have to be reading 92 words per minute." As he explained, "That's my commitment to parents. I say, 'I will communicate with you whenever I have data'." In terms of Tier 3 interventions in particular, he reported that he writes on report cards that, "Tier 3 is an *additional* 30 minutes. So they have the regular 90 minute block, plus everyone gets RTI. But the Tier 3 kids will even get an *additional* 30 minutes." Notably, no other School D personnel described sending such written notification on report cards or newsletters.

Like at School B, all School D personnel explained that teachers primarily provide *in-person* notifications about students' difficulties at APTTs, and that teachers offer the same information at PTCs as a follow-up to class-wide meetings. The content of these APTT meetings are similar to those at School B. Teachers present "family friendly", anonymously labeled class-wide benchmark data to all the classroom's parents as they explain benchmark testing and grade-level goals and distribute individual student data folders. As one teacher described School D's APTTs, "It's like an educational wake-up call. There's a lot of data. There's a lot of information going out."

Also similar to School B, School D personnel explained that such direct and public conversations regarding students' academic standing upset the parents of struggling learners. As one teacher explained, "It was a difficult exercise. I look at this as a shame spiral. (The parents) were freaked out. The parents were like, 'How come these kids know all this and my child doesn't?'" Another teacher agreed, stating, "(APTT) is kind of hard to do. Parents don't want to see their child down at the bottom. It's a shock." However, also similar to School B, teachers also cited several benefits of APTT, such as building a culture of meaningfully involving parents in academics. As one teacher explained, APTT discussions "get down to the nit and grit of academics." Another teacher stated, "When you get them to buy into (APTT) in kindergarten, the ramifications for fourth grade, fifth grade are huge because now the parents are prepped. They know they're going to get this graph." The principal also reported feedback from parents and teachers on their APTT experiences were "nearly universally positive."

Regarding the content of private meetings, including PTCs, teachers and RTI specialists agreed that parents learn more specific details about interventions. As one teacher explained, "At conferences, I tell every parent which group their child is in and what they're learning in that group, and what their reason is that they're in that group." However, personnel agreed that teachers do not describe traditional Tier 2 interventions as "interventions" per se. As one RTI specialist reported, "If the child is in the bottom quartile... we're not making an effort to necessarily target *those* families to say, 'Your kid is at risk, that's why they're in this group instead of that group'." One teacher concurred with this idea, saying, "We don't communicate fully with the parents by sending them something saying, 'Here's the deal' (referring to Tier 2 interventions). We

talk about how their child is doing overall.” All teachers agreed that they describe traditional Tier 2 interventions as “extra support.” Similar to School B, School D personnel described making any effort necessary to report academic difficulties to parents. Such methods include repeated phone calls, sending information with students, scheduling private meetings, and enlisting other staff such as family liaisons to help make contact. Remarkably, *unlike* at either School A or B, School D personnel did *not* report that parents initiate conversation with teachers regarding their concerns.

In terms of Tier 3 reporting, one teacher explained that, “Next January or February, with our kids who are *really* going to be in Tier 3, we will pull our parents and have a conversation.” Another teacher explained that he tells parents that their child is “going to receive an additional 30 minutes of reading instruction at the most intense (level). It’s like a last-ditch effort to say, ‘This is really serious. (The student) isn’t making progress the way we want’.” Similar to parents’ negative reactions at APTT, this teacher also commented that parents feel “pretty sad” upon receiving this news. As he explained, “It’s a hard conversation to have (with parents). Sometimes they’re in tears. I don’t want to say any of my students are not going to meet the (benchmark).”

Similar to Schools A and B, School D teachers reported *reassuring* parents during these sensitive conversations. Teachers paraphrased their encouragements in the following ways:

- “We’re going to give it all we can. Everyone’s different. Everyone learns at different rates. At least (the student) is making progress at his own pace. And *it is* progress.”

- “Like riding a bike, some (kindergartners) know their letter sounds, some don’t, and it’s not a representation of their intellect. It’s a representation of this moment. Will they be leaving kindergarten knowing all their sounds? Well, yes.”
- “It’s not going to come the next day, but we’re working on these little gaps... to help them read.”

Like at School B, one teacher also reported that she contextualizes students’ reading scores by explaining inherent flaws of benchmark testing. As she stated, “We told (parents): ‘Ladies come. They take your kids away. They test them. The kids are petrified. Don’t look at this as ‘Why does my kid not know this?’ Let me walk you off this ledge.”

As in Schools A and B, School D teachers also receive formal and informal professional development to explain students’ difficulties to parents. For example, one RTI specialist reported that when teachers schedule an IDM on behalf of a student, she always first asks them, “Have you met with the parents? Have you talked to them on the phone? Have you made some kind of contact?” Regarding formal training, all School D personnel reported that teachers receive extensive APTT training. However, this training also does *not* relate specifically to RTI.

Most School D personnel agreed that teachers inform parents about students’ difficulties long before they receive notification of their child’s Tier 3 status, an IDM invitation, or the district’s “retention letter”. As one RTI specialist explained, “*Usually* by the time we get to Tier 3, the parents already know that their students are struggling a

little bit. It's (the teacher's) responsibility to have talked to the parent about their concerns before (an IDM)." The other RTI specialist agreed with this idea by saying, "(Most of the teachers) are very good about communicating with parents when they have a student that's struggling." However, similar to Schools A and B, personnel also offered evidence that School D lacks a uniform policy for sharing this information. The other RTI specialist explained that at some IDMs, "The parent has never heard (about the child's difficulties) from the teacher. (The parents) are not quite sure what to say and they're thinking the child's been doing fine and then all of a sudden there's this group of people meeting with them." One teacher supported this account, explaining, "(The parents) usually show up (for IDM) and they have no idea what's happening." Two teachers also explained that they are unaware of how other teachers have this conversation, and that the policy depends on teacher. As one teacher explained, "It's up to the teacher to communicate (to the parents) how their kid is doing."

Regarding parents' explanations of how they learn their students are struggling, some agreed with personnel that they find out their child's benchmark scores at APTTs and PTCs. In fact, one parent corroborated teachers' accounts that parents become upset at APTT, saying, "Of course a lot of parents were sweating in there. It gives parents, honestly, a little 'freak out'." However, School D parents also described a number of other ways that they learn about their child's difficulties that personnel did *not* mention. For example, most parents explained that they depend on report cards grades and graded tests and classwork for this information. Interestingly, parents also stated that they learn their children's reading level by talking to their child. As one parent reported, "Hillside is a small community. You pretty much know where kids are academically, and based on

who (her two children) were telling us were in their RTI group, we knew they were in a lower group.”

As in Schools A and B, School D parents agreed with personnel that teachers reassure parents of struggling learners. As one parent explained, her daughter’s teacher contextualized her low fluency scores by saying, “Don’t look at her scores. She’s doing great, she’s right where she should be because she’s reading this book and she’s understanding it.” This same parent further explained, “There are certain teachers who *do* look at the whole child and all the skills. (The teacher) knows that she’s competitive and that’s why she freaks out with the (fluency) tests.”

All School D parents also explained, however, that these reassurances sometimes cause them to worry that they are not learning about their children’s difficulties in a timely way. As another parent of a struggling student commented, “I assume that everything’s going along ok, but I feel like if there were problems, I wouldn’t know about it.” Another parent reported,

I hope that if he (her son) were not where he’s supposed to be, *I hope* that somebody would find me and say something. We (keep) being told, ‘Don’t worry about it, he’s fine’. Our biggest nightmare is that we are constantly asking questions, constantly asking how we can help this child, constantly being told that it’s all going to be ok, and then we get to 7th grade and we’re told, ‘He’s going to have to repeat 7th grade.’ So we’re hoping that we’re involved enough so that he’s not going to get just pushed through.

All School D parents expressed a desire to receive more regular feedback from teachers and immediate notification of benchmark scores.

As in Schools A and B, School D personnel expressed interest in improving their communication with parents at the point at which students begin to struggle. One teacher commented that teachers would benefit from APTT training that also focused specifically on informing parents about their children's candidacy for Tier 2 and Tier 3 interventions. One RTI specialist also described her goal to inform parents about Tier 2 support in a way that would avoid pitfalls inherent in such communication. As she explained, "We don't notify parents about the Tier 2 interventions because every kid's in RTI. This is one of the ways that interventions for kids are de-stigmatized." She explained that it would be beneficial if "the parents of that bottom 25% knew that their child is in the bottom 25%", but that such notification is also "a tough call." According to her, School D had issued a letter informing parents about Tier 2 the previous year, and as a consequence many parents had believed their students were being placed in special education. As she explained,

It doesn't matter how you say it, even if you don't use the word 'special'. We had people who were suddenly really roughed up. (The parents) didn't understand that you don't just decide to put a kid in special education. They don't understand that there's a protocol that's governed by federal law. It was their perception, and they were not happy. It's hard to communicate what you want without having some unintended consequences.

One teacher confirmed this account by referring to the same event as “a disaster”. This teacher also corroborated the RTI specialist’s assertion that School D administrators are currently “looking at re-addressing how they can communicate” students’ Tier 2 candidacy. Notably, some School D parents agreed with personnel’s concerns about Tier 2 notification. As one parent explained, “The school did not tell us anything about what level (our children) were in, which is probably good. I think children get stigmatized so easily.”

Cross-Cutting Findings for Research Question 2: Several patterns related to the second research question emerged from documents and interviews with school personnel and parents. First, *personnel at all three schools agreed that parents are learning about students’ difficulties in a timely manner, and in the same couple of ways*. These notification methods all align with ADE recommendations and include, (1) written notification issued by the district regarding students’ at-risk status for grade retention (all schools); (2) written notification issued at the school level regarding students’ candidacy for intervention (all schools); (3) in-person discussions about students’ benchmark data (all schools); (4) meetings initiated by concerned parents (Schools A and B); and (5) APTTs (Schools B and D). Notably, *personnel at Schools B and D described APTT meetings almost identically. They also rated the APTT conference style favorably* and explained that APTT fosters a culture of meaningful parent involvement.

Second, *personnel at all three schools reported that teachers describe Tier 2 interventions as “extra” or “additional support”*, rather than as “interventions” per se. HSD uses the same wording (“additional support in reading”) in the template letter it

provides schools for intervention notification. Notably, RTI specialists at Schools B and D reported that their schools once informed parents about traditional Tier 2 interventions, but that these letters were discontinued due to preferences for in-person explanations (School B) or a wish to avoid stigmatization and negative reactions among parents (School D).

Next, *personnel at all three schools described similar challenges in informing parents about students' academic difficulties*. Across the schools, personnel reported parents' negative reactions to data-based explanations they receive in APTT meetings, PTCs, and written notification. Personnel and parents alike used strong language to describe these reactions, including “rude awakening”, “shame spiral”, “freak out”, and “disaster”. The fact that site-level personnel must respond to parents' concerns about the *district*-issued retention letter further complicates parent-teacher communication. *Personnel at all three schools also reported that teachers receive professional development to navigate these challenges*. This training takes the form of informal coaching from RTI specialists during CTs at all three schools. Teachers at Schools B and D receive more formal training as part of APTT. Such professional development is also aligned with the ADE's guidelines for sharing data with families, though it does not relate specifically to involving parents in RTI.

Regarding the value of the RTI data that personnel share with parents, two opposing viewpoints emerged across all three schools. *Personnel viewed benchmark results as either incomplete or highly reliable*. In terms of the data being considered incomplete, teachers at Schools B and D reported that they explain to parents that RTI assessments are flawed and do not consistently reflect students' reading skills. Parents at

Schools B and D explained that teachers explained told them not to focus on students' below grade level scores because their children were making progress, and one School D parent described how one teacher evaluated her daughter holistically by accounting for her daughter's test anxiety. By contrast, other personnel across the three sites felt empowered through RTI to generate precise data to share with parents at regular intervals. For example, one RTI specialist stated, "It's data, and it's factual, and there's no denying it". Despite these different viewpoints, personnel at all three schools reported using reassuring language when communicating assessment results.

While personnel at all schools generally agreed that teachers explain students' difficulties to parents in a timely manner, *contradictions emerged among personnel's accounts about how teachers inform parents*. For example, within each school, personnel reported that they contact parents as soon as the need arises and in whatever way they can. On the other hand, notifications delivered through Tier 3 letters, retention warnings, IDMs, and even twice yearly PTCs and APTTs likely reach parents beyond the point at which students *initially* show difficulty. Teachers at all three schools also indicated that they are unaware of how other teachers communicate this information, and that reporting policies depend on individual teachers.

At all three schools, *discrepancies also emerged between personnel's and parents' accounts about how parents are informed*. Personnel across the schools emphasized that parents primarily receive this message through written notifications, APTTs, and PTCs. By contrast, most parents explained that they learn about their child's difficulty through, (1) independently approaching teachers; (2) examining report cards, graded tests and classwork, and (3) talking to their children. Notably, most parents at

Schools A and D explained that they doubted they find out about their child's initial difficulties through teachers.

Regarding suggestions for improvement, *personnel and parents from all schools agree that parents need more information about students' performance in relation to grade-level expectations*. To this end, an RTI specialist reported that she is brainstorming ways to notify parents about Tier 2 interventions without causing undue alarm. Likewise, one teacher suggested that APTT trainings should also help teachers inform parents at the point when students become Tier 2 candidates.

Summary. In summary, personnel across all three schools reported using similar methods for informing parents about students' difficulties in a timely manner. They all explained that they describe tiered interventions as "extra" or "additional support". Personnel across the schools also revealed that sharing data with parents of struggling learners is difficult, and that teachers receive formal and informal training to prepare for such conversations. All personnel from both APTT schools (Schools B and D) described executing APTTs in the same way and approved of this new conference style for presenting data to parents. While some parents agreed that they find out through the means personnel cited, they also explained that they chiefly obtain this information independently by examining report cards and graded material, and by initiating conversations with teachers. Parents at two schools expressed doubt that they would learn from teachers if their children were struggling. Finally, data from interviews with personnel *and* parents demonstrate that schools' methods for informing parents are inconsistent, that different personnel perceive the value of benchmark data differently, and that parents require more information regarding their child's academic standing.

Section 4: Research Question 3: Throughout the intervention process, how do parents, teachers, and designated RTI coordinators engage in dialogue regarding students’ progress as well as home-based learning opportunities?

In this section, I will describe patterns that emerged among the data I collected from state, district, and school-level documents and interviews in response to my third research question, “Throughout the intervention process, how do parents, teachers, and designated RTI coordinators engage in dialogue regarding students’ progress as well as home-based learning opportunities?”

How does the ADE suggest that schools engage in dialogue with parents throughout the intervention process regarding students’ progress as well as home-based learning opportunities? In its State Literacy Plan and AZ RTI technical assistance papers, the ADE recommends that school personnel and parents communicate in the following four ways regarding RTI: (1) *teachers share information with parents*; (2) *parents share information with teachers*; (3) *parents help make instructional decisions*; and (4) *parents reinforce learning at home*. In the paragraphs that follow, I elaborate these basic recommendations.

Teachers share information with parents. The State Literacy Plan states that teachers are responsible for “keeping parents informed and involved” in students’ academic interventions (2104a, p. 91). To this end, the ADE asks school leaders to “develop and implement a communication plan to support staff” (ADE, 2009c, p. 8). Under such a plan, teachers should explain to parents “what type of instruction (the child receives) (and) the duration and intensity” (2014a, p. 91). Teachers should also

“communicate the progress monitoring information to the parent each time the data are analyzed,” (ADE, 2009b, p. 17) and explain how these results will be used to improve interventions. When students have been identified as at-risk for third grade retention, parents should receive information about their child’s current reading instruction and the interventions the child *will* receive to meet grade-level standards. The ADE also recommends that parents reach out to teachers to ask about (1) the frequency of assessments; (2) the ways in which teachers make instructional decisions, and (3) retention policies (2014b).

Parents share information with teachers. The ADE recommends that parents also have an opportunity to share their understanding of students’ progress and learning needs with teachers. As the ADE states in its AZ RTI technical assistance papers, parents’ insights are critical to forming a “comprehensive picture of the conditions impacting student learning” (ADE, 2014c, p. 3) as well as the “barriers affecting the progress of a student” (ADE, 2009b, p. 4).

Parents help make instructional decisions. Beyond information-sharing between teachers and parents, the ADE states that parents are “appropriate decision makers” in RTI and suggests that teachers foster parents’ collaboration in RTI decision-making. As the ADE states, “Parents should be involved in all the decisions regarding modifications to interventions and related changes to a student’s curriculum” (ADE, 2009b, p. 17). Parents should also help set “appropriate and ambitious learning goals” (ADE, 2014a, p. 91). Further, ARS 15-701 mandates that when kindergarten through third grade students are falling far below grade level in reading, the school district must list “the intervention and

remedial strategies offered and shall instruct the parent or guardian to choose the strategy that will be implemented for that child” (Arizona State Legislature, 2014, para. 2c).

Parents reinforce learning at home. The ADE offers several recommendations for how schools can support parents in reinforcing interventions at home. For example, in its State Literacy Plan and AZ RTI technical assistance papers, the ADE suggests that schools provide “parent training as needed” on how teachers teach targeted skills “at each tier” and strategies for reinforcing this learning at home (2014d, p. 3). ARS 15-701 also states that when kindergarten through third grade students are falling far below grade level in reading, the school district must provide parents with a list of “parental strategies to assist students in attaining reading proficiency” (Arizona State Legislature, 2014, para. 3). The ADE also recommends that parents ask teachers for resources for home-based learning activities.

Beyond the context of academic intervention, it is notable that the ADE emphasizes the importance of home-based skill reinforcement for *all* students. As the ADE explains in its State Literacy Plan, “Creating a cohesive alignment between parent involvement opportunities and student learning is a critical first step toward a new paradigm in parent involvement that broadens the parents’ ability to directly influence academic outcomes for their children” (2014a, p.113). Further, “(The parents) need to know which skills are being learned in the classroom and they need to know when these skills will be tested so they can help prepare the child to be successful each time he/she is assessed.” The ADE promotes such parent involvement by endorsing the APTT model. The ADE also recommends that teachers receive extensive professional development in conducting APTTs and in “planning and organizing for successful parent-teacher collaboration” in

general (2014a, p. 130). Throughout its literature for parents, the ADE also suggests that parents read with their children for 20 minutes every day (ADE, 2014b; ADE 2015; Read on Arizona, 2014).

How does HSD suggest that schools engage in dialogue with parents throughout the intervention process regarding students’ progress as well as home-based learning opportunities? Like the ADE, HSD emphasizes the importance of parents’ knowledge of and active participation in their children’s academic programs. As it states in its Continuous Improvement Plan, HSD strives to foster “active partnerships” and “ongoing communication” between home and school (HSD, 2010, p. 14). HSD’s recommendations for parents’ involvement in academic interventions fall into the same categories that emerged among the ADE’s recommendations: (1) *teachers share information with parents*; (2) *parents share information with teachers*; (3) *parents help make instructional decisions*; and (4) *parents reinforce learning at home*. In the paragraphs that follow, I elaborate these district-based guidelines.

Teachers share information with parents. In its Family Involvement Plan, HSD states that parents should receive information from the district and individual schools related to “state and local assessments, monitoring student progress... and how to work with educators” (HSD, 2009, para. 7). Further, in its Continuous Improvement Plan, the district pledges to increase parents’ “understanding of student academic expectations” (HSD, 2010, p. 14). As part of the RTI Framework Integrity Worksheet that HSD adopted from the National Center on Response to Intervention, the district also asks school principals to explain “How are parents of students at the secondary and tertiary level (of RTI) kept informed of the progress of their child?” (2011, p. 11). Finally, within

the district-designed IDMs, teachers share information with parents about their child's academic progress and learning needs within a collaborative problem-solving process.

Parents share information with teachers. HSD mandates that personnel invite parents to share their insights and concerns regarding their child's academic progress, chiefly at IDMs.

Parents help make instructional decisions. HSD states that parents should be meaningfully involved in "decision-making regarding the participation of their child in secondary or tertiary levels of prevention" (2011, p. 11). As an example of such participation at IDMs, the district explains that parents should help teachers (1) "develop individualized intervention plans" to address their child's academic difficulty, and (2) "assess intervention effectiveness". The district also invites parents to ask for a conference with their child's teacher "to discuss concerns and intervention options" (HSD, 2014e, para. 6).

Parents reinforce learning at home. In its technical assistance papers, HSD does not refer to parents helping their children specifically with skills they learn in tiered interventions. However, in its template letter for informing parents that children require interventions ("additional support in reading") HSD states, "Basic reading skills and reading fluency are important building blocks to becoming a proficient reader. Please continue to read with and to your child in order to reinforce these skills, and to encourage reading as a fun activity." The letter goes on to list an online reading resource and suggests that parents contact their child's teacher for more ideas on how to support reading achievement at home. The district also recommends that parents asks teachers "about free tutoring resources available at the school and the district's Family Resource Center (FRC) (HSD,

2014a, para. 4). Like the ADE, HSD also suggests that *all* parents to “read with and to your child every day” (HSD, 2014a, para. 4).

The three cases: How do teachers, designated RTI coordinators, and parents at Schools A, B, and D engage in dialogue throughout the intervention process regarding students’ progress as well as home-based learning opportunities? In the remainder of this section, I will describe how principals, RTI specialists, teachers, and parents within Schools A, B, and D explained that they engage in dialogue throughout the intervention process regarding (1) students’ progress, and (2) home-based learning opportunities. I also draw from school-based documents that were available online, or that personnel and parents provided during interviews.

School A. Following each of the school year’s three benchmark tests, School A updates parents about students’ continued academic weaknesses through follow-up letters to the original “retention letter”. This letter provides students’ benchmark scores, grade-level expectations, and criteria for grade promotion. They also explain that School A will continue to provide “Response to Intervention classes tailored to (the student’s) need”, “continued monitoring of progress”, and “regular communication with parents.” The letter invites parents to “contact your child’s teacher to schedule a conference” and to “keep in contact with us regarding your child’s progress.”

In addition to these letters, which the principal characterized as a helpful tool for communicating with parents, personnel in all role groups explained that teachers relate students’ progress through a variety of means, including formal IDM meetings and PTCs, and informal meetings, phone calls, emails, and notes that go home through students. As one RTI specialist explained teachers efforts to remain in “constant contact” with parents,

saying “The teachers take great pain to establish relationships with those parents, whatever ways teachers can get in touch with parents.” The principal supported this point by stating, “Parents are involved... from the start. It starts with that parent-teacher conference, a concern, a letter, and then bringing them in to a whole-group meeting (IDM).”

All personnel described the content of these conversations as a discussion of (1) students’ strengths and weaknesses; (2) the teacher’s particular concerns; (3) interventions that are currently in place; (4) students’ past and recent benchmark data; (5) grade-level expectations; and (6) the support that students require to meet grade-level expectations. The other RTI specialist portrayed the tone of these conversations by saying, “It’s not ‘us against the parents’. It’s, ‘We want to help your child’.” The principal affirmed this idea by explaining that “The parent leaves (these conversations) knowing that there are all these resources in place to help their student be successful. We’re not going to let a struggling student continue to struggle.” One teacher also explained that *parents* sometime initiate these conversations to find out which intervention their child is receiving and why.

Despite the similarity of these assertions regarding teachers’ outreach to parents, some personnel also explained that parents do not receive adequate updates, or that they chiefly learn about their students’ progression through different “flex groups” from the students themselves. For example, one teacher illustrated an example in which, “Mom knows he’s receiving the services, but (she) doesn’t know what the services are or what the student is actually doing.” Another teacher explained, “The child understands (their change to another flex group) and they can go home and say, ‘(My teacher) put me in this

group today, and we're reading *this*." One RTI specialist agreed, saying, "Maybe the kids tell them. It's not formal."

In contrast to personnel's explanations, none of the School A parents stated that they learn about their children's progress through teacher-initiated conversations. For example, parents explained:

- "I don't know how they feel that (my son's) reading comprehension is. I don't think they do a lot of communicating to tell you honestly";
- "I don't know... where my daughter is compared to her classmates, if she's still kind of ok, if she's doing well or if she's dropped. I have no idea";
- "I don't know what reading group (my son) is in. They don't tell you";
- "Honestly I don't even know what they do in the (flex) group. I don't even know what it's really about."

One parent even believed that in her son's case the teacher is withholding information. She explained that when she asks the teacher, "What level are they at?" the teacher's answer is: "They're in the level that's good for them." As this parent explained, "There's kind of a boundary, like (teachers) are afraid to cross that boundary to let you know too much."

Instead, all four School A parents agreed that parents must reach out to ask teachers about their children's progress in order to receive this information. As one parent explained, "I ask because I'm worried that if I didn't, I wouldn't know if my son was in a low group and if we'd need to step it up at home." The three other parents agreed, saying "You have to ask if you want to know what (a flex grouping) means"; "Other than those

meetings (PTCs), if I didn't talk to (the teacher) every day, I think it would probably be just kind of blank- there wouldn't be any communication"; and "If I didn't ask (about her children's progress), I probably wouldn't know." However, one parent did indicate that her son's teacher explains his academic progress in detail at twice yearly PTCs. As she stated, "They actually sit down one-on-one with you, they talk about your child's progress, they'll present test scores (by saying) 'Your child knew this many words, now he knows this many, he needs to know this many words by the end of the year' (and) 'He's reading at this level', or she'll show me some of his work."

Three of the School A parents also explained that they ask their own children for updates on their flex group reading progress. As one parent commented, "Everything (I know) is from the kids telling us." Another parent explained that she asks her children numerous questions to understand their flex group level. As she paraphrased this conversation, "(I will) say, 'Which teacher do you have? Do you leave your room for that?' I try to investigate." Another parent corroborated this idea by stating, "At least I know in talking to them (her own children) if they're still going to going to this teacher or that teacher, if they're still doing ok." Parents also explained that children's accounts are often lacking. As one parent commented, "(My son) doesn't talk to me about what they read, if they're reading together, (or) what books they're reading." Parents also explained that they learn about their children's progress by checking their homework, examining report cards, and talking to other parents. However, one parent described report cards as incomplete by saying, "I don't know if (the report card) shows me exactly where his reading is, like comprehension."

Aside from the information that parents *receive* about student progress, all School A personnel also explained that they solicit information from parents about their own children's progress in the context of informal conversations, PTCs, and IDMs. As one teacher explained, "I would contact a parent if I thought that if (the student) were regressing, or if it was something that (the student) seemed to get sometimes and not get other times, to ask (the parent) if they see similar patterns at home." One RTI specialist reported that, "The parent is a central figure in the IDM meeting. The meeting starts with questions for the parent, especially related to students' strengths and weaknesses." By contrast, however, none of the School A parents mentioned that they provide teachers with their own insights about their children's progress.

Beyond communication regarding students' progress, School A personnel also described how they involve parents in instructional decision-making. One RTI specialist described these meetings as "brainstorming sessions" and in which teachers and parents collaboratively "trouble-shoot". In support of this idea, one teacher reported asking parents, "What do they think *I* could do to help their student get better?" One RTI specialist explained that at IDMs and in other conversations, teachers often ask parents about "the strategies that (parents) use at home", and then incorporate these techniques during flex group interventions. However, one teacher disagreed that parents are involved in such decision-making by stating, "We *describe* (RTI) to (the parents) and we share our findings. But (parents) are not really involved in the day-to-day process of (RTI) very often. They don't help us decide where the children should go." Likewise, none of the School A parents described their involvement in instructional decision-making regarding flex group instruction. However, it is important to note that only two of these four parents

had children who struggled in reading, and none of these parents had been involved in an IDM.

Concerning home-based learning, School A personnel reported extensive efforts to involve parents in boosting their children's intervention progress. First, School A's "retention letter" states, "It is important for your child to receive the additional home and school support if your child is going to achieve grade level proficiency. Please make certain to schedule a conference to discuss ways to help your child." The follow-up letter states, "Your support at home is also very important to your child's progress." This notice goes on to list ways parents can help, including supervising homework, ensuring student attendance, "spend(ing) time listening to your student read", discussing books, and practicing sight words and math facts. The RTI specialist described these letters as "prescriptive and helpful." She and all the School A teachers explained that many parents have responded to these letters and follow-up in-person conversations by asking for strategies and related materials and by assisting with homework. The principal corroborated this account by saying, "I think parents have been really receptive to (the letters), because (they) really are about goal-setting."

Regarding RTI interventions in particular, all School A personnel reported that teachers share a variety of strategies with parents at the point when students begin to struggle or later at the IDM. All of these suggestions relate to "easy, quick" techniques rather than asking parents to teach complex concepts. For example, most teachers reported suggesting that parents review sight words and consonant-vowel-consonant (CVC) words. As one teacher explained, "If we (teachers) can give (parents) little tricks that they can do at home... the more they can support us like that, the better. We're not

asking for the big things, because that's our job as teachers." Another teacher explained, "I make lots of copies of letter cards and sight word cards and... magnetic letters. I like to send home materials because I don't like to make it hard for our families." Two teachers also described assigning homework that corresponds directly with reading fluency and comprehension assessments. As one explained,

It's a fluency page... and this gives (parents) a really good snapshot of where their kid's reading skills are. So (the students) have to read it for one minute each night, and then they have to answer comprehension questions about it- this is part of their homework. So their parent has to time them, and they count their errors, and then they find out what their total words correct was and they sign off on it.

Some teachers also explained that they refer parents to the FRC for free after-school tutoring, and that, many parents take advantage of this service.

All personnel also explained that teachers follow up with parents, either informally, or at PTCs or IDMs, to check whether parents are implementing suggested strategies at home. In these conversations, teachers also discuss changes that they have made to reading interventions. As one RTI specialist paraphrased this follow-up conversation between teachers and parents, "Teachers are going to contact parents. Parents are going to contact teachers. (The conversations consist of questions such as), 'What have you done since you got the (retention) letter? Are you working with this?' Or, 'Have we changed our instruction?'" School A personnel in all roles groups cited the benefits of home-based learning. As the principal reported, "The kids who have parental support are the ones making the gains."

However, some teachers also reported that they do not expect all parents to reinforce intervention instruction at home. For example, some believed that parents are unable to help at home owing to parents' time constraints or lack of knowledge. As one teacher explained, "If it (instruction) can't be done at home, we need to do what we can here." Another teacher agreed, stating, "I feel that intervention time is what *I'm* responsible for. I don't depend on the parent for that piece." Another teacher focused on attendance rather than home-based academic support as her chief expectation for parents' involvement in interventions. As she explained, "What I ask of parents is that... (the students) are here every day. I wish that parents understood how important it is that they're here every day, as much as possible." Another teacher agreed, saying that she tells parents, "The best thing you can do is to make sure that (students) are here every day so that they get that intense help in the classroom." As mentioned previously, School A's "retention letter" also lists consistent attendance as one of the chief ways in which parents can assist struggling students.

Finally, in terms of suggestions for home-based learning that *all* parents receive, it is notable that all School A personnel repeated a suggestion that the ADE and HSD offer in their own literature: that parents ensure that children read at least 20 minutes every night. As one RTI specialist explained, "We really, really push that: 'Read with your child for 20 minutes'." One teacher corroborated this statement by explaining, "That's what I tell my parents: 'If all you can do is read, I could care less about the rest of the homework'." Another teacher repeated the idea, saying, "My encouragement (to parents) is that (students) read for pleasure 20 minutes every day." Finally, another teacher showed me during our interview the handout that she gives all parents at the beginning of

the year that describes the long-term positive consequences of children's reading for 20 minutes every evening.

Parents mostly agreed with personnel about the suggestions they receive regarding home-based learning. For example, one parent described helping her son with timed reading fluency assignments "to increase his reading speed" and also reported learning from teachers that her children should read at least 20 minutes every night. Another parent agreed that she had heard suggestions to visit the FRC, and that teachers readily offer simple suggestions for assisting students at home. As this parent commented, "When we ask them, 'What can we do to push this a little further?', they are always willing to offer." Another parent described her collaboration with her son's teacher in reinforcing skills-based practice by stating, "If I know he's struggling on something and I hear that from the teacher, then it's also my responsibility at home to work with him, so that he's... getting the best of both worlds." However, one parent reported that she receives few suggestions from her children's current teachers, explaining, "I really can't think of a time when we've talked to the teachers and gotten suggestions."

As in the previous sections, personnel offered evidence to suggest that School A lacks a uniform policy for informing parents about their children's response to interventions, and that most communication occurs on an informal basis. For example, one teacher stated, "It's up to the teacher with regard to passing that information along to the families." While explaining the reasons that not all School A parents understand their children's intervention progress, one RTI specialist stated, "We don't have that (communication) plan in place. I don't know that we've done a great job notifying

(parents) with how kids are moving through the (RTI) system.” Another teacher agreed with this idea, saying, “We don’t have any *formal* procedures in that (informing parents about children’s progress).”

To address this perceived absence of policy, all School A personnel expressed a desire to improve communication with parents. As the RTI specialist stated, “It bears looking at. Is there more we can do as a school to give (parents) that information, and help them understand what they can be able to do?” One teacher supported this idea by saying,

I think we could communicate better with the (parents of) kids who regress. I think that you gave me a light bulb moment (in asking how parents are “kept in the loop” about children’s progress) in that we need to give more feedback for our parents for the kids that have found success and moved up a group and now they’re spot on where they should be.

One teacher commented that “parents would be a lot more supportive or understanding” if they understood their students’ work within Tier 3 interventions. Another teacher suggested that School A host after-school scholastic events to explain students’ data and progress to parents. The principal echoed this idea by explaining that she is considering adopting the APTT model at School A because “Parents don’t necessarily understand what (the data) is or what to do with it.”

Regarding sharing home-based learning opportunities, one RTI specialist explained, “That’s the next step, absolutely. We can share and teach them activities at parent night... so they can see what we’re doing in RTI, and learn strategies of how to

read. I think (parents need) clear, concise, specific direction about what they can do at home.” One teacher stated that she would appreciate professional development on how to better inform and engage parents in RTI. Another teacher stated that she would like to have an opportunity to teach parents strategies related to what children are learning in RTI and share associated materials with parent.

Likewise, School A parents also offered suggestions for how teachers could better share information and home-based teaching strategies with parents. For example, one parent stated, “It would be nice if (teachers)... made a point to say what (students) are doing in their RTI classes, and where they are compared to where they want them to be progress-wise.” Another parent agreed, stating, “(Teachers) teachers could relay more information about what goes on in the RTI groups.” Another parent reported, “We (parents) need to know- are they low readers, are they high readers? Then I can tell if (my child) needs help.” Finally, another parent explained that she would like to know which sight words her children need to learn and how to reinforce this learning at home.

School B. Concerning *written* notification of students’ progress, both School B RTI specialists and some School B teachers reported that teachers frequently send home newsletters home with benchmark results. As one teacher stated, “Letters (are) going home constantly.” The RTI specialist elaborated this point, explaining, “Through AIMSweb we do three benchmark tests, and then we do strategic monitoring for all students... every six weeks. All of that data goes home to families.” Parents also receive written notification when teachers exit students from after school math interventions, along with a follow-up phone call.

Similar to School A, School B personnel reported that teachers explain students' intervention progress to parents *in person* in numerous ways, including during formal APTTs, PTCs, and IDMs and in informal conversations. Also similar to School A, personnel in all role groups described teachers' efforts to relay this information through any means possible. As the principal explained, parents and teachers often "text one another." Further, she stated that "Many of our teachers send home daily reports with homework. For the most part, our parents know how their children are doing." A teacher agreed with this idea by stating, "We have our newsletters that go out. Conferences, personal contact, and phone calls are really important." All School B personnel explained that teachers strongly encourage parents to attend PTCs, and most teachers reported 100% turnout for these conferences.

Regarding the content of these updates, School B personnel across all role groups explained that teachers tell parents the following: (1) students' strengths and weaknesses; (2) the interventions that are currently in place within each student's flex group; (3) students' past and recent benchmark data (as documented in individual students' data folders); (4) grade-level expectations; and (5) the support the students require to meet grade-level expectations. As one RTI specialist explained the focus of these informal and formal conversations,

I think the big difference between RTI and the way we did business before is that we are now sharing with parents very specific educational progress that the child is making. (For example), 'Your child has moved from (being able to read) 30 sight words to 60 sight words in two months'. (The parents) know what the end line is. They can actually begin to gauge their child's progress themselves.

A teacher corroborated this account, saying, “I think the graphs (in the data folders) have really helped to explain the RTI data and explain how (each) child has progressed.”

Literature from the school, including the STARS notice and brochures on how parents can participate, also encourages parents to reach out to teachers with questions concerning their child’s progress. Likewise, personnel in all role groups also explained that parents are consistently invited to make such contact, and that many parents do so.

While School B personnel reported that teachers explain benchmark data during formal and informal meetings, *all* School B teachers agreed that they do *not* inform parents about students’ movement among different flex groups. As one teacher explained, “The only time parents are informed (about students’ progress) is during (twice yearly) conferences (PTCs).” Another teacher agreed, reporting, “It’s not like every time we change flex groups a note goes home to the parents.” Another teacher stated, “It’s not one of those things that I’m always talking to families about. I’ve never once had a parent ask me, ‘What is my kid’s flex group?’ They just kind of go with it.” Another teacher suggested that parents might not be aware that their students have “flat-lined” in their interventions until personnel and the parent meet for a formal IDM. Finally, two teachers also explained that parents might learn about such progress from the students. As one teacher commented, students often tell their parents, “I got a new flex teacher!”

Unlike at School A, however, School B parents did describe receiving regular, teacher-initiated updates at formal and informal meetings. As one parent explained, “(The teachers) do their best to stay on top of it all the time. (I receive) a letter from the school every other week or every month.” The same parent stated that she likes “everything” about how teachers update her and that “(the teachers) communicate very well.” Another

parent stated that she appreciated the home visit she received from her son's teacher to discuss his academic progress. As she explained, "The teacher sat with me.. and went over the progress report. She talked about (my child's) improvements, and she told me what's going to happen in the future." This same parent also reported receiving weekly written reports on her son's progress. Another parent described receiving regular progress reports, saying, "Every time (my son) was coming up for a test, she would write down what his numbers were the last time they tested him, what his numbers were when they tested that day, and what the average was. We knew the difference and we could see him improving throughout." However, one parent did report that she receives little information from her son's teacher. When I asked her how teachers informed her of her son's intervention progress, she told me, "They're not." Notably, one teacher who also has two daughters enrolled at the school agreed with this by explaining, "I constantly have to ask my kids about their flex group. I never get information home."

All School B parents also described initiating these conversations or engaging in two-way exchanges in which both parent and teacher took initiative. For example, one parent described her experience learning about her son's progress and asking the teacher follow-up questions as part of her "partnership" with the teacher. As she explained, "It was a back and forth thing." Another parent explained, "If you come into the school a lot, the teachers get more familiar with you. You're able to share information." All School B parents explained that they regularly visit their children's classrooms to ask about their intervention progress. As one parent commented, "I'm *on it* with my kids all the time."

Parents also described following their child's progress by examining the work they bring home and by asking the children themselves. As one parent explained, "I see

the stuff that comes home, (and) my daughter would tell me about it.” This parent also explained that her two children tell her every time they change flex groups and what they learn within these groups. As she went on, “I *instantly* hear about it when they come home. They’re excited.”

Similar to School A, School B personnel in all role groups reported that teachers seek parents’ insights on their own children’s progress, especially during IDMs. For example, the RTI specialists and teachers explained that they begin these meetings by asking parents to describe students’ strengths and weaknesses, as well as their home-based work habits. Internal documentation from School B describes the IDM protocol similarly. As one RTI specialist described the IDMs, “We try hard to bring (parents) in for their support and their expertise.” A teacher agreed, stating, “I’ll tell (parents), ‘You know your child the best.’ (I make) them feel like it’s really important that they are there.” By contrast, parents did not explicitly report that they share their own perceptions with teachers.

School B personnel in all role groups described their efforts to involve parents in *decision-making* during IDMs. According to School B’s IDM protocol, personnel ask parents for their input regarding the suitability of various intervention modifications. The group then draws from this perspective to collaboratively improve intervention plans, and parents are aware that they can “veto” proposals. As one teacher explained, “Parents understand that they have that final choice. And that always there are options.” One RTI specialist further explained, “We use that as an opportunity for everyone to develop a plan moving forward.” However, personnel described a range in degree of parents’ participation in these meetings, from active engagement to passive acceptance. For

example, one teacher stated, “(The parents) usually sit back and let the educators talk a lot and go over the data. (Parents say,) ‘Whatever you think. You guys are the teachers.’” Teachers also explained that parents often approve personnel’s interventions suggestions and appreciate that their child will receive extra support. Notably, none of the School B parents explained that they had help make intervention decisions, even though two of the three parents had participated in IDMs.

With regard to home-based learning, all School B personnel emphasized the components of the APTT model that encourage such parental involvement. For example, at APTTs, teachers ask parents to set goals for student achievement in the next intervention cycle based on current data and grade-level expectations. As one teacher explained, “(We ask parents), ‘What do you want (your child) to do? What are you going to do at home to make that happen?’” Parents record these goals in students’ data folders as part of a contract between parents and teachers. To support parents in helping their children reach these goals, teachers model for all parents two to three simple skill-building strategies to practice at home and provide parent with necessary materials. In sharing such strategies, one teacher reported, “I say to parents that they are the first and most important teachers for their kids, and that teachers are here to help them and help their kids.”

In describing these various activities, one teacher stated, “(We) find the things that will give you the most bang for your buck in terms of what the families can do to support the child.” Another teacher agreed, explaining that rather than focusing on teaching parents more complicated skills like Common Core math, “we wanted something (parents) could do at home that’s not complicated.” Another teacher

highlighted the importance of teaching parents *basic* strategies, describing the activities she teaches as “little things that parents can do and feel successful.” She went on, saying “When (parents) feel overwhelmed (with more complex tasks) they shut down and do nothing.” Teachers described techniques such as flashcard practice and card games for learning letter sounds, sight words, and basic math facts. However, while parents can scaffold the activities to students’ levels, the strategies do *not* necessarily address the deficits that flex group interventions target. At APTT, teachers also reiterate the importance of nightly reading, describe different ways parents can read with their children, provide reading materials, and ask parents to help their children maintain a reading log.

School B teachers and RTI specialists reported teaching similar activities, plus strategies that are directly aligned with interventions, to parents during PTCs, IDMs, and other private meetings. For example, one RTI specialist described activities she teaches parents to build phonological awareness. School B teachers also reported assigning homework that relates directly to intervention goals, such as reading comprehension questions and reading passages for practicing fluency. Some parents and teachers also explained that they exchange handwritten notes on students’ homework sheets to discuss children’s progress at home. As one teacher explained, “Communication (on) the daily homework sheet is really important because then parents know the expectations, and they’re more in tune with how to help their child.” Finally, teachers and RTI specialists also explained that they suggest parents seek free tutoring opportunities at the FRC. Finally, brochures from the school also encourage parents to ask teachers for activities they can perform at home to supplement children’s learning.

Also similar to School A, most School B teachers explained that they follow up with parents to ensure they are providing students with home-based learning opportunities. As one teacher explained, “We’re trying to be better this year about (asking parents), ‘How many minutes did you read at home (with your child)? ‘Are you as a parent participating in helping so that your child doesn’t have to be in a Tier 2 or... a Tier 3 situation?’” All School B personnel expressed the belief that parents’ home-based reinforcement of interventions boosts student achievement. As one teacher explained, “The more I teach parents these little tools, the more on board they get, and usually it really does show up with the students’ (achievement).” Another teacher agreed, saying, “Some parents are really excited about (the home-based learning strategies) and it really shows up in (students’) progress.”

In contrast to this focus on parents’ help with academics, other teachers described non-academic tasks, such as ensuring students’ attendance, as their main expectation for parents’ involvement. As one RTI specialist explained, “We say (to parents), ‘We work really hard with your child at school. Please make sure your child is here.’ But we’re not sending home (RTI) work for them to do.” A teacher agreed, saying, “We try to get (parents) to respect that flex time.” The letter that School B sends to notify parents about their child’s candidacy for after school math interventions also highlights the importance of attendance, stating, “It’s crucial for your student’s academic success that he/she uses all available resources. If the student does not take advantage of this opportunity, we will offer the space to another child.”

Other teachers provided further evidence that they do not rely on parents to reinforce academic skills at home. As one teacher explained, “As far as the flex groups, I

don't send homework or anything." Another teacher reported, "My principal said: 'You're at a Title I school. And for some families, for whatever reasons, their parent involvement may be getting that kid up and getting them to school that morning.'"

Another teacher explained that "reading homework" often "falls to the wayside. I have to remember that reality isn't always going to work out that way." One RTI specialist and the principal also stated that they expect parents to reinforce learning at home only once the parents have participated in an IDM. As the principal explained, "When we have the IDMs, parents become concerned. I think they have a tendency of getting involved at a higher level after that."

Similar to School A and the state- and district-level recommendations, however, all School B personnel reported that teachers recommend 20 minutes of nightly reading for students and distribute information on the benefits of this practice. As one teacher explained, "We've shown charts to our parents... (that show) the difference of 0 minutes of reading per night versus 10 minutes of reading a night versus 20 minutes per night." One School B teacher echoed a School A teacher's emphasis on nightly reading over homework, explaining, "I say: 'Check their homework if you can. (But) the most important thing is to *read with your kid every night.*'"

In their own accounts regarding home-based learning, none of the School B parents discussed learning strategies at APTT. However, all School B parents did corroborate reports that teachers send assignments related to students' flex group interventions. One parent described working with her daughter on flex group reading packets, and with her son on timed fluency practice. As she explained, "We would get paragraphs home, and he would have to read them in 60 seconds." However, this parent

also explained modifying the assignment due to her son's anxiety with timed tests. As she went on, "Every time he did the fluency, he'd freeze. We put the alarm on silent so he didn't know at which time he stopped. We also allowed him to read the entire paragraph to the end, so he knew how it ended." Another parent reported receiving "extra reading tools" to strengthen her daughter's reading skills. Another parent explained, "I like the weekly homework pages. I can see... if there's a new letter or number of the week that (my son) isn't understanding, and I can reinforce that at home." School B parents also reported making an effort to read with their children at least 20 minutes per night per teachers' recommendations.

Similar to School A, School B personnel also explained that their school lacks a uniform policy for informing parents about students' flex group progress and how parents can help at home. As one teacher explained, "It's really up to the teachers. I don't know how (other teachers) are communicating with the parents." To address this perceived need, all personnel discussed their ideas for improving such involvement. For example, a few teachers reported wanting to have more frequent conferences with parents. As one teacher explained, "We only have conferences in the fall and the spring. We don't meet with the parents enough to talk one-on-one." All School B teachers also believed that parents should learn more details about the content of interventions and their child's movement among flex groups. As one teacher stated, "I don't think there is much (communication), but I can see that as being something really beneficial." Another teacher commented, "Talking with you is helping me think of ways that I could communicate (students' flex group status) better." A third teacher stated, "I don't communicate with parents explicitly about where their kids are in the (RTI) process, and

I should probably do that.” Teachers also expressed a desire to align APTT activities more closely with RTI goals and send parents more individualized strategies for helping their children. Finally, the RTI specialist stated that the interview gave her the idea to informally interview parents of students who receive weekly progress monitoring to ask what type of updates they would prefer.

School B parents also offered suggestions for how teachers could better communicate about students’ RTI progress and home-based skills reinforcement. One parent stated, “I wish there were more communication.” Another parent said she wants to know her children’s flex group learning goals. As she stated, “My son and daughter are so proud when they move up a flex group. But I don’t necessarily know what (teachers) are looking for to move them up to the next flex group.” However, a third parent disagreed with these previous comments by stating, “I’m receiving all the information and everything I need. I don’t have any complaints on how (teachers) are keeping in contact with parents.”

School D. Two teachers at School D reported sending home written notification of students’ progress in flex group interventions. As mentioned in the previous section, one teacher reported that he attaches students’ benchmark and progress monitoring scores displayed in graphical form to his class newsletters. In these newsletters, the teacher also informs parents of students’ fluency goals for the next benchmark and invites parents to visit with him to discuss their child’s progress. This teacher also writes a brief note on report cards to inform parents of the content of students’ interventions, and whether students’ flex groupings have changed since the last report card. Likewise, another

teacher in the school reported that she sends a letter to parents each time students change flex groups. As she explained,

A letter will go home if the students are moving in and out of RTI groups. I try to stay on top of it because it's hard for a child to go home and say, 'I moved out of a group!', and then all of a sudden the parents are saying, 'What are (the children) talking about?' You want the parents to understand what's happening at school.

Finally, a third teacher explained that she communicates with parents about students' progress on students' daily agendas. As she reported, "If there's any kind of extra boost or successes, we communicate those with (parents)."

Regarding *in-person* conversations on student progress that teachers initiate, School D personnel focused largely on communication within formal meetings such as PTCs, APTTs, and especially IDMs. Teachers also reported using other means to update parents, including phone calls and enlisting other staff, such as family liaisons, to make these contacts. As in Schools A and B, School D personnel in all role groups also described teachers' efforts to achieve 100% parent participation in PTCs and IDMs.

Similar to Schools A and B, School D personnel in all role groups reported that conversations center on the following: (1) students' strengths and weaknesses; (2) the teacher's particular concerns; (3) interventions that are currently in place; (4) students' past and recent benchmark data; (5) grade-level expectations; and (6) the support that students require to meet grade-level expectations. As teachers and RTI specialists explained,

- “At every PTC I always have my AIMSweb scores. We show the parents- ‘This is how fast (the student) is reading, this is where they need to be, ... (and) this is what we’re working on’;” (teacher)
- (Teacher): “I would explain RTI and say, ‘Your child’s going to go to a reading group that’s formed for them based exactly on what they need in reading. Here’s some examples of what they’re doing’”; (teacher)
- “(At IDMs), I pull up all the progress monitoring graphs, the benchmark data, (and) the previous year’s data. We try to make sure that (parents) understand that, that that’s in lay terms.” (RTI specialist)

Notices from School D, including the aforementioned Tier 3 notice and documents available on the website, also invite parents to ask teachers questions about interventions and their child’s progress. Personnel in all role groups also explained that they try to help parents feel welcome to contact the school, and all teachers reported that parents reach out in this way, especially informally.

In contrast to these accounts, however, two teachers also suggested that such communication about student progress does not occur. For example, one teacher explained, “I don’t think there’s really any communication if their kid is moved up or down (flex groups).” Another teacher stated, “We do have pamphlets going home about what the (child’s) intervention is, and it says, ‘Ask your child how they’re doing in their intervention.’ (But) I don’t think parents are reading. There’s a lot of information that goes home.”

Also contrary to many personnel reports, School D parents explained teachers are *not* informing them about their children's flex group status or intervention. Instead, parents stated:

- “I haven't heard anything for this whole year. I haven't had much communication with (my son's) teachers”;
- “You never know when your kid has moved up a level or down a level or they stayed the same. There's not a lot of feedback on RTI.”
- “There are no letters from the RTI teacher or whoever is the one instructing your child, or from the RTI specialist on how they've been doing in RTI”;
- “We're not kept informed at all about (our son's) progress.

One parent even wondered whether teachers have the authority to share information about students' flex groups. As one parent stated, “I don't know if it's supposed to be anonymous. I don't know if I'm supposed to know who (my son's) RTI teacher is.”

Instead, *all* School D parents explained that they learn about this progress by talking to their children. As one parent explained, “I only find out because I ask my kids. (Questions) like, ‘What teacher are you with this time? Are you still with the same kids?’” Another parent explained that she finds out when flex groups change because her daughter tells her, “Mom, I'm going to have to do my test. I'm going to find out which RTI group I'm in.” Parents also considered that the information the children relate is incomplete. As another parent stated, “I know that (teachers) want to put a lot of responsibility on the children to communicate, but... to try to get something out of (my son) like what happened that day is pretty hard.”

School D parents listed other ways in which they learn about students' progress. Two parents explained that they check the school work that comes home. As one parent explained, "(The children) do come home with their RTI packets after they've done them. And my children have explained (the packets) to me. But if a parent is not involved and not looking through their backpacks,... there's not much information that goes home about RTI." Two parents also reported asking teachers how their children are progressing. As one of these parents commented, "When we went to the teachers and said 'You have our kids in RTI,' they said, 'Oh, yeah, let's talk about it.' And they were super open when we approached them, but nobody's ever approached us about it." Another parent explained that her daughter's teacher will provide progress updates in an informal way when this parent visits the classroom. This parent also explained that such communication "depends on the teacher." Finally, two parents also explained that they receive students' reading results twice per year at PTCs. As one parent stated, "That's the only time we get the test results." Another parent stated, "Of course there are the two PTCs, but if I were just hearing about my students twice a year, it would not be enough for me."

In terms of soliciting *parents'* insights on student progress, School D personnel in all role groups explained that this exchange predominantly takes place at IDMs. According to both RTI specialists, personnel ask parents in these meetings about students' strengths and weaknesses, their developmental and academic history, their home lives, and homework habits. As one teacher explained, "We want to figure out how the parent and child work at home together." Personnel also described a range of parents' communication styles in these meetings. For example, one teacher stated that, "(Some)

parents really contribute a lot,” but other times she anticipates that the parent “isn’t going to say much.” Apart from IDMs, one School D teacher also explains that parents offer her their insights in daily two-way conversations. As she explained, “We are in constant communication with our parents about our expectations. And *their* expectations. They communicate with us as well.” One parent agreed with this idea by stating, “We put demands on teachers. We tell them, ‘This is our expectation’.”

RTI specialists and teachers at School D also described opportunities parents have at IDMs to contribute to *decision-making*. As one RTI specialist stated, “The parent (at IDM) is very involved in everything that happens. Because at that point we’re saying, ‘Your child is seriously at risk. Something has to happen here. And we have to do this together’.” According to both RTI specialists, parents and instructional staff collaborate collaboratively “problem-solve” or “trouble-shoot” at IDMs in order to make decisions about intervention modifications. Parents also have the right to decline interventions that personnel propose. Similar to School A, one RTI specialists emphasized the non-threatening, action-oriented tone that staff attempt to set for these meetings. As she explained, “We communicate that ‘We are here for your kid.’ That we all want to be figuring out what we can do for (the student).” Additionally, one RTI specialist explained that parents often become involved in decision-making prior to the IDM. As she reported, “The classroom teacher will have already met with the parent probably before we get to the IDM stage. There’s already been some problem-solving at the classroom level.”

In contrast with these accounts, however, some teachers and one RTI specialists disagreed that parents meaningfully participate in IDM decision-making. As one teacher stated, “(We) tell them what we’re going to do to their kid, and the parents don’t always

understand it, or know how to stick up for themselves.” Another teacher commented that “(Parents) will go along with whatever plan” the IDM team proposes. An RTI specialist also commented that IDM meetings intimidate some parents. As she explained, “If (parents) had bad experiences in school, they tend to close down and don’t want to give any information.” Finally, one RTI specialist described variation in parents’ contributions, explaining, “Sometimes you get parents that are really vocal, (saying) ‘I see this at home. This is what we have tried. Have you tried this at school?’ And sometimes you get parents (who) say, ‘No, I don’t see anything.’ And then they’re done talking.” Only one School D parent had participated in a team meeting to discuss her son’s data, and her comments align with those of personnel who disagreed that parents meaningfully contribute. As this parent explained, “I have never taken an education class in my life. So we have to rely on the teachers. They’re the experts. We have to believe that (teachers) are telling us the truth.”

Similar to Schools A and B, personnel in all role groups at School D reported that parents receive ample suggestions on how they can reinforce intervention instruction at home. Like at School B, teachers communicate most of these strategies through APTTs. At these class-wide meetings, teachers help parents set goals for children progress based on benchmark data and grade-level goals. Two teachers provided examples of such goals, like “I will work with my child every night for five minutes” and “My kid (currently) reads 40 words (per minute). He should be up to 55.” Also like School B, teachers model two to three instructional strategies to help parents meet these goals and provide corresponding materials. While these strategies are not specifically aligned with specific interventions, they *can* be scaffolded to students’ particular level and are loosely related

to RTI-tested skills like fluency and comprehension. As one teacher commented, “(We) try to pick general activities that are easy to differentiate.” The principal also described these techniques as “simple activities... to help bolster student achievement.” Teachers explained that at APTT they also teach parents how to help students with RTI-related homework, including completing reading logs and timing students’ fluency. As one teacher described the homework, “It’s like a mini-intervention of what (students) get in the RTI model.”

Also like at School B, most School D personnel reported that teachers provide parents with more individualized home-based techniques at PTCs, IDMs, and through written communication and materials that they send home. For example, one teacher stated, “I can show (parents) what (students) are doing (in flex groups), and I can show them what it is their child needs.” Another teacher reminds parents in his monthly newsletters to continue using such strategies, saying, “Please continue to practice at home with reading and comprehension.” Another teacher explained, “We do send home comprehension questions that help with students’ reading.” Another teacher reported that she tells parents, “If you could do this (intervention-based) at home with (your child), you’ll see remarkable results.” One RTI specialist also commented that “Homework is huge... in helping (students) where they need help.” Teachers also reported suggesting that parents take advantage of free tutoring services at the FRC.

All School D teachers and one RTI specialist also explained that teachers follow up with parents on their progress toward APTT goals at the next PTC, and then set new goals. For example, one teacher explained that he asks parents at PTCs, “How’s it going? Did you play the (APTT) games? Are you seeing improvements at home?” Another

teacher reported that she follows up on nightly homework assignments through written communication on students' agendas. All school D teachers also agreed that home-based intervention reinforcement is critical to student success. As one teacher commented, "With help at home, you see a big increase of scores and attitude and effort." Another teacher reported that she tells parents at APTT, "We have to have our parents involved at home or we will not be successful."

However, in contrast to these reports that teachers promote home-based learning at APTTs and other meetings, one RTI specialist explained that teachers generally are *not* asking parents for this kind of support, even once school personnel have convened an IDM on students' behalf. As she stated, "We are not really asking for parent support at that level. By the time you get to this point (IDM), if the parents could have helped, it would have helped already." Instead, both RTI specialists explained that their main expectation for parent involvement in RTI is ensuring student attendance. As one RTI specialist stated, "We want (students) here and we want them on time. That's what we expect from the parents." The other RTI specialist stated, "We're not asking nor are we expecting (parents) to help at the Tier 2 or Tier 3 level other than, 'Get your kid here'." The Tier 3 notice that the RTI specialists send parents also emphasizes this expectation by stating, "It is very important for your child to be at school on time in order to benefit from this extra instruction."

Some teachers also shared that they do not always expect parents to practice intervention-based skills with their children. As one teacher explained, "(Sometimes parents) just don't have the time to do it. So I pull back, and I say, 'Listen. I'm going to try to pick it up here'." Two teachers explained that parents sometimes do not follow

through with the commitments they made at APTTs and PTCs. Despite this perception on the teachers' part that parents cannot always help at home, however, all School D teachers did mention that they constantly encourage parents to read with their children for at least 20 minutes every evening.

Parents' own accounts of home-based learning opportunities largely echo personnel's descriptions. For example, one parent reported that the activities parents learn at APTT are "general activities with some guidance for students at different levels", such as sight word and reading fluency practice. Regarding RTI homework, two parents explained they must ask their children to show them which of their assignments is related to their flex group interventions because it is difficult to make this distinction. One parent expressed her dissatisfaction with RTI assignments. As she described a typical experience helping her daughter, "In (my daughter's) first reading (of the fluency passage) she did great- no errors. But when I asked her afterwards what it was about, she didn't know. With my child (this practice) doesn't work because she just wants to see that (fluency) score go higher and higher." Like one School B parent, this parent also went on to describe how she modifies the assignment, saying,

(The teachers tell students) "If you don't know a word, skip it. Keep going."

When she does that, I'm like, "No! Read that word. Sound it out. Find out what it is." I don't know if we're supposed to do this, but we read it first, we go over the entire passage, and if there's a word she doesn't know or understand, we talk about it, and *then* I'll have her read it for a minute."

Parents also corroborated teachers' reports that they are encouraged to read with their children for 20 minutes every night. As one parent reported, her daughter's teachers told her, "You have to play your part. Your child has to read."

Similar to Schools A and B, School D personnel also offered evidence that School D lacks uniform policies for updating parents on students' progress and supporting parents in reinforcing interventions at home. For example, in describing the progress reports she regularly sends, one teacher commented, "Not all teachers send out a letter on what they've worked on so far. It's really up to the teacher... how much they're going to relate to parents." Another teacher explained that neither the district nor the school advise parents how to communicate with parents. One RTI specialist also commented, "I'm guessing that most teachers don't do that much, but I'm guessing that some of them do *some* kind of (communication)." To address this perceived lack of policy, all personnel offered suggestions for improving these aspects of parent involvement. For example, the principal described his plan to create "that sense of 'We are open and willing and eager to see you (parents) involved in the school'. It's really about a gradual process over the period of several years to change that culture." One teacher focused more specifically on parents' support with RTI interventions, saying,

I think that we could definitely improve on how to involve the parents and communicate with the parents. It would be easily done here at School D with the APTT. We have little agendas we send home every day (in which students) could write what they did in RTI. I think (parents) need to know what their kid is doing in RTI, and they need to know how to help them with that same task.

Likewise, parents also offered suggestions on how teachers could better inform them about students' progress and home-based learning opportunities. For example, two parents suggested that teachers send regular RTI progress reports and add a comprehensive explanation of students' flex group progress to report cards. As one parent stated, "In a perfect world, I would like weekly reports. (Or) if there were some kind of (RTI) report on their report cards." Notably, however, both of these parents acknowledged that such a requirement would add significantly to teachers' workload. Another parent recommended that parents use the internet to regularly update parents on students' intervention work. As this parent stated, "If there were a way to be a bit more communicative, I think that would be good."

Cross-Cutting Findings for Research Question 3: Several patterns related to the third research question emerged from documents and interviews with school personnel and parents. First, personnel at all three schools agreed that *teachers are communicating with parents about similar elements of students' intervention progress*. These elements include 1) students' strengths and weaknesses; (2) the teachers' particular concerns; (3) interventions that are currently in place; (4) students' past and recent benchmark data; (5) grade-level expectations; and (6) support that students require to meet grade-level expectations. Further, personnel across the three sites agreed that *teachers are providing this information to parents through the same means*, including discussions at formal meetings like PTCs, APTTs, and IDMs, written notifications, and more informal conversations that either teachers or parents initiate. These personnel also emphasized that *teachers make considerable effort to ensure that all parents attend PTCs* or participate in alternate conferences in order to gain this information. They also

all highlighted *teachers' efforts to welcome parents' questions about their children's work and intervention progress.*

Parents at all three schools largely agreed with personnel that *they are learning about their children's benchmark scores at twice yearly PTCs.* However, parents also explained that *teachers do not provide updates on students' flex group assignments or movement among flex groups.* Instead, parents gain more regular updates on their children's progress chiefly by approaching teachers with their questions (School A), or by asking their children (School D). In fact, at Schools A and D, some parents wondered whether teachers *purposefully withheld* information about students' groupings. Only parents at School B reported that they receive frequent updates from teachers. School B parents also reported being involved in regular, two-way communication with teachers (as opposed to passively receiving the information).

Regarding parents' participation at IDMs, personnel at all schools reported that *teachers solicit parents' insights on children's progress, and that parents contribute to decision-making to improve interventions.* For example, all personnel at all three schools explained that in these meetings, parents play a central role and that teachers ask parents about students' strengths and weaknesses, learning needs, academic and developmental history, and homework habits. Personnel at all schools also reported that they ask parents for suggestions on how to modify interventions to better suit students' needs. Personnel at all three schools described their efforts to welcome parents at these meetings and help them feel like important contributors. All of these personnel reports align with HSD guidelines for IDM implementation. However, some personnel at School A explained that *parents are not meaningfully involved in decision-making on behalf of their*

struggling students. Some Schools B and D personnel also reported that *parents' participation in IDMs ranges from active questioning to passive acceptance*. By contrast, *none of the parents explicitly described sharing such knowledge with teachers or contributing to intervention decision-making*. However, it is notable that only three parents at two different schools reported participating in IDMs.

At Schools B and D, where APTT is implemented, personnel agreed that *teachers (1) engage parents in setting goals for their students' progress and (2) teach parents simple skill-building activities to implement at home*. While these activities are loosely related to flex group instruction and can be scaffolded to children's individual reading levels, the activities do not precisely address the deficits that flex group interventions target. Personnel and teachers at all three schools also agreed that *teachers assign intervention-related homework in reading comprehension and reading fluency*. However, *parents at Schools B and D reported modifying these homework assignments* based on their children's emotional reaction to the demands of reading fluency probes. By contrast, however, RTI specialists at all three schools believed that teachers were *not* assigning homework based on RTI. All teachers at all three schools also reported *requesting that parents ensure that students are reading at least 20 minutes every night*. Parents at every school corroborated personnel's accounts regarding APTT activities, RTI homework, and the nightly reading expectation.

Overall, personnel within each of the three schools described *a range of parents' involvement in home-based learning*. For example, teachers from Schools B and D reported that some parents are positively impacting student achievement by performing the activities they learn at APTT, while other parents are not following through on these

commitments. Some teachers also acknowledged that not all parents are able to read with their children on a daily basis. However, teachers at all three schools did agree that *students make academic gains when parents reinforce intervention skills at home*. In contrast to teachers' expectations for parents' involvement in students' academic work, RTI specialists at all three schools explained that *their main expectation for parents' involvement in interventions is that parents ensure that their children consistently attend school on time*. Personnel also emphasize the importance of student attendance in the notifications they send parents' regarding students' candidacy for Tier 2 and Tier 3 interventions.

The ADE suggests that schools “develop and implement a communication plan to support staff” in communicating intervention progress and opportunities for home-based learning to parents (ADE, 2009c, p. 8). In contrast to this guideline, however, personnel at all three schools provided evidence that *schools lack uniform policies for conveying this information*. Instead, personnel across the sites reported that such policies depend on individual teachers, and some personnel indicated that they were unaware of other personnel's communication policies. Contradictions even emerged within each of the schools, especially regarding the aforementioned difference between teachers' and RTI specialists' expectations for parent involvement. *Personnel at every school also made recommendations for improving communication about students' flex group progress and ways in which parents can support this learning at home*. For example, personnel suggested that teachers more consistently perform the following: (1) inform parents about students' movement among flex groups, (2) explain the content of interventions, and (3) align APTT activities more deliberately with the content of interventions (Schools B and

D). Interestingly, at School A where APTT is *not* implemented, teachers and RTI made recommendations for improving parent involvement that echo important elements of the APTT model, such as (1) hosting after school events to explain students' data to parents; (2) offering parents clear and concise directions on how they can reinforce learning at home; and (3) providing teachers with professional development on how to share data with parents. Similarly, parents reported that *they would like regular progress reports and comprehensive descriptions of their children's flex group progress on report cards*, including information on flex group learning goals and more ideas for learning activities to perform at home.

Summary. In summary, personnel across all three schools reported that they inform parents about similar elements of students' intervention progress, and in similar ways. While School B parents agreed with personnel in this regard, parents at Schools A and D reported that they usually learn about their children's progress by approaching teachers or asking their children. Personnel at all three schools explained that they seek parents' insights on students' learning needs and provide opportunities for parents to participate in instructional decision-making. Personnel also explained that parents' contributions in this regard varied from parent to parent. By contrast, *none* of the parents described participating in their child's intervention programs through sharing knowledge or helping to improve interventions. Personnel at all three schools described numerous ways in which they guide parents in supporting intervention instruction at home, including (1) teaching parents home-based activities at APTTs; (2) assigning RTI homework; and (3) asking parents to make sure that students read for 20 minutes every night. Parents corroborated these accounts, and some parents described adaptations they

make to RTI fluency assignments. Interestingly, RTI specialists and teachers disagreed on their main expectations for parent involvement in RTI; RTI specialists focused more on the non-academic expectation of ensuring students' regular attendance, while teachers focused more on the academic expectation of skills reinforcement. Personnel at all three schools perceived that their schools lacked uniform policies for communicating with parents about RTI, and their suggestions for improvement matched parents' recommendations: that teachers more regularly inform parents about students' movement among flex groups and progress toward intervention goals.

Section 5: Research Question 4: According to research participants in all role groups, what factors either impede or facilitate parent involvement in RTI?

In this section, I will describe patterns that emerged among the data I collected from personnel and parent interviews in response to my fourth research question, "According to research participants in all role groups, what factors either impede or facilitate parent involvement in RTI?" I have organized results thematically rather than presenting them by state, district, and school as I did in the previous three sections. A category-based organization was more logical for this section because it allowed me to highlight themes that emerged across all three sites.

Table 4.4 below outlines these categories. An "X" indicates that personnel from the school provided supporting evidence; a "P" indicates that parents from the school provided supporting evidence; and an "X + P" indicates that both personnel and parents provided supported evidence.

Seven broad categories emerged among the data. The first four categories I list in the table describe factors that participants believed *facilitate* parent involvement in RTI.

These categories are:

- School-level opportunities for involvement
- Teacher characteristics
- RTI characteristics
- Parent characteristics

The final three categories include factors that participants believed *impede* parent involvement in RTI. These categories are:

- Parent characteristics
- Lack of school-based capacity
- Challenges of changing the culture of parent involvement

In the narrative that follows, I will describe each of the 20 sub-categories that emerged among these seven broader categories.

Table 4.4 Summary of Section 5 Results

	School A	School B	School D
Factors that <i>facilitate</i> involvement: School-level opportunities for involvement			
After-school family events unrelated to RTI	X	X	X
APTT		X	X+P
Volunteer opportunities	P	P	P
Factors that <i>facilitate</i> involvement: Teacher characteristics			
Teachers' accessibility	X+P	X+P	X+P
Teachers' outreach efforts	X+P	X+P	X+P
Factors that <i>facilitate</i> involvement: RTI characteristics			
Effectiveness	X	X	
IDM	X	X	X
Factors that <i>facilitate</i> involvement: Parent characteristics			
Parents' dedication to being involved	X	X	X
Factors that <i>impede</i> involvement: Parent characteristics			
Difficulty in contacting parents	X	X	X
Factors associated with families' poverty	X	X	X
Lack of knowledge or confidence	X	X	X
Past negative school experiences	X	X	X
Defensiveness	X		X
Lack of interest	X	X	X
Factors that <i>impede</i> involvement: Lack of school-based capacity			

Teachers' lack of support initiating difficult discussions	X	X	X
Demands of additional task involving parents in RTI	X+P		X+P
Language barrier		X	X
Factors that <i>impede</i> involvement: Challenges of changing the culture of parent involvement			
APTT implementation		X	X
Transitioning from non-academic to academic focus	X		X
Changing parents' attitudes about their own involvement	X	X	X

Factors that *facilitate* parent involvement in RTI. Personnel and parents at all three schools described factors that *facilitate* parent involvement in RTI. I explain these factors in the paragraphs that follow.

Factors that facilitate involvement: School-level opportunities for engagement.

Parent and personnel participants across the three sites identified three school-level opportunities for involvement that also facilitate parents' involvement in RTI. First, personnel explained that *after-school family events that are unrelated to RTI* (such as "Literacy Nights", holiday events, and plays) are important for bolstering parents' involvement in general. For example, one School A teacher explained, "Those kinds of events are really important. (We are) helping parents to feel confident in what goes on at the school and to see that we're doing everything that we can." A teacher from School B agreed, saying, "I just think that having (parents) feel welcome, that they're part of the school, is that first big step." The School B principal also attested to the value of these events, stating, "Any way, shape, or form that we can to invite our parents and our

community in our school, we do.” Finally, one School D RTI specialist highlighted the benefit of these events for RTI involvement in particular by commenting, “That’s what parents need to see- that we’re here doing fun things and we’re here to support you and your children. If we can get (parents) in to do things like that, then (RTI) comes more naturally.”

Next, personnel at Schools B and D where APTT is implemented reported that *APTTs* have empowered teachers to involve parents in RTI. Speaking about parents’ satisfaction in general, the School B principal commented, “Parents were really satisfied with the parent meetings (APTTs) and what they learned.” One RTI specialist from School D described the benefits of APTT for parent involvement, saying, “APTT is so great because it provides a structure for parents to learn, in a non-threatening way, about some specific things they can do with their kids at home.” Finally, a School D parent approved of the meeting format and described the activities that she learned at APTT as “fun.”

As mentioned in the second section of this chapter, parents at all three schools also explained that *volunteering in their children’s classrooms* help them understand RTI and become more involved in their children’s education. As one School B parent explained, School B’s policy to enlist parent volunteers “is a good idea because the parents will come in and they get more involved.”

Factors that facilitate involvement: Teacher characteristics. Personnel and parents at all three schools also identified two teacher-level factors that facilitate parent involvement. First, many participants emphasized the importance of *teachers’*

accessibility. As one School A RTI specialist commented, the school maintains “a complete open door policy” and that “(the parents) know they have every right... come into the classroom anytime and observe.” All School A parents agreed, stating, “(Parents) can go sit in the class and talk to (the teacher) about how their child is doing”; “(Teachers) are approachable”; “(Teachers) are always willing to communicate”; and “You can talk to (teachers) about concerns. They are very open.” At School B, the principal explained, “The parents are always invited to come in and talk with the teachers, (or) to call the teachers”, and the RTI specialist stated, “We work really hard to make our families feel comfortable coming in.” School B parents echoed this idea, stating, “The teachers do have an open-door policy”, and that “teachers are never dismissive.” Likewise, the School D principal explained, “We’re fortunate here at (School D) that our teachers are extraordinarily warm and inviting and willing to have parents involved even in the daily workings of their classrooms.” A School D parent agreed that teachers welcome parent involvement, stating that teachers are “super open”, and “if you want to request a conference, you can.”

Beyond mere accessibility, personnel and parents at all three schools reported that *teachers’ efforts to reach out to parents* facilitates parent involvement in RTI. As one RTI specialist at School A described this dynamic, “The teachers communicate (with parents) every day. (There are) increased emails and phone calls. The teachers are more willing to ask the parents, ‘What’s the easiest way to get a hold of you?’” A School A parent agreed that teachers proactively communicate with parents, saying, “A lot of (teachers) do send newsletters... and that’s nice. We know what’s going on in the classroom and at the school.” Likewise, the School B principal reported, “Fostering

relationships... really encourages parents to want to come in. That is our school culture.” A School B teacher agreed, saying, “I do feel like we try to communicate a lot as a school with the parents.” A School B parent corroborated these accounts by explaining, “All the teachers here are really friendly. They communicate very well. And they’re working really hard to reach out even more.” A School D teacher believed that personnel at her school also endeavor to build strong relationships with parents. As she stated, “My principal completely understands that if you get parents involved early and you create a relationship and a community with them, they’re going to work for you until the end.” Another School D teacher agreed, saying, “We try everything to get the parents to come in.” A School D parent confirmed these accounts about proactive teacher outreach, saying, “I’ve heard from other parents that teachers will reach out, either by mail or by phone call.”

Factors that facilitate involvement: RTI characteristics. Personnel at all three schools also believed that factors inherent to RTI enable teachers to involve parents. First, personnel at Schools A and B explained that RTI’s *effectiveness* allows teachers to more clearly communicate with parents. As a School A teacher explained, “I think what makes (RTI) good and what makes communication good with the parents is that (RTI) works, and that their kids are happy and their kids are learning.” Another School A teacher agreed, saying, “I think that (parents) appreciate the RTI process quite a bit because... you can sit down and convey to (parents) that this is what we’re doing because we care about the success of all of our students, and this is what we’re going to do to help your child succeed.” One School B RTI specialist focused on RTI’s capacity to generate achievement data that teachers can easily communicate to parents. As she explained, “I

think that parents are generally really impressed that we know that much about their child and every child.” The district-level administrator also commented on RTI data-generation as a facilitating factor, stating, “Because of RTI we can collect so much more information on a student. We can really give (parents) detailed ideas for how they can support at home.”

Personnel at Schools A and D also explained that *IDMs*, which are an integral part of HSD’s RTI process, enhance teachers’ and RTI specialists’ ability to communicate with parents. As one School A RTI specialist explained, “We bring a lot of data, we bring a lot of materials to the (IDM) meetings to show (students’) performance.” A School B RTI specialist elaborated this idea by stating, “We (teachers and other instructional staff) really come together well, and I think that parents see that. I think (parents) notice there are a lot of supports.” One School D RTI specialist also spoke favorably of IDMs. As she stated, “I think that the IDM process is done very well here. We have a great team, and when we come together with a parent and a classroom teacher we bring a lot of expertise and resources to bear.”

Factors that facilitate involvement: Parent characteristics. Personnel at all three schools also explained that *parents’ own dedication* to being involved in their children’s education facilitated teacher-parent communication and collaboration. As one School A teacher stated, “(Parents) are very supportive at home for the most part.” A teacher from School B agreed, stating, “Most of our parents come to conferences because they know that’s really important.” Finally, the School D principal stated, “Our parents are typically very involved”, and a School D teacher explained, “(Parents) love to be involved.”

Factors that *impede* parent involvement in RTI. Personnel and parents at all three schools also described factors that *impede* parent involvement in RTI. I explain these factors in the paragraphs that follow.

Factors that impede involvement: Parent characteristics. Just as personnel at all three schools explained that parents' *dedication* is an enabling factor, these personnel also agreed that some parent-level factors *impede* involvement. First, personnel stated that parents of students who receive interventions are sometimes *difficult to contact*. As one School A teacher explained, "Usually the (parents) that you need to talk to the most are the ones that are the hardest to get a hold of." A School B teacher repeated this idea almost verbatim, saying, "The (parents) you need to talk to the most are the hardest to talk to." Finally, a School D teacher explained that with some parents whose children receive interventions, she "keeps calling and leaving messages", and they do not respond.

Personnel at all three schools also agreed that *factors associated with families' poverty* (including student transience and parents working multiple jobs) can impede parent involvement. As one School B explained, some parents cannot attend meetings or help their children at home because, "they're on survival mode." A School A teacher agreed, commenting, "If (parents) are working two jobs or doing shift work, I understand that they can't always help (students)." Similarly, one School B RTI specialist also stated that, "A lot of (the parents) are working three jobs." A School D teacher agreed that the same dynamic exists in her school, reporting, "I have a lot of parents who work two or three jobs at minimum wage, and they are struggling. By the time they get home, they're exhausted." Finally, a School B teacher explained that high rates of student transience also complicate parent involvement. As he reported, "At one point last year we had a 55-

60% inward/outward mobility rate. It's that constant flux that makes it hard to build a rapport with families.”

Personnel at all three schools also believed that some parents *lack the necessary knowledge or confidence* to support their children. These parents themselves might need to learn basic academic skills, or they might not understand how to support their children or how to ask teachers for help. For example, one School A teacher stated, “You have parents who are not as educated as their children are, and so they are at a loss as to how to help them at home.” Likewise, the School A principal stated that “a lot of our parents... don't know how to help their kids,” and the School A RTI specialist reported that “sometimes (parents) don't have a clue how to help.” At School B, one teacher explained that “sometimes (parents) don't know how to ask” for the materials and other support they need to support their children. The School B RTI specialist agreed, saying, “parents are... not coming to school personnel to ask questions because they're not comfortable with educational information. They're not comfortable engaging with school personnel that way.” Finally, one School D RTI specialist stated, “It's often the case that students who have reading struggles have parents who feel perhaps ill-equipped to help their children.”

Similar to the idea that parents do not understand how to support their children, personnel at all three schools believed that some parents are reluctant to become involved owing to their own *past negative school experiences*. As one School A teacher stated, “I have some parents that don't like being in school. It brings back awful memories of struggling and terrible teachers. Even kindergarten work can remind you of your failures.” A School B teacher agreed, saying, “(Parents) may not have had a lot of success

(in school). Sometimes the challenge is just getting them to come in and have an open mind.” Likewise, the School B RTI specialist stated, “Some families just don’t feel comfortable in school from probably their own historical educational background.” Two School D RTI specialists offered similar opinions, saying, “(Parents) come in with all this baggage”; and “If parents didn’t do well in school, sitting down and talking to teachers and RTI specialists throws them off. It’s a little intimidating.”

Personnel at Schools A and D also cited parents’ *defensiveness* as an obstacle to fostering parent involvement. As mentioned in the third section of this chapter, the School A RTI specialist explained that sometimes parents become “defensive and angry” when they learn that their children are performing far below grade level. The other School A RTI specialist likewise explained that some parents “get defensive” when teachers explain that their children will receive intervention. Also as previously mentioned, one School D RTI specialist explained that, “some parents that feel that, no matter what you say, they feel like (interventions) are special education. And they don’t want their kids in it.”

Finally, personnel at all three schools also shared their opinion that some parents *lack interest* in their children’s education. For example, a School A teacher described “the struggle of just getting (parents) here, and *wanting* to know what’s going on.” An RTI Specialist from School A echoed this idea, saying, “Some of the parents just don’t see education as important.” The School B principal also reported that some parents “don’t care what we’re doing or how we’re doing it.” Finally, one RTI specialist at School D explained that teachers are sometimes challenged to “get parents to support education.”

*Factors that **impede involvement: Lack of school-based capacity.*** Personnel across the sites agreed that to some extent their schools lack capacity for facilitating meaningful parent involvement. First, some personnel believed that *teachers lack support initiating difficult discussions* with parents. Teachers across the three schools reporting low achievement is a challenging conversation. As a School B teacher commented, “Data’s always difficult to talk about. It’s scary (for teachers) to do that.” A School D teacher agreed, explaining that sharing data at APTT, “was a difficult exercise. It was brutal. I did have some parents who cried, and that’s hard for me.” Thus, these conversations can require special training (which teachers may not receive) and can present professional concerns for teachers. As the School A RTI specialist reported, “Sometimes the teachers just come to me flat-out and they express their frustration (because) they don’t know how to communicate with (parents). They don’t have that training.” A School D teacher explained how differences of opinion among IDM members can also impede effective communication during these difficult conversations. As she stated, “There are certain things I should and shouldn’t say to a parent. If I disagree with the RTI specialist and the psychologist, I probably would not tell the parent, because that’s unprofessional.”

Parents and personnel at all three schools also explained that involving parents in RTI presents a *considerable additional demand for teachers*. As one School A RTI specialist explained, such a task “is overwhelming (for teachers).” A School B teacher also stated, “We (teachers) all get very overwhelmed and stressed out and we don’t have enough time.” A School D teacher agreed, saying that teachers rarely “have the time to explain (RTI) to (parents).” Another School D teacher stated, “Explaining (RTI) does

take a lot of energy.” Notably, parents agreed with this idea. As one School A explained, “I think it’s unrealistic to think that (the teacher) is going to call everyone every day and let them know how their child is doing.” A School D parent concurred, explaining, “You can’t ask a teacher to make 29 (flex group) reports every single week, plus teach my child, plus grade their papers. It’s impossible.”

Finally, personnel at Schools B and D also agreed that their schools often lack resources for tackling the *language barrier* between teachers and non-native English-speaking parents. For example, one School B teacher explained, “I’m one of the few people who speak Spanish in the building, and probably about a quarter of our parents are Spanish-speaking. When Spanish isn’t spoken (by teachers)... the communication level breaks down. (Parents) aren’t getting what they need to get from the conversation.” One School B RTI specialist agreed, stating, “We always offer translators for our families. But some families, even knowing there’s a translator there, may still not feel comfortable... not communicating in their first language.” The School D principal also described his lack of capacity to overcome language barriers, explaining,

I’m not equipped, as principal, in a bilingual capacity to do things like my robo calls or my newsletters in two languages. And (School D) has an array of second-language folk. It’s not just Spanish here. We’ve got several Chinese families, Filipino families, Korean families. And it’s really great that we have such a diverse community. But it is difficult sometimes to communicate to all of those different audiences effectively and to compel them to be involved.

Factors that impede involvement: Challenges of changing the culture of parent involvement. Personnel across the sites also agreed that *changing their school's culture around parent involvement* is challenging. First, personnel at Schools B and D described obstacles involved in *APTT implementation*. In comparing the old conference style to this new one, a School B teacher explained, "Families were more comfortable with just 15 minutes, in and out and you're done. Here we're asking you to stay for at least an hour. For some families that was just too much." Another School B teacher explained that parents were "less excited" to learn about class-wide progress, norm-referenced assessments, and data analysis at APTT than they are to focus on their individual children at PTCs. As she explained, "I have to really work and try to get some parents there for (APTT)." A School D teacher also reported that informing all parents about APTT and its benefits is difficult. As she stated of APTT, "I think the parents are still wondering, 'What *is* this?'" The School D principal agreed, saying, "We did our best to inform parents (about APTT), but I think a lot of our parents still just didn't understand the opportunity they were being given to really know how their kids were doing."

Personnel at Schools A and D also described the difficulty of *transitioning from a non-academic to an academic focus for parent involvement*. According to these personnel, their schools have traditionally involved parents in non-academic tasks, such as chaperoning field trips and planning classroom parties. As one School A teacher explained, "We have a lot of parent involvement in our school as far as Cake Bingo and all the fun things that we do. Trying to get (parents) to actually be involved in academics is kind of a different thing." The School A principal agreed, stating, "(Parents) come for the cake nights, they come for the pizza nights, but when it's an academic night, it's very

hard to get them here.” One School D teacher described her school’s recent effort to change this focus. As she explained, “That has been a big push in the last couple years here (about) how to get our parents involved academically, and not just to show up for an ice cream social.” The School D principal agreed, saying, “We have a lot of parent involvement for some of the non-academic events that have taken place historically here and we’re trying to steer all of those events in a somewhat more academic direction.”

Finally, personnel at all three schools explained that *changing parents’ attitudes about their own involvement* is problematic. Most teachers agreed that many parents adopt a passive stance concerning their children’s education. As a School B teacher commented, “I think particularly in this community, so much of (parents’ perspective) is, ‘*You’re the teacher*’.” The School B principal concurred, explaining, “Some parents... look at (their child’s education) as being the sole responsibility of the school.” Likewise, one School D RTI specialist stated that “(Parents) just depend on us teachers.” One School D teacher elaborated on the difficulty of changing such a mindset, saying, “It’s hard... because a lot of parents are like, ‘I’m sending him to *you*.’ You’re changing the entire paradigm of what they think education is.” In response to this issue, personnel at every school wanted parents to assume more responsibility for supporting their children’s learning. As one School A RTI Specialist stated (as if she were speaking to the parents), “Don’t just let the teacher teach. You’ve got to be *in* there.” Interestingly, one School B teacher explained that parents’ apparent deference might be inherently difficult for teachers to understand. As she commented, “I think it’s just different where (parents) are at in their lives and the struggles they have that I don’t have. So it’s hard maybe to put myself in their shoes.”

Cross-Cutting Findings for Research Question 4: Several patterns related to the fourth research question emerged from interviews with school personnel and parents, and results were highly similar across the three sites. First, personnel highlighted *the indirect but positive impact of welcoming parents to after-school family events unrelated to RTI*. These events help parents feel more comfortable in schools and serve as a “first big step” for encouraging more focused involvement in RTI. In line with this goal, personnel also explained that they are *working to change the focus of their schools’ parent involvement culture from non-academic to academic*. They also hoped to alter some parents’ tendency to defer all educational duties to teachers by *encouraging parents to accept more responsibility for their children’s learning*. Personnel at Schools B and D viewed *APTT as a valuable method for encouraging such academic involvement*, but also acknowledged that it has been *difficult to promote this new and different conference style*.

Personnel believed that their schools make us of *highly effective tools for fostering parent involvement in interventions, including IDMs and the RTI intervention and data-generation processes*. Notably, parents and personnel alike agreed that *teachers’ characteristics, like consistent accessibility and their willingness to reach out, also promote parent involvement*. However, personnel also believed that teachers require more school-level support necessary to better involve parents’ in students’ interventions. For example, *the task of sharing below-benchmark results with parents is difficult and highly delicate*, and teachers might lack necessary related training. Teachers might also face a language barrier in communicating with parents who are non-native English speakers. At Schools A and D, personnel and parents agreed that *for teachers,*

facilitating such involvement is a demanding extra task in light of their many other responsibilities. It is especially interesting to note that, while parents expressed a desire for more regular communication about flex group progress (as noted in earlier sections of this chapter), they also approved of teachers' openness and outreach efforts and understood that teachers face considerable workloads.

Personnel also explained that parents' facilitate their own involvement in RTI because they are usually *dedicated to being involved in their children's education.* However, personnel also described a number of *parent-level factors that sometimes impede such involvement, including the difficulty of contacting parents, factors associated with families' poverty, parents' lack of knowledge or confidence, parents' negative past academic experiences, parents' defensiveness, and parents' seeming lack of interest.* Interestingly, parents' interview comments are more aligned with personnel's views that parents are highly involved and interested in their children's education; none of the parents cited parent-level factors that *impede* their involvement. This finding is likely related to characteristics of this study's parent sample. I will discuss implications for the use of such a sample in the final chapter of this paper.

Summary. In summary, personnel and parents across the three schools described a number of common factors that either facilitate or impede parent involvement in RTI. Personnel focused on "after-school family events unrelated to RTI", "APTT", "effectiveness of RTI", "IDM", and "parents' dedication" as factors that facilitate this involvement. Personnel also identified several *obstacles* to involving parents in RTI, including "difficulty contacting parents", "factors associated with poverty", "parents' lack of knowledge or confidence", "parents' past negative school experiences", "parents'

defensiveness”, “parents’ lack of interest”, “teachers’ lack of support”, “language barriers”, “APTT implementation”, “transitioning from a non-academic to academic focus”, and “changing parents’ attitudes about their own involvement.” Remarkably, personnel and parents alike agreed that “teachers’ accessibility” and “teachers’ outreach efforts” facilitate parents’ involvement. They all also agreed that the “additional demands teachers face in involving parents in RTI” impedes parent involvement. Parents also expressed the view that “volunteer opportunities” allow them to be more involved in tiered instruction.

Section 6: Other important results

In this final section, I will briefly describe other noteworthy patterns that emerged among interview data I collected from personnel at all three sites. These patterns pertain to parent involvement in RTI but do not relate directly to this study’s research questions. Two categories emerged among these data: (1) personnel lack formal professional development related specifically to parent involvement in RTI; and (2) personnel want to improve parent involvement in RTI at the school and district levels. I describe these additional results in the remainder of this section.

Personnel lack formal professional development related specifically to parent involvement in RTI. The ADE recommends that all K-5 educators receive ongoing and extensive professional development based on elements of the RTI framework, including *sharing data with parents* (ADE, 2014a). By contrast, however, none of the principals or RTI specialists reported receiving such formal professional development at the district level, and none of the teachers receive such training at the

school level. This finding is particularly interesting in light of two facts: (1) teachers at Schools A, B, and D *do* receive weekly job-embedded training within CTs related to RTI implementation; and (2) HSD states in both its public and internal documents, that “family involvement” is one of the “four essential elements” of its RTI framework (HSD, 2014a; HSD, 2014b). Moreover, as mentioned earlier in this chapter, one School A teacher expressed a desire for such professional development. As she stated, “I have been to a parent involvement training- a week-long course on how to get parents involved in your classroom. But it never talked about the RTI framework. I would definitely love to do something like that.”

However, it is notable that most personnel already receive training that is *somewhat* related to parent involvement in RTI. As mentioned in the third section of this chapter, the School A RTI specialist reported that she trains teachers to share data to parents, but only informally and on an as-needed basis. Further, all School B and D personnel indicated receiving *related* training on APTT implementation. The ADE explains that its APTT training prepares teachers to (1) organize and facilitate family information meetings and APTT meetings; (2) create a family engagement system that allows for shared responsibility and systematic parent-teacher collaboration through a focus on “family-friendly data”; (3) train parents to perform skill-reinforcing activities at home; and (4) assist families in setting goals for their students (ADE, 2014a, p. 130). Thus, the APTT training that School B and D personnel received likely relates to several aspects of parent involvement in RTI as outlined by Reschly (2007), including (1) engaging with parents in dialogue related to students’ learning needs, specific academic targets, and baseline and progress monitoring data; and (2) sharing instructional strategies

that parents can incorporate in home-based learning opportunities. However, this training does *not* necessarily cover other Reschly (2007) elements, including (1) informing parents about RTI structure and instructional principles; (2) notifying parents whose children are candidates for Tier 2 and Tier 3 interventions; and (3) collaborating with parents in order to (a) evaluate the effectiveness of interventions; and (b) make instructional decisions based on student data.

Personnel want to improve parent involvement in RTI at the school and district levels. As mentioned in the previous four sections of this chapter, personnel at all three schools expressed a desire to improve parent involvement in RTI. In particular, they wanted to (1) better inform *all* parents about RTI (Research Question 1); (2) more effectively communicate with parents at the point when students begin to struggle (Research Question 2); (3) more regularly share students' flex group progress (Research Question 3); (4) transform the focus of their school's parent involvement culture from non-academic to academic (Research Question 4); and (5) encourage parents to accept more responsibility for student learning (Research Question 4). However, three other important patterns emerged related to this desire for improvement. First, many personnel explained that they do *not* know how to involve parents in RTI and would like to understand better. Second, personnel expressed interest in learning from the results of this present research. Finally, one School D RTI specialist planned to create a district-wide policy for involving parents in RTI as a result of their participation in this present study. I explain these findings in the paragraphs that follow.

First, it is notable that principals and RTI specialists across the three sites stated that *they do not know how* to involve parents in RTI. As one School A RTI specialist

stated, “I think that’s our biggest weakness right now.” The School A principal agreed, saying, “The parent component is the part that’s probably the weakest link of RTI (at School A). It’s hard. In a Title I school, that’s the dilemma. You need (parents) to help you, and that’s the barrier you have to break.” A School D RTI specialist also explained that she *would like to better understand* how to involve parents in RTI. As she stated, “It’s possible that someone knows out there, and I would like to learn about that. I don’t know. (Parent involvement) is an ongoing challenge in a Title I school, not even counting RTI.” Likewise, the School D principal stated, “I don’t have all the answers. I’m working through it, because we know that the missing piece in student achievement is the involvement of parents outside the school in their students’ academic progress.” Finally, a School B RTI specialist posed related questions for me at the end of our interview. As she asked, “What literature (or other) resources would you recommend to me if I wanted to learn how other systems (or) districts are doing family involvement in RTI?” In response, I explained that currently a gap related to such questions exists in the literature, and that I am attempting to address that gap with the present study.

Second, several personnel explained that this study’s interview questions helped them to reflect on how to better involve parents in RTI. As one School B teacher told me, “These are good questions for me to think about.” A School B RTI specialist also stated, “having this interview kind of made me think.” Similarly, a School D RTI specialist commented,

(Parent involvement in RTI) isn’t something that rises to the top of my brain all that often. Having this conversation with you has been a good catalyst for me.

Even though we think we’re doing great stuff here, certainly if we don’t have the

parents really involved as team players with us, we're not doing all we can do. I can't give you an answer today, but I'll be thinking about it.

Personnel also hoped to learn from the results of this present study. As one School A teacher stated, "I'll be curious to see... what your results are." One School A RTI specialist also expressed interest as well as optimism about improving related practices in HSD. As she stated, "I really hope I just get feedback as far as what your findings are. Because we need to know as a district how we can also continue to move forward. We (HSD school personnel) have some real obstacles, but we're in a really good position of moving forward." Likewise, a School D RTI specialist stated, "I'll be interested to hear what you see as strengths in the parent piece. We're all kind of learning and adding on layers as we can." Finally, the School D principal explained, "I'm intrigued as to what your research will reveal, and hopefully it might be able to shine some light on things that we can do differently or better here. Because we know we're not doing this perfectly, by any stretch."

Finally, as further evidence that personnel hoped to improve parent involvement in RTI, one of the School D RTI specialists explained that my introductory email regarding the study prompted her to convene a meeting among all HSD RTI specialists with the objective to create a district-wide policy for involving parents in RTI. During the second week of December in 2014, this RTI specialists met with RTI specialists from the district's other nine elementary schools in order to share ideas on, (1) how to inform all parents in each school community about RTI; and (2) how to inform parents when their children are candidates for traditional Tier 2 and Tier 3 interventions.

During my follow-up interview with this RTI specialist, she described the discussion and outcome of the meeting. First, she explained that she discovered similar shortcomings among different schools' policies. As she stated, "We felt we didn't have that much information for the parents (concerning RTI). (All the RTI specialists) had *something* in place. But it wasn't consistent, it wasn't always used, and it wasn't district-wide." This RTI specialist also learned that in years past, many RTI specialists *had* notified parents about students' candidacy for Tier 2 or Tier 3 interventions. However, parents' reactions had been similar to those observed at School D regarding the belief that intervention candidacy was tantamount to special education. As she explained,

It was interesting to me that everyone got the same results from parents. It was just this panic. Once the parents got the letters, they felt that their child had been placed in special education, and (the parents) didn't know why. That's why several of the schools stopped the Tier 2 letters, because it was being misinterpreted by parents. The parents... were *really* upset."

This RTI specialist then explained that the other HSD RTI specialists were also interested in improving parent involvement in RTI at their schools. As she reported, "There was sort of like this head-nodding, that you could see people processing. (They were saying), 'We *could* do a better job or make a better effort to communicate with parents about what RTI is'." She went on to describe the district's need for a uniform policy, saying, "A lot of parents probably don't have a real clear understanding of what the RTI framework is about and how (the) reading groups fit into it. But they *should* know." Consequently, she asked her colleagues to share any materials that they had sent to parents related to RTI in order to review them and develop a district-wide model. This

RTI specialist explained that she plans to create “a district pamphlet that would explain to parents what they tiers are and what they mean and why they’ve been put into place.”

The RTI specialist summed up her thoughts at the end of the follow-up interview by saying, “There’s going to be a lot more brainstorming about it. It was kind of a new thought. It wasn’t something that we had discussed before. I think we’ll get better results with parents supporting if we can figure out a good way to explain (RTI).”

Summary: Other important results. In summary, personnel across all three schools explained that they lack professional development related specifically to involving parents in RTI. This finding is remarkable considering that (1) the ADE recommends that teachers receive such training; (2) teachers at the three schools involved in this study already receive weekly training in other aspects of RTI implementation; and (3) “family engagement” is one of “four essential elements” of HSD’s RTI framework. One teacher also explicitly stated that she would like to receive such training. There is also evidence that personnel already receive a form of such training: one RTI specialist explained that she trains teachers to share data with parents, but on an ad hoc basis, and teachers at Schools B and D receive APTT training that ostensibly incorporates some of Reschly’s (2007) critical elements of parent involvement in RTI. Another important result of this research is that personnel wanted to improve parent involvement in RTI at the school and district level. Several personnel explained that they do *not* know how to involve parents in RTI and would like to learn. This finding is especially striking considering the aforementioned lack of professional development to this purpose. With the aim of improving practices for involving parents in RTI across the district, one RTI

specialist involved in this study convened a meeting among all other HSD RTI specialists in order to share current practices and eventually develop a district-wide policy.

Section 7: Chapter 4 Conclusion: Comparing and Contrasting the Three Cases

In this study, I explored the following research questions: (1) In general, how is RTI explained to parents?; (2) How do teachers, RTI specialists, and parents communicate when children show initial signs of the need for intervention? (3) Throughout the intervention process, how do parents, teachers, and RTI specialists engage in dialogue regarding students' progress as well as home-based learning opportunities?; and (4) According to research participants in all role groups, what factors either impede or facilitate parent involvement in RTI? In the previous sections of this chapter, I responded to each of these research questions by analyzing relevant document and interview data within and across the three school "cases" and comparing these data with state and district policies and guidelines. In this conclusion, I now compare and contrast the findings I discovered for each of the three school "cases". I conclude by highlighting themes that emerged across all data as a whole. To provide context for all of these findings, however, I first revisit the two analytical frameworks I used in this study.

Revisiting the theoretical frameworks. Before I begin these comparisons and analyses, I revisit the two analytical frameworks I used in this study. I used two different frameworks because I had two different objectives for data analysis at two different points during this study. First, I wanted to focus on parent involvement involving *all different types of prereferral interventions* for the initial literature review because to date, scant research has focused on parent involvement in RTI *in particular* (Byrd, 2011; Turnbull et al., 2007). Later, during the present study on parent involvement in RTI in

three Title I schools in a mid-sized school district in Arizona, I drew from Reschly et al.'s (2007) definitions of parent involvement in RTI *in particular* to formulate the study's four research questions. I then used these research questions to analyze the document and interview data I collected.

For this literature review, the Functional Assessment of Academic Behavior (FAAB) framework based on Ysseldyke and Christenson's (2002) ecological systems provided a useful framework for understanding parent involvement in prereferral interventions. According to Reschly et al. (2007), the FAAB framework takes into account the influence of external, modifiable factors (such as parent involvement) rather than "within-child deficits" and is thus "particularly helpful to prereferral or intervention assistance teams" to create the most optimal conditions for supporting student success (p. viii). The FAAB framework provides a checklist of adjustable learning conditions that can contribute substantially to student learning (Ysseldyke & Christenson, 2002). These conditions fall under three categories: instructional support for learning, home support for learning, and home-school support for learning. Among these, *home-school support for learning* involves the degree of continuity across home and school and the quality of the relationship for families and school personnel working as partners to support student learning. Thus, in my literature review I drew from four of the principles included under the FAAB's *home-school support for learning* for analyzing content across 17 different studies. These principles are *consistent structure*; *cross-setting opportunities to learn*; *mutual support*; and *positive, trusting relationships*.

In order to formulate this study's research questions, I relied on Reschly et al.'s (2007) definitions *parent involvement* in RTI. In their discussion of contextual influences

and family engagement related to RTI, Reschly et al. (2007) highlighted the importance of informing parents about RTI structure and instructional principles (reflected in Research Question 1), notifying parents whose children are candidates for Tier 2 and Tier 3 interventions (reflected in Research Question 2), and engaging regularly with parents in dialogue related to students' learning needs, specific academic targets, and baseline and progress monitoring data (reflected in Research Question 3). In Research Question 3, the phrase "dialogue regarding students' progress as well as home-based learning opportunities" also reflects Reschly et al.'s assertion that teachers should also collaborate with parents in order to (1) evaluate the effectiveness of interventions; (2) make instructional decisions based on student data; and (3) share instructional strategies that parents can incorporate in home-based learning opportunities. In Research Question 4, the term *parent involvement* refers to all of the constructs I included in the preceding three research questions and have outlined in this paragraph.

Table 4.5 below illustrates connections between the two frameworks [FAAB and Reschly et al.'s (2007) definition of parent involvement in RTI], as well as how both frameworks align with this study's four research questions.

Table 4.5: FAAB, Reschly et al.'s (2007) Definition, and the Research Questions

FAAB Analytical framework component	Definition of analytical framework component	Corresponding Construct(s) from Reschly et al.'s (2007) definition of parent involvement	Research Question(s) in Which Component Is Addressed
<i>Cross-setting opportunities to learn</i>	Extent to which students have access to a variety of learning options during school hours and outside the school day (i.e., in the home and community)	Collaborating with parents to share instructional strategies that parents can incorporate in home-based learning opportunities	3, 4
<i>Consistent structure</i>	Extent to which intervention-based instruction that takes place both inside and outside the classroom is aligned	Collaborating with parents to share instructional strategies that parents can incorporate in home-based learning opportunities	3, 4
<i>Mutual support</i>	Extent to which parents and school personnel provide guidance and communicate with one another in order to facilitate student learning	Pertains to all of Reschly et al.'s (2007) constructs, since stakeholders' guidance and communication involves all aspects of parent involvement in RTI	1, 2, 3, 4
<i>Positive, Trusting Relationships</i>	Quality of the relationship among key adults who collaborate to support student learning	Pertains to all of Reschly et al.'s (2007) constructs, since stakeholders' relationships involve all aspects of parent involvement in RTI	1, 2, 3, 4

Comparing and contrasting findings for Schools A, B and D. This study employed a comparative case design (Merriam, 1998) that included document analysis and interviews with parents, teachers, RTI specialists, and principals who represent three Title I public elementary schools (Schools A, B, and D) in the Hillside School District (HSD) in a mid-sized metropolitan area in Arizona. As discussed in the first section of this chapter, Schools A, B, and D function within district and state education systems

(HSD and the ADE) that support RTI implementation and promote meaningful parent involvement. The main unit of analysis in this study was each school, and I analyzed each as a bounded case. I chose school cases as my main unit of analysis because I wanted to understand how parent involvement in RTI occurs within individual school communities as “bounded systems.” I also wanted to compare interactions across these three different “bounded systems.” In the paragraphs that follow, I summarize how the three bounded cases (Schools A, B, and D) compare and contrast with one another according to analyses for each research question. I also discuss relevant patterns that emerged that did not directly respond to any of the research questions.

Most of the themes I discovered demonstrate that *parent involvement policies and practices in RTI at Schools A, B, and D, including consistencies and inconsistencies among these policies and practices within each school, are highly similar*. However, some considerable differences also emerged among the three cases. In the paragraphs that follow I explain these similarities and differences in terms of each research question, as well as those salient patterns that do not relate to any of the research questions.

Similarities across the cases regarding Research Question 1: In general, how is RTI explained to parents? Regarding consistencies in policies related to the first research question, document and interview data indicated that personnel from all three schools acknowledged the importance of explaining the RTI framework to parents. Personnel at each school also reported that teachers are the primary staff members who describe RTI to parents. School-level documentation also describes the same basic elements of RTI that personnel reported that teachers explain to parents. Examples of

these elements include progress monitoring, data-based decision-making, research-based instruction and intervention, and principles guiding flexible grouping. Each school's website invites parents to explore links to learn more about the RTI framework as it is outlined in national-level documents. Parents at every school reported understanding the essential elements of flex grouping, such as ability-based small-group reading instruction and data-based decision-making.

Personnel and parents across the three schools also acknowledged some common inconsistencies in their schools' policies for explaining RTI to parents. For example, personnel across the schools indicated a lack of a uniform policy for informing all parents about RTI and many personnel believed that parents do not understand the framework. In fact, personnel at all schools also reported that communication with parents about RTI chiefly occurs when a child is struggling and in need of intervention. In other words, not all parents in the school community receive an explanation of the RTI framework. These personnel also expressed a desire to improve their communication of RTI to all parents. Parents at all three schools indicated that they learned about RTI primarily through conversations with their children and through volunteering or other ad hoc communication in the schools. These parents also reported that the information they receive from their children is superficial.

Across the schools I also discovered a few similar inconsistencies among the document and interview data with reference to the first research question. First, principals at all three schools described RTI's enrichment groupings as "gifted education," while none of the parents referred to enrichment in these terms, including parents who described their children as having qualified for gifted services. Second, school-level

documents were also inconsistent in their descriptions of the purpose of RTI; various documents within each school explained that RTI supports all learners, supports struggling learners, or supports both. In terms of inconsistencies between school- and national-level explanations of RTI, none of the RTI-related documents or interview participants referred to RTI as a means of identifying specific learning disabilities.

Differences across the cases regarding Research Question 1. While all School B and D personnel reported that teachers use APTT meetings to explain the RTI framework to parents, School A of course has not adopted the APTT model. ***The fact that Schools B and D have adopted the APTT model and School A has not is arguably the most important difference among the three schools' approaches to involving parents in RTI.***

This idea will emerge repeatedly in the analyses that follow. Differences for the first research question also emerged related to written descriptions of RTI that schools distribute. RTI specialists at Schools A briefly outline the RTI framework in the notifications they send parents regarding students' at-risk status for grade retention. School D RTI specialists do the same, but in their Tier 3 notification letter. School B offers no such written explanation. Finally, only one parent from School A suggested that her school better inform parents about RTI; none of the other parent participants made this suggestion.

Similarities across the cases regarding Research Question 2: How do teachers, RTI specialists, and parents communicate when children show initial signs of the need for intervention? As in the first research question, many similar consistencies emerged among the three sites. For example, personnel at all three schools agreed that parents are learning about students' difficulties in a timely manner, and in the

same couple of ways. These reported communication methods include written notification of possible grade retention, written notification of intervention eligibility, and in-person explanations that students' benchmark data do not reach grade-level expectations. These methods all also align with ADE guidelines for parent notification. Personnel at all three schools also reported that teachers describe Tier 2 interventions as "extra" or "additional support." Such a description corresponds with HSD guidelines. Personnel at all three schools described similar challenges in informing parents about students' academic difficulties. These challenges center on parents' negative reactions to data-based explanations from school personnel and also from the district-issued letter that notifies parents about possible grade retention. Despite this difficulty, personnel across the three sites felt empowered through RTI to generate precise data to share with parents at regular intervals. Personnel at all three schools also reported using reassuring language when communicating assessment results. Personnel at all three schools explained that teachers receive professional development to navigate this difficult conversation with parents, whether through informal training in the context of CTs or more formal APTT training. Such professional development corresponds with ADE guidelines for professional development related to RTI implementation, though neither these informal nor formal training opportunities relates specifically to involving parents in RTI.

Similar discrepancies in policies related to the second research question also emerged among the three schools. For example, contradictions emerged among personnel's accounts about how teachers inform parents at all three sites. Within each school, personnel reported that they contact parents as soon as the need arises and in whatever way they can. On the other hand, notifications delivered through Tier 3 letters,

retention warnings, IDMs, and even twice yearly PTCs and APTTs at each school likely reach parents beyond the point at which students *initially* show difficulty. Teachers at all three schools also indicated that they are unaware of how other teachers communicate this information, and that reporting policies depend on individual teachers. At all three schools, discrepancies also emerged between personnel's and parents' accounts about how parents are informed. These personnel emphasized that parents primarily receive this message through written notifications, APTTs, and PTCs. By contrast, most parents explained that they learn about their child's difficulty through, (1) independently approaching teachers; (2) examining report cards, graded tests and classwork, and (3) talking to their children. Personnel and parents from all schools agree that parents need more information about students' performance in relation to grade-level expectations.

Differences across the cases regarding Research Question 2. According to personnel and parents at Schools A and B, parents initiate meetings when they suspect their child is struggling academically. By contrast, School D parents did not report that they approached teachers in this manner. School B and D personnel reported that teachers inform parents of students' below grade-level achievement at APTTs. Notably, these personnel described APTT meetings almost identically and explained that they favor this class-wide, whole-group conference style in part because it fosters a culture of meaningful parent involvement. Also unlike at School A, teachers at Schools B and D reported that they explain to parents that RTI assessments are flawed and do not consistently reflect students' reading skills. Likewise, parents at Schools B and D explained that teachers told them not to focus on students' below grade level scores because their children were making progress, and one School D parent described how one

teacher evaluated her daughter holistically by accounting for her daughter's test anxiety. Notably, most parents at Schools A and D explained that they doubted they find out about their child's initial difficulties through teachers. RTI specialists at Schools B and D also reported that their schools once sent parents notification letters regarding their children's candidacy for traditional Tier 2 interventions, but that these notices were discontinued due to preferences for in-person explanations (School B) or a wish to avoid stigmatization and negative reactions among parents (School D). Overall, *parents and personnel from School B agreed that teachers and parents engage in timely, thoughtful in-person discussions (initiated by either teachers or parents) at the point when students begin experiencing difficulties. In comparison with Schools A and D, this agreement between parents and personnel was more apparent at School B, especially considering that School B parents also expressed satisfaction with this type of conversation.*

Similarities across the cases regarding Research Question 3: Throughout the intervention process, how do parents, teachers, and RTI specialists engage in dialogue regarding students' progress as well as home-based learning opportunities? Several similar consistencies in policies emerged across the sites in reference to the third research question. First, personnel at all three schools agreed that teachers are communicating with parents about similar elements of students' intervention progress. Examples of these elements include 1) students' strengths and weaknesses; (2) the teachers' particular concerns; (3) interventions that are currently in place; (4) students' past and recent benchmark data; (5) grade-level expectations; and (6) support that students require to meet grade-level expectations. Personnel across the three sites

agreed that teachers are providing this information to parents through the same means, including discussions at formal meetings like PTCs, APTTs, and IDMs, written notifications, and more informal conversations that either teachers or parents initiate. These personnel also emphasized that teachers make considerable effort to ensure that all parents attend PTCs or participate in alternate conferences in order to gain this information. Personnel also all highlighted teachers' efforts to welcome parents' questions about their children's work and intervention progress. Parents at all three schools largely agreed with personnel that they are learning about their children's benchmark scores at twice yearly PTCs. Regarding IDMs, personnel at all schools reported that teachers facilitate parents' active involvement by, (1) making parents feel welcome and important; (2) soliciting parents' insights on children's progress and learning needs, and (3) inviting parents to contribute to decision-making to improve interventions. All of these personnel reports align with HSD guidelines for IDM implementation.

Regarding similarities in suggestions for home-based learning, all teachers at all three schools also reported requesting that parents ensure that students are reading at least 20 minutes every night. Parents at every school corroborated personnel's accounts regarding APTT activities, RTI homework, and the nightly reading expectation. Personnel and teachers at all three schools also agreed that teachers assign intervention-related homework in reading comprehension and reading fluency. Teachers at all three schools agreed that students make academic gains when parents reinforce intervention skills at home.

In terms of similar policy discrepancies related to the third research question, personnel at all three schools provided evidence that schools lack uniform policies for conveying students' progress. Parents also explained that teachers do *not* provide updates on students' flex group assignments or movement among flex groups. Further, none of the parents explicitly described sharing their knowledge or contributing to intervention decision-making at IDMs. Regarding home-based learning opportunities, personnel within each of the three schools described a range of parents' involvement. Interestingly, RTI specialists at all three schools believed that teachers were *not* assigning homework based on RTI, even though this account directly opposes all parents' and teachers' accounts on intervention-based assignments. Also in contrast to teachers' expectations for parents' involvement in students' academic work, RTI specialists at all three schools explained that their main expectation for parents' involvement in interventions is that parents ensure that their children consistently attend school on time. Personnel at every school also made recommendations for improving communication about students' flex group progress and ways in which parents can support this learning at home. Likewise, parents reported that they would like regular progress reports and comprehensive descriptions of their children's flex group progress on report cards, as well as more ideas for learning activities to perform at home.

Differences across the cases regarding Research Question 3. In comparison with results for the other three research questions, more differences among the three schools emerged in analysis related to the third research question. In general, School B parents agreed with the explanations personnel offered on how they update parents on their children's progress (formal and informal conversations initiated by either teachers or

parents). School B parents and personnel also reported that these are two-way conversations, and School B parents were the only parents who reported that they receive frequent updates from teachers. In contrast, School A and D parents reported that they usually learn about their children's progress by approaching teachers with their questions (School A) or asking their children (School D). In fact, at Schools A and D, some parents wondered whether teachers *purposefully withheld* information about students' groupings. Naturally, only School B and D personnel reported using APTT to update parents on students' progress, mainly through data folders that display students' benchmark data in comparison to grade-level expectations. These personnel also agreed that at APTT, teachers engage parents in setting goals for their students' progress and teach parents simple skill-building activities to implement at home. Interestingly, at School A where APTT is *not* implemented, teachers and RTI made recommendations for improving parent involvement that echo important elements of the APTT model, such as (1) hosting after school events to explain students' data to parents; (2) offering parents clear and concise directions on how they can reinforce learning at home; and (3) providing teachers with professional development on how to share data with parents. Regarding IDMs, some School A personnel explained that parents are not meaningfully involved in decision-making on behalf of their struggling students. Alternatively, some School B and D personnel reported that parents' participation in IDMs ranges from active questioning to passive acceptance. Overall, interview accounts related to the third research question indicate that *personnel and parents at School B agreed that they regularly engage in regular, two-way conversations regarding student progress. School B parents also reported being satisfied with the quality and frequency of these conversations.* Such

agreement between parents and personnel and such expressions of satisfaction did not emerge at the other two schools.

Similarities across the cases regarding Research Question 4: According to research participants in all role groups, what factors either impede or facilitate parent involvement in RTI? As in the previous three research questions, most of the themes that arose in reference to the fourth research question applied to all three school sites. Regarding factors that *facilitate* parent involvement in RTI, it is notable that personnel *and* parents from all three schools agreed that teachers' consistent accessibility and their willingness to reach out to parents have a positive impact. Personnel at all three schools also highlighted the indirect but positive impact of welcoming parents to after-school family events unrelated to RTI. Personnel also agreed that IDMs are an effective means for fostering parent involvement in interventions. Further, personnel explained that parents' dedication to being involved in their children's education also necessarily facilitates such involvement. Interestingly, parent participants entirely agreed with the idea that they are dedicated. All the parents who participated in this study reported that they were active volunteers in their schools, and they all explained that "volunteer opportunities" allow them to be more involved in their children's academics. None of the parents cited parent-level factors that *impede* their involvement.

Regarding factors that personnel across the schools agreed were impediments to parent involvement in RTI, personnel hoped to alter some parents' tendency to defer all educational duties to teachers. Instead, they wanted to encourage parents to accept more responsibility for their children's learning. Personnel at all three schools also agreed that a number of parent-level factors that sometimes impede such involvement, including the

difficulty of contacting parents, factors associated with families' poverty, parents' lack of knowledge or confidence, parents' negative past academic experiences, and parents' seeming lack of interest. Personnel also agreed that sharing below-benchmark results with parents is difficult task for which teachers might lack necessary training. Accordingly, many personnel believed that teachers require more school-level support necessary to better involve parents' in students' interventions.

Differences across the cases regarding Research Question 4. Regarding factors that personnel believed *facilitated* parent involvement, personnel at Schools A and B agreed that the effectiveness of the RTI framework for instruction empowers teachers to communicate with parents. Personnel at Schools B and D viewed APTT as a valuable method for encouraging such academic involvement, but also acknowledged that it has been difficult to promote this new and different conference style. Regarding challenges to involving parents in RTI, only personnel at Schools A and D agreed that they were facing the challenge of changing the focus of their schools' parent involvement culture from non-academic to academic. Further, only School B and D personnel believed that teachers often face a language barrier in communicating with parents who are non-native English speakers. Finally, personnel and parents from Schools A and D agreed that for teachers, facilitating such involvement is a demanding extra task in light of their many other responsibilities. ***Overall, personnel from Schools A and D discussed more challenges related to teachers' workload and transforming parent involvement culture than did School B personnel.***

Similarities across the cases regarding other important results. Interview participants at all three schools also agreed on a few ideas related to parent involvement

in RTI that do not relate directly to this study's four pre-established research questions. For example, personnel across all three schools explained that they lack professional development related specifically to involving parents in RTI. Such a finding runs contrary to the ADE's recommendations for professional development in RTI implementation, and is noteworthy considering that "family engagement" is one of "four essential elements" of HSD's RTI framework (HSD, 2014a; HSD, 2014b). Another important result of this research is that personnel from each school explained that they do *not* know how to involve parents in RTI and would like to learn how to improve this policy at their schools. This finding is especially interesting in light of the aforementioned lack of professional development to this purpose. In this analysis of other results, noteworthy differences across the cases did not emerge.

Summary of case comparisons. In summary, analyses demonstrated that these three schools are more similar than they are different in terms of their policies and practices for involving parents in RTI. However, School B and D personnel reported that, in addition to engaging in traditional, private parent-teacher conferences and conversations with parents, they use APTT to do the following: (1) explain the RTI framework; (2) notify parents that their children struggle to meet grade-level benchmarks; (3) update parents on students' progress; and (4) share home-based learning activities with parents. Interview data also suggested that School B parents and School B personnel agreed with one another to a greater extent than did parents and personnel at the other two schools regarding their school's practices for involving parents in RTI. School B parents also reported having frequent and timely two-way conversations with

personnel, and they expressed satisfaction with most elements of their involvement in their children's flex group instruction.

Themes that emerged across all data as a whole. In this final part, I summarize the four themes that emerged across the analyses for all research questions, including analyses for data that did not pertain to one of the four pre-established research questions. These five themes are, (1) schools lack uniform policies for involving parents in RTI; (2) parents lack knowledge about RTI; (3) parents proactively seek information to understand their children's instructional program and academic progress; (4) APTT principles are similar to Reschly et al.'s definition of parent involvement in RTI; and (5) complications owing to RTI procedures arise related to reporting student achievement and implementing home-based learning opportunities.

Schools lack uniform policies for involving parents in RTI. Although "family engagement" is one of "four essential elements" of the HSD RTI framework (HSD, 2014a; HSD, 2014b), findings in this research suggest that three schools involved in this study lack uniform policies for involving parents in RTI in the following fundamental ways: (1) informing all parents about RTI (Research Question 1); (2) notifying parents when their children begin to struggle academically (Research Question 2); (3) communicating regularly with parents about students' progress (Research Question 3); and (4) sharing home-based strategies that parents can use to help address their children's skill deficits (Research Question 3). Evidence for this lack of policy include accounts from personnel at all three schools stating that teachers decide individually the extent to which they engage in each of these practices, and that personnel are unaware of other personnel's practices for involving parents in RTI. In further support of this finding about

a lack of uniform policy, parents and teachers at each school disagreed about the following: (1) how parents learn about RTI; (2) how parents learn about their children's difficulties; (3) how parents learn about their children's progress; (4) the extent to which parents share their knowledge about their children's progress; and (5) the extent to which parents engage in collaborative decision-making related to their children's interventions. Regarding home-based learning opportunities in particular, parents receive general ideas for skill-building at APTTs and in the notifications they receive when their students fall below grade level, but none of these activity suggestions align specifically with skills that teachers target in Tier 2 and 3 interventions. Further, teachers and RTI specialists within each of the three schools disagreed about the extent to which parents should be involved in reinforcing intervention-based instruction at home. Finally, one RTI specialist who participated in this study convened a meeting with all other HSD RTI specialists following our interview to discuss strategies for streamlining these policies at the district level.

Parents lack knowledge about RTI. Personnel at all schools explained that parents likely do not understand the RTI model. Parents explained that they understand the essential elements of flex grouping and data-based decision-making, but they did not describe the purpose of the overall framework, and they did not understand that flex group instruction includes gifted education. Further, the information they receive from their children about flex groups and their progress within these groups is superficial. In further evidence that parents do not understand RTI, personnel at Schools B and D explained that they once distributed letters to parents to explain students' eligibility for Tier 2 interventions, but that upon receiving these letters, parents had reacted negatively

because they had assumed that teachers were referring their children to special education services. According to one School D RTI specialist, this same reaction had occurred at the district level. Each school's website invites parents to explore links to learn more about RTI, but personnel do not believe that parents are conducting this research, and parents did not report seeking out such information. Finally, none of the parents who participated in this study alluded to the relationship between RTI and special education in their responses to my interview questions. Interestingly, neither did the personnel. Instead, all participants across the sites understand that third grade retention, and not a referral for special education evaluation, is the next step for students who fall far below grade level. This finding perhaps reflects the ADE's *Move on When Reading* policy as explained in the first section of this chapter.

Parents proactively seek information to understand their children's instructional program and academic progress. Parents across the sites reported that they would not be aware of RTI or their children's progress if they were not so actively involved as volunteers and regular visitors in the schools. It is notable that at School B, where teachers and parents largely agreed on how parents find out about their children's initial academic difficulties, and where parents expressed the most satisfaction with their communication with teachers, parents and teachers reported engaging in regular, two-way communication that *parents* often initiate.

APTT principles are similar to Reschly et al.'s definition of parent involvement in RTI. Several principles of the APTT model (implemented at Schools B and D personnel) echo components of Reschly et al.'s (2007) definition of parent involvement in RTI. At these class-wide parent meetings, teachers (1) explain each student's benchmark data in

the context of grade-level expectations; (2) ask parents to set goals for their children's learning; and (3) model skill-building activities that parents can perform at home.

Through APTT, teachers also receive professional development on how to perform all of these functions. Interestingly, School B and D teachers suggested that they could take advantage of these meetings to better involve parents in RTI, namely by explaining tiered instruction and sharing activities that specifically target intervention skills. At School A, where APTT is not implemented, many of the suggestions that personnel offered for improving parent involvement in RTI mirror APTT activities. APTT principles also correspond with the goal that personnel across schools expressed to deliberately involve parents in more academic activities and to encourage them to take more responsibility for their children's education.

Complications owing to RTI arise related to reporting student achievement and implementing home-based learning opportunities. Teachers at Schools B and D explained that they report flaws related to RTI testing to parents. Such flaws include testing procedures that do not replicate authentic reading experiences and inherent limitations of 60-second probes for representing students' overall reading skills. Parents at these two schools also reported that they modify RTI homework because their children react negatively to being timed or focus on reading for speed rather than for enjoyment or comprehension.

In the next and final chapter, I draw connections between this study's conclusions and findings from other studies that have focused on parent involvement in prereferral intervention processes. I also discuss the study's implications and limitations, as well as propose ideas for future research.

Chapter 5: Conclusions

In this comparative case study, I explored how parents are involved in RTI in three Title I elementary schools (Schools A, B, and D) in Hillside School District (HSD) in a mid-sized metropolitan area in Arizona. In the sections that follow, I outline contributions, findings, limitations, and implications for the present study. I begin by describing this study's contributions with reference to the literature review I conducted in preparation for this study. Next, I summarize the findings I reached in relation to each research question, and then I discuss these findings in terms of each bounded school case. I also discuss findings that emerged across analyses for each research question, including those additional pertinent findings that did not pertain to any one of the pre-established research questions. Next, I describe implications for this study for teachers and RTI implementation leaders at the school and district levels. Finally, I discuss the study's limitations and offer suggestions for future research. I conclude the chapter with my final reflections.

Contributions

The present study contributes to the existing body of research on parent involvement in prereferral interventions. Existing research demonstrates the following in terms of the impact of parent involvement in various types of prereferral processes:

- High rates of satisfaction among teachers and parents with prereferral interventions (Hardin et al., 2009; Heller & Fantuzzo, 1993; McClain et al., 2012; McNamara et al., 1999; Pearce, 2009; Sheridan, Clarke, et al., 2006);

- Belief among parents and teachers that interventions achieve the goals they collaboratively created (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; McNamara et al., 1999; Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004);
- A moderate to high degree of fidelity for parents' home-based strategy implementation (Chen & Gregory, 2011; Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Hardin et al., 2009; Heller & Fantuzzo, 1993; McClain et al., 2012; McNamara et al., 1999; Pearce, 2009; Sheridan et al., 2002; Sheridan et al., 2004; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; White et al., 2012);
- Perception among parents that they are included and respected (McNamara, 1999);
- Positive impact on student achievement (Garbacz et al., 2008; Hardin et al., 2009; Heller & Fantuzzo, 1993; McNamara, et al., 1999; Pearce, 2009; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004);
- Decreased likelihood of faulty special education referrals (Chen & Gregory, 2011; Hardin et al., 2009; Pearce, 2009);
- Prereferral interventions that better suited students' learning needs (Chen & Gregory, 2011; McNamara et al., 1999);

- Meaningful and positive two-way communication and collaborative decision-making between teachers and parents during the RTI process (McClain et al., 2012, Pearce, 2009; White et al., 2012);
- Negative home-school interactions, especially when parents are non-native English speakers (Hardin et al., 2009; Klingner & Harry, 2006; Schoorman et al., 2011);

However, this body of studies largely overlooks the content and intensity of parent involvement during these collaborative processes. Only two of the 17 studies I reviewed focused on Title I schools, and neither of those studies involved RTI, a type of prereferral process that has grown in prominence since its IDEA endorsement in 2004 (Hoover et al., 2008). In fact, only four of the 17 studies focused on RTI. In terms of methodology, the two of the three studies that demonstrated negative home-school interactions also depicted school personnel in a highly negative light, and did not offer disconfirming evidence despite the extreme nature of such findings (Klingner & Harry, 2006; Schoorman et al., 2011). The present study addresses these gaps by investigating and reporting a range of viewpoints from parents and personnel in several different role groups at Title I schools in a school district that uses RTI as a signature academic program.

This study explores how parents are involved in RTI processes at three different Title I schools in a school district that has focused on establishing RTI as a framework for supporting all students' learning. I designed this study to address the aforementioned gaps in the literature base and to follow research recommendations from the existing

literature. Specifically, I wanted to address Turnbull et al.'s (2007) suggestion that “future research is vitally needed to develop (RTI) models that involve partnerships with families” (p. 574), as well as Harry's (2011) questions, “What will be the role of parents in this (RTI) process? At what point will RTI teams invite parent input? What kinds of information from parents will be sought and valued?” Through thoughtful reflection on gaps in the literature and suggestions for research, I conducted a study that offers further understanding on (1) how parents are currently involved in these processes; (2) related challenges and successes parents and personnel currently experience, and (3) insight on how parents can be more meaningfully involved in two-way communication and collaboration in their children's interventions.

Revisiting the Theoretical Framework and Literature Base

In the following four paragraphs, I summarize the major findings I discussed at the end of the previous chapter. Then I connect these findings to the analytical frameworks and findings from the existing literature.

Summary of study findings. Regarding the first research question, I discovered that teachers and RTI specialists briefly explain RTI to those parents whose children are struggling academically. These descriptions are fairly consistent and relate to the purpose and logistics of HSD's Tier 2 implementation strategy, flex group instruction, in which all students are involved. However, parents mostly report that they learn about flex instruction from their own children. Data related to the second research question suggest that teachers describe Tier 2 and 3 interventions to parents as “extra support” during PTCs and other private meetings they initiate. Personnel reported that they contact

parents as soon as the need arises. However, they also reported informing parents through Tier 3 letters, retention warnings, IDMs, and even twice yearly PTCs and APTTs; these are types of communications that would likely occur well beyond the point at which students initially struggle. Parents largely, explaining that they learn their students are struggling by examining report cards and graded material, and by initiating conversations with teachers. In terms of the third research question, personnel explained that teachers update parents on students' benchmark scores in comparison with grade-level expectations chiefly at PTCs, APTTs, and IDMs. They also stated that they seek parents' insights and involve parents in intervention decision-making. Parents at two schools disagreed by reporting that they approach teachers or their own children for progress updates. Further, none of the parents described sharing their knowledge or helping make instructional decisions. Parents and personnel agreed that teachers promote home-based learning through teaching parents basic skill-building strategies, assigning RTI homework, and encouraging nightly reading.

Concerning factors that facilitate parents' involvement in RTI, personnel and parents cited school-level opportunities for more general involvement and teachers' accessibility and dedication to reaching out to parents. Personnel also felt that parents were committed to be involved, and that RTI processes naturally facilitate such involvement. However, personnel also identified several obstacles to parent involvement, such as lack of support for teachers initiating difficult conversations, the challenges of transforming their schools' parent involvement cultures, and parent-level factors, including parents' defensiveness and those challenges related to families' poverty. Parents agreed that teachers lack time resources for sufficiently involving parents in

tiered instruction. Finally, a few relevant patterns emerged that did not relate to the pre-established research questions. These include the fact that personnel expressed that they do not know how to involve parents in RTI and that they would like to learn, but that they have not received professional development on this practice.

I adopted a comparative approach in this multi-case study, and thus I also drew comparisons among the three different schools, which I analyzed as bounded cases. Document and interview data demonstrated that the schools' policies and practices related to parent involvement in RTI are more similar than they are different. However, Schools B and D have adopted the APTT model, which they reported using to explain RTI to parents, notify parents of their children's intervention candidacy, provide academic progress updates, and share home-based learning strategies with parents. In comparison with Schools A and D, School B data more consistently demonstrated the following: (1) that personnel and parents agreed on the nature of their school's progress update practices; (2) that teachers and parents frequently engage in two-way conversations; and (3) that parents are satisfied with their involvement in flex group instruction.

A few patterns in the results also cut across the analyses for each research question. First, schools lack uniform policies for explaining RTI to parents, notifying parents that their students qualify for interventions, regularly informing parents about their children's academic progress, and encouraging parents to reinforce instruction at home. Parents lack knowledge about RTI, and parents believe they must proactively approach teachers to obtain information on their children's instructional program and progress. Notably, APTT principles being implemented at Schools B and D align closely

with Reschly et al.'s (2007) definition of parent involvement in RTI. Finally, complications owing to RTI arise for parents and teachers related to reporting student achievement and implementing home-based learning opportunities.

Connections between the analytical frameworks, the literature base, and this study's results. I used two analytical frameworks to analyze data and formulate research questions for the present study. First, I used Ysseldyke and Christenson's (2002) Functional Assessment of Academic Behavior (FAAB) framework for analyzing the results of existing literature on parent involvement in prereferral interventions. Later, I drew from Reschly et al.'s (2007) definitions of parent involvement in RTI to formulate the study's four research questions. I then used these research questions to analyze the document and interview data I collected.

The FAAB framework includes six components that relate directly to parents' involvement in prereferral interventions: *shared standards and expectations*; *cross-setting opportunities to learn*; *consistent structure*; *mutual support*; *positive, trusting relationships*; and *modeling*. Among these, four are applicable to an analysis of parent involvement in RTI: *consistent structure*; *cross-setting opportunities to learn*; *mutual support*; and *positive, trusting relationships*. Different elements of Reschly et al.'s definitions of parent involvement align with each of these FAAB components. In the paragraphs that follow, I will draw connections between these two frameworks, results from this present study, and results in the existing literature on parent involvement in prereferral interventions.

“Cross-setting opportunities to learn” and “consistent structure”. Personnel and parents establish “cross-setting learning opportunities to learn” by providing students with instruction related to their prereferral interventions outside normal school hours. These key adults create a “consistent structure” for students by ensuring that intervention-based instruction that takes place both in and outside the classroom is aligned. For the purpose of this analysis, I consider these two components in tandem due their highly interrelated nature. This FAAB component aligns with one aspect of Reschly et al.’s definition, which I refer to in Appendix B as “share strategies.” Under “share strategies”, school personnel share instructional strategies that parents can use to provide home-based learning opportunities.

Many studies on prereferral interventions describe teachers’ and parents’ collaborative work to design and monitor after-school instruction analogous to school-based interventions. These studies report a moderate to high degree of fidelity for parents’ home-based strategy implementation (Chen & Gregory, 2011; Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; Grissom et al., 2003; Hardin et al., 2009; Heller & Fantuzzo, 1993; McClain et al., 2012; McNamara et al., 1999; Pearce, 2009; Sheridan et al., 2002; Sheridan et al., 2004; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; White et al., 2012). The present study adopted a more exploratory approach to understanding this topic and did not attempt to measure treatment integrity. However, the present study did explore relevant issues that these studies did not, including the challenges and successes that teachers and parents experience in sharing home-based learning strategies, as well as all study participants’ ideas and desires for increasing such skill reinforcement.

In this study, personnel and parents across the three sites reported that teachers encourage parents to reinforce intervention-related skills at home by teaching parents skill-building strategies during APTTs and PTCs, assigning RTI homework, and promoting nightly reading. Personnel also felt that parents were dedicated to their children's education, which is a condition that could facilitate further strategy sharing. These personnel also expressed a desire to help parents become more involved in their children's academics and take more responsibility for their children's learning. However, personnel also felt that parents face significant challenges in creating such learning opportunities for their children. These include many factors related to poverty, such as parents' needing to work multiple jobs and not having the time or energy to assist their children outside of school hours. Further, there is no uniform policy in HSD or at any these three schools for supporting parents in home-based learning. Likewise, personnel do not receive professional development on how to provide such support. Parents also expressed a desire to learn more strategies they can use to boost students' progress in interventions. Despite these challenges, however, this study also indicates that personnel want to improve their efforts to empower parents to help their children at home. One example of this desire is that teachers at Schools B and D would like to align APTT activities more deliberately and explicitly to flex group instruction.

“Mutual support”. According to the FAAB framework, personnel and parents enjoy “mutual support” when (1) parents collaborate in team-based planning and decision-making, (2) all stakeholders engage in two-way communication regarding student achievement, (3) personnel explain prereferral processes to parents, and (4) parents attend prereferral team meetings. “Mutual support” aligns with three components

of Reschly et al.'s definition, which I refer to in Appendix B as “collaboration”, “regular dialogue”, and “informing parents about RTI”. Under “collaboration”, personnel collaborate with parents to evaluate the effectiveness of interventions and make instructional decisions based on student data. Under “regular dialogue”, personnel engage regularly with parents in dialogue related to students’ learning needs, specific academic targets, and baseline and progress monitoring data. Finally, under “informing parents about RTI”, personnel inform parents about the RTI framework and instructional principles.

A body of research on parent involvement in prereferral interventions demonstrates that parents and teachers agree that they are *collaborating, engaging in regular dialogue, and informing parents about intervention processes* (Cowan & Sheridan, 2003; Galloway & Sheridan, 1994; Garbacz et al., 2008; McNamara et al., 1999; Grissom et al., 2003; Sheridan, Clarke, et al., 2006; Sheridan, Eagle, et al., 2006; Sheridan et al., 2002; Sheridan et al., 2004). Three RTI studies also suggest that parents and teachers are engaging in meaningful two-way communication and collaborative decision-making related to tiered instruction (McClain et al., 2012, Pearce, 2009; White et al., 2012). However, these studies investigate neither the *content* of teacher-parent dialogue nor the *mechanisms* through which personnel inform and collaborate with parents.

Results of the present research parallel the findings of the above mentioned studies to some degree and also address their gaps. For example, personnel at Schools A, B, and D reported that they explain the RTI framework to parents and share students’ benchmark scores and flex group status at PTCs, APTTs, IDMs, and informal private

conferences. At IDMs in particular, personnel reported that teachers and RTI specialists exchange information with parents and collaboratively problem solve on behalf of students who have not responded to at least two cycles of Tier 2 intervention. However, personnel across the sites offered evidence that their schools lack uniform policies for informing parents about RTI, updating parents about their child's progress, and collaborating with parents to modify interventions. These personnel also expressed that they would like to learn how to improve efforts to facilitate such "mutual support".

Parents at School B in particular agreed that they are engaging in meaningful two-way conversations with teachers about their students' progress, and they reported satisfaction with their level of engagement in their children's interventions. At Schools A and D, however, parents agreed with personnel to a lesser extent regarding how they are involved and informed throughout these processes. These parents explained that they learn about RTI and their students' progress by visiting the school to speak with teachers, by asking their children, and by examining report cards and work samples that come home. None of the parents in this study reported sharing their insights with personnel or contributing to decision-making regarding flex group interventions. In general, parents in this study reported adopting a proactive role in order to receive information they want related to instructional programming and their child's progress. Like School A and D personnel, these parents also offered suggestions for improvement, especially with regard to receiving progress updates.

Regarding obstacles to establishing "mutual support" between parents and teachers, three studies in this review described language barriers (Hardin et al., 2009; Klingner & Harry, 2006; Schoorman et al., 2011), teachers' use of jargon (Klingner &

Harry, 2006; Schoorman et al., 2011), and lack of professionalism among personnel (Klingner & Harry, 2006; Schoorman et al., 2011). This study also revealed that personnel at Schools B and D believe that language barriers impede parent involvement in RTI. However, the present study sheds light on a number of other factors that personnel and parents believe can impede involvement, including a lack of school-based resources, training and support for teachers, factors associated with poverty, and the challenges of changing each school's culture for parent involvement. This study also focuses on factors that facilitate such involvement, such as more general opportunities that schools provide for parents to become involved; aspects of RTI that naturally ease such communication and collaboration; and parents' dedication to their children's learning. Interestingly, interview data from this study indicate that parents and personnel alike agree that teachers at all three schools are accessible and willing to reach out to parents; this finding runs contrary to findings related to teachers' unprofessionalism in the Klingner and Harry (2006) and Schoorman et al. (2011) studies.

“Positive, trusting relationships”. “Positive, trusting relationships” between parents and personnel in prereferral interventions entail schools' efforts to invite parents to participate in collaborative processes, especially at the point of the initiation of these processes, and parents' feelings of trust toward school personnel. The FAAB component aligns with the “collaboration” and “notification of intervention candidacy” elements of Reshly et al.'s (2007) definition of parent involvement in RTI. Notably, Reschly et al.'s definition does not account for parents' feelings of trust during the RTI process.

McClain et al.'s (2012) study on parent involvement in RTI discusses teachers' efforts to communicate with parents at the point of intervention initiation. According to

these teachers, this initial communication is difficult because parents suspect that teachers are referring their children for special education evaluations. Such a result is strikingly similar to this study's finding regarding the letters that School B and D RTI specialists had once distributed to inform parents of their child's Tier 2 intervention eligibility. Upon receiving these letters, parents had reacted negatively because they assumed that intervention candidacy was tantamount to special education placement. According to one School D RTI specialist, this same reaction had also occurred at the district level.

Otherwise, studies on parent involvement in prereferral interventions do not focus on schools' efforts to involve parents at the point when students begin to struggle. Results from the present study suggest that during these initial conversations, teachers describe interventions as "extra" or "additional support". Personnel across the schools also revealed that sharing data with parents of struggling learners is difficult, and that teachers receive formal APTT training or informal CT training to prepare for such conversations. While some parents agreed that they find out about their child's difficulties through the means cited by teachers (PTCs, APTTs, private conversations that teachers initiate), parents also explained that they chiefly obtain this information independently by examining report cards and graded material, and by initiating conversations with teachers. Parents at two schools expressed doubt that they would learn from teachers if their children were struggling. While personnel at all schools generally agreed that teachers explain students' difficulties to parents in a timely manner, contradictions about these initial conversations also emerged. For example, within each school, personnel reported that they contact parents as soon as the need arises. By contrast, they also reported that they initially notify parents beyond the point at which students initially

struggle, including Tier 3 letters, retention warnings, IDMs, and even twice yearly PTCs and APTTs. Data from interviews with personnel *and* parents demonstrate that teachers' methods for informing parents are inconsistent and that parents require more information regarding their child's academic standing.

Regarding "positive, trusting relationships", the existing literature focuses more upon quality of parent-teacher relationships than on how schools involve parents at the point when students demonstrate the need for intervention. For example, parents and teachers reported forming positive and productive relationships through the CBC process (Garbacz et al., 2008; Sheridan, Clarke, et al., 2006). McNamara's (1999) study also reported that parents feel included and respected during collaborative planning and two-way communication during IBA procedures. Three qualitative studies that focused on RTI also reported highly positive relationships between teachers and parents (McClain et al., 2012; Pearce, 2009; White et al., 2012). Notably, these researchers indicated that RTI fostered more regular parent-teacher communication and improved relationships, due especially to improved methods for sharing data with parents.

The present study offers similar findings, as personnel at Schools A and B believed that the effectiveness of RTI and its capacity for regularly generating benchmark data empowers teachers to more accurately and more regularly update parents on their child's progress. It is notable, however, that most parents in the present study did not corroborate this point, and both teachers and parents expressed the need for more regular progress updates, especially regarding students' flex group status. However, School B parents did express satisfaction with their involvement in their child's flex group instruction. The fact that School B parents' experience in this regard contrast with those

of Schools A and D reflects speculation by national RTI specialists that “schools likely vary in their decisions about when to notify parents about assessment and intervention” (Fuchs & Mellard, 2007).

Some studies also indicate that parent-teacher relationships can be negative during prereferral processes. For example, Hardin et al. (2009); Klingner and Harry (2006), and Schoorman et al. (2011) all discovered adverse home-school interactions when parents were non-native English speakers. Results in the present study do not indicate *negative* interactions in these circumstances, but personnel at Schools B and D did indicate that language barriers can *impede* parent involvement in RTI. In their observations of prereferral intervention meetings, Klingner and Harry (2006) and Schoorman et al. (2011) noticed that school personnel marginalized parents, dismissed their ideas, ignored their strengths, and otherwise behaved unprofessionally. By contrast, the present study indicates that parents and personnel enjoyed more positive relationships related to flex group instruction, despite the fact that participants in both role groups expressed a desire for improving most aspects of parent involvement in RTI. Across the three sites, for example, parents and personnel agreed that teachers are accessible and willing to reach out to parents. Personnel also explained that parents are dedicated to being involved in their child’s education.

However, personnel cited challenges that *do* impede the development of strong teacher-parent relationships, even if the presence of such challenges does not necessarily suggest that personnel act dismissively or unprofessionally toward parents. These challenges include the difficulty of contacting parents, involving parents in home-based skill-building when they work multiple jobs, and establishing rapport with families who

frequently change schools. Personnel also believed that parents often lack sufficient academic knowledge, feel insecure visiting the school and approaching teachers, and demonstrate defensiveness. Interestingly, such challenges are also reported in other studies of parent involvement in Title I schools (Patrikakou & Weissberg, 2000; Menacker, Hurwitz, & Weldon, 1988). Personnel at all sites also explained that notifying parents about students' skill deficiencies is inherently difficult, and parents and personnel agreed that the task of adequately involving parents in RTI is substantial additional work for teachers. According to McClain et al. (2012), teachers made a similar claim regarding the complexity of explaining RTI to parents. It is notable that none of the parents involved in the present study cited negative interactions with school personnel.

Overall, some findings from the present study mirror those within the existing literature base. In other cases, the study's findings oppose those of other researchers. The present study also offers evidence related to topics not explored in similar studies, such as the content of parent-teacher communication and the many challenges that complicate parent involvement in RTI. It is also interesting to note that no studies in the existing literature describe personnel's desire to learn how to better involve parents in prereferral processes or reference the lack of professional development they receive to this purpose. In the section that follows, I discuss the present study's implications for teachers and RTI implementation leaders at the district and school levels.

Implications

As I explained in the first chapter, education researchers have established that parents' involvement in prereferral interventions is critical for ethical reasons (e.g.,

Brandon & Brown, 2009; Fuchs & Mellard, 2007) and because parents can help improve the effectiveness of such targeted instruction (e.g., Carlson & Christenson, 2005; Duffy, 2007; Harry, 1992a; Jones & Gansle, 2010; Reschly et al., 2007). Accordingly, the US Department of Education recommends that school leaders view parents as partners in RTI implementation (2009). The National Center on Response to Intervention promotes parents' involvement in RTI in more specific terms by encouraging schools to (1) inform parents about RTI, (2) regularly update parents on their child's intervention progress, (3) involve parents in decision-making related to intervention implementation (2011). In the context of the present study, education leaders at the state and district level appear to follow such recommendations. For example, AZ RTI implementation guidelines state that one of the four major beliefs that inform RTI implementation is that "collaboration among ALL stakeholders (including parents) is the foundation of effective problem-solving and instructional decision-making" (ADE, 2009b, p. 1). HSD also explains on its website and in its internal documents that "family involvement" is one of "four essential elements of RTI" (HSD, 2014a; HSD, 2014b). Concerning HSD personnel at the school level, the present research suggests that personnel also believe that parent involvement is critical to the success of flex group instruction.

Implications of the present study span personnel in four role groups: teachers, leaders of RTI implementation at the school level, leaders of RTI implementation at the district level, and Title I school leaders. In the following paragraphs, I outline implications that correspond with each of these groups.

Implications for teachers. Results from the present study suggest that at Schools A, B, and D, parents and personnel agree that teachers are highly accessible when parents

have questions about their child's flex group instruction. However, personnel also explained that parents often lack the confidence or savvy to approach teachers with questions about interventions and how they can support their child in meeting grade-level benchmarks. This finding supports research that identifies similar challenges faced by parents at Title I schools (Patrikakou & Weissberg, 2000; Menacker, Hurwitz, & Weldon, 1988). In light of this challenge, teachers might more proactively provide information to parents about the RTI framework, interventions, and their child's academic progress in order to empower parents to ask questions that will yield richer conversations about student achievement. Further, participants in all role groups and across the sites agreed that teachers frequently reach out to parents to initiate communication. Paradoxically, however, parents and personnel alike also explained that parents do not receive sufficient information about interventions and their child's progress. Such a discrepancy suggests that teachers might not be reaching out with the type of information parents need to adequately support their children. Research shows that teachers can boost parent involvement by providing parents information about their child's strengths and weaknesses, as well as explicit recommendations for helping their child (Patrikakou & Weissberg, 2000). Accordingly, teachers might further empower parents by adopting a more strategic stance in considering the kind of information they offer, as well as the timing and purpose of such communication.

Finally, the present study's results also show that parents indicate that they are *not* sharing their insights on their child's progress and learning needs with teachers, nor are they contributing to intervention planning. Such an absence of parent input runs contrary to the ADE's mandate that parents adopt an active role in intervention planning on behalf

of struggling students (ADE, 2014). Research also suggests that parents are most likely to be involved in their child's education when they perceive that their child's teacher values their contribution (Patrikakou & Weissberg, 2000). Teachers might achieve such parent involvement by thoughtfully planning how they will seek and implement parents' insights and suggestions in intervention instruction. Given parents' reported modifications of RTI homework in this study, an example of one such effort could be that teachers discuss these assignments more closely with parents to better design home-based learning.

Implications for RTI implementation leaders at the school level. A major theme that emerged in the present is that each of the three schools appears to lack a deliberate, uniform plan for involving parents in RTI. This finding is particularly notable in light of Harry's (2011) aforementioned suggestion that schools plan the following: (1) parents' role in RTI processes, (2) the timing for inviting parent involvement, and (3) the type of information that teachers and parents exchange in efforts to boost student achievement.

School-wide plans and strategies for parent involvement could ameliorate some of the challenges participants cited in the present study. As research conducted in low-income school communities has shown, "the development and implementation of intentional parental involvement strategies positively influenced the level of parental involvement" (Smith, 2006, p. 43). For example, concerted strategies for informing parents about students' initial difficulties might prevent parents' distress upon receiving notification that their child is a candidate for grade retention. Further, a strategy for informing *all* parents about RTI at the beginning of the school year could prevent

parents' misinterpreting their child's intervention candidacy for a special education referral. A universally implemented strategy for early notification of students' difficulties might also help personnel further build positive, trusting relationships with families. Such early notification could also enable teachers to gain parents' invaluable insights on students' needs at a point when such input can still be effective for positively influencing students' learning trajectories. Since this study also indicates that personnel within the same school have different expectations for parents' home-based support, a uniform plan regarding such reinforcement could empower teachers to consistently communicate such an expectation to parents and follow up on their implementation. Certainly there is evidence that personnel and parents across this study's three sites share an understanding about the expectation of 20 minutes of nightly reading. The same universal understanding could potentially be achieved regarding parents' support in interventions.

Another promising angle for improving parent involvement in RTI is the APTT model. First, the model reflects many elements of Reschly et al.'s (2007) definition of parent involvement in RTI, and it also addresses personnel's desires to transform their schools' parent involvement practices. Personnel at Schools B and D reported that parents and teachers appreciate the new conference model, and personnel at School A made recommendations for improving parent involvement practices that echo APTT principles. Perhaps school leaders could adopt suggestions from a few teachers in this study by modifying APTTs in a way that teachers would also inform parents during these same meetings about the RTI framework, RTI interventions, and RTI-specific home-based activities. By streamlining efforts in this way, school leaders could also avoid adding more tasks to teachers' considerable workloads. Considering that personnel at all

schools cited parents' dedication to being involved in their child's education, APTTs could also be an effective way to also harness parents' potential as collaborators.

Implications for RTI implementation leaders at the district level. As with the expectation for 20 minutes of nightly reading, results of the present study also suggest that adopting a district-wide strategy for parents' involvement in RTI is feasible and could enhance individual schools' implementation efforts. According to document and interview data, other important elements of RTI appear to have been uniformly implemented across the district, such as CTs, IDMs, and flex group instruction. Additionally, both Schools B and D have implemented APTTs, and in nearly identical ways. By creating a district-wide model for parent involvement in RTI, HSD could empower site-based personnel to transform their schools' parent involvement culture while also helping parents become focused on boosting the achievement of struggling learners.

RTI is a highly complex process, and teacher accounts in this study echo national-level research that suggests that explaining RTI to parents is a challenging task (McClain et al., 2012; Reschly, 2012). Although HSD publishes information related to RTI on its family-friendly website, the present study also offers evidence that even highly involved parents are not reading this information. Moreover, it is critical for parents to understand their child's interventions and progress within the framework in order to help boost the effectiveness of targeted interventions (Carlson & Christenson, 2005; Duffy, 2007; Jones & Gansle, 2010). Results of this study indicate that personnel lack understanding on how to effectively involve parents in RTI, and that they desire to learn more and improve such practices. Considering that parent involvement is also one of "four main elements" of

HSD's RTI framework, it could be useful for the district to develop a district-wide strategy for parent involvement in RTI that would address many of the challenges and ideas for improvement that emerged in this study. The district could then marshal resources to train personnel to implement this strategy. Such training might also boost parent involvement in RTI, considering that research shows that teachers' confidence in their ability to collaborate with parents is a powerful predictor of the extent to which teacher's invite parent participation in educational processes (Barnyak & McNelly, 2009; Epstein & Dauber, 1991; Garcia, 2004; Hoover-Dempsey, Bassler, & Brissie, 1987). The following section explores the limitations of the current study and how future research can respond to these limitations.

Implications for Title I school leaders. The present study focused specifically on parent involvement in RTI in Title I schools, and its results naturally have implications for Title I school leaders. To begin with, teachers, RTI specialists, and principals at Schools A, B, and D corroborated findings from other studies involving Title I schools that, in a general sense, Title I personnel experience considerable challenges involving parents (e.g. Jeynes, 2005; McClain et al., 2012; Morales-James et al., 2012). However, these teacher, RTI specialist, and principal accounts chiefly focused on parent-level challenges, rather than on school-level factors, that might negatively impact their schools' parent involvement culture.

For example, as mentioned other "Other results" in chapter 4, the School A principal explained that, "In a Title I school, that's the dilemma. You need (parents) to help you, and that's the barrier you have to break." A School B teacher also stated, "(At) Title I schools, you don't always have that (parent) turn-out." Another School B teacher

stated (as explained previously under results for the third research question), “My principal said: ‘You’re at a Title I school. And for some families, for whatever reasons, their parent involvement may be getting that kid up and getting them to school that morning’.” A School B RTI specialist corroborated this point, explaining, “Being in a Title I school, I think there’s a lot of circumstances going on in many families’ lives, either parents aren’t necessarily supportive of their students at home, or they’re working three jobs.” A School D RTI specialist described a similar dynamic by stating, “In Title I schools families are on the edge. They’re struggling in so many ways.” She went on, explaining, “(Parent involvement) is an ongoing challenge in Title I schools, even not counting RTI” Notably, one School B teacher compared her previous experience working in non-Title I schools with parent involvement at her current school. She focused specifically on what she perceived as Title I parents’ deference, stating, “In those meetings (at non-Title I schools), parents were really asking so many questions: ‘What would this mean? What will happen? What are my choices? Do I have to do this?’ It’s just very different from... our parents. Our parents sit back: ‘Whatever you think’ and ‘You guys are the teachers’.”

Despite the fact that personnel at all three schools cited parent-level challenges to establishing a strong culture around parent involvement, I did notice differences among the three schools that appeared to align with the relative length of time that these schools had had Title I status and their student population’s SES [as determined through the proxy variable of the percentage of students who receive free or reduced price lunch (FARM)]. Of course, these observations must be qualified given the small number of schools and participants involved in this study and the fact that through qualitative

methods I cannot claim to have discovered correlations. However, at School B, [which had the highest rate of FARM-eligible students (84%, compared to 49% at School A and 55% at School D) and, according to personnel participants, had been a Title I school for over 20 years], parents expressed satisfaction with their level of parent involvement, reported engaging in two-way conversations with teachers and RTI specialists, and did not offer suggestions for how School B personnel could improve parent involvement. Perhaps by virtue of its long-held Title I status and higher percentage of students from low SES families, School B had more time and natural incentive to develop and implement proactive parent involvement strategies.

By contrast, at Schools A and D, which had each been Title I schools for less than 10 years, parents did not report such satisfaction and offered many suggestions for how their schools could improve parent involvement. In particular, School A had only been a Title I school for two years and among the three schools also had the lowest percentage of FARM-eligible students. Regarding this recent change in School A's Title I status and consequent transformation in parent involvement culture, one School A RTI specialist explained that parent involvement at her school is "now very different" than it had been in previous years. School A was also the one school in this study that had not adopted APTT. Notably, during my interview with the School A principal, she described having recently learned about APTT at a conference for Title I school leaders and alluded to her budding interest in the new conference model, stating, "I think some schools are already moving forward in that. We're not there yet."

In light of these patterns, it is important to reflect on Patrikakou and Weisberg's (2000) findings that the more parents in underserved school communities perceive that

teachers value their contributions, offer information about their children's strengths and weaknesses, and provide suggestions and strategies, the more parents actively engaged in children's learning. Thus, Title I leaders might improve parent involvement in their schools by adopting proactive policies for reaching out to parents and fostering meaningful parent involvement.

Limitations and Future Research

As in any study, my research approach involves a few limitations that bear mentioning since they could impact my results and readers' understanding of this study. First, my sampling techniques present several advantages and shortcomings. In purposive sampling, the overall sampling size remains vague because there is no way to measure the actual population, and the researcher cannot determine if the sample adequately represents the entire population. Further, the use of referrals for contacting potential participants also tends to connect researchers with participants who have large social networks (Berg, 2006) and involves "community bias", wherein the first participants will have a strong impact on the make-up of the sample (Atkinson & Flint, 2004; Morgan, 2008). The teachers and parents who participate might not represent the larger population of teachers and parents involved in RTI in these three schools because participants from who I receive referrals might be inclined to refer me to teachers and parents who have had especially positive and productive experiences with parent involvement in RTI. Indeed, all of the parents I interviewed described themselves as highly involved in their respective schools as parent volunteers.

As such, the opinions these parent participants shared might not represent the experiences of parents who communicate less with personnel in these schools. For example, personnel in all role groups at each school described parent-level factors that impede parent involvement, such as insecurity in approaching teachers and visiting the schools. None of the parent participants in this study described facing such challenges. Moreover, none of the parents blamed teachers for lack of parent involvement. In fact, parents empathized with teachers by recognizing that teachers might be overwhelmed in facing many demands in addition to involving parents. Thus it is likely my non-representative parent sample did not offer perspectives on the challenges and frustrations that a more representative parent sample would have expressed. Such a phenomenon is typical of education research. As Hernandez, Harry, Newman, and Cameto (2008) explain, parent feedback in education research does not always represent the voices of traditionally underserved populations. Further, findings from qualitative studies involving small sample sizes are usually subject to sample limitations (Patton, 2002).

However, my inadvertent focus on the experience of parents who are active volunteers could also be a strength of this study, since their perspectives suggest that even actively involved parents believe they do not receive adequate information about RTI and their children's intervention progress. Moreover, before HSD had granted me permission to conduct the current study, I received rejections from 10 other school districts. Thus, my results describe parent involvement in a school district that has marshaled considerable resources to implement RTI, shows evidence of fairly uniform RTI implementation, states that parent involvement is one of "four main elements" of its RTI framework, and was willing to have me enter their schools to ask these highly

sensitive questions. Future research on this topic could incorporate sampling methods that would allow for the inclusion of parents who might have different points of view, have different experiences being involved in their child's education, or represent a number of different RTI-implementing districts across the country.

Second, given that the importance of parent involvement is widely understood in the education field, the teachers, RTI specialist, principals, and district-level administrator I interviewed might have told me what they think I wanted to hear, or what they think would be the "right" thing to do, rather than telling me what they actually do to involve parents in RTI. In this case, observations of parent-teacher interactions related to RTI might offer future researchers more accurate insight regarding how these interactions unfold. Team meeting observations could also allow for greater contextualization of these interactions, and could address another shortcoming of this study, namely that few parent participants shared experiences related to involvement in HSD's IDMs.

Further, I was not able to analyze the cluster of relationships among parents, teachers, RTI specialists, and principals that come to bear around individual students. Instead, I collected accounts from personnel and parents who were describing their experiences related to intervention processes for many different students. Future research could isolate personnel's and parents' interactions related to particular students, and could analyze these sets of interactions as units of analysis.

My sampling techniques also helped me recruit teachers whose practices might not be typical of practices of other teachers at their schools. For the purpose of this research, such sampling was a deliberate choice; I wanted to understand the practices of

teachers who had a reputation for positive interactions with parents. Future research on parent involvement in RTI could investigate the experiences of a more representative sample of teachers who implement RTI interventions. Moreover, my sample size of 33 interview parents is relatively small, as is typical of qualitative research. Future studies that involve quantitative methods such as surveys and measures of student achievement could provide a valuable alternative perspective on parent involvement in RTI and its impact.

Finally, RTI implementation in HSD is somewhat different than the model espoused at the national level (Fuchs & Fuchs, 2006). One important example of such a difference is that HSD has designed intervention delivery in a manner that all students receive small-group “flex group” instruction as part of the district’s RTI model. By contrast, RTI is generally characterized as a tiered system of support in which students who receive Tier 2 interventions actually receive instruction that is over and above what all other students receive (Fuchs & Fuchs, 2006). Thus, HSD has not adhered to this RTI standard, and the fact that all students receive “Tier 2” could make it more difficult for teachers to effectively communicate students’ traditional Tier 2 status with parents. Additionally, each HSD elementary school employs two RTI specialists to manage and analyze data, facilitate CTs, and coordinate flex group instruction. This unique design could also impact parent involvement policies.

Finally, HSD, like all other school districts in Arizona, must account for the demands of the state’s MWR law (mandating retention for failing third graders) when making decisions about resource allocation and RTI implementation. As mentioned in the “Context” section of chapter 4, principals at all three schools explained that resource and

time constraints limit their ability to provide Tier 3 to all students who might normally qualify. Further, an RTI specialist and the principal from School D both stated that Tier 3 targets only those second and third graders who are most at risk for being held back in third grade under Arizona's MWR law. Such constraints and focus on grade retention rather than disability identification could impact these schools' patterns of communication and collaboration with families. Thus, future research could explore parent involvement in schools and school districts in which RTI is implemented more traditionally, or how it is being implemented under the new Multi-tiered Systems of Support (MTSS) design that is currently being developed in HSD and districts all over the country (Averill & Rinaldi, 2011; HSD, 2016).

Final Reflections

In conclusion, my findings imply that parents are interested learning more about the RTI interventions their children receive, as well as their children's progress and methods for reinforcing this instruction at home. Likewise, personnel were brave enough to reveal to me their desire to learn more about parent involvement in RTI and to improve communication and collaboration with parents in this respect. Personnel also described the challenges and successes they have experienced in working toward transforming the culture of parent involvement at their schools, and they shared their vision for more consistently involving parents in students' academics. My data analyses suggest that parents and personnel are poised to work together to boost outcomes for students who struggle to meet grade-level expectations. Perhaps well-designed district- and school-wide RTI parent involvement strategies that account for all stakeholders' needs can help teachers and parents achieve their mutual goals for students' success.

Appendix A: Interview Protocols

Parent Interview Protocol

1. Tell me about your child. (probe for how long child has attended school, academic achievement past and present) [Background information, including age, gender, grade level]
2. How did you first learn your child was experiencing difficulty? (probe for who initiated the communication, if the parent had seen these difficulties at home) [RQ2]
3. What do you know about services available at (name of school) for children who need extra academic help? (probe for how parents know this information) [RQ1]
4. What have teachers or other staff (as applicable) done to help your child? (probe for how the parents know, who initiates this communication, frequency of communication, small group/whole group/one-on-one instruction, testing information, evaluating intervention effectiveness) [RQ3]
5. Have teachers (or other school staff, as applicable) offered you suggestions for extra work that can be done at home to help your child? (if “yes”, probe for content of suggestions, frequency and content of communication with teachers about home-based work) [RQ3]
6. How have teachers (or other school staff, as applicable) kept you in the loop about how your child is/was doing with extra academic support? (probe for frequency and content of communication, who initiates communication) [RQ3]

7. What do you like about how teachers (and other school staff, as appropriate) keep you informed about how your child is doing in school? [RQ4]
8. What else could teachers (and other school staff, as appropriate) have done to make it easier for you to understand the extra help your child needed? (probe for suggestions for the school for communicating with parents in a similar situation, what would make it easier for other parents in a similar situation to become involved) [RQ4]
9. Would you like to follow up on any previous comments or add anything?
10. Do you have any questions?
11. Later, when I read through this interview, I may have some questions. May I follow up? It should only take about 10-15 minutes.
12. How would you describe your race or ethnicity?

Teacher Interview Protocol

1. Tell me about your role in implementing RTI at your school. (probe for who teacher collaborates with, how this collaboration works) [Background information, including the subject area/grade level they teach]
2. Tell me how you inform parents when their child is identified as a candidate for tiered interventions through RTI. Walk me through a hypothetical case. (probe for how teachers decide *when* to communicate with parents, who initiates the communication, how other school personnel are notified about instructional decisions that are made based on communication with parents, accountability measures for notifying parents, would communication vary from parent to parent) [RQ2]
3. How do you explain RTI to parents? (probe for purpose of RTI, universal screening, progress monitoring, tiered interventions, data collection and analysis, evaluating intervention effectiveness, would communication vary from parent to parent) [RQ1]
4. How are parents kept in the loop about their child's progress during interventions? (probe for frequency and content of communication) [RQ3]
5. How do you advise parents to help their children outside school? (probe for content and frequency of communication about home-based instruction, how teachers decide what suggestions to give parents) [RQ3]

6. What do you expect from parents in terms of their involvement in interventions?
[RQ3]
7. What do you think parents need to know about RTI in order to maximize the effectiveness of interventions? (if the teacher mentions information that is *not* currently being communicated by school staff , probe for what makes it difficult to communicate this information to parents) [RQ4]
8. Tell me about any professional development (PD) you've received in relation to communicating with parents about RTI. (probe for support at school versus district level, frequency of PD) [RQ4]
9. What do you think is going well in terms of communicating with parents about RTI? [RQ4]
10. What suggestions do you have for improving communication between parents and schools about RTI? [RQ4]
11. Would you like to follow up on any previous comments or add anything?
12. Do you have any questions?
13. Later, when I read through this interview, I may have some questions. May I follow up? It should only take about 10-15 minutes.
14. How many years have you taught?
15. What is the highest level of education you have attained?

RTI Specialist Interview Protocol

1. Tell me about your role implementing RTI at your school. (probe for who RTI specialist collaborates with, how this collaboration works) [Background information]
2. Describe the process used to inform parents at your school when their child is identified as a candidate for interventions through RTI. Walk me through a hypothetical case. (probe for district- or school-level policy/accountability measures that guide the process, how is it decided when a parent should be contacted, who communicates with families, who initiates communication, how are other personnel notified about instructional decisions that are based on communication with families, do practices vary from parent to parent or teacher to teacher) [RQ2]
3. How is RTI explained to parents? (probe for purpose of RTI, universal screening, progress monitoring, tiered interventions, data collection and analysis, evaluating intervention effectiveness, would communication vary from parent to parent or teacher to teacher) [RQ1]
4. How are parents kept in the loop about their child's progress during interventions? (probe for frequency and content of communication) [RQ3]
5. How are parents advised to help their children out of school? (probe for how teachers decide which suggestions to make to parents, frequency and content of communication regarding home-based learning) [RQ3]

6. What's expected from parents in terms of their involvement with interventions?
[RQ3]
7. What do you think parents need to know about RTI in order to maximize the effectiveness of interventions? (if the teacher mentions information that is *not* currently being communicated by school staff , probe for what makes it difficult to communicate this information to parents) [RQ4]
8. Tell me about any professional development (PD) you've received in relation to communicating with parents about RTI or training staff to communicate with parents about RTI. (probe for support at school versus district level, frequency of PD) [RQ4]
9. What do you think is going well in terms of communicating with parents about RTI? [RQ4]
10. What suggestions do you have for improving communication between parents and schools about RTI? [RQ4]
11. Would you like to follow up on any previous comments or add anything?
12. Do you have any questions?
13. How many years have you worked in education?
14. What is the highest level of education you have attained?
15. Later, when I read through this interview, I may have some questions. May I follow up? It should only take about 10-15 minutes.

Principal Interview Protocol

1. Tell me about your role in supervising or implementing RTI at your school.
(probe for who principal collaborates with, how this collaboration works)
[Background information]
2. Tell me about any training that teachers and RTI specialists receive to communicate with parents about RTI. (probe for frequency and content of training, suggested/mandated timelines for informing parents about initial concerns, school- or district-level accountability measures for informing parents about RTI) [RQ1, RQ2]
3. Tell me about any training you've received at the district or state level to train staff to communicate with parents about RTI. (probe for if the principal receives training along with other principals, frequency and content of training, suggested/mandated timelines for informing parents, district- or state-level accountability measures for informing parents about RTI) [RQ1, RQ2]
4. What's expected from parents in terms of their involvement in RTI? [RQ3]
5. Have you heard from teachers or any other staff about communicating with parents about RTI? (probe for any successes or concerns that have come to the principal's attention) [RQ3]
6. Have you heard from parents about how they understand interventions or how they're involved in intervention processes? (probe for any successes or concerns that have come to the principal's attention) [RQ3]

7. What do you think is going well in terms of communicating with parents about RTI at your school? [RQ4]
8. What suggestions would you have for other school leaders who want to improve communication between parents and their staff around RTI? [RQ4]
9. Would you like to follow up on any previous comments or add anything?
10. Do you have any questions?
11. Later, when I read through this interview, I may have some questions. May I follow up? It should only take about 10-15 minutes.

District-level Administrator Interview Protocol

1. Tell me about your role in implementing RTI in Hillside School District. (probe for who administrator collaborates with, how this collaboration works)

[Background information]
2. Have you heard from principals, RTI specialists, or other school personnel about communicating with parents about RTI? (probe for any successes or concerns that have come to the principal's attention) [RQ1, RQ2, RQ3, RQ4]
3. Have you heard from parents about how they understand interventions or how they're involved in intervention processes? (probe for any successes or concerns that have come to the principal's attention) [RQ1, RQ 2, RQ3, RQ4]
4. Tell me about any training principals and RTI specialists in HSD receive to foster school-wide communication with parents about RTI. (probe for details on communicating the purpose of RTI, universal screening, progress monitoring, tiered interventions, data collection and analysis, evaluating intervention effectiveness) [RQ1, RQ 2, RQ3, RQ4]
5. Tell me about any training you've received to train or support school leaders to foster school-wide communication with parents about RTI. [RQ1, RQ2, RQ3, RQ4]
6. What do you think is going well in terms of how elementary schools in HSD communicate with parents about RTI? [RQ4]

7. What suggestions would you have for leaders in other school districts who want to ensure that parents are meaningfully involved in RTI? [RQ4]
8. Would you like to follow up on any previous comments or add anything?
9. Do you have any questions?
10. Later, when I read through this interview, I may have some questions. May I follow up? It should only take about 10-15 minutes.

Additional Interview Protocol for School D RTI Specialist

1. Who participated in this meeting?
2. Who facilitated the meeting?
3. Tell me what was discussed at the meeting that you coordinated among the RTI Specialists.
4. What was the outcome of this meeting?

Appendix B: Tables with Codes and Components of the FAAB and Reschly et al. (2007) Analytical Frameworks

Below I provide tables in which I revisit the components of the FAAB analytical framework I used to review studies for the present research, as well as Reschly et al.'s (2007) definition of parent involvement that I used to formulate my four research questions and analyze data for this research. I also provide a table that illustrates the alignment between these two analytical frameworks and this study's research questions. Finally, I outline the conceptual categories and individual codes that emerged from the open coding and constant comparison processes I conducted. I have written "n/a" (not applicable) next to individual codes for which there is no corresponding component in either the FAAB or Reschly et al.'s (2007) frameworks. Otherwise, I have determined that each code falls under the analytical component designated for each conceptual category.

Components of the FAAB Analytical Framework and Their Definitions

FAAB Analytical framework component	Definition of analytical framework component
<i>Cross-setting opportunities to learn</i>	Extent to which students have access to a variety of learning options during school hours and outside the school day (i.e., in the home and community)
<i>Consistent structure</i>	Extent to which intervention-based instruction that takes place both inside and outside the classroom is aligned
<i>Mutual support</i>	Extent to which parents and school personnel provide guidance and communicate with one another in order to facilitate student learning
<i>Positive, Trusting Relationships</i>	Quality of the relationship among key adults who collaborate to support student learning

Components of Reschly et al.'s (2007) Definition of Parent Involvement in RTI

Shorthand label for component	Definition
<i>Informing parents about RTI</i>	School personnel inform parents about the RTI framework and instructional principles
<i>Notification of intervention candidacy</i>	School personnel notify parents when their children are candidates for traditional Tier 2 or Tier 3 interventions
<i>Regular dialogue</i>	School personnel engage regularly with parents in dialogue related to students' learning needs, specific academic targets, and baseline and progress monitoring data
<i>Collaboration</i>	School personnel collaborate with parents to evaluate the effectiveness of interventions and make instructional decisions based on student data
<i>Share strategies</i>	School personnel share instructional strategies that parents can use to provide home-based learning opportunities

Alignment of Analytical Framework Components with Rechly et al.'s (2007)

Definition of Parent Involvement in RTI

FAAB Analytical framework component	Corresponding Construct(s) from Reschly et al.'s (2007) definition of parent involvement	Research Question(s) in Which Component Is Addressed
<i>Cross-setting opportunities to learn and Consistent structure</i>	<i>Share strategies</i>	3, 4
<i>Mutual support</i>	<i>Collaboration, Regular dialogue, Informing parents about RTI</i>	1, 3, 4
<i>Positive, Trusting Relationships</i>	<i>Collaboration, Notification of intervention candidacy</i>	2, 3, 4

Conceptual Categories and Codes from Open Coding of Interview Data

Conceptual Categories	Identified Codes	Research Question Addressed	FAAB Component	Component from Reschly et al.'s (2007) Definition
Information available to parents regarding the RTI framework	<ul style="list-style-type: none"> • Website information • Written notifications • In-person explanations • What parents say they understand 	1	<i>Mutual support</i>	<i>Informing parents about RTI</i>
Policies for explaining RTI to parents	<ul style="list-style-type: none"> • Internal documentation of policies • Invitations for parents to ask 	1	<i>Mutual support</i>	<i>Informing parents about RTI</i>

	questions			
Lack of uniform policy for explaining RTI	<ul style="list-style-type: none"> • Part of district/school culture • Each teacher decides his/her own policy • Personnel are unaware of other personnel's policies • RTI is not being explained • Parents learn through channels other than personnel • Parents do not understand RTI • Suggestions for communication improvement by personnel • Suggestions for communication improvement by parents 	1	<i>Mutual support</i>	<i>Informing parents about RTI</i>
Policies for notifying parents about children's eligibility for Tier 2 or Tier 3 interventions	<ul style="list-style-type: none"> • Internal documentation of policies • Written notifications to parents • In-person explanations to parents • Alternate means for contacting parents (phone calls, emails, etc.) 	2	<i>Mutual support</i>	<i>Notification of intervention candidacy</i>

	<ul style="list-style-type: none"> • Invitations for parents to ask personnel about concerns regarding student performance 			
Policies for reporting benchmark data	<ul style="list-style-type: none"> • Written notification to parents • In-person notification to parents • Alternate means for contacting parents (phone calls, emails, etc.) • Explanation of assessments • Parents receive timely notification 	2	<i>Mutual support</i>	<i>Notification of intervention candidacy</i>
Support for teachers in notifying parents	<ul style="list-style-type: none"> • Professional development on how to explain data and interventions to parents • Informal training on how to explain data and interventions to parents 	2	<i>Mutual support</i>	n/a
Lack of uniform policy for notifying parents	<ul style="list-style-type: none"> • Each teacher decides his/her own policy • Personnel are unaware of other personnel's policies • Parents do not receive notification • Parents receive 	2	<i>Mutual support</i>	<i>Notification of intervention candidacy</i>

	<p>notification at IDM</p> <ul style="list-style-type: none"> • Parents learn through channels other than personnel • Suggestions for notification improvement by personnel • Suggestions for notification improvement by parents 			
Teachers share information with parents	<ul style="list-style-type: none"> • Internal documentation of policy • Written notification • In-person notification • Alternate means for contacting parents (phone calls, emails, etc.) • Parents do not receive adequate updates • Parents learn through channels other than personnel • IDM • Lack of uniform policy for sharing information with parents • Suggestions for improved progress updates by personnel • Suggestions for improved progress 	3	<i>Mutual support</i>	<i>Regular dialogue</i>

	updates by parents			
Parents share information with teachers	<ul style="list-style-type: none"> • Internal documentation of policy • IDM • Parents do not share information with school personnel 	3	<i>Mutual support</i>	<i>Regular dialogue</i>
Parents help make instructional decisions	<ul style="list-style-type: none"> • Internal documentation of policy • IDM • Parents do not help make instructional decisions • Parents' participation varies 	3	<i>Mutual support</i>	<i>Collaboration</i>
Parents reinforce learning at home	<ul style="list-style-type: none"> • Internal documentation of policy • Written requests to support learning at home • At-home learning related to basic skills in general • Expectation that students read at least 20 minutes every night • Teachers follow through with parents • Personnel believe that parents' at-home support positively impacts student 	3	<i>Cross-setting opportunities to learn</i>	<i>Share strategies</i>

	<p>learning</p> <ul style="list-style-type: none"> • Personnel do not expect parents to help at home • Personnel's main expectation is that parents ensure student attendance • Lack of uniform policy for sharing information with parents • Suggestions for improved strategy-sharing by personnel • Suggestions for improved strategy-sharing by parents • At-home learning related directly to RTI 		<i>Cross-setting opportunities to learn</i>	
Factors that facilitate parent involvement in RTI	<ul style="list-style-type: none"> • After-school family events unrelated to RTI • APTT • Volunteer opportunities • Teachers' accessibility • Teachers' outreach efforts • RTI's effectiveness • IDM • Parents' dedication to being involved 	4	<i>Positive, Trusting Relationships</i>	n/a

Factors that impede parents' involvement in RTI	<ul style="list-style-type: none"> • Difficulty in contacting parents • Factors associated with families' poverty • Lack of knowledge or confidence • Past negative school experiences • Defensiveness • Lack of interest • Teachers' lack of support for initiating difficult discussions • Demands of additional task involving parents in RTI • Language barrier • APTT implementation • Transitioning from non-academic to academic focus • Changing parents' attitudes about their own involvement 		<p><i>Positive, Trusting Relationships</i></p> <p>n/a</p> <p>n/a</p> <p>n/a</p>	n/a
Other important results	<ul style="list-style-type: none"> • Lack of professional development related to parent involvement in RTI • Personnel do not know how to involve parents in RTI • Personnel want to improve -school level • Personnel want to improve -district 	n/a	n/a	n/a

	level level			
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Appendix C: Explanation of terms and abbreviations

ADE: Arizona Department of Education

AIMSweb: A system that facilitates the collection, organization, and analysis of student, classroom, school, and district progress monitoring data.

APTT: Academic Parent Teacher Team

Arizona Revised Statute 15-211: Part of the ADE's *Move on When Reading* initiative, calls for each Arizona school district to schools to submit a plan for improving kindergarten through third grade students' reading proficiency. The plan must also include students' baseline reading achievement data and program results (as measured through standardized test scores).

Arizona Revised Statute 15-701: Part of the ADE's *Move on When Reading* initiative, calls for schools to retain third graders who fall far below the established grade level reading level according to the state standardized test (previously AIMS, now AZMerit). Third graders who are not promoted shall continue to receive intensive intervention. Some English Language Learners (ELLs) and students with disabilities qualify for an exemption to this policy.

Arizona Revised Statute 15-704 (Also known as "AZ READS"): A comprehensive plan aimed at improving reading achievement in Arizona. It mandates that every Arizona child will learn to read proficiently by third grade and remain a proficient reader through the twelfth grade. The statute mandates that school districts employ many strategies that are similar to those espoused through RTI in order to prevent learning difficulties and assist

those kindergarten through third grade students who do struggle to meet established benchmarks. These strategies include a comprehensive assessment system; universal screening; a research-based reading curriculum; explicit instruction and intensive interventions; annual written notice to parents regarding the policy; and written notification to parents of children who are falling far below grade-level benchmarks.

AZ READS: See *Arizona Revised Statute 15-704*

AZ RTI: A set of guidelines provided by the ADE that are meant to support RTI implementation in districts and school across the state of Arizona.

Baseline: A measure of students' performance prior to receiving intervention. Teachers use these initial data to monitor changes in students' performance.

Benchmarks: Grade-level goals for student progress that are established for each of the three screenings that occur during the school year.

Communication: For purposes of this study, *communication* is defined to encompass written and verbal communication, as well as collaborative efforts between families and school personnel. I use the terms *communication*, *involvement*, and *engagement* interchangeably to denote interactions between families and school personnel.

CTs: Collaborative Teams: Teams of teachers, RTI specialists, and other instructional and administrative personnel that meet on a weekly basis to collaborate in data-based decision-making on behalf of all students. CTs are an HSD model for *professional learning communities*.

Data-based decision making: The ongoing, systematic, and collaborative process of developing assessment systems; selecting and using universal screening, progress-monitoring, and outcome measures; and analyzing and evaluating information, especially student achievement data, to inform important educational decisions at the district, school, classroom, and student levels. The process is integral to the RTI *Problem-Solving Model* and occurs at every tier of RTI instruction and intervention.

FAAB: Ysseldyke and Christenson's (2002) Functional Assessment of Academic Behavior (FAAB) framework. I used this framework to analyze schools' efforts to involve parents in prereferral processes as described in the 17 studies I reviewed. The FAAB framework adopts an ecological perspective by proposing that the school, classroom, and home contexts, as well as the interface of these contexts, have a powerful effect on children's learning and define a child's *total learning environment*. The total learning environment includes three components: "instructional support", "home support", and "home-school support".

GDM: FUSD term for multidisciplinary meetings in which school personnel collaborate in data-based decision-making on behalf of students who struggle to meet grade-level benchmarks.

IDM: FUSD term for multidisciplinary meetings in which instructional personnel and parents engage in collaborative data-based decision-making on behalf of students who have failed to respond to at least two cycles of Tier 2 intervention.

HSD: Hillside School District (a pseudonym).

Learning Goals: End-of-year expectations for individual students based on a rate of improvement that is equal to or better than that of the student performing on target.

MWR: Move on When Reading: See ARS 15-211 and ARS 15-704.

Multi-tiered systems of support (MTSS): Global term for systematic Pre-K-12 early intervention models for both behavior and academics that target those students most at risk. Includes RTI (Response to Intervention) and other local names used by states and districts (e.g., Response to Instruction, Problem Solving Model, Student Success Team).

Parent Involvement: According to NCLB, “the participation of parents in regular, two-way, and meaningful communication, involving student learning and other school activities” (U.S.C. 7801 (32)).

Professional Learning Communities (PLCs): Teams of teachers, instructional leaders, and administrators who meet at the school or district level on a scheduled or as-needed basis to collaboratively discover and share best instructional practices and engage in data-based decision-making. These meetings are accessible to any administrator or teacher who is concerned with the educational needs of students whose progress is discussed.

Progress Monitoring: A system of assessments conducted at intervals based on student need (weekly, monthly, quarterly, etc.) to determine whether students are making adequate progress or need more intervention to achieve grade-level outcomes. Progress monitoring data informs teachers’ decisions regarding instructional modifications by demonstrating rates of academic or behavioral improvement at the classroom or individual student level. Progress monitoring data is often shared with students in order to build awareness of their own performance.

RTI: Comprehensive school-wide, multi-level intervention model designed to identify and proactively address learning challenges and prevent school failure; integrates three *Screening assessments*: Assessments used to identify students who are at risk for learning difficulty and who will need intervention. The ADE recommends that elementary schools conduct screenings for reading achievement three times per school year. Screening assessments are not meant to be comprehensive; their function is to efficiently test a large number of students.

SLD: A disorder in one or more of the central nervous system processes involved in perceiving, understanding and/or using concepts through verbal (spoken or written) language or nonverbal means. This disorder manifests itself with a deficit in one or more of the following areas: attention, reasoning, processing, memory, communication, reading, writing, spelling, calculation, coordination, social competence and emotional maturity.

Standard Treatment Protocol Model: An approach to RtI implementation in which school staffs respond to students' learning needs and make instructional decisions using a common set of research-based interventions to support student achievement (Fuchs & Fuchs, 2006)

Tier 1: Delivered to all students by a highly qualified classroom teacher within the general education classroom within daily 90 minute blocks. Tier 1 instruction consists of large-group instruction of skills as well as flexible, differentiated, small-group instruction, based on Arizona Academic Standards and employing a research-based reading curriculum. The implementation process also involves universal screening,

benchmark and diagnostic assessments, progress monitoring, and outcome assessments. Students might receive tutoring to reinforce specific skills at this level of instruction.

Tier 2: Designed for students who do not make adequate progress with Tier 1 instruction (approximately 20-30% of students), Tier 2 interventions are delivered by a highly qualified classroom teacher or other instructional specialist within the general education classroom or other “appropriate setting” within daily 15-30 minute blocks. Tier 2 instruction consists of research-based, targeted, explicit, and differentiated interventions based on Arizona Academic Standards provided in homogeneous small groups of three, five, or seven students that support core curricula and offer students opportunities for repeated practice. The implementation process involves diagnostic and bi-monthly progress monitoring, the results of which drive instructional decisions.

Tier 3: Designed for students who do not make adequate progress with Tier 1 or Tier 2 instruction (approximately 5-10% of students), Tier 3 interventions are delivered by any instructional specialist qualified to teach struggling students in “an appropriate setting within the school” within daily 30 minute blocks. Tier 3 instruction consists of a research-based intervention curriculum based on Arizona Academic Standards that employs materials that specifically target diagnosed deficits, along with Tier 1 and Tier 2 instructional materials as appropriate. Specialists provide these explicit, intense, differentiated, and targeted interventions to individuals or homogeneous groups of two or three students. The implementation process involves diagnostic assessments as needed in addition to weekly progress monitoring. When a student who receives Tier 3 services does not make adequate progress, teachers may consider referring the student for a special education evaluation.

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