

GHA GIBSON HASBROUCK & ASSOCIATES

Using Assessment Data for RTI Decisions



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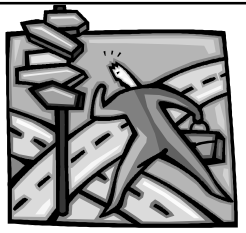


We must teach **ALL** of our students to read!

What to do about...?



Old Response

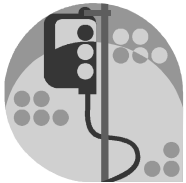


- “Wait to fail”
- I.Q./achievement discrepancy
- Hope & pray??

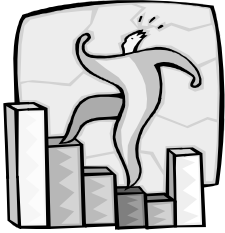
Today we have better responses...

RESPONSE TO INTERVENTION

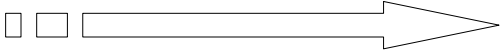
- **GOAL: *Prevention***
 To reduce the number of students with reading problems designated as “disabled”
- **CORE CONCEPTS**
 - SBRR instruction in general education (explicit, systematic, intensive)
 - Frequent assessments (screening, diagnosis, progress monitoring)
 - **IMMEDIATE** instructional response to assessment data



Response to Intervention




| Tier I | Tier II | Tier III |
|----------------------------|---------------------------|------------------------|
| Core Classroom Instruction | Supplementary Instruction | Intensive Intervention |
| ALL Students | Approx. 20-30 % | Approximately 5-10% |




INCREASING Time & Intensity & Data Collection & Expertise

A Professional Parallel...




| Tier I | Tier II | Tier III |
|---|--|---|
| Annual Check-up; Standard treatment; REGULAR physician Screening data | Strategic, Supplemental Care SPECIALIST working with regular physician Diagnostic data | Intensive Care TEAM of doctors, nurses, technicians, etc. Monitoring data |



INCREASING Time & Intensity & Data Collection & Expertise

Physicians' Response



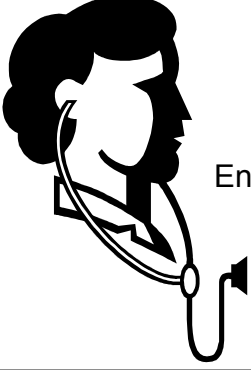
OLD:
 “find the pathology and prescribe a pill”

Physicians' Response




NEW:
holistic approach
“find and fix the
cause of the
concern”

Physicians' Response



Stress?
Genetics?
Poor nutrition?
Environmental factors?
Infection?
Illness?
Other concerns?


Set your
SAILS
for success!



S TANDARDS
A SSESSMENTS
I NSTRUCTION & INTERVENTION
L EADERSHIP
S YSTEM-WIDE COMMITMENT

Hasbrouck & Denton, 2005

ASSESSMENTS



- **Benchmark/Screening**
Which students **MAY** need extra assistance?
- **Diagnostic**
What are a student's skills **strengths & needs**?
- **Progress Monitoring**
Is **learning** happening?
- **Outcome**
Did students make progress toward **standards**?

Curriculum-Based Measurement (CBM)

Research has shown that measures of reading fluency can:

- Accurately (reliable) & efficiently (validity) identify student's **CURRENT READING PERFORMANCE** compared to peers
- Accurately (reliable) & efficiently (validity) **PREDICT** student's **FUTURE PERFORMANCE** based on progress over time

CBM Research Review: Journal Of Special Ed. Apr 2007

Educators as Physicians

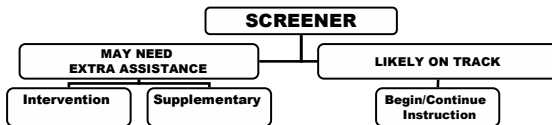


“So, what seems to be the problem?”

Screening & Diagnosis

Benchmark Screening

3x Year: Fall, Winter, Spring



Benchmark Screening Procedures

Which students to assess?

ALL students in K-5; Quick assessments or other evidence to narrow focus Gr. 6+

Use **fluency-based** assessments at **grade level**

Student reads one or more **unpracticed passages** aloud for one minute each (or-- lists of sounds, letters, words)

Teacher listens and calculates the **number of words read correctly per minute (wcpm)**

Fluency-Based Assessments for Benchmark Screening

- **DIBELS** Dynamic Indicators of Basic Early Literacy Skills K-6
- **RFBA:** Reading Fluency Benchmark Assessor
Read Naturally K-8
- **AIMSweb** Edformation K-8

Concerns about Benchmark/Screening

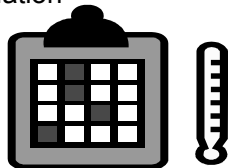
How can a very short measure of a single, isolated reading skill determine proficiency in the highly complex task of reading?

Two Responses

#1: Fluency measures function like a thermometer...

QUICKLY provides information

- Valid (relevant, useful, & important)
- Accurate (reliable)
- Compared to benchmark



BUT... body temperature only one single indicator of general health or illness:

Normal? 103 degrees?

Fluency-based screening measures provide **one reasonably dependable indicator** of a student's academic "health" or "illness"—not a diagnosis for a treatment plan!

Response # 2

25+ years of Curriculum-Based Measurement research!

- Reliable
- Valid
- Results useful for key decisions

Educators as Physicians



“So, what seems to be the problem?”

Screening & Diagnosis

ASSESSMENTS

▪ Benchmark/Screening

Which students **MAY** need extra assistance?

▪ Diagnostic

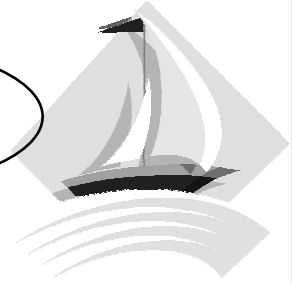
What are a student's skills strengths & needs?

▪ Progress Monitoring

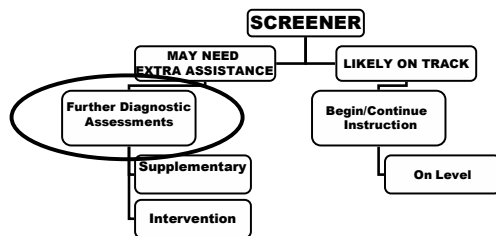
Is **learning** happening?

▪ Outcome

Did students make progress toward **standards**?



Diagnostic Assessments



Diagnostic Procedures

Which students to assess?

Students **below benchmark** or demonstrating other academic concerns. **CONSIDER** all students K-2?

Use assessment materials targeted to **specific skills** (phonemic awareness, phonics & decoding, fluency, vocabulary, comprehension)

Analyze scores to determine **skills strengths & needs** to plan instruction or intervention

Five Key Instructional Components

- Phonemic Awareness
 - Phonics
 - Fluency
- Vocabulary
- Comprehension Skills



Using DIAGNOSTIC Data

- Examine assessment results: Skill **STRENGTHS**?
Skill **NEEDS**?
- Appropriate **SERVICE DELIVERY**: Classroom only?
Supplementary? Intervention?
- Select proven instructional tools **MATCHED** identified
needs-- *Provide professional development & support*
- Plan for sufficient instructional **TIME**

Educators as Physicians

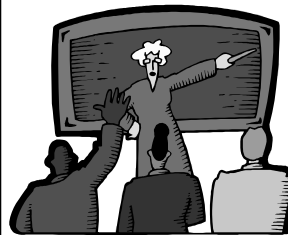


“This is what
we’ve
found...”

...and here’s
what we can
do.”

Provide

INSTRUCTION!



- ✓ Systematic
- ✓ Explicit
- ✓ Intensive

Educators as Physicians



“How are things going?
Are you feeling better?”

Monitor progress...

Progress Monitoring in Reading: 2 Forms



On-Level (Tier I)
Repeat benchmark assessments
3x year
+ daily observation & in-program assessments

Supplemental (Tier II) & Intervention (Tier III)
Curriculum-based Measurement (CBM)
Weekly or 2x month

Benchmark Screening 3x Year

FALL

Assess ALL Students

Teach!

WINTER

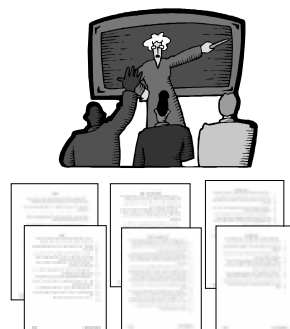
Assess ALL Students

Teach!

SPRING

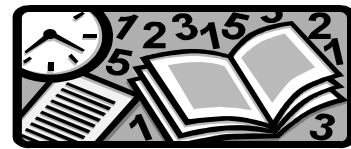
Assess ALL Students

Teach!



Using CBM for Progress Monitoring

Same basic CBM procedures used for screening – with a few minor differences

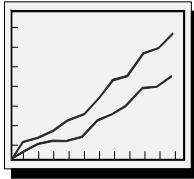


Compares students to **themselves**
rather than grade norms

CBM Monitoring Reading Progress

using oral reading fluency

- Obtain a set of equivalent passages
- Use **GOAL** or **INSTRUCTIONAL** level (?)
- Assess 1x week or 2x month (?)
- One passage each time (?)
- Administered 1:1
- 1 minute oral reading sample
- Score for words correct per minute
- Graph results



INTERPRETING

Progress Monitoring Graphs



General Rule:

if 4 scores in a row fall below goal or aim line, **consider** making an instructional change



What to “CONSIDER”?

- Appropriate “**MATCH**” of instruction?
- **QUALITY** of program & instruction?
- **FIDELITY** of instruction?
- **INTENSITY** of instruction?
- **DURATION** of instruction?

Ihnot’s initial reaction to using CBM:

“My job is teaching. I don’t feel I have enough time to do my job well as it is. Why should I take so much time away from teaching to assess and do even more paperwork?”

- Time
- Logistics
- Fear of accountability

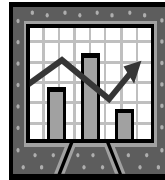
A Changed Opinion...

After using CBM:

"If I hadn't been forced to use CBM I would never know what I know today, and that is that curriculum-based measurement is very valuable....I just can't teach without it. That's how much I rely on it, even though it means I have a few minutes less for teaching and a few minutes more of paperwork."

- ✓ Easy interpretation of graphs
- ✓ Lack of progress seen immediately
- ✓ Quickly determine effects of intervention

CBM Information Sources



- **National Center on Student Progress Monitoring**
www.studentprogress.org
- **EasyCBM.com**
<http://easycbm.com>
- **Fluent Reader.org**
www.fluentreader.org

What to do about...?



Let's review!!

Educators as Physicians



- S** TANDARDS
- A** SSESSMENTS
- I** NSTRUCTION & INTERVENTION
- L** EADERSHIP
- S** YSTEM-WIDE COMMITMENT

Educators as Physicians



Screen & Diagnose

TEACH!

Monitor Progress

TEACH!

Repeat as necessary...

We must help every student be a
FULL PARTICIPANT
in learning & growing—



We must teach **ALL** our students to read!

REFERENCES

- *CBM Research Review*. (April, 2007). *Journal of Special Education* vol. 41/no. 2
- Hasbrouck, J. & Ihnot, C. (Spring, 2007). CBM: From skeptic to advocate. *Perspectives on Language and Literacy*, 34-39.
- Hasbrouck, J., & Tindal, G. (April, 2006) ORF norms: A valuable tool for reading teachers. *The Reading Teacher*.
- National Center on Student Progress Monitoring www.studentprogress.org/

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