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**THE EFFECTS OF RESPONSE TO INTERVENTION ON REDUCING THE
NUMBERS OF AFRICAN AMERICAN STUDENTS IN SPECIAL EDUCATION**

by

Kimberly Savino

A Thesis

Submitted to the
Department of Interdisciplinary and Inclusive Education
College of Education

In partial fulfillment of the requirement

For the degree of

Master of Arts in Learning Disabilities

at

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Thesis Chair: Margaret Shuff, Ed. D.

Dedication

I would like to dedicate this manuscript to my family, especially my husband, Ed, and my children, Nathan, Ellie, and Gianna.

Acknowledgments

Thank you to my family for their unwavering support as I have completed the process towards my Master's Degree. I appreciate your understanding, encouragement, and love as I have gone through this journey.

Thank you to my professors who have guided me along the way. I truly appreciate the support and knowledge that has been shared with me.

Abstract

Kimberly Savino

THE EFFECTS OF RESPONSE TO INTERVENTION ON REDUCING THE
NUMBERS OF AFRICAN AMERICAN STUDENTS IN SPECIAL EDUCATION
2018 - 2019

Margaret Shuff, Ed. D.

Master of Arts in Learning Disabilities

The purpose of this study was to determine if states that have implemented Response to Intervention (RTI) programs had a reduction in the numbers of African American students receiving Special Education. Historically, there has been an overrepresentation of minorities, particularly African Americans, receiving special education in America's schools. In 2004, the federal government amended the Individual with Disabilities Act (IDEA) to include RTI. The RTI initiative has the possibility to reduce special education referrals through the use of research-based interventions, progress monitoring, and data collection. The premise behind RTI is to identify students at-risk for academic difficulties and provide the needed interventions using a three-tier model. In addition, IDEA also stated that a discrepancy model was no longer needed to determine if a student has a Specific Learning Disability. Instead, RTI models and data could be utilized for Specific Learning Disability classifications (Building the Legacy: IDEA 2004, 2004).

This study examined three states, Delaware, Pennsylvania, and New Jersey. The methods in which RTI were implemented within each state were analyzed. In addition, the number of African American students receiving special education was calculated over a period of time after RTI was initiated. The data was then examined to determine if the numbers of African American students declined after RTI implementation.

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Chapter 1

Introduction

There has been an ongoing problem in education that is yet to be resolved and that is the disproportionate number of minorities in special education. Minorities, especially African American students, are not represented in special education at a rate proportionate to their population. Response to Intervention (RTI) has the potential to reduce the numbers of minorities in special education through the use of universal screenings, research-based interventions, and progress monitoring. As states implement RTI with fidelity the expected result would be a reduction in Specific Learning Disability classifications for all students, including African Americans.

In this study the implementation of RTI in three states, Delaware, Pennsylvania, and New Jersey, was examined. The manner in which RTI was used as an identifying method for Specific Learning Disability was analyzed. Each state was also studied based on the framework Local Education Associations (LEAs) were given from the state with regard to interventions and resources. The number of African American students receiving special education services was compared before and after the implementation of RTI within each state. This information was used to determine if there was a change in the number of these students being referred to special education and receiving special education classifications.

Problem

The federal government's Individuals with Disabilities Education Act (IDEA 2004) has given states the requirement that all students are to be given a free appropriate

public education. This mandate means that students who may have a learning disability or who need special education be identified and have an individual education plan (IEP) in place. However, other factors such as poverty and race can impact the idea of an appropriate education and the classification of certain learning disabilities (Building the Legacy: IDEA 2004, 2004). While IDEA focuses on the need for appropriate education and on the identification of those who need additional services, there is a population that is often disproportionately represented in special education: minorities, particularly African American students.

Poverty and socioeconomic factors play an important role in minority students classification rates. Lack of resources can impact the skills and abilities of these students. Minority students may also not have the same opportunities in the general education classroom which can lead to a decline in educational performance (Zhang, 2014). In addition, higher poverty rates can lead to a decrease in educational outcomes and African American children have higher poverty rates than their white peers (Castro-Villarreal, 2016).

Purpose of the Study

The purpose of this study was to determine if the number of African American students receiving special education services will decrease based on the implementation of Response to Intervention. The numbers of minority students in special education were examined and compared to their peers. Overall school population data was collected in Delaware, Pennsylvania, and New Jersey. Special education numbers were analyzed prior to the introduction in each state of RTI and after its implementation. A comparison was

made to determine if there was a significant difference over that time span in the number of African American students in special education programs.

Significance of the Study

This study has the possibility to impact the way states utilize Response to Intervention as a means to reduce the inaccurate classifications of minorities. Through a RTI program that is researched and implemented with fidelity and consistency, African American students should receive necessary interventions and support before skill gaps become so significant to warrant a special education referral.

Research Question

The research question that was examined was: Could the disproportionate number of African American students be reduced when Response to Intervention is implemented?

Key terms

Disproportionality refers to “the proportion of minority...groups served under the Individual with Disabilities Education Act (IDEA 2004) to the proportion with which the particular group is represented in the overall population of school-age students” (Zhang, 2014).

Response to Intervention (RTI) is a multi-tiered preventative model for at-risk students. The purpose of this program is to identify and provide interventions for students who demonstrate basic skill weakness and are in danger of falling behind (Hudson, 2016).

IDEA refers to the Individuals with Disabilities Education Improvement Act that was revised in 2004. This federal mandate provides specific guidelines to states regarding the special education services of students with disabilities (Castro-Villarreal, 2016).

Chapter 2

Review of the Literature

Background

The overrepresentation of minorities in special education has been a subject of debate for many years. Cultural and socioeconomic factors are among the biggest reasons behind these disproportionate numbers. Response to Intervention (RTI) is a relatively new initiative that shows promise to help to correctly identify those in need of special education versus those that would benefit from targeted interventions.

Response to Intervention

Response to Intervention is a multi-tiered, preventative approach aimed to identify at-risk students and to provide them with necessary levels of support. A successfully implemented RTI program first starts with identifying accurately the children who are in need of academic intervention (Albritton, Stuckey, & Patton Terry, 2017). RTI is found to varying degrees in all fifty states. The main purpose of RTI is as an intervention initiative targeted at students who have basic skills deficits and need instructional modifications (Hudson, 2016). Another goal of RTI is to provide services and interventions that can be put into place before skills gaps occur that may lead to an inaccurate special education classification (Gersten, 2017).

The first tier of RTI includes a universal screening of all students and is used to identify those in need of interventions. The first tier is taught by a general education teacher. This tier allows for the identification of students in need of basic skills intervention who are non-responsive to the general instruction and curriculum. The second tier focuses on specific skills taught by a general education teacher, basic skills

teacher, or even a special education teacher. Instruction is often done in small group. This tier is more intensive and supplements the general curriculum. The third tier of RTI is for those students who are not making adequate progress with the tier two interventions. This level of instruction is often taught by a special education teacher in either a small group setting or one to one. This tier allows for longer daily instructional time and pullout instruction. Students who do not make progress at the third tier may be referred to the child study team to determine if there is a learning disability that is causing the failure to respond (Hudson, 2016).

Response to Intervention Versus the Discrepancy Model

The federal government mandates through the Individuals with Disabilities Education Act (IDEA 2004) that all students are entitled to a free and appropriate public education (Building the Legacy: IDEA 2004, 2004). Students who are at risk for academic failure or who are in need of additional services have traditionally gone through the child study team process. This often entails an intelligence test and an achievement test. Evaluators will look to see if there is a discrepancy between a child's IQ and his/her achievement levels. Often this is considered a "wait to fail" approach as children are not identified until they began to fail, many times in the later elementary grades or middle school. This discrepancy model focuses on the belief that student failure is a result of individual differences and does not consider contextual factors. The contextual factors, including race, economic poverty, and culture, need to be taken into account as well as the roles of the environment and the individual (Riddle, 2017). The discrepancy model can also be biased for children of low socio-economic status or for students who are

racially or culturally diverse. (Weddle, 2016) This may be due to a lack of resources, early education opportunities, or a bias within the testing itself.

Traditional models of education and identification of learning disabilities have focused on the access to resources and curriculum. There is now a shift to focus on the outcomes which has led to an increase in accountability and a focus on data driven decisions (Castro-Villarreal, 2016). An alternate to the wait to fail discrepancy model is Response to Intervention. RTI has the ability to identify students who are unsuccessful after quality instruction and after being given research-based interventions. Students who continue to demonstrate a failure to respond may be in need of special education. The 2004 revision of IDEA mandated the use of RTI in school districts and mandated that states can allow districts to use an alternate method to identify Specific Learning Disabilities (Hauerwas, 2013). A benefit to the RTI method is its focus on responsiveness rather than norms-based assessments for identifying disabilities (Weddle, 2016). Using RTI, students are not compared to a set of norms, instead progress is monitored and data is collected based on responsiveness to the interventions.

While all states have implemented RTI to varying degrees, there is not one specific model that the federal government mandates. This allows for specific states to determine how to implement RTI and to determine if and how it can be used for special education classification. When utilized for special education classification, RTI's use of progress monitoring can be used to demonstrate if a child is unresponsive to the curriculum and interventions, possibly leading to a learning disability classification (Arden, 2017). Currently, seventeen states require RTI to identify special education classification. However, there is still no standard way to do so in and no specific

guidance in regard to additional information such as cognitive testing that is mandated throughout the states (Hudson, 2016).

Overrepresentation of Minorities in Special Education

The topic of minorities in special education has been debated for decades. Minorities, especially African Americans, seem to be overrepresented in special education. There is a disproportionate number of racially and ethnically diverse students in special education (Riddle, 2017). Disproportionality occurs when the percentage of a minority group receiving special education service is not proportionate to its percentage in the overall education population (Zhang, 2014). Research has indicated that minority students are underrepresented in early intervention and early childhood programs; however, in the later years there is an increase in black students in special education and less are mainstreamed into the regular education classroom. Factors such as poverty and low birth weight are more prevalent in minority children which can lead to minority students not having the same opportunities for early childhood education or being unprepared for curriculum expectations (Riddle, 2017). A major contributor to a lack of educational success is poverty, students have less access to educational opportunities and resources (Castro-Villarreal, 2016). According to Zhang (2014), minorities are often overrepresented in special education due to other factors as well including: “test bias...special education process, inequity in general education, issues of behavior management and cultural mismatch/cultural reproduction”.

Current research continues to support the idea of a disproportionate number of African American students in special education. African American students are more likely than their white peers to receive a diagnosis of Specific Learning Disability, Mild

Intellectual Disability, or Emotional Disturbance (Gatlin, 2016). African American students are twice as likely as their white peers to be classified as having an intellectual disability and are also given diagnosis of emotionally disturbed two times more than their white peers (Castro-Villarreal, 2016). One-half of the African American special education population is classified with a Specific Learning Disability (Gatlin, 2016)

Reasons for the number of minority students with special education classifications can be attributed to testing measures as well as educational opportunities contributed to socioeconomic status and poverty. In addition, minority students have been at a disadvantage due to the identification procedures for special education. Furthermore, traditional curriculum and assessment practices do not take into account the cultural diversity of students (Castro-Villarreal, 2016).

In addition to the overrepresentation in terms of diagnosis, there is also a disparity in special education placement for minorities. African American students are more likely to be placed in more restrictive environments than other races (Gatlin, 2016). Minority students in these more restrictive environments are not given the same access to high quality instruction of the expected curriculum and have fewer social opportunities with their peers (Castro-Villarreal, 2016). In addition, these students often remain in these more restrictive placements for longer than their non-minority peers (Zhang, 2014). Another effect of this disproportionate number of African Americans receiving special education services is the potential for the quality of special education to be poorer than that of the general education setting (Arden, 2017).

Additional concerns about the disproportionate number of African American students in special education include: the stigma associated with special education,

expectations being decreased, and these students receiving an education that is not at the same level as their peers (Gatlin, 2016). Long-term effects include a poorer post education outcome (Riddle, 2017). The result of the overrepresentation of minorities in special education only continues to widen the academic gap and leads to poor education outcomes (Castro-Villarreal, 2016).

How can RTI Help

One of the main purposes of RTI is to reduce the number of unnecessary special education referrals and classifications. The traditional model of special education classification is based on a neurological deficit that causes a learning disability (Riddle, 2017). RTI allows for other factors to be considered. Students receive interventions before a referral occurs and data is collected based on the child's responsiveness to research-based interventions and quality instruction. Unlike RTI which provides timely interventions, the discrepancy model can cause a significant delay in receiving needed supports. The length of time in determining the discrepancy between cognitive ability and academic performance can cause students to not receive necessary interventions in a timely manner (Hudson, 2016). Another significant benefit to a multitiered system is the use of targeted interventions over time, rather than a single achievement assessment (Weddle, 2016). This may help to eliminate a testing bias that may be causing more African American students to be classified.

The use of data collection and progress monitoring within the RTI framework can also help to identify students in need of support in a timely manner. The first tier of RTI, which uses a universal screening of all students, can identify at risk students, including minorities that are in need of interventions. Tier one should include appropriate content

and materials for culturally diverse students. In other tiers, the focus on culturally appropriate materials and interventions needs to be a major consideration before determining their effectiveness (Castro-Villarreal, 2016). RTI is expected to benefit these students with a focus on culturally responsive teaching (Gatlin, 2016).

Another benefit of RTI is the focus on quality, research driven instruction. Intervention models utilize proven assessment research-based interventions (Weddle, 2016). Evidence based and research-based interventions should give teachers necessary information regarding curriculum and strategies for these struggling students. African American students who are at risk for academic failure may need more frequent and intense interventions in order to improve their achievement. When utilized with fidelity, RTI should benefit racially diverse students through the use of these intense interventions (Riddle, 2017).

A recent study by Albritton, et al. (2017) was aimed at determining the effectiveness of RTI in identifying preschool children in need of interventions in the areas of emergent language and literacy. This study focused on 274 students enrolled in a Head Start program, 92.3% of the participants were African American. The children were four years old and were considered at risk for educational difficulty due to their socio-economic status. Students were assessed in the fall and again in the spring of the same school year. The initial assessment indicated that 29.9% of the students were in need of tier two supports and 2.6 were in need of tier three supports. After receiving interventions in the areas of print knowledge, phonological awareness, and receptive vocabulary, 76.8% of the tier two group was able to transition to tier one and all of the tier three students were able to move to tier two, with one student moving to tier one. Progress

monitoring in RTI can help to identify students who are culturally different but do not have a disability, as well as to identify those who are culturally different and are in need of special education (Castro-Villarreal, 2016).

RTI has been contributed with reducing unnecessary referrals to special education as it addresses the needs of all students within the general education classroom through research-based instruction and needed interventions. Other studies have indicated that diverse schools utilizing RTI effectively have seen a decrease up to 36% in special education referrals (Castro-Villarreal, 2016). Research based interventions and on-going progress monitoring should help to correct skill gaps and lead to fewer special education referrals. The hope is that there will be a decrease in minority students being inappropriately classified for special education (Gatlin, 2016).

Concerns

While the use of RTI shows great promise in reducing special education classifications, particularly for minority students, there are concerns regarding its implementation. While RTI is found across the country, there are no specific federal guidelines for its implementation (Riddle, 2017). Concerns regarding RTI include the lack of guidelines regarding its use for special education classification (Castro-Villarreal, 2016).

One problem with the lack of a federal program for using RTI to identify SLD is there is no specific data that must be used which can lead to misidentification or varying implementations. There is also a concern regarding if additional data should be required in addition to an RTI recommendation for a Specific Learning Disabilities classification (Hauerwas, 2013).

More research is also needed to determine if the reduction in special education classifications can be directly contributed to the use of RTI. Specific Learning Disabilities numbers were in a decline prior to the introduction of RTI in the early 2000s and studies have shown that the numbers of Other Health Impaired Diagnoses and Autism have increased (Hudson, 2016). Therefore, it is difficult to determine if SLD numbers have declined due to RTI or due to better screening for other classifications, such as OHI and Autism.

The movement between tiers of RTI and the interventions used are also a concern since there is no specific model for states to follow. There have been questions regarding the types of interventions, the duration of interventions, and when to move students to new interventions (Castro-Villarreal, 2016). In addition, many of these students who are in need of RTI support are in school systems with low resources and high numbers of students needing interventions, this impacts how RTI can be implemented (Riddle, 2017). Lack of resources including curriculum support and personnel can impact the depth and fidelity that RTI can be implemented in many school districts (Arden, 2017).

A final concern regarding the use of RTI in reducing the number of minority students being classified a SLD is the debate between students who are not responding to instruction and those students who are low achieving. No specific guidelines can lead to different measurement criteria when determining if a student is non-responsive (Hudson, 2016).

The effectiveness of RTI is difficult to compare at the state level due to varying regulations across the country and even within a state the guidelines may be left up to LEAs. There may need to be one model that is used across the states in order to

determine the effectiveness of RTI. This would allow for comparisons since the variability of implementation and SLD diagnosis would be regulated (Hudson, 2016). Data collection must occur within each state in order to determine best practices when implementing RTI and using it as a means for SLD identification.

Conclusion

There continues to be evidence in the disproportionate numbers of minorities, particularly African American students, receiving special education classifications. There are concerns regarding the validity of these classifications as well as the potential for long-term effects on these students. Response to Intervention has the potential to reduce these numbers using universal screenings, research-based instruction, data-driven interventions, and ongoing progress monitoring. The implementation of RTI in three states, Delaware, Pennsylvania, and New Jersey, will be studied. RTI for each state will be examined based on state guidelines regarding the use of RTI as an identifying method for Specific Learning Disability and for guidance LEAs are given from the state with regard to interventions and resources. The numbers of African American students will be analyzed before and after the implementation of RTI within each state to determine if there is a change in the number of these students being referred to special education and receiving SLD classifications.

Chapter 3

Methodology

Setting and Participants

This study focused on the public-school districts in three states: Delaware, Pennsylvania, and New Jersey. The study identified the overall school population, African American school population, special education population, and African American special education population for each state. Private schools are not included in this study; however, state regulated charter schools are.

The state of Delaware has thirty-nine school districts. There are over 200 schools that serve approximately 136,027 students in its public schools (Delaware Report Card Resources, 2019).

The state of Pennsylvania has 500 school districts. These districts consist of approximately 1.7 million students. District range in size from approximately 200 students to over 140,000 students (Enrollment Reports and Projections, n.d.).

The state of New Jersey has 590 school districts. These districts consist of 2,516 schools. The total public-school enrollment in New Jersey is approximately 1.37 million students (DOE Data, n.d.).

Procedures

This study focused on the Response to Intervention model that was implemented in each of the states. For each state, the implementation and state guidelines were examined. In addition, the state's mandate regarding RTI usage for special education classification was determined.

Data was collected based on the number of students enrolled in public and charter schools in Delaware, Pennsylvania, and New Jersey. The data from the African American student population for public and charter schools was also collected. That information was calculated to determine the percentage of African American students in school for each state.

In addition, the number of students receiving special education services was calculated for each state. The number of African American students in special education was also determined. This was calculated to determine the percentage of African American students in school receiving special education support.

Percentages were compared for the number of African American students receiving special education services compared to the total number enrolled in public schools. These percentages allowed for a comparison to be made over time.

These percentages were calculating for varying years depending on the data available for each state. Data for all areas was available from 2008 - 2017 for Delaware. Pennsylvania's data includes the years 2007 - 2018. Data from New Jersey was available from 2005 - 2018.

Variables

The independent variable in this study is the number of minority students in each state. The dependent variable is the number of African American students identified in need of special education services after the implementation of RTI. The moderating variable in this study is the implementation of RTI.

Data Analysis

A meta-analysis of the data was completed to observe trends among the three states. Data was collected from multiple sources on the topic of RTI and its implementation in three states. The purpose of the analysis was to determine if there were consistent conclusions that could be made based on the pre and post RTI data.

The percentages described above were then displayed in a line graph to determine if there was a change in the number of African American special education students receiving special education services as compared to the overall African American school population over time. This information was also analyzed based on the individual states' implementation of RTI and its usage of RTI for special education classification.

Chapter 4

Results

This study focused both on the disproportionate number of African American students in special education and Response to Intervention (RTI). The manner in which RTI is used as an identifying method for Specific Learning Disabilities was analyzed for three states, New Jersey, Pennsylvania, and Delaware. In addition, data was analyzed from each state to determine if special education classifications of African American students declined over time after the implementation of RTI. As RTI is implemented using universal screenings, research-based interventions, and progress monitoring, the expected result would be a reduction in special education classifications. The research question to be examined is: Could the disproportionate number of African American students be reduced when Response to Intervention is implemented?

Results: Delaware

Delaware was one of the first states to mandate Response to Intervention (RTI) and its implementation since it was added to IDEA in 2004. Delaware utilizes the following definition for RTI: "RTI is the practice of providing high-quality instruction and intervention matched to student need, monitoring progress frequently to make decisions about change in instruction or goals and applying child response data to important educational decisions. RTI should be applied to decisions in general, remedial and special education, creating a well-integrated system of instruction/intervention guided by child outcome data" (Response to Intervention, 2018). Delaware's Administrative Code for Education consists of specific guidelines on RTI tiers,

instruction, benchmarks, progress monitoring, and length of time spent in each tier. Section 12.1 of the code mandates that, “Each public agency shall establish and implement procedures to determine whether a child responds to scientific, research-based interventions (RTI) for reading and mathematics.” This problem-solving model includes the use of Delaware’s Department of Education approved rubrics in both reading and math, screenings at least three times per year, and detailed steps for assessing student progress. Administrative code in Delaware also mandates that schools are not able to use a discrepancy model to determine eligibility for special education services under the classification “Specific Learning Disability”. Elementary schools in Delaware were required to use the RTI model for “Specific Learning Disability” classifications, no later than the beginning of the 2008- 2009 school year. The focus is on a student’s lack of achievement and/or lack of progress towards grade level standards. Data and documentation are an integral part of the identification process. Delaware code states that after 6 school weeks of Tier 3 interventions (or up to a total of 18 school weeks of intervention)... the instructional support team shall determine whether: additional assessments are required; additional changes to instructional or behavioral methods are required; or the child should be referred for an initial evaluation for special education services” (Title 14 Education Delaware Administrative Code).

Table 1 highlights the enrollment of students ages six through twenty-one in Delaware public and charter schools, the enrollment of African American students enrolled in Delaware public and charter schools, the number of students receiving special education services, and the number of African American students receiving special education services. The first school year of the data below, 2008 - 2009, corresponds with

the implementation of Response to Intervention as a mandatory component for students suspected of having a “Specific Learning Disability”.

Table 1

Delaware Student Data

Delaware				
	Student Enrollment (ages 6 - 21)	African American Student Enrollment (ages 6 - 21)	Special Education Students (ages 6 - 21)	African American Special Education Students (ages 6 - 21)
2008-2009	125,430	40,840	16,985	6,720
2009-2010	126,801	41,129	16,955	6,741
2010-2011	129,395	41,736	18,413	6,530
2011-2012	130,610	41,552	17,788	6,710
2012-2013	131,514	40,457	18,282	6,693
2013-2014	133,369	42,308	18,443	6,651
2014-2015	134,932	41,863	17,839	6,821
2015-2016	134,932	41,323	18,712	7,055
2016-2017	136,027	41,714	19,137	7,186

(Delaware Report Card Resources, 2019)

(Data, n.d.)

Figure 1 shows the percentage of African American students, ages six through twenty-one, enrolled in Delaware public and charter schools and the percentage of African American students receiving special education services. The blue line shows the percentage of the school population that is African American. The orange line shows the percentage of special education students that are African American. In the 2008 - 2009

school year there was a difference of approximately seven percentage points between overall enrollment and special education. In the 2016 - 2017 school year, there is also approximately at seven percentage point difference between the two categories. RTI was implemented across all elementary schools in Delaware as an identifying tool for special education in 2008 – 2009. The gap between the two groups closed slightly after that implementation, however, overall, the gap was fairly consistent from 2008 - 2017. This is consistent with the idea of a disproportionate number of African American students receiving special education services as compared to their peers. The orange line shows that there is a consistently higher percentage of African American students receiving special education services than are enrolled in Delaware public and charter schools.

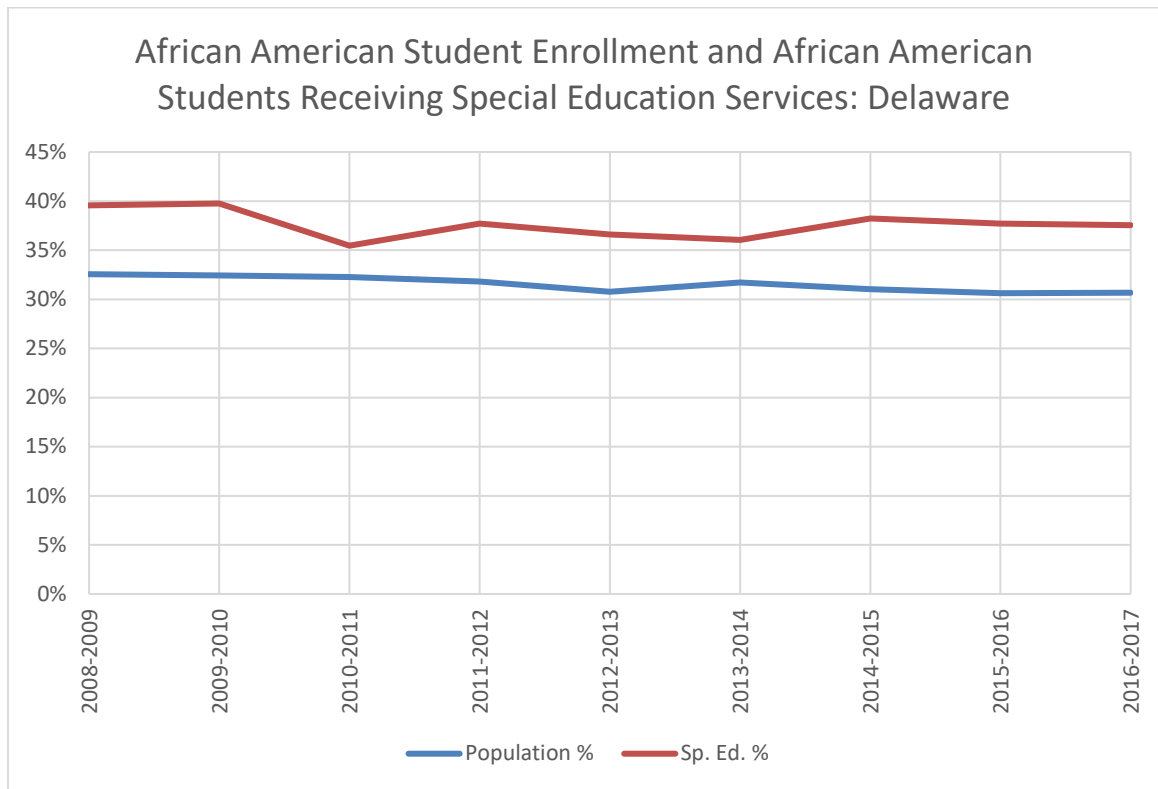


Figure 1. African American Student Enrollment and African American Students Receiving Special Education Services: Delaware

Results: Pennsylvania

Pennsylvania uses a framework for student achievement called Response to Intervention and Instruction (RTII). The state offers schools training on the implementation of RTII and its use in identifying students for “Specific Learning Disability”. Districts in Pennsylvania utilize multiple assessments to determine student progress and focus on data collection, quality instruction, and leveled supports (Response to Intervention (RTI), 2018). School districts are not required to use RTII. However, if a district wishes to use RTII as an alternative to the discrepancy model for “Specific Learning Disability” identification, approval from the state of Pennsylvania is needed. In order to receive permission to do so, schools must first demonstrate the fidelity of their RTII program. Pennsylvania code allows for either a discrepancy model or the use of RTII for identifying students with learning disabilities. Approximately thirty-three Pennsylvania schools are able to use RTII for SLD determination (Telfer). When using the RTII model for identification, schools must evaluate all data gathered to determine if the student is not progressing significantly toward grade level standards. The student’s rate of improvement is determined in addition to the effectiveness of interventions (14.125. Criteria for the Determination of Specific Learning Disabilities, 2018). When examining data over a six year span, the number of school-age students identified as students with SLD by approximately twelve percent. “PA officials interpret the declining SLD numbers as indicative of the state’s progress in supporting districts and schools to improve differentiated instructional practices so that children receive the amount and intensity of instruction they need to make adequate progress in general education” (Telfer).

Table 2 highlights the enrollment of students ages six through twenty-one in Pennsylvania public and charter schools, the enrollment of African American students enrolled in Pennsylvania public and charter schools, the number of students receiving special education services, and the number of African American students receiving special education services. The first school year of the data below, 2007 - 2008, occurred three years after the inclusion of RTI in IDEA, 2004.

Table 2

Pennsylvania Student Data

Pennsylvania				
	Student Enrollment (ages 6 - 21)	African American Student Enrollment (ages 6 - 21)	Special Education Students (ages 6 - 21)	African American Special Education Students (ages 6 - 21)
2007-2008	1,801,760	288,282	271,107	42,515
2008-2009	1,787,351	280,614	265,462	48,238
2009-2010	1,787,351	280,614	270,150	49,009
2010-2011	1,781,206	284,993	270,288	49,733
2011-2012	1,781,206	284,993	268,466	48,592
2012-2013	1,760,233	265,795	268,640	46,743
2013-2014	1,753,536	264,784	269,349	46,597
2014-2015	1,741,605	261,241	270,848	46,044
2015-2016	1,734,928	258,504	276,185	47,228
2016-2017	1,718,530	254,342	283,145	48,701
2017-2018	1,721,195	253,016	290,986	50,050

(Enrollment Reports and Projections, n.d.)

(Data, n.d.)

Figure 2 shows the percentage of African American students, ages six through twenty-one, enrolled in Pennsylvania public and charter schools and the percentage of African American students receiving special education services. The blue line shows the percentage of the school population that is African American. The orange line shows the percentage of special education students that are African American. In the 2007 – 2008 school year, there was virtually no disparity between African American student enrollment and African American students receiving special education services. However, by 2017 - 2018, the gap grows to approximately two and a half percentage points. This demonstrates the disproportionate number of African American students receiving special education services as compared to their peers. The lines show that the number of African American students receiving special education services as compared to the number that are enrolled in Pennsylvania public and charter schools has increased.

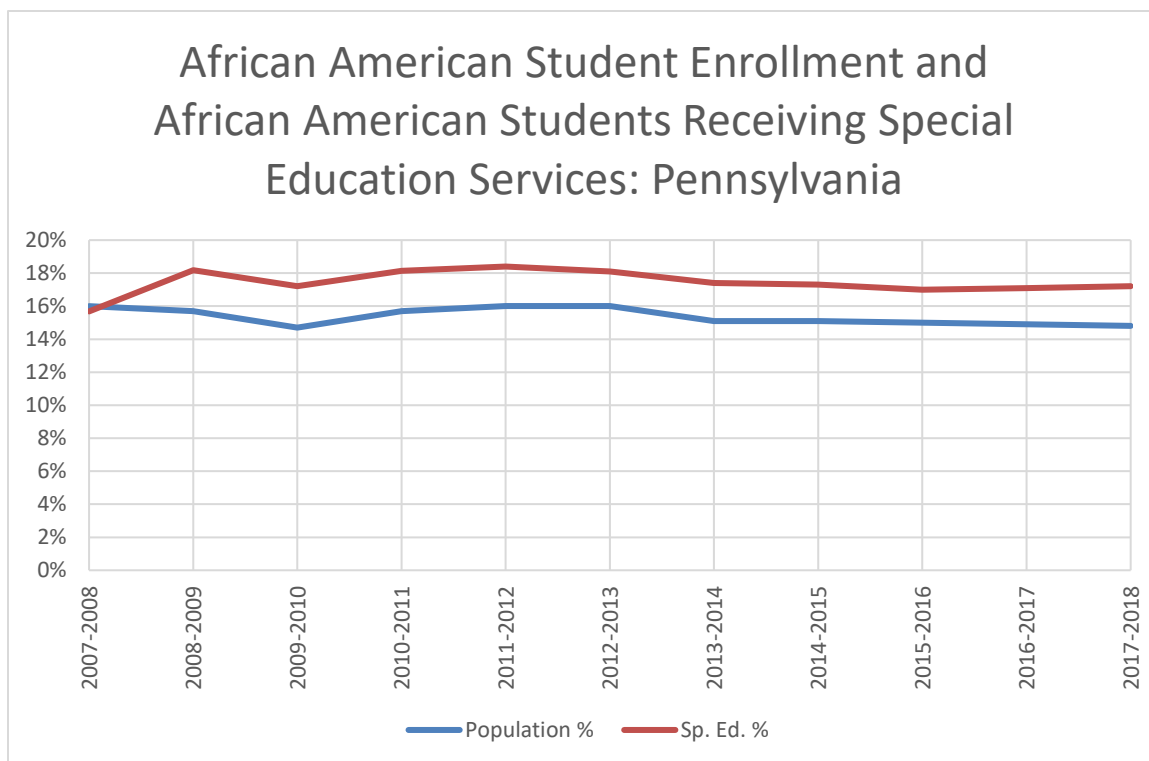


Figure 2. African American Student Enrollment and African American Students Receiving Special Education Services: Pennsylvania

Results: New Jersey

The New Jersey Tiered System of Supports (NJTSS) is a framework based on Response to Intervention and Multi-Tiered Systems of Support. The New Jersey model builds on the idea of Intervention and Referral Services to improve student achievement through interventions, progress monitoring, and data collection (New Jersey Tiered System of Supports, n.d.). NJTSS, along with the State Performance Plan, has a focus on increasing placement of students with disabilities in the least restrictive environment, improving positive post school outcomes, and reducing disproportionality. The New Jersey Department of Education website provides resources on the implementation of NJTSS (New Jersey Tiered System of Supports, n.d.). In 2016, Governor Christie signed

into law a mandate for the Commissioner of Education to “develop and establish an initiative to support and encourage the use of a Response to Intervention framework by school districts to promote the achievement of all students.” The law was to be effective immediately and included information on how to develop and initiate the RTI framework. In addition, guidance was to be given with using RTI to identify students with “Specific Learning Disabilities” (Assembly, No. 2566, 2016). Currently, New Jersey school districts have two options when identifying SLD students: a severe discrepancy between the student's current achievement and intellectual ability, or through RTI. If the RTI method is used it must include documentation of interventions utilized and data collected (N.J.A.C. 6A:14, Special Education).

Table 3 highlights the enrollment of students ages six through twenty-one in New Jersey public and charter schools, the enrollment of African American students enrolled in New Jersey public and charter schools, the number of students receiving special education services, and the number of African American students receiving special education services. The first school year of the data below, 2007 - 2008, occurred three years after the inclusion of RTI in IDEA, 2004.

Table 3

New Jersey Student Data

New Jersey				
	Student Enrollment (ages 6 - 21)	African American Student Enrollment (ages 6 - 21)	Special Education Students (ages 6 - 21)	African American Special Education Students (ages 6 - 21)
2005-2006	1,394,778	245,842	215,004	47,870
2006-2007	1,387,963	241,337	215,539	47,223
2007-2008	1,378,630	236,477	215,444	46,787
2008-2009	1,377,728	234,906	192,499	41,916
2009-2010	1,383,705	234,112	197,582	42,050
2010-2011	1,364,495	222,980	199,205	41,495
2011-2012	1,363,997	223,559	201,015	40,109
2012-2013	1,373,182	223,002	202,850	40,330
2013-2014	1,371,399	220,645	202,724	39,563
2014-2015	1,343,661	210,955	214,304	39,251
2015-2016	1,334,915	212,251	213,727	38,436
2016-2017	1,336,441	209,821	216,258	38,107
2017-2018	1,332,366	207,849	218,332	37,705

(DOE Data, n.d.)

(Data, n.d.)

Figure 3 shows the percentage of African American students, ages six through twenty-one, enrolled in New Jersey public and charter schools and the percentage of African American students receiving special education services. The blue line shows the percentage of the school population that is African American. The orange line shows the percentage of special education students that are African American. From 2005 – 2018,

there has been a fairly steady decline in the rate of African American student classifications when compared to the population of African American students enrolled. The gap between the two lines has decreased from approximately four and a half percentage points in the 2005 - 2006 school year to approximately one and a half percentage points in the 2017 - 2018 school year.

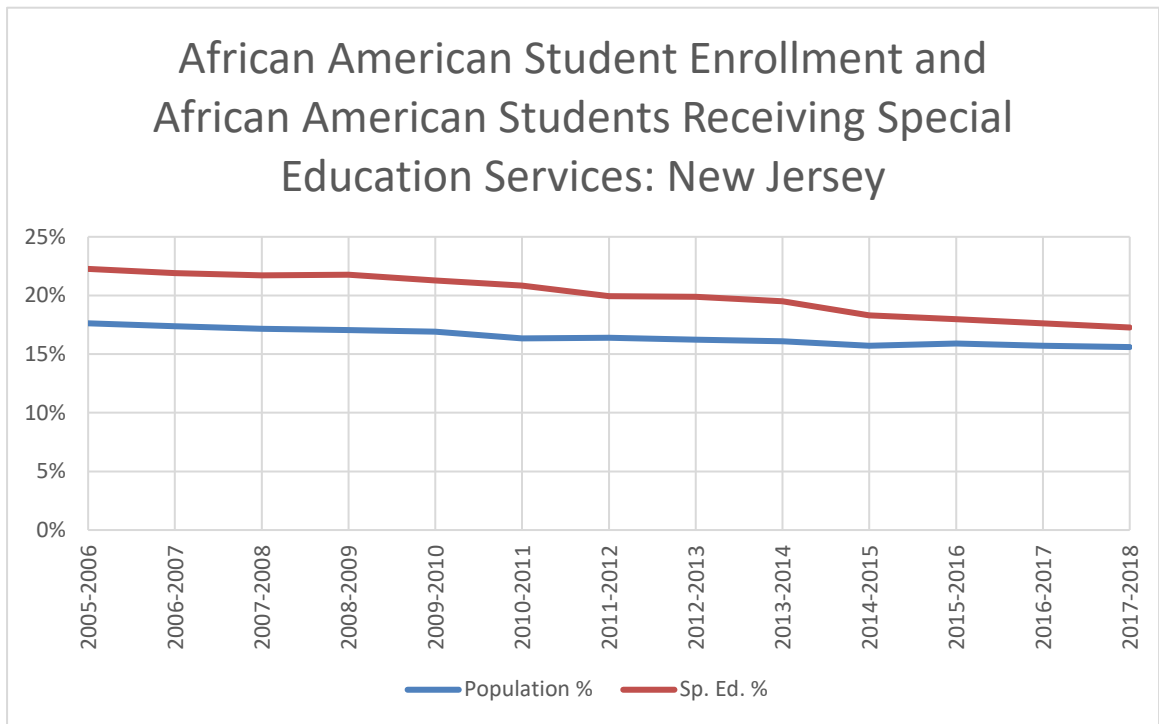


Figure 3. African American Student Enrollment and African American Students Receiving Special Education Services: New Jersey

Summary

When examining the data from Delaware, Pennsylvania, and New Jersey there is not a clear indication that RTI has led to a decrease in the numbers of African American students receiving special education services. Delaware and Pennsylvania demonstrated

no decrease in the overall percentage of African American students receiving Special Education when compared to the overall African American school population. New Jersey, while demonstrating a slight decrease, did not have a significant discrepancy between the number of African American students in Special Education as compared to the general population. It is also not possible to confidently correlate that slight decrease to RTI implementation.

Chapter 5

Discussion

This study focused on the effects of Response to Intervention on reducing the number of African American students receiving special education services. The study examined the school populations of three states: Delaware, Pennsylvania, and New Jersey. The percentage of African American students for each state was calculated and compared with the percentage of African American students in each state receiving special education services. The percentages were graphed and compared in order to determine if there was a change in the percentage of African American students identified for Special Education over a period of time.

In addition, the implementation of RTI was examined for each state. Delaware mandates that each school district develop RTI programs within their schools. RTI must be used when identifying students for special education services (Title 14 Education Delaware Administrative Code). Pennsylvania permits the use of RTI in its school districts, however it is not mandatory. If a school district chooses to use RTI as a means for a Specific Learning Disability diagnosis, the district must first seek state approval and demonstrate the fidelity of its RTI program (Telfer). The Department of Education in New Jersey has developed a framework for RTI, however, each district may choose how to implement that framework. School districts in New Jersey may use the discrepancy model or RTI to identify students with a Specific Learning Disability (N.J.A.C. 6A:14, Special Education).

It was hypothesized that the disproportionate number of African American students could be reduced when Response to Intervention is implemented. Through a RTI program that is researched and implemented with fidelity and consistency, African American students should receive necessary interventions and support before skill gaps become so significant to warrant a special education referral. Data from the state of Delaware was examined from 2008 - 2017. There was a difference of approximately seven percentage points between the overall enrollment of African American students and the African American special education population that remained fairly consistent over that timeframe. Data from the state of Pennsylvania was examined from 2007 - 2018. In the 2007 - 2008 school year, there was virtually no disparity between African American student enrollment and African American students receiving special education services. However, by 2017 - 2018, the gap grows to approximately two and a half percentage points. Data from the state of New Jersey was examined from 2005 - 2018. There was decrease of approximately four and a half percentage points in the 2005 - 2006 school year to approximately one and a half percentage points in the 2017 - 2018 school year.

When examining the data from the Delaware, a state that mandates the use of RTI, there has been no significant difference in the percentage of African American students receiving special education services. In Pennsylvania, the percentage of African American students receiving special education services has increased marginally. The data from New Jersey indicates a marginal decrease in the percentage of African American students receiving special education services.

Therefore, based on the data collected, there cannot be a determination that RTI has led to a decrease in the numbers of African American students in Special Education. Of the three states analyzed, only one, New Jersey, had a decrease in African American students receiving special education services and that is not a significant decrease and cannot be linked directly to RTI as New Jersey does not mandate the use of RTI as a procedure for identifying Specific Learning Disability.

Limitations

This study had several limitations which could have led to the hypothesis not being proven. The data collected was based on enrollment figures and state provided information regarding RTI. There was no basis for determining the fidelity to which each individual school district was implementing RTI. The lack of uniform implementation makes it difficult to draw any reliable conclusions.

In addition, information was not analyzed regarding the teacher training that was provided across the states. The tools used as universal screening and the manner in which data was collected and analyzed were also not determined. The movement between tiers for each state also varied, leading to an inability to make accurate comparisons.

Furthermore, this study only looked at the classification of Specific Learning disability. It is not clear if the marginal changes that were noted, could be attributed to RTI without determining if there was a change in other types of classifications. It is possible that students moved from RTI into other categories, not necessarily solely SLD. A comparison to other classification rates would have allowed for more valid information.

Future Studies

More research needs to be done to determine the effectiveness of RTI on reducing the number of African American students receiving special education services. A more comprehensive study that closely examines the implementation of RTI in one school district would lead to more specific results. The fidelity of the implementation and the training provided would have to be analyzed. In addition, the data taken prior to RTI's implementation would need to be compared to data taken after its implementation. Focusing on one school district could lead to recommendations on how RTI can be used successfully to reduce the disproportionate number of African American students in Special Education.

Further studies could also examine multiple school districts within one state. This would allow for an analysis of trends regarding the use of RTI and the impact it has on special education referrals. The interventions used, types of referrals, and eligibility procedures could be compared.

Conclusion

This study focused on the question "Could the disproportionate number of African American students be reduced when Response to Intervention is implemented?". After reviewing the data from three states, Delaware, Pennsylvania, and New Jersey, the question could not be answered. Delaware did not show a significant rate of change in the number of African American students receiving special education from 2008 - 2018. Pennsylvania demonstrated a marginal increase in the number of African American students receiving special education services when compared to the overall population of African American students. New Jersey showed a marginal decline in the number of

African American students in Special Education, however, that was not a significant decrease, nor could it be directly linked to RTI implementation. This study, while not answering the original question regarding how if RTI reduced the numbers of African American students classified in need of Special Education, did bring about more questions. The fact that IDEA has mandated the use of RTI but does not give specific guidelines, instead leaving that up to the individual states, leads to a lack of accountability. Since the way RTI is implemented not all varies from state to state, but also from school district to school district, there is no clear model to follow regarding its implementation. In addition, there is no clear mandate on utilizing RTI as a means for SLD classification. Without a universal model to follow, it is difficult to compare data across school districts. It is also difficult to determine the overall effectiveness of its use of universal screening, progress monitoring, interventions, and data collection. At this point, more questions remain regarding the effectiveness of Response to Intervention in reducing special education referrals, for African American students and for all students, than there are answers.

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