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The Evolution of Response-to-Intervention: Continuities and Disruptions in the Past, Present,
and Future

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Abstract

This chapter traces the evolution of Response-to-Intervention (RTI) in the United States, focusing on the discourses that undergird its conceptualization in implementation and scholarship. Discourse on RTI began with concerns about student equity in special education. Its early conceptualization focused on mitigating the problematic nature of the special education designation process and attempted to shift the practice to providing early intervention supports within the general education setting. Current practices and perspectives continue to build on medical models of intervention and implementation approaches rooted in technical-rational methods. Critiques about RTI research and practice reflect broader analyses of policy implementation and large-scale school reforms described as overemphasizing the technical dimensions of change and underestimating the influence of the socio-cultural, cognitive, and political contexts.

Keywords: response-to-intervention, equity, policy implementation, school reform, deficit thinking

Explanations

The field of memory:

RTI models were directly developed in contrast to the dominant discrepancy model, sometimes derisively referred to as the “wait to fail” model. A discrepancy model is used to identify students by assessing the difference between a student’s academic performance and standardized achievement and IQ test results. Criticism emerged within a decade, across several fronts, all of them psychometric in nature. The first criticism is that achievement scores are unstable over time, with variance in performance from one grade level to the next. A second area of criticism is

in regard to the other part of the formula: the intelligence test, which are found to be culturally bias, especially for racially, linguistically, and ethnically diverse students. In practice the discrepancy model has not been an accurate tool for determining the difference between low-performing students who have been underserved and students with processing difficulties.

The field of presence:

In its current basic iteration, RTI is typically presented as a three-tiered model, outlining processes for diagnosing and supporting student academic progress. The focus in Tier I is overall classroom instruction, ensuring that high-quality evidence-based instruction is accessible to all students. In Tier 2, students who are not benefitting from Tier 1 instruction are targeted for supplemental instruction, usually in small groups. Those students in Tier 2 who continue to make little progress are then considered for Tier 3 interventions which emphasizes personalized and intensive supports. If learning difficulties continued, then evidence of a lack of responsiveness to interventions may be submitted, along with other documentation, that the student may have a specific learning disability. Should it be determined, the student would be eligible for special education services.

The field of concomitance:

RTI borrows from medical terms and models. As with many other educational terms, “response to intervention” emerged from the medical field as a way of describing a patient’s reaction to an emergency treatment. In contrast to previous diagnosing learning disabilities, advocates of RTI models believed that it would lead to reduction in identification bias, and earlier identification and academic supports for students. Scholarship on RTI is dominated by a focus on RTI’s diagnostic and monitoring processes, and research based interventions within the fields of special

education, school psychology, and reading education. Critical scholars observe that there is an overemphasis on technical-approaches to understanding RTI implementation and research and argue for analyses that attends to social, cultural, structural, and political conditions that mediate its enactment and student outcomes.

Discontinuities and ruptures which form the different viewpoints of this area or field:

RTI is both an educational practice and a diagnostic tool for disability. Nowhere else in special education does this dual definition exist—diagnosis and intervention are separate processes that are not comingled. This version of response to intervention offers a newer set of presumptions. RTI was guided by several assumptions representing a paradigm shift from previous determinations of SLD eligibility, born out of dissatisfaction with the discrepancy model. Instead of first assuming that a student’s learning difficulties reside in their individual ability, it focuses on instruction, curriculum, and the classroom environment as influencing student outcomes. These shifts reflect a new and ongoing analysis of learning opportunity gaps as a key influence of student outcomes as opposed to practices that start with individual deficit frameworks.

Critical assumptions or presupposition:

RTI models emphasize the use of evidence-based interventions, frequent progress-monitoring of student learning using curriculum-based assessments, and data-based decision making. The discourse surrounding RTI, because of its history and coupling with special education, remain very much rooted in disability labels and sorting of students as evidenced by the language of tiers. These practices reflect broader reform trends centered on technical-rational approaches to improving schooling and student outcomes in the U.S.

Introduction

This chapter traces the evolution of Response-to-Intervention (RTI) in the United States, focusing on the discourses that undergird its conceptualization in implementation and scholarship. First, the philosophical roots of RTI and its relationship to discursive practices about special education and learning disabilities are presented. Next, a discussion of the initial emergence of RTI as a new educational innovation, followed by an analysis of its present conceptualization, implementation efforts, and consequences. In the conclusion, implications for future practice and research are discussed.

Philosophical Roots of Response to Intervention and Disability

As with many other educational terms, “response to intervention” emerged from the medical field as a way of describing a patient’s reaction to an emergency treatment. Notably, it is used in toxicology, where pulmonary and respiratory measurements provide immediate feedback to the technician on “the interaction between a given stimulus and the central nervous system” (1976, p. 5). The term sits adjacent to dose-response curves, which are an illustration of the relationship between the dosage of a drug and a patient’s physiological response.

The use of a medical model in education, especially in disability, has long been viewed as problematic (Bank-Mikkelsen, 1980; Finkelstein, 2001; Wolfensberger, 1972). There has been a centuries-old tradition of viewing people with disabilities as “abnormal, burdened with difficulties resulting from organic dysfunction requiring expert help in order to ameliorate undesirable effects” (Simmons, Blackmore, & Bayliss, 2008, p. 733). In this stance, disability is deviance and the role of special education, a modern form of addressing disability, is one of diagnosis and treatment to reduce the deviance. Disability rights theorists, on the other hand,

have argued that disability is largely a social construct that is informed by the organizational structures of society. Foucault's work has been a consistent influence on disability studies (Anders, 2013) especially as a seminal source for the argument of impairment as a social construction that obfuscates the true work of "diagnosing the forces that produce them" (p. 2). Instead, the focus remains on ameliorating their results.

This tension between a medical versus social model of disability is apparent in the creation of a new category of disability that is unique to schooling: specific learning disabilities. The discursive practices invoked by Foucault (1972) remind us that it is not language and words themselves, but the systems created to match the language, that must be attended to, noting that discourse yields to "practices that systematically form the objects of which they speak" (p. 49). Learning disabilities are uniquely academic in nature and are manifested within the realm of reading, writing, language, and mathematics. As such, they are defined in educational law as a "disorder" resulting from "perceptual difficulties, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia" (IDEA, 2004, 20 USC 1401(30)). However, they are not otherwise readily apparent when these skills are not being utilized.

Special education is predicated on assumptions of "normal" and the contrastive "abnormal" and therefore relies on a relationship with psychometrics as a means to quantify each (Reid & Valle, 2004). In this discursive practice, difference is pathologized (Skrtic, 1995). This analysis of the philosophical roots of response to intervention and disability should not be misinterpreted as an argument that specific learning disabilities do not exist, or that students with specific learning disabilities should not be served. Rather, they illustrate critical assumptions that undergird policy and practice.

Initial Emergence of RTI and Shifts

The application of Response-to-Intervention (RTI) in United States education became widespread as a result of its inclusion in the regulatory notes of the Individuals with Disabilities Education Act of 2004 (IDEA, 2004), which allowed its use as an alternative for special education eligibility. It is notable that it does not appear in the law itself, only in its implementation. Further, RTI is limited to use for identifying students with a specific learning disability. Therein lies a conundrum, because RTI is both an educational practice and a diagnostic tool for disability. Nowhere else in special education does this dual definition exist—diagnosis and intervention are separate processes that are not comingled. Before it was codified into educational policy and evolved into a broader intervention model for students, RTI had its roots in special education practice, where to this day, a major concern is the process of identifying students with specific learning disabilities. As such, since its inception in special education it has been as a means for identification.

Vaughn and Fuchs (2003) trace the origins of RTI as an alternate means of identification to a 1982 National Research Council report, *Placing Children in Special Education: A Strategy for Equity* (Heller, Holtzman, & Messick, 1982) which proposed three criteria for identify students for special education. The criteria included considering the quality of the general education program, whether the special education program in place could actually improve student outcomes, and whether the tests uses to identify students were valid and accurate (Vaughn & Fuchs, 2003). All three criteria needed to be met for specific learning disabilities (SLD) qualification.

As scholars began to operationalize the criteria laid out in the report, they highlighted the potential benefits of RTI approaches. The dominant discrepancy model, sometimes derisively referred to as the “wait to fail” model, did not serve young students well, as it requires

demonstration of a lack of academic progress. Additionally, primary students do not take standardized tests. As a result, a child might be in second or third grade before being identified as having a SLD. In contrast, RTI was viewed as holding promising benefits such as the “(1) identification students using at risk rather than deficit model, (2) early identification and instruction of students with LD, (3) reduction of identification bias, and (4) a strong focus on student outcomes” (Vaughn & Fuchs, 2003, p. 140). The argument for response to intervention as a means for identifying students with SLD was that it considered classroom factors in advance of qualification for special education supports and services.

In this early iteration, RTI was guided by several assumptions representing a paradigm shift from previous determinations of SLD eligibility, born out of dissatisfaction with the discrepancy model (Vaughn & Fuchs, 2003). A discrepancy model is used to identify students by assessing the difference between a student’s academic performance and standardized achievement and IQ test results. As outlined in the early years of federal oversight of special education, regulations for SLD identification required demonstration of "a severe discrepancy between achievement and intellectual ability" (U.S. Office of Education, 1977, p. G1082).

Criticism emerged within a decade, across several fronts, all of them psychometric in nature. The first criticism is that achievement scores are unstable over time, with variance in performance from one grade level to the next. Therefore, the use of an unstable metric against a more stable one (general intelligence) yields capricious results (e.g., Braden & Weiss, 1988), and a child’s qualification would be dependent on how he or she performed on a standardized test. A second area of criticism is in regard to the other part of the formula: the intelligence test. Problems of cultural bias abound when it comes to intelligence testing, especially for racially, linguistically, and ethnically diverse students (e.g., Reschly, 1984). In practice the discrepancy

model has not been an accurate tool for differentiating between low-performing students who have been underserved and students with processing difficulties. This has led to some researchers arguing that low achievement should be enough to qualify for services and that intelligence testing is not necessary or valid for discerning between poor readers and dyslexic readers (Siegel, 1991; Stanovich, 1992).

The discrepancy model for identification of SLD is still in widespread use, and contemporary research of its shortcomings continue to emerge. Others have noted that the process neglects to consider factors beyond the individual child's performance nor does it question the validity of such tests in determining ability and performance (Artiles, Bal, & Thorius, 2010; Sabnis, Castillo, & Wolgemuth, 2019). In addition, Francis, Fletcher, and Stuebing (2005) demonstrated that 39% students who were identified as having a specific learning disability in third grade did not meet the same qualification in fifth grade.

The discrepancy model's tendency toward variance is amplified further because of the lack of specificity about the nature of the gap, as most any gap will do. If tested, most children would show some gap between performance and potential (McGill, 2018). This weakness appears to have been exploited in the 2019 college admissions scandal, where high school students obtained a diagnosis of a specific learning disability in order to petition the College Board for a testing accommodation (Lovett, 2020). Notably, the private psychologists who gave the diagnoses were not involved in the deception, as the person at the center of the scandal knew that virtually any tested student would show some discrepancy. As an added measure, according the FBI records, parents were advised to tell their child to "act stupid" or "act slow" in order to feign a disability (Lovett, 2020, p. 126).

In 2004, the RTI statute appeared in the IDEA legislation regulations. While it preserved the discrepancy model as a means for identification, it added through “additional authority” the option that a student could be identified through alternate means--response to intervention:

In determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures described in paragraphs (2) and (3). 20 USC 1414(b)(6)]

In doing so, the shift to RTI as an alternate means of identification introduced new possibilities as well as new challenges. What exactly does “scientific, research-based intervention” mean? With this came the introduction of new discursive practices that “systematically form the objects of which they speak” (Foucault, 1972, p. 49).

Overall, the discourse in the early conceptualization of RTI focused on mitigating the problematic nature of the special education designation process and attempted to shift the practice to providing early intervention supports within the general education setting. In addition to focusing on high-quality classroom instruction, RTI approaches emphasized the use of evidence-based interventions, frequent progress-monitoring of student learning using curriculum-based assessments, and data-based decision making. These practices reflect broader reform trends centered on technical-rational approaches to improving schooling in the U.S. (Datnow & Park, 2009; Kramarczuk Voulgarides, Fergus, & King Thorius, 2017), paralleling the national policy push in the early 2000s for “gold-standard research” (often narrowly defined as randomized experimental/quasi-experimental designs) in order to establish “what works.” At the same time, scholarly debates about what counted as valid and reliable research evidence to influence educational practice and policy were also at the forefront (Berliner, 2003; Eishenhart &

Towne, 2003; Erickson & Gutierrez, 2002; Feuer, Towne, & Shavelson, 2002). As federal policy privileged narrow definitions of what counted as evidence for teaching and learning, assessments and accountability data became critical tools for decision making in schools. In the following section, the current discourse on RTI implementation and research is analyzed.

From Emerging Innovation to Established Practice: Continuities and Disruptions in Discourse and Practice

A decade after its codification into federal policy, all 50 states allowed RTI as an alternate means for identification of a specific learning disability (Fuchs & Vaughn, 2012). In its current basic iteration, RTI is typically presented as a three-tiered model, outlining processes for diagnosing and supporting student academic progress. The focus in Tier I is overall classroom instruction, ensuring that high-quality evidence-based instruction is accessible to all students. In Tier 2, students who are not benefitting from Tier 1 instruction are targeted for supplemental instruction, usually in small groups. Those students in Tier 2 who continue to make little progress are then considered for Tier 3 interventions which emphasizes personalized and intensive supports. If learning difficulties continued, then evidence of a lack of responsiveness to interventions may be submitted, along with other documentation, that the student may have a specific learning disability. Should it be determined, the student would be eligible for special education services.

This version of response to intervention offers a newer set of presumptions. Instead of first assuming that a student's learning difficulties reside in their individual ability, it focuses on instruction, curriculum, and the classroom environment as influencing student outcomes (Artiles, Bal, & Thorius 2010; Fuchs & Vaughn, 2012). In other words, the target of initial intervention is

the classroom rather than an individual student. Furthermore, identification measures are directly linked to instruction. It rests on a key assumption is that “responsiveness to treatment can differentiate between two explanations for low achievement: poor instruction versus disability” (Fuchs, 2002, p. 521). These shifts reflect a new and ongoing analysis of learning opportunity gaps as a key influence of student outcomes as opposed to practices that start with individual deficit frameworks. At the same time, the discourse surrounding RTI, because of its history and coupling with special education, remain very much rooted in disability labels and sorting of students as evidenced by the language of tiers.

Although the unit of intervention has changed from an initial focus on an individual student to instructional practice, both discourse and practice on RTI remains centered on medical models and standardized practices. Ferri (2012) notes that “terms such as standard, universal, protocol, and treatment predominate in the literature on RTI. Envisioning the classroom as a laboratory, under RTI, everyone follows the same standard treatment protocol, which is understood to be universally applicable and effective” (p. 865). Scholars from a critical tradition have questioned the central assumptions of RTI, especially its exclusive centering of student ability issues (Artiles 2015; Thorius & Maxcy, 2015), arguing that this narrow analytic focus ignores the socio-cultural nature of learning and the intersectionality of student identity and experiences beyond ability labels (Artiles et al., 2010). For instance, lack of attention is paid to how race, gender, and/or language identities intersect with institutional factors in understanding student outcomes. Thus, RTI follows educational policies and reform efforts that are colorblind and neglects to directly grapple with the needs of diverse student populations (Artiles et al., 2010; Kramarczuk Voulgarides et al., 2017; Thorius & Sullivan, 2013).

The critical discourse surrounding RTI reflects broader equity concerns in education, especially the overrepresentation of minoritized students in special education (in both learning disabilities and behavioral disorders programs) and how best to serve diverse students. It also critiques the lack of attention paid to structures, history, politics, and the socio-cultural contexts in which reforms are implemented. Critical scholars continue to raise questions about RTI implementation and the lack of attention paid to social, cultural, structural, and political conditions that mediate how it is enacted in schools (Artiles et al., 2010; Thorius & Maxcy, 2015). These scholars argue that there is an over emphasis on a technical-approach to RTI implementation and research such as concentrating on procedures and categorization. Scholarship on RTI is dominated by a focus on RTI's "essential components (screening, school monitoring, research-principled general education instruction, and supplemental intervention)" within the fields of special education, school psychology, and reading education (Fuchs & Vaughn, 2012, p. 2). RTI research and practice tends to either emphasize its use narrowly for special education identification or a whole school reform approach (Sabnis et al., 2019) with multiple discourses about its description and implementation processes ranging from a focus on services for students with disabilities to more expansive systemic change that reconfigures the relationship between special education and general education (Artiles et al., 2010).

In addition to placing a premium on evidence-based instruction and intervention, RTI also stresses fidelity as a critical element of implementation (Ferri, 2012; Kramarczuk Voulgarides et al., 2017; Thorius & Maxcy, 2015). The emphasis on fidelity is another reflection of the technical-rational approach to policy implementation and educational administration. Traditional models of policy implementation and school improvement tend to assume the trajectory of the change process as linear or presume that it occurs in steps (Datnow & Park, 2009; Honig, 2006;

Kuipers et al., 2014; Snyder et al., 2002). In reality, change trajectories may be more spiral or open-ended (Weick & Quinn, 1999), especially if change is expected to be continuous rather than an episodic event (Todnem, 2005). The technical-rational perspective focuses on the administrative and procedural aspects of reform implementation while downplaying the influence of context, tending to view local variation in implementation as a problem rather than as inevitable or potentially desirable (Datnow & Park, 2009; Snyder et al., 1992).

Thorius and Maxcy (2015) note that much of the RTI research focuses on implementation efficacy and fidelity which are important to assess but neglects to consider the complexity of the policy enactment process which influences both implementation and student outcomes. RTI practices suggest major shifts for the role of teachers, who are the main agents of its implementation. They are not only expected to be instructional experts who are well versed in scientifically-based evidence for teaching and learning, but are also called to have ability to use data and understanding of curriculum-based assessments to diagnose and support student learning needs. When implementing reforms, individuals and groups engage in sensemaking processes that mediate how they conceptualize and act out policy, constructing understandings within the confines of their current cognitive frameworks and enacting their interpretations in ways that create new ways of thinking, relational patterns, and practices (Coburn, 2006; Spillane et al., 2002). Because sensemaking occurs in a social context, there can be different interpretations of the same message even within a single organization such as a school (Siskin, 1994; Coburn, 2006). This is also the case for RTI as evidenced by multiple varying definitions and processes enacted by states and schools (Berkeley et al., 2020).

Both explicit and implicit notions of teaching and learning is especially relevant to RTI as the model rests on the assumption that the first tier of intervention lies on ensuring high quality

instruction. Ferri (2012) observed, “Surprisingly, given the discourse about teacher fidelity, there is much about RTI that is a bit of a moving target at this point. For example, there is little consensus on what constitutes the “R” in RTI - an issue that is largely left to those implementing the model” (p. 866). In general, ongoing questions and challenges remained about progress monitoring, what counts as effective Tier 1 and Tier 2 instructional strategies, and high quality professional development to support teacher implementation (Fuchs & Vaughn, 2012). What does high quality instruction look like? What would it look like to seriously consider culturally responsive pedagogy instead of universal, acultural, and colorblind practices? As scholars have noted, research on effective and appropriate instructional practices for culturally and linguistically diverse student populations remain underdeveloped with regards to RTI studies (Klingner & Edwards, 2006; Ferri, 2012; Thorius & Sullivan, 2013). Although some scholars observe that “RTI’s greatest accomplishment to date may be the dramatic increase in school’s routine reliance on screening to identify students at risk for reading and increasing math difficulties” (Fuchs & Vaughn, 2012, p. 2), on the whole, evaluation of RTI itself as a means to improve student academic outcomes remains mixed and limited (Fuchs & Fuchs, 2017). Beyond RTI, knowing how to scale up and sustain systemic reform that improves instructional practice and student learning has been rare (Cohen & Mehta, 2017).

Research on school reform, especially those focused on equity issues, have shown that without directly confronting taken-for-granted assumptions about schooling and learning, practices will revert to the status quo. Schooling contexts as well as existing capacities and ideology of reformers and practitioners have consistently shaped the implementation process of new education programs and policy (Firestone, Fitz, & Broadfoot, 1999; Fullan & Pomfret, 1977; Honig, 2006; McLaughlin, 1987; Oakes et al., 1997; Lipman, 1997; Tyack & Cuban,

1995). Educators have been found to implement the surface level aspects of reform by changing the structure of their classes, instructional routines, and materials without understanding the theories and principles that drive those practices (Coburn, 2006; Cuban, 2013; Oakes, 1995; Spillane et al, 2002). Given the complexities of reform expectations, as well as the lack of attention to capacity building and professional development in policy, this is unsurprising. This is also borne out within RTI implementation and research. Taking a critical qualitative approach, Sabnis and colleagues (2019) studied six white elementary school teachers about serving Black students using RTI. The teachers in their study had a compliance approach to implementing RTI and defined it as a four-step process to help students with reading problems before they qualified for special education services. They note that, “the tiers thus came to be a typology to ability in a way that paralleled the traditional typology of special education student and general education student that RTI proponents meant to eliminate” (Sabnis et al, 2019, p. 18). The researchers found teachers used deficit thinking (Valencia, 2010) to evaluate students and make sense of data. Similarly, Thorius et al.’s (2014) case study of RTI implementation in an urban elementary school found that educators used pre-RTI processes to determine special education eligibility and engaged in deficit discourse about students and families for diagnoses. These findings are in line with the broader research on policy implementation, which underscores how teacher’s beliefs about students’ backgrounds and their ideologies on teaching and learning influence how reforms are enacted in every day practice (Bertrand & Marsh, 2015; Diamond & Spillane, 2004; Lipman, 1997; Oakes et al., 1997; Rubin, 2008). Without directly confronting deficit beliefs about students of color, those from low-income backgrounds, or diverse abilities, teachers and schools are likely to recreate existing structures of inequality (Artiles, 2015; Oakes et al., 1997, Valencia, 2010).

Conclusion and Recommendations

The discourse on RTI began with concerns about student equity in special education, with solutions and perspectives building on medical models of intervention and implementation approaches rooted in technical-rational methods. RTI discourse attempted to shift away from an emphasis on individual student learning deficits to that of classroom instruction and curriculum interventions in the general education setting. Attempting to blur the boundaries between special education and general education, “It offers nothing less than re-framing of responses to struggling learners using a public health logic which prevention, early intervention, and ongoing data based performance are hallmarks” (Artiles, 2015, p. 12). Critical discourse about RTI research and practice reflect broader and historical analyses of policy implementation and large-scale school reforms described as overemphasizing the technical dimensions of change and underestimating the influence of the socio-cultural, cognitive, and political contexts. In its early stages of development, scholars expressed concern that without thoughtful consideration of the needs of racially, culturally, and linguistically diverse students, as well as the implementation and support for quality instruction, RTI models will simply reproduce inequities and deficit frameworks (Ferri, 2012; Klingner & Edwards, 2006). There is evidence that RTI practice and research continues to follow larger trends in school reform and educational change, where new reforms fail to explicitly deal with implementation in ways that challenge dominant ideologies about student learning and day-to-day schooling practices.

In a more recent analysis of state education agencies RTI guides and policies, Berkeley et al.’s (2020) suggests that conceptualization of RTI continues to evolve with variance across contexts. In contrast to 2007 when RTI was the only tier support model, by 2017, 17 states

referred to using RTI while 21 referenced Multiple Systems of Support (MTSS) or a combination of RTI and MTSS (n = 5) (Berkeley et al., 2020). The use of these terms however does not necessarily reflect accurate differences in models themselves. Berkeley et al. (2020) found that some states explicitly articulate MTSS as distinct from RTI while others use MTSS as an umbrella term for numerous initiatives and programs including RTI. The shift towards MTSS may also be a reflection of Every Student Succeeds Act (ESSA, 2015), where it generally references multi-tier systems of support with regards to K-12 literacy. The evolution of RTI towards MTSS suggests an explicit decoupling of its root from the narrow focus on identification of learning disabilities to broader notions of student supports that are more systemic. MTSS also signals a coupling of student learning support with socio-emotional ones, with a move towards a more holistic view of students. It remains to be seen if future research and practice in this area will explicitly pay attention to ideologies and assumptions about equity, student identities, teacher capacity, and implementation processes.

In terms of recommendations, we suggest:

- Moving away from RTI to MTSS, inclusive of the social and emotional learning
- Embrace a more holistic view of students
- Monitor equity issues such as the demographics of students who are referred to RTI or MTSS
- Refrain from labeling students based on the types of support they receive (e.g., do not say that there are “tier 2 students”)
- Design and implement strategies to remove learning barriers such that fewer students need supplemental and intensive interventions

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