

Early Intervening: What Works?

by Will Burrow

The idea that formed the inspiration for Marion Wright Edlemann's phrase "No Child Left Behind" represents a concept that has driven many educators since the early years of our nation. The phrase was meant to inspire and create a vision for a more effective educational system that would serve the needs of all children. The original phrase was never intended to assume that all children were above average or that all children were of equal nature. Any parent who has raised two or more children understands the existence and importance of individual differences and the need to value those differences. Parents have always understood that equal opportunity for the development of individual skills and interests is not the same as expecting two different children to achieve at the same level and in the same way. "One Size Fits All" does not work for children's clothing or children's learning.

The goal of early intervening services is not to create children who are all above average or who all meet certain standards of performance. The goal of early intervening is to ensure that each child has the opportunity to perform at a level that is commensurate with that child's abilities, interests, and needs. The goal is not to create large groups of children with the same skill sets, but individual children who are informed, happy, and productive citizens. Early intervening actions are focused on the individual child, nothing more and nothing less.

Over the past four to five years the staff at School Union # 44 (Sabattus, Litchfield, Wales, Oak Hill CSD) developed a set of activities that evolved into a fairly well integrated system of early intervention. The Union's early intervention system remains a work in progress. The initial effort at early intervening started with a familiar problem – too many young children seemed to be falling behind their

peers at a very early age. The first step was to agree on who was falling behind. The Assistant Principal at one of the K-2 schools and the district's Special Education Director constructed grade level teams that included one or more regular classroom teachers, the Title One teacher, the Resource Room teacher, the Speech Therapist, the COTA, the Nurse, the Counselor, and the Assistant Principal. Each team met two or three times a month for 30-90 minutes. Each grade team rated every student in grades K, 1, & 2 as being at low, medium, or high risk for academic failure. This was done at least three times a year and more often for identified at-risk students. Initially, the ratings were based on perception and a team discussion. As the team became more proficient, specific classroom performance data was examined (e.g. letter naming, DRA scores, writing prompt ratings) in order to make judgments more objective.

The initial purpose was to classify students so that teachers could better focus their instructional efforts. However, the process soon included discussions on what forms of additional intervention might be possible to address the needs of the medium and high-risk students. Some of the early interventions were very simple and included parent conferences, changing a seat assignment, inclusion in a social skills group, and extra help from a special education paraprofessional who was in the regular education classroom to help already identified special education students. As the teams became more effective at defining needs, the Principal and Assistant Principal began to consider the addition of after school tutoring, summer tutoring and other more formal methods of intervention. The Special Education Director approved the participation of non-identified students with identified students where instructional needs were aligned. The team's ability to maintain a highly individualized approach to intervention was one of the keys to the success of the program.

After the K-2 teams had been working for several months, the Principal decided to apply the same basic procedures to the students in grades 3-8 in that school. Similar teams were constructed and began to function in a manner similar to the original set of teams. The focus

continued on page 9



continued from page 8

of the 3-8 teams was not as much on basic skills as it was on student motivation, behavior, content performance, and organizational skills. There was an increasing expectation at all grade levels that student needs would be addressed sooner rather than later. Small changes in negative student performance were taken seriously and addressed before they became full blown problems.

Late in the first year and proceeding into the second year the other large elementary school began to adopt similar procedures for identifying and addressing the needs of “at-risk” children. The teams in the second school adopted their own procedures and activities, but the results were very similar to those in the first school. By the end of the second year the early intervening program was firmly established in the second school.

The third and smallest of the elementary schools has never had a formal “at-risk” process. However, the K-2 staff have worked together for so long that every child is known to every staff member. The culture of the school has always supported collaborative forms of intervention. As the practices of the other schools gained recognition, the third school began to incorporate a wider range of interventions into its less formal process of early intervening.

Prior to the first year of the program the Special Education Director had started to look for specialized instructional strategies or programs that would be more effective in addressing the academic and behavioral needs that had been highlighted to that point in time. In searching the WEB he found one technique that seemed to have promise. It was called Precision Teaching (PT). It was a method that had been in use since the early 70s with a research

history that went back to B. F. Skinner and one of his students, Ogden Lindsley. Information gathered from additional research, participation on the PT listserv, and direct instruction from one of Dr. Lindsley’s original students provided enough background information to suggest that PT might be responsive to some of the identified needs.

Early in that first year one of the K-2 special education resource teachers became very frustrated by one of her students who was not making progress despite her best efforts. She was looking for something better to do with the student. Through the listserv a provider of PT services was found in a town south of Boston. *The Fluency Factory* was a specialized tutorial program operated by Richard McManus. We took the child and his parents to see Mr. McManus at *The Fluency Factory*. Over the course of four hours Mr. McManus “hooked” the student and started all of us on a very different instructional path.

Shortly after the initial visit a second K-2 resource teacher started using some of the same PT techniques suggested by Mr. McManus, including the charting of student progress on the Standard Celeration Chart. Over the next two years Mr. McManus and other PT experts came to Maine to train additional teachers on PT methods. Michael Maloney, a practitioner/trainer from Canada provided direct training to the district’s special education teachers on his Direct Instruction (DI) reading program, *Teach Your Children Well*. Elizabeth Haughton, a master teacher from California brought additional instructional insights and materials to the special education staff. The full PT story cannot be told in this brief space. However, the use of PT techniques has made a substantial contribution to School Union #44’s early intervening program.

What other elements were integrated into the early intervening system? Collaboration among every member of the school community was one of the keys to the success of the early intervening effort. Commitment to, and support of, the progress of individual students were evident on a day to day basis. Without this total school investment individual staff efforts would have yielded few significant changes in student performance outcomes.

The Maine Special Education/ Mental Health Collaborative Out-Reach Support Services



Providing Consultation, Training, and Clinical Services
for public schools serving students
with emotional and behavioral impairments

For information contact: Nicole Dennen, LCSW
(207)688-2253 ndennen@collaborativeschool.org

continued from page 9

The Superintendent did not play a direct role in the evolution of the system, but without his support early intervening would never have taken hold. Each of the three elementary principals and the two assistant principals were absolutely critical to the success of the program. They put local school resources on the table to create a variety of regular education interventions (e.g. after school tutoring, summer school, consistent rules, Title I, student and teacher accommodations) that were crucial in providing alternatives to the standard school program. Over the next three years over 30 interventions were created by the principals. The effectiveness of the “at-risk” grade level teams was a direct result of the strong commitment of the administrators.

One of the more unique interventions involved the special education teachers. On a very selective basis they provided incidental benefit to a few non-qualified students. In situations where a student was identified as “at-risk” of school failure the student’s instructional needs were matched to those of a special education student. Adding one more student to a “group” of one or two did not detract from the teacher’s primary responsibility to her special education students. The interventions were always provided with parental approval. The intervention might last a few weeks or the better part of a year. If the student was later referred for special education services the accumulated data was used as part of the overall assessment. If the student caught up with age peers, then the student was dropped from incidental benefit. Incidental benefit was often combined with Title I instruction as well as continuing instruction in the regular classroom. Additional practice in basic components was often all that was needed to remediate the student’s apparent academic deficits. In a few cases students made up to three years of academic progress in less than a school year.

At the start of the fourth year an early intervening specialist was added to the mix of interventions. This teacher provided individual and small group (1-3 students) instruction on specific reading and math skills. She moved from school to school each day and provided each of her students with 15-20 minutes of highly focused instruction. The results of this intervention are not yet known.

Data based decision making gradually seeped into the

early intervening system. For years the K and 1 teachers and the Title I teachers had been collecting student performance information (e.g. number of letters and letter sounds recognized, DRA reading levels, sight words read). This data created the framework within which additional forms of data (e.g. handwriting, writing prompts, oral reading passages, activity level, behavior) were collected and then reviewed by individual teachers and the “at-risk” teams. Most staff have acquired new skills and new attitudes toward the role of data in the school. As the special education teachers began to bring PT charts to student meetings the direct measurement of student behavior was slowly accepted as the norm and not the exception for describing student progress. Embedding the use of data for instructional purposes into the school culture remains a work in progress.

The process of referring students to special education has changed substantially over the last three or four years. Historically, an individual teacher would decide when a referral would be made and what information might be included in the referral. By the middle of the second year most individual teacher referrals were stopped. Only the “at-risk” teams could refer. The team process generated better questions and systematically examined the response to previous interventions as a means of ensuring that all alternatives to referral had been exhausted. Over the next two years the number of referrals slowly fell and those who were referred tended to be found eligible more often.

Has early intervening made a difference? Yes. During the first three years the differences were most noticeable at the individual student level. Individual students who were struggling with a broad variety of school requirements were identified very early. Often the only need was for

continued on page 11

B.K. (Sonny) Cough
119 Eden Street
Bar Harbor, Maine
04609
(207) 288-5801



Include Coastal Maine in your plans

continued from page 10

some classroom modifications or some extra parental communication. Many of the identified problems were addressed quickly and effectively and the student needed no long-term service. In other situations the “at-risk” teams were able to try a variety of interventions, some successful and some not. In these situations even significant performance problems did not get out of control and were managed within the framework of regular education services.

Over time the teams became very proficient at trying creative interventions. When performance problems persisted the teams were satisfied that they had done everything possible to help the student make desired progress. The data and general information gathered during this process also contributed to the fund of information considered by the special education eligibility determination team. In a few cases, the “at-risk” team recognized very quickly that special education services would be needed, and in these cases, the referral was able to proceed expeditiously, often while additional interventions were being provided.

Case studies from two different K-2 resource teachers illustrate the individual effects of the early intervening system.

During summer school of 2004, I had one little girl that was going to be an in-coming second grader that fall. Her classroom teacher had referred her to summer school because she was at a Developmental Reading Assessment (DRA) level 4, which was a beginning first grader level. I soon found she knew very few sight words and still had

not mastered all letter recognition or the associated sounds. We quickly began working on her letters and their sounds by doing one-minute timed tests with a deck of alphabet cards and charting her daily progress on her Standard Celeration Chart. When school began, I picked her up for incidental benefit in my resource room, with parental permission. She came five days a week for forty minutes. After she mastered her letters and sounds, we began to work on her sight words. A one-minute timed test began every class. In fact, my students would not allow class to begin until they did their “tests”. They were always anxious to “beat the previous score.” My student soon began reading 30 words per minutes with few errors, or “learning opportunities.” By the time she reached the 4th group of words, she was reading 74 words per minute with “O” learning opportunities. We worked at reading in a first grade basal book, which was a challenge. By February vacation, she was reading in a second grade reader. Her DRA test at the beginning of April showed that she was now on a DRA level of 20, which is early second grade. May brought a DRA score of 24 and charting of group 11 sight words at over 88 words per minute with no mistakes. She finished the last group of sight words by the end of school. With a supportive mother who saw to it that she read 30 minutes ev-

continued on page 12

Pine Tree Society offers a full range of services designed to support the education of Maine children with special needs. We deliver uniquely customized services in a highly supportive manner. Whether it's a young girl benefitting from custom made adaptive equipment or a high school student finding his own voice with customized augmentative communication, Pine Tree Society changes lives.

149 Front Street, Bath, Maine 04530

Tel: (207)443-3341

Web: www.pinetreesociety.org

DISCOVERING ABILITIES TOGETHER

**Pine Tree
Society**

**The #1 source
for education jobs
in Maine!**



ServingSchools.com

Visit www.ServingSchools.com
or call 1-800-727-1941 for more information

continued from page 11

ery day during the summer, this student entered third grade reading on grade level. Her mother tells me that reading is now her favorite pastime!

Branden was referred to special education when he was in the first grade. He had a history of frequent visits to the principal's office for aggressive behaviors toward his peers. Branden was also having a great deal of difficulty making adequate gains in the area of reading. As a part of the referral process Branden was tested using a standardized assessment tool. During the testing Branden told the tester that he needed help, and wanted to come to the resource room. His scores did not support his identification as a student with a disability, despite the fact that he was failing in the mainstream reading class. The "At-Risk Committee" met at the beginning of the following grading period. The members determined that Branden required some type of intervention for him to make adequate gains. With his parents' approval Branden began to come to the resource room five times a week for an hour a day for direct instruction in reading. Branden remained in the resource room for reading for the remainder of his first grade year and all of his second grade year. His reading scores increased to near grade level by the end of second grade. Branden was awarded the school's Phoenix Award at the end of his second grade year for his excellent behavior and his improved academic performance. Branden's success stayed with him as he transitioned to a new school and a new grade.

The impact of early intervening was less obvious when viewed from the school or district perspective. During the first three years there were no noticeable changes in the number of students identified as eligible for special education services. Toward the middle of the third year there even seemed to be a spike upwards in the number of students identified. Clear data on new referrals was not tracked, but the impression was that these numbers gradually declined. Specific data on "behavior" issues was not kept, but again the impression was that problems in the middle schools appeared to have declined.

Late in the third year and early in the fourth year there was a noticeable district wide impact. For the previous five years the number of students identified as in need of

special education services had hovered at or just under the state wide average. The state wide average and the district average had been slowly climbing from 15 to 16 to 17 percent of the total school population. The district's identification rate rose to just over 17% (290 of 1715 students) at its maximum. By late June of that year the number of eligible students had fallen to 250. By the following October the number was down to 240 and by December 1 the number was 218, a rate of just under 13%. Pending referrals to special education in late October of year four included only 4 students. Clearly, something dramatic had taken place.

Do we know how we got to this point or where we might be headed? Only partially. There is no directly observable link between our early intervening actions and the decline in the need for special education services. However, there are a few tentative observations that can be made at this point in our ongoing process. If any of the key elements cited above (e.g. at-risk teams, administrative support, collaborative efforts, PT methods) were absent or compromised then the results likely would have been different. No single element in the system can account for our overall success, but the absence of any one of the elements could have created failure. Our ultimate success was dependent on our ability to engage and motivate students who were struggling. Only through their efforts have we been able to achieve a degree of success.

Going forward we will continue to refine each of the elements described above. As staff and leaders change we will be challenged to incorporate new contributors into the process. Changing resources and regulations will need to be integrated into our efforts. Our search for more effective scientifically-based instructional interventions will be ongoing for regular and special education. We have no expectation that NCLB's anti-scientific goal of 100% proficiency for all students will, or should, ever be met. We do expect to create instructional programs that will be increasingly responsive to individual needs and that only those students who need specialized instruction will find their way into special education programs. We know that early intervening must be an integral part of our school culture if every student is to have access to an appropriate educational opportunity and reap the full benefits of the public education experience.