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*Loyola University Chicago*

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LOYOLA UNIVERSITY CHICAGO

AN EXPLORATORY STUDY OF PRINCIPALS' ATTITUDES REGARDING  
THE PROVISION OF SPECIAL EDUCATION SERVICES USING THE  
TRADITIONAL SPECIAL EDUCATION MODEL COMPARED TO USING  
THE RESPONSE TO INTERVENTION MODEL

A DISSERTATION SUBMITTED TO  
THE FACULTY OF THE GRADUATE SCHOOL OF EDUCATION  
IN CANDIDACY FOR THE DEGREE OF  
DOCTOR OF EDUCATION

PROGRAM IN ADMINISTRATION AND SUPERVISION

BY

DEIRDRE MARIE WILLIAMS

CHICAGO, ILLINOIS

MAY 2012

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## ACKNOWLEDGEMENTS

My doctoral program has been a journey that only the God I serve carried me through. For this, I give God the honor, glory and praise knowing that all things work together for the good of those who love the Lord, who are the called according to his purpose.

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## DEDICATION

I would like dedicate this dissertation to my parents, Earl and Lida Alexander, who have supported me emotionally, spiritually and financially. Their never ending love and belief in me is priceless. They have sacrificed and always encouraged me to believe in myself, to never give up and to always live my dreams. I would also like to dedicate this dissertation to Paul, my husband for his ongoing encouragement and love. He has truly been my rock and support through this journey.

Most importantly, I would like to dedicate this dissertation to my daughter, Montanna, whom I thank for checking on me, reminding me to get some rest and consistently telling me, "I'm proud of you mommy." Thank you Montanna, my princess! May you climb the ladders of success always believing in yourself and knowing that I'm with you in everything!

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## ABSTRACT

The purpose of this study was to explore the attitudes of principals regarding the provision of special education services using the traditional special education model compared to using the response to intervention model. The major research and related research questions were identified by the investigator to explore the attitudes of Illinois public elementary school principals regarding special education services, in relation to: (1) resources; (2) amount of faculty time spent; and (3) the role of the principal. The major research question and the related research question was addressed through seven survey questions, six through Likert-scaled questions and one through an open ended question.

To address the research objectives, the researcher conducted a pilot test with three Illinois elementary school principals from a south suburban school district in Illinois. The sample for this study is purposeful, rather than random and is based on the attitudes of public Illinois elementary school principals. The sample is limited to 15 Illinois school districts across DuPage County, Will County and Cook County, and included 68 elementary schools across the 15 school districts. The elementary schools used in this study have student populations ranging from kindergarten (K) to eight (8) grades. Of the 68 surveys sent to this representative sample of principals, 39 were returned. The 39 respondents was a 60% response rate.

The study revealed that over 90% of the majority of the 39 respondents regarding special education services attitude reflected that more resources are used for response to intervention model compared to traditional special education model. The results further indicated that the majority of the 39 respondents' attitudes indicate that the amount of faculty time spent was greater in the use of the response to intervention model than in the traditional special education model. Lastly, the majority of the 39 respondents' attitudes towards the role of the principal were greater in the area of response to intervention model than in the traditional special education model.

Results of the study suggested the majority of Illinois elementary public school principal respondents felt their attitude towards the use of the response to intervention model is greater than their attitude towards the use of the traditional special education model.

## CHAPTER I

### IN PERSPECTIVE AND PURPOSE OF THE STUDY

In many situations, the researcher has had opportunity to read in school newsletters, school bulletin boards and outdoor marquees the themes that appeared to describe the attitude of principals surrounding the provision of educational services for students. Such themes read as follows: (a) all students are honored at D Elementary School; (b) all kids matter; (c) B Middle School where kids are first; (d) excellence first for all students; and (e) togetherness makes a difference for all students.

The researcher began to think about school leaders' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model. What are the attitudes of school leaders in relation to special education services? The editor of the *Oxford Dictionary and Thesaurus* (Oxford University Press, 2002), gave the definition of the word "attitude" as follows: an opinion, a way of thinking (Oxford University Press, 2002).

The researcher has discovered through work and educational experience that, over the years most school leaders have attended to providing special education services through the use of the traditional special education model in their buildings. It cannot be disputed that how school leaders think or have an opinion will influence how they lead. Through work and educational experiences it became a discovery for me that the attitude

of the principals as leaders sets the tone for how services are provided within their school buildings.

The researcher began to wonder what attitudes principals have in relation to provision of special education services using the traditional special compared to using the response to intervention model. If all students matter and excellence is for all students, then the attitudes of building principals will set the tone for how services are to be provided for all students, including those who are provided special education services. If the principal's attitudes are that provision of special education is not valued, then the curriculum taught may be only provided for those students who do not have an identified eligibility.

The attitudes that provision of special education services are not valued could also lead to curriculum taught by instruction that may lead to the belief that the principal is only concerned about students who exceed or meet standards on state standardized assessments. If the principal's attitudes surrounding special education are one of value, then the principal's building climate will value the provision of special education services through the use of the traditional special education model and through the use of the response to intervention model. Yes, the attitude of principals sets the tone for how services are provided within the school buildings (Praisner, 2003).

History indicated that the United States of America went from a country that would separate and exclude children who are struggling to a country that provided intervention through special education services (Martin, 1989). As history moved forward, provision of services began to take a different face. Provision of services

through response to intervention was introduced and has allowed more students an opportunity to receive one or more interventions outside of special education eligibility consideration (Gresham, 2002).

On April 13, 1970, Public Law (PL) 91-230, the Education of the Handicapped Act was developed. Martin (1989) stated that the magnificence of the Education of the Handicapped Act, PL 91-230, expressed a moral commitment on the part of this Nation for children with disabilities. Martin stated that more importantly, The Education of the Handicapped Act was a matter of establishing that people with disabilities share the same constitutional rights as non-disabled persons do. Having done that, the Education of the Handicapped Act has changed forever the rights of children with disabilities.

In November 1975, The Education for All Handicapped Children Act of 1975, PL 94-142, was signed into law at the federal level (Levine & Wexler, 1981). The intent of PL 94-142 was to provide every student with a disability a free and appropriate public education (Levine & Wexler, 1981). Turnbull (1996) stated that The Education for All Handicapped Children Act was a federal law that sought to increase uniformity across the states in regard to services for children with disabilities.

The Education for All Handicapped Children also known as PL 94-142, provided that education, as mandated by legislation, would be viewed as a contract for service between the legislative and executive branches of government (Wohlstetter, 1991). The legislature would monitor the contract between the state educational agency and the government to determine if the implementation was consistent with the original intent (Wohlstetter, 1991).



With regard to PL 94-142, Congress would be informed annually by a report currently titled, “The Implementation of the Individuals with Disability Education Act (IDEA),” with regard to the progress of state agencies. Wohlstetter (1991) stated that this report provided quantitative data on the numbers of students served by special education services as well as the titles of the qualifying categories in each state of those students.

The attitude of principals has shifted and mandates have changed regarding the provision of special education services at the federal and state levels (Office of Special Education and Rehabilitative Services, 2004). Policies such as The Individual with Disabilities Education Improvement Act of 2004 (IDEIA) (P.L. 108-446) and The No Child Left Behind Act of 2004 (NCLB) (P.L. 107-110) have been implemented to reduce the achievement gap and improve academic levels of all students. The No Child Left Behind Act (NCLB) was signed into law by President George W. Bush on January 8, 2002 and is regarded as the most significant federal education policy to date (Illinois State Board of Education, 2008). NCLB is the latest revision of the 1965 Elementary and Secondary Education Act. The major goal of NCLB was created to ensure that every child in America have an opportunity to meet high learning standards and attain proficiency or better in reading and mathematics by 2013-2014 school year (Illinois State Board of Education, 2008).

Another federal mandated change was the Reauthorized Individuals with Disabilities Education Act (IDEA) which was signed into law by President George W. Bush and became effective on July 1, 2005 (Office of Special Education Regulations, 2006). Since its conception, IDEA has been revised and reauthorized with the most

recent amendments passed by Congress in August 2006 (Office of Special Education Regulations, 2006). IDEA guides how states and school districts provide special education and related services to millions of eligible children with disabilities. IDEA states that a variety of assessment tools and strategies must be used to gather relevant functional development and academic information (Office of Special Education and Rehabilitative Services, 2004). Federal and state mandates require that the responsibility for carrying out functional and academic assessments follow the guidelines of IDEA.

IDEA has added new definitions to procedures for assessing the need for intervention services (Office of Special Education & Rehabilitative Services, 2004). Numerous state boards of education have included new special education regulation requirements that school districts must use to process and determine how students responds to scientific, research-based interventions as part of the evaluation procedure towards providing academic support (National Association of State Directors of Special Education, 2007). In addition, school districts must determine that lack of achievement is not due to lack of appropriate instruction prior to making any student eligible for special education services (National Association of State Directors of Special Education, 2007).

Closing the achievement gap for all children has become a priority as the growing diversity of the nation's children has resulted in a wide range of abilities and academic needs not always addressed by the present educational system. Accountability shifting has occurred and the emphasis is on student outcomes. The goal is for all students to receive an equitable education and achieve high standards.

Achieving the goal of all students receiving an equitable education has been difficult. This is due to the implementation of policy reforms (Cohen, Fuhram, Mosher, 2007). Researchers have identified characteristics of school reform that yields a broader scientific approach for school improvement (Fullan, 2007). Principals are finding more research that is supported by empirical research that guides teaching and learning processes and improves school improvement (Lyon & Moats, 1997). It is with this discovery principals hope the goal of all students receiving an equitable education can be met.

As a method of providing additional special education services, the traditional special education model was enacted under IDEA and has been implemented consistent with our nation's special education law (Guernsey, 1993). Special education services have included federal legislation (IDEA), requiring that all children must receive a free appropriate education that includes specialized designed instruction, individualized evaluation, eligibility determination, individual education planning, and the provision of individualized services (Lake, 2007).

The overall definition of special education services cannot be unilaterally defined because services are provided to meet the unique needs of students with a disability based on their individual characteristics (Lake, 2007). To qualify for services a student must meet the definition of one or more categories of disabilities specified by the law and must need special education and related services as a result of such disability or disabilities (Lake, 2007).

As a method of providing special educational services, response to intervention is another model of service delivery. The response to intervention model is a scientific, research based intervention that provides high quality instruction and interventions to match students needs through monitoring progress frequently (National Association of State Directors of Special Education, 2007). Response to intervention came to the national forefront in the late 1990's as an alternate approach for identifying students with specific academic and/or behavioral needs (Glover, 2007).

Responses to intervention models share several common features. Student's progress is monitored to determine what is working and what is not working and what adjustments need to be made (Glover, 2007). Students who do not respond to basic interventions receive heightened levels of interventions that include, but are not limited to: tutorial programs, guided reading classes, math interventions, peer tutors, and behavioral support. This study will explore principals' attitudes regarding the provision of special education services using the traditional special education model compared to provision of special education services using the response to intervention model.

Research on the attitudes of principals regarding the provision of special education services using the traditional special education model compared to using the response to intervention model appears to be minimally developed. Illinois is a representative sample of a state having the growing emphasis on a system of instruction for students, as evidenced by several school districts that implemented special education services through the use of the traditional special education model and through the use of the response to intervention model. Services through the use of the traditional special

education model and through the use of the response to intervention model have led to examining students' success within the educational process and the further determination as to whether the student needs to be nurtured and encouraged (Shapiro & Stefkovich, 2001). One principal's attitude may lead to the provision of services using the traditional special education model and another principal's attitude may lead to the provision of services using the response to intervention model. Swindoll (no date) found the following:

The longest I live, the more I realize the impact of attitude on life. Attitude, to me is more important than the past, than education, than money, than circumstances, than failures, than successes, than what other people think or say or do. It is important than appearance, giftedness or skill. It will make or break a company, a church, a home. The remarkable thing is we have a choice everyday regarding the attitude we embrace for that day. We cannot change our past, we cannot change the fact that people will act in a certain way. We cannot change the inevitable. The only thing we can do is play on the one string we have, and that is our attitude. I am convinced that life is 10% what happens to me and 90% how I react to it. And so it is with you, we are in charge of our attitudes ([www.butterfliestreeministry.com](http://www.butterfliestreeministry.com)).

The importance of Charles Swindoll's statement to the researcher means that our attitude drives the opinions we have and how we react to them. The attitudes of principals will drive everything that happens in school buildings. The way a group of teachers instruct, how teachers interact with parents and the community and how teachers lead is all impacted by the principal's attitude in relation to curriculum and instruction.

The attitudes of principals are significant as it relates to the daily provision of educational services. The purpose of this current study is to further examine the attitudes of principals regarding the provision of special education services using the traditional special education model compared to using the response to intervention model.

## **Statement of the Problem**

### **The Traditional Special Education Model**

Traditional special education is governed by the Individuals with Disabilities Education Act (IDEA). The law is a federal law that has three major requirements. These requirements state that all children with disabilities must be provided a free and appropriate education (FAPE) when identified for special education services (McLaughlin & Nolet, 2004). Special education students must be provided education in the least restrictive environment (LRE) and their program must be designed on an individual basis. Procedural safeguards protect every student with a disability and his/her family (McLaughlin & Nolet, 2004).

Traditional special education assumes that appropriate education is determined by members of the student's education team. These core members, including the child's parent/guardian, develop the Individual Education Plan (IEP) which indicates what students with identified disabilities are expected to learn and how they will be assessed (McLaughlin & Nolet, 2004).

Special education services provided within the least restrictive environment allows students to be educated with nondisabled students to the "maximum extent appropriate" (McLaughlin & Nolet, 2004). Special education students cannot be educated outside of the regular classroom only because of their identified disability. Consideration must be first given to providing special education and related services in a regular classroom before exploring special classrooms or schools (McLaughlin & Nolet, 2004).

Federal law (IDEA) identifies 13 categories of disabilities that exist for eligibility to receive special education. Identified disabilities fall into one or more of the following categories: Autism, Deaf-Blindness, Deafness, Emotional Disability, Hearing Impairments, Cognitive Disability, Multiple Disabilities, Orthopedic Impairment, Other Health Impairment, Specific Learning Disabilities, Speech or Language Impairment, Traumatic Brain Injury and/or Visual Impairment (Bradley, 2002).

Traditional special education links the student's educational needs to measurable goals from their disability. The need for special education is usually based upon assessments in the areas of cognitive ability, academic achievement, functional performance, health, social-emotional status and physical/motor abilities (McLaughlin & Nolet, 2004).

The special education traditional model was initiated as a separate and parallel program, where students are entitled to services with access to the general education curriculum. Special education is not a place; it is a program (McLaughlin & Nolet, 2004). It provides individual students access to a set of services and supports.

### **The Response to Intervention Model**

Response to Intervention (RtI) is an emerging approach to the provision of services and interventions as well as an alternative approach to the diagnosis of learning disabilities. Gresham (2002) stated that response to intervention is the practice of providing high-quality instruction and interventions that match the student's needs. Progress is monitored frequently and decisions about changes in instruction or goals applied based on the students' response data. Response to intervention model provides

educators with a step-by-step process to identify problems and to evaluate the effectiveness of interventions.

Response to intervention focuses on prevention and early intervention. Regular education and special education resources are integrated. Assessment is linked to student progress rather than to categories and labels. There is a focus on research-based interventions and accountability for the implementation of the interventions. A collaborative approach to identifying and addressing student needs is met using the Response to Intervention model (Batsche, 2006).

Response to intervention gives a student with academic delays or behavior challenges one or more research-validated interventions (Vaughn, 2003). Response to intervention yields outcome data that can determine individual education programs, decide eligibility for special programs, and/or identify a need for early intervention within the areas of academic and behavioral needs (Vaughn, 2003).

As schools have begun to implement the response to intervention model, the approach has become comprehensive and data-based prevention, as it helps struggling students to achieve. In response to intervention, collaborative decision making is the key (Glover, 2007). As in special education, response to intervention is not a place; it is a program as well. It provides individual students access to a set of services and supports.

### **Significance of the Study**

The significance of this study is to further examine principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model. It is hoped that this study will



create awareness for principals regarding their attitude in respect to the use of the traditional special education model and the use of the response to intervention model. It is vital that principals have a clearer understanding of their attitudes surrounding both models.

This study is important as limited research exist regarding the provision of special education services using the traditional special education model compared to using the response to intervention model. It is hoped that this study will identify and explore the attitudes of principals towards the provision of special education services. The results of this research will lead to broader understanding of principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model, in relation to: (1) the use of resources; (2) the amount of faculty time spent; and (3) the role of the principals.

### **Methodology**

The study is quantitative and qualitative in nature. A questionnaire will be used to solicit principals' attitudes regarding the provision of special education services using the traditional special education model compared to the provision of services using the response to intervention model. To generate comprehensive and useful data, it will be necessary to obtain responses from the subjects on an individual basis through a questionnaire. To ensure that participants will be representative of leadership within the State of Illinois, elementary principals will be chosen from large, medium and small urban school districts. To the extent possible, Illinois School Districts from which the respondents will be chosen are in DuPage County, Will County and Cook County.

The sample in this study is purposeful, rather than random, and will be limited to 16 Illinois public school districts across DuPage County, Will County and Cook County with 69 elementary schools across the 16 districts. The sample population will consist of Illinois public elementary principals. They will be asked to complete a questionnaire that is limited to examining the attitude of principals' regarding provision of special education services through the use of the traditional special education model compared to provision of services through the use of the response to intervention model. The final section of the study will provide conclusions, implications, limitations of the study and recommendations for further research.

For the purpose of this study, principals will be defined as those holding an active Type 75 General Administrative Certificate for the current school year of this study. Principals will further be defined as those with at least two years current employment as a principal and, at least two years of school building implementation of the traditional special education and response to intervention models. The following research questions will guide the inquiry into the study of the attitudes of principals regarding the provision of special education services through the traditional special education model compared to using the response to intervention model.

### **Research Questions**

The following research questions will serve as a focus to center the study on the attitude of a sample of Illinois principals in regards to the provision of special education services using the traditional special education model in comparison to using the response to intervention model.

**Major Research Question**

What is the attitude of the school leader regarding the provision of special education services using the traditional special education model compared to using the response to intervention model?

**Related Research Questions**

1. How much time does the school leader spend in direct involvement on the provision of special education services using the traditional special education model?
2. How much time does the school leader spend in direct involvement on the provision of special education services using the response to intervention model?
3. What is the attitude of the school leader regarding how much faculty time is spent on the provision of special education services using the traditional special education model?
4. What is the attitude of the school leader regarding how much faculty time is spent on the provision of special education services using the response to intervention model?
5. What is the attitude of the school leader regarding resources in relation to the amount of an overall general budget, that is used on the provision of special education services using the traditional special education model, compared to the attitude of the school leader regarding resources in relation to the amount

of an overall general budget, that is used for the provision of special education services using the response to intervention model?

6. What is the attitude of the school leader regarding the provision of special education services using the traditional special education model compared to using the response to intervention model, in relation to: (1) the use of resources; (2) the amount of faculty time spent; and, (3) the role of the principal?

### **Summary**

The purpose of the study is to explore the attitudes of principals regarding the provision of special education services using the traditional special education model compared to using the response to intervention model. It is hoped that this study will create a greater awareness for principals and school leaders regarding the attitudes of principals surrounding the provision of special education services using the traditional special education model compared to the provision of services using the response to intervention model, in relation to: (1) the use of resources; (2) the amount of faculty time spent; and, (3) the role of the principal.

## CHAPTER II

### REVIEW OF LITERATURE

The purpose of this study will be to explore the attitudes of principals regarding the provision of special education services using the traditional special education model compared to the provision of services using the response to intervention model. The areas that the literature review will cover include: the history of education and its impact on special education, the traditional special education service delivery model, the response to intervention service delivery model and the principal's role as the school leader.

#### **The History of Education and the Impact on Special Education**

On April 15, 1817, the Connecticut Asylum for the Education and Instruction of the Deaf and Dumb Persons was opened by T.H. Gallaudet and L. Clerc. Five thousand dollars was given to aid in the establishment of the institution (Winzer, 1993). Other institutions for the deaf and hard of hearing begin to be established and during the 1840's the distinction between the two was established.

Samuel Gridley Howe and Horace Mann began to fight for rights of those individuals identified as mental retarded. Two schools for the instruction of persons with mental retardation were opened in Massachusetts in 1848 (Winzer, 1993).

The states of Michigan and Wisconsin established day classes for students with disabilities in the 1900's (Winzer, 1993). Compulsory schools became available for

families who could not afford to send their children to private schools. States such as Indiana, North Carolina and Washington allowed deaf and blind children to attend their schools. The term emotional disturbance came into use during this time period (Winzer, 1993). The Elementary and Secondary Act of 1965 was created to improve the educational achievement of children who were considered educationally deprived. During the 1960's President John F. Kennedy convened a Panel on Mental Retardation and the term learning disabilities was introduced by Samuel A. Kirk (Winzer, 1993).

The case, *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania (PARC)*, 334 F. Supp. 1257 (1971) 343 F. Supp. 279 (ED PA 1972), was a suit on behalf of retarded children challenging the constitutionality of a Pennsylvania statute which acted to exclude them from public education and training. The case ended in a consent decree which enjoined the State from “denying to any mentally retarded child access to a free public program of education and training” (U.S. Department of Education, 2003).

*PARC* was followed by *Mills v. Board of Education of the District of Columbia*, 343 F. Supp. 866 (DC 1972), a case in which the plaintiff handicapped children had been excluded from the District of Columbia public schools. The court judgment, quoted at page 6 of the Senate Report on the Act, provided that: no handicapped child eligible for publicly supported education in the District of Columbia public schools shall be excluded

That no handicapped child eligible for publicly supported education in the District of Columbia public schools shall be excluded from a regular school assignment by a rule, policy, or practice of the Board of Education of the District of Columbia or its agents

unless such child is provided: a) an adequate alternative educational service suited to the child's needs, which may include special education or tuition grants; b) An adequate prior hearing and periodic review of the child's status; c) child's prior progress; and, d) any educational alternative ([www.specialeducation/supreme court](http://www.specialeducation/supreme court)).

*Mills* and *PARC* both held that handicapped children must be given access to an adequate, publicly supported education. Neither case purports to require any particular substantive level of education. Rather, like the language of the Act, the cases set forth extensive procedures to be followed in formulating personalized educational programs for handicapped children ([www.specialeducation/supreme court](http://www.specialeducation/supreme court)). The Education of the Handicapped Act, Public Law 91-230 became a public law on April 13, 1970. Martin (1989) reflected on this law and stated:

The magnificence of the Education of the Handicapped Act, Pl. 91-230, is that it expresses a moral commitment on the part of this nation to children with disabilities. It is a matter of establishing that people with disabilities share the same constitutional rights as non disabled people. Having done that, it has changed forever the status of children with disabilities. Children with an identified disability have a right to receive an education in a setting that most resembles that of their general education setting. They are also entitled to an education that is free and appropriate. In other a free and appropriate education that best meets their needs.

In November 1975, the Education for All Handicapped Children Act, PL 94-142, was signed into law at the Federal level whereby every student with a disability would be provided a free and public education. This law was looked upon by some as the

counterpart to *Brown vs. Board of Education of Topeka, Kansas* (*Live and Learn Magazine*, 2007). On May 17, 1954, Chief Justice Earl Warren read the U.S. Supreme Court decision that declared separate schools for “Blacks” and “Whites” inherently unequal (*NEA Today*, May 2004). This ruling gave hope for minority students which had endured indignities of separate and unequal schools. *Brown vs. Board of Education* gave students a chance to be treated educationally equal (*NEA Today*, May 2004). *Brown vs. Board of Education* paved the way for Hispanics, Asian-Americans, Native Americans, and those with disabilities to fight for improved educational services (*Live and Learn Magazine*, 2007).

In October 1990, the Individuals with Disabilities Education Act (IDEA) were passed by Congress as an update to PL 94-142. According to Sage and Burrello (1994), the new legislation slightly altered the terminology of PL 94-142. Sage and Burrello state:

the term “children with disabilities” means children-(i) with cognitive delay, hearing impairments including deafness, speech or language impairments, visual impairments, including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, need special education and related services. (p. 38)

The terms used in this regulation were further defined by the Department of Education in 1992 (see Appendix A). McCarthy (1991) stated that:

The most important decision you will make is that of definition because your definition will dictate for you the terminology to be used in your program, the prevalence figures, your selection criteria, the characteristics of your population, and the appropriate remedial procedures. (p. 14)



The No Child Left Behind Act (NCLB) was signed into law on January 8, 2002. In the state of Illinois, NCLB has affected every school and district in one way or another (Illinois State Board of Education, 2007). Federal and state goals exist to create higher student achievement. The major goal of the NCLB Act is to ensure that every child in America is able to meet the high learning standards of the state in which they live in (Illinois State Board of Education).

The NCLB Act states that all students should achieve academically and thus meet state standards on achievement test in the fundamental areas of Reading and Mathematics (U.S. Department of Education, 2003). Through NCLB, special education populations are not excluded from meeting state standards on achievement tests in the fundamental areas previously mentioned (U.S. Department of Education, 2003).

The No Child Left Behind Act requires states to set standards in Reading and Mathematics and to test students each year to determine whether the standards are being met (Howell, 2007). The NCLB Act, states that by 2013-2014, all students must be proficient in Reading and Mathematics by the end of their current grade level ([www.isbe.state.il](http://www.isbe.state.il)). To meet these goals school districts must use resources that include scientifically based programs and strategies. With the mandate that all students must meet goals, special education students are also given curriculum that focuses on measurements given on the tests.

The NCLB Act places yearly progress data and demand on public schools. When the schools do not meet the federal demands funding may be lost and schools may be realigned thus yielding a negative stigma and possible dissolving of those schools. The

Illinois State Achievement Test (ISAT), which measures Reading, Mathematics, English and Writing, is a standardized method of measuring and analyzing the annual yearly progress currently used with elementary and middle school students in Illinois.

Currently, NCLB ask each state to set its own standards, design and administer its own tests, and establish its own definition of student proficiency (Institute for the Development of Educational Achievement, 2007). NCLB requires that schools be reconstituted if they fail to meet state-mandated performance benchmarks for five years in a row (Institute for the Development of Educational Achievement, 2007). The state of Illinois measures student's success by mandating that all students third through eighth grades take the Illinois Standard Achievement Test (ISAT).

The current No Child Left Behind Act Federal legislation has forced school leaders and special education directors to seek significant changes to their current delivery of services provided for students thus diminishing the need for special education identification while either increasing or maintaining the annual yearly progress of their schools.

In 2004, IDEA was reauthorized and stated that a variety of assessment tools and strategies must be used to gather relevant functional developmental and academic information (Office of Special Education and Rehabilitative Services, 2004). The provision of this act became effective on July 1, 2005. The reauthorization added new definitions to procedures for assessing the need for intervention services.

The reauthorization of IDEA 2004 states that responsibility for carrying out Federal and State mandates require that school leaders implement assessments that

provide research based interventions for students who demonstrate academic difficulties (Response to Intervention Policy Considerations and Implementation, 2006).

The current federal legislation (NCLB) has forced school leaders to seek significant changes to their current delivery of services provided for students thus diminishing the need for special education identification while either increasing or maintaining the annual yearly progress of their schools. The response to intervention model and the traditional special education model yields outcome data that can determine individual education programs, decide eligibility for special programs, and/or identify a need for early intervention within the areas of academic and behavioral needs.

Since the enactment of Individual's with Disabilities Education Act (IDEA) of 1990, the *No Child Left Behind Act* 2002 and the Reauthorization of IDEA in 2004, the responsibility of promoting the success of all students has become more visible for administrators (U.S. Department of Education, 2003).

### **The Traditional Special Education Service Delivery Model**

Special education students are classified for the purpose of making entitlement decisions (Ysseldyke, 1987). Classifications can be based on a sense of community as described by Cohen (1985). Community can be described as members of a group of people who have something in common with each other which distinguishes them in a significant manner from the members of other groups (Cohen, 1985). Community then looks at both similarities and differences.

There are benefits and challenges to classification of students identified for special education services. Ysseldyke (1987) states classification provides a means of

diagnosis and treatment, supplying a basis for research on etiology, prevention and treatment. Some argue that classification attaches a stigma and label to children (Abeson, 1997). Other factors are classification may result in lowered teacher/parent expectations (Reynolds, 1972); lowered social standing (Ysseldyke, 1987); biasness towards minorities (Ysseldyke, 1987); and may serve a self-fulfilling prophecy (Abeson, 1997).

When a student is given a label it can limit resources available to those without a classification (Turnbull, 1996). Reynolds, Wang, and Walberg (1997), state that the amount of time and energy that are devoted to pre-placement and reevaluation represents high cost and ineffective use of resources.

The various types of disabilities that may qualify individuals for special education programs include specific learning disabilities, speech or language impairments, cognitive disability, emotional disturbance, multiple disabilities, hearing impairments, orthopedic impairments, visual impairments, autism, combined deafness and blindness, traumatic brain injury, and other health impairments. Students are classified under one or more category, and special education teachers are prepared to work with specific groups (Reschly, 2004). The individual education plan and related services must be reasonably calculated to provide benefit to the qualified student in respect to the disability which is impeding the learning process (U.S. Department of Education, 2001).

One major problem in the area of special education identification is that there is a lack of uniformity across the states in the definitions of and the qualifying criteria for the different criteria. States reportedly have different names for the same disability (Kakalik, 2008) and the same strategies.

The traditional special education model sets its standards on ensuring that a child will receive a free and public education in an environment that most resembles the general education classroom setting. The traditional special education model allows children to receive academic instruction and related services that best meets the needs of their identified disability. In the traditional special education model, a free appropriate education is provided for students with disabilities (Reschly, 2004).

Of the various types of disabilities described earlier, the disability known as learning disability is found to be the common (U.S. Department of Education, 2001). Specific learning disabilities means, “a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia” ([105 Illinois Legislation Compiled Statutes (ILCS) 5/14-1.03(a)]). The term does not include learning problems that are primarily the result of visual, hearing or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage ([105 Illinois Legislation Compiled Statutes (ILCS ) 5/14-1.03(a)]).

Historically, interventions for needed support in the area of Learning Disability have been based primarily on ability-achievement discrepancy and consideration of severe learning disability exclusion factors (Bradley, Danielson, & Hallahan, 2002). The type of test used has been global standardized ability-achievement test. Comparison

standards are typically national norms (Bradley, Danielson, & Hallahan, 2002). The relationship of assessment instruments to the general curriculum is minimal.

Integration of general and special education programming has always been a concern. The separation of the two has been enforced primarily for the purpose of appropriation of money for supporting special education students with disabilities (National Association of State Directors of Special Education, 2005). Speece (2003) stated, “if the general and special education programs are not integrated, the effectiveness is diminished.” This means a student with severe learning disability (SLD) and other disabilities will not receive the benefits of a general and special education program. The absence of this type of service would contradict with the No Child Left Behind Act (NCLB) of 2001 that requires all students to have access to the general education curriculum.

In the traditional special education model, the team of parent, school leader, regular education teacher, special education teacher and designated resource providers, develops an Individualized Education Program (IEP) for each student. The IEP sets personalized goals for the student and is tailored to that student’s individual needs and ability. When appropriate, the program includes a transition plan outlining specific steps to prepare students with disabilities for middle school or high school or, in the case of older students, a job or postsecondary study.

The special education teacher provides educational services as set forth in the IEP, and works closely with parents to inform them of their child’s progress (U.S. Department of Labor Bureau of Statistics Occupational Outlook Handbook, 2008-09).

Special education teachers use individualized instruction to promote student success.

Depending on the disability, instruction may include accommodations and modifications.

The Illinois State Board of Education ([www.isbe.net](http://www.isbe.net)) provides the following state definitions for each category:

1. Autism is a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. (A child who manifests the characteristics of autism after age 3 could be diagnosed as having autism if the other criteria of this Section are satisfied.) Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance.
2. Deaf-Blindness is a concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.
3. Emotional Disturbance (includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance) means a condition exhibiting one or more of the

following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance as described by: (a) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (b) a general pervasive mood of anxiety, unhappiness or depression; (c) inappropriate types of behavior or feelings under normal circumstances; and, (d) a tendency to develop physical symptoms or fears associated with personal or school problems.

4. Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects a child's educational performance.
5. Hearing Impairments means impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness.
6. Cognitive Impairment means significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.
7. Multiple Disabilities means concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.



8. Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., Poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).
9. Other Health Impairment means having limited strength, vitality or alertness, including a heightened sensitivity to environmental stimuli, that results in limited alertness with respect to the educational environment that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, or sickle cell anemia; and adversely affects a child's educational performance.
10. Specific Learning Disabilities means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage [105 ILCS 5/14-1.03(a)].

11. Speech or Language Impairment means a communication disorder, such as stuttering, impaired articulation, language impairment, or a voice impairment, that adversely affects a child's educational performance. Listed below are related sites for speech-language:
12. Traumatic Brain Injury means an acquired injury to the brain caused by an external, physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; psychosocial functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma.
13. Visual Impairment means impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

Historically, interventions for needed support in the area of Learning Disability, has been based primarily on ability-achievement discrepancy and consideration of severe learning disability exclusion factors (Bradley, Danielson, & Hallahan, 2002). The type of test used has been a global standardized ability-achievement test. Comparison standards are typically national norms (Bradley, Danielson, & Hallahan, 2002).

One major problem with classification of students is misclassification. Mandates require that when labels are applied they must be correct (Goldstein, 1995). To classify children handicapped when they are not or to misclassify them violates the Fifth and Fourteenth Amendments (Turnbull, 1997). These amendments provide the right for a person to not be deprived of life, liberty or property without the due process of the law. Classification can profoundly affect what happens to a child. It can open doors to services and experiences the child needs, to grow in competence, and to become a person sure of his/her worth and appreciative of the worth of others. On the other hand, classification, or inappropriate classification and the consequences that ensue can blight the life of a child, reducing opportunity, diminishing his competence and self-esteem, alienating him from others, nurturing a meanness of spirit, and making him less of a person than he could possibly become. Nothing less than the future of children is at stake (Bradley, 2002).

### **The Response to Intervention Service Delivery Model**

Response to intervention (RtI) service delivery model is the practice of providing high quality instruction and interventions matched to the student's needs, monitoring progress frequently to make decisions about changes in instruction or goals and applying child response data to important educational decisions (Response to Intervention Policy Considerations and Implementation, 2006). In the response to intervention model, the identification of eligible individuals is based on the student's response to intervention, review of existing data on the child and current classroom based assessments. Eligibility

is determined by assessing lack of instruction and the student's response to the intervention (Illinois State Advisory Council, 2005).

The response to intervention model yields outcome data that can determine individual education programs, decide eligibility for special programs, and/or identify a need for early intervention with academic and behavioral problems. The response to intervention model has been allowable under the federal law since the enactment of P.L. 94-142 (National Association of State Directors of Special Education, 2008).

Response to intervention is not only implemented by regular education teachers but by special education teachers also. As schools become more inclusive, special education teachers and general education teachers increasingly work together in general education classrooms. Special education and the regular education teachers must work collaboratively to ensure that all students are provided an environment that produces engaged academic learning. The educational environment must be structured in a way that it responds to all students having access to the general education curriculum (NCLB Act, 2001).

Response to intervention focuses on providing supports to all students from resources across all building staff (IAASE, 2006). Response to intervention looks at multiple avenues for solving problems that include parents and is based on data-driven measurement and decision making (IAASE, 2006).

In July 2007, the Illinois State Board of Education approved new special education regulations that include a requirement that districts use a "*process that determines how the child responds to scientific, research-based interventions as part of*

*the evaluation procedures* (The National Center on RtI).” Response to Intervention is that process that meets the states requirements (The National Center on RtI).

An identification area that IDEA requires response to intervention measurement in is specific learning disabilities. The IDEA 2004 reauthorization in Illinois state law requires that specific learning disabilities are identified not only by taking in consideration of an achievement and ability discrepancy but also by using a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedure (Individuals with Disabilities Education Improvement Act of 2004, H.R. 1350).

Response to intervention uses a multi-tier model of educational resource delivery. Each tier represents an increasing intensity of services matched to the level of current student need (National Association of State Directors of Special Education, 2005). The intervention outcomes of each student, directs the decision making process. A systematic, data-based decision making problem solving method is used to decide not only what interventions to try but whether the implemented strategies are working for a student (National Association of State Directors of Special Education, 2005). The response to intervention model requires one to use multiple tiers of intervention. The completed Tier Intervention System (Batsche, 2007) provides academic systems in the areas of Universal/Core Tier I, Strategic Interventions/Core Tier II, and Intensive Interventions/Core Tier III.

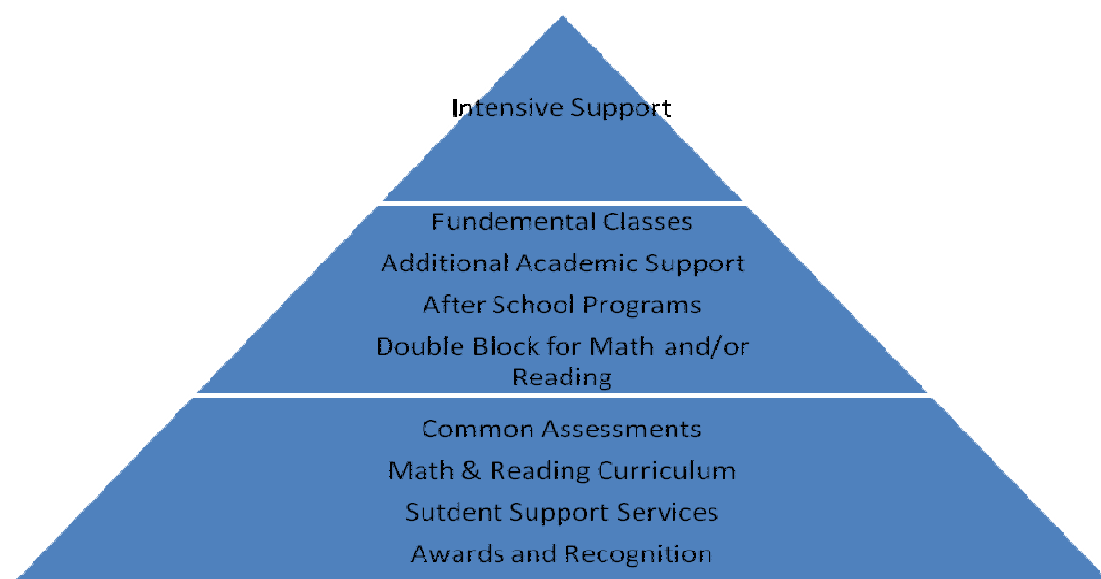
The Universal/Core Tier I allows for students to receive academic and behavioral interventions aligned with state standards. Some examples of universal curriculum

include, but are not limited to: math and reading curriculum, common assessments, student support services such as counseling, honors programs, peer tutors and classroom curriculum strategies. Tier I provides services to all students in all settings. It is a preventive and proactive measure of response to intervention (Batsche, 2006).

The Strategic Interventions/Core Tier II allows for students at risk, response to interventions (Batsche, 2006). Some examples of universal curriculum include, but are not limited to: grief support groups, social worker support, fundamentals classes, academic literacy, double blocked math and/or reading classes, after school programs, tutoring, and small group instruction.

Intensive Intervention/Core Tier III is for individual students who demand high intensity interventions of longer duration. Tier III should be researched and assessment based (Batsche, 2006) and allows for students to receive interventions for services that include, but are not limited to: special program placement, small group instruction. The pyramid of interventions below is one example of the response to intervention model.

The top of the pyramid is Tier III. The middle is Tier II. The bottom of the pyramid is Tier I.



*Figure 1.* Pyramid of Interventions

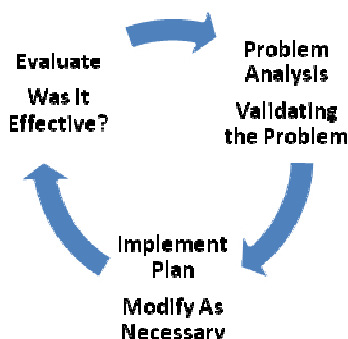
A child outcome data is essential to making accurate decisions about the effectiveness of general and remedial education instruction/interventions (Response to Intervention Policy Considerations and Implementation, 2006). Bergan's data based program model is used to examine academic skills problems. The ideal was that behavior assessed using measures sensitive to growth could be used to increase goals or change the method of instruction (Bergan & Kratochwill, 1990). Deno's (1985) model suggests that instruction is scientifically based and implemented over a reasonable period of time.

In this response to intervention model four basic domains form the logical structure: Define the Problem, Analyze, Develop a Plan and Evaluate (Tilly, 2002). These domains are defined in the response to intervention model as follows (IAASE, 2006):

1. Problem Identification: What is the student doing vs. what you want the student to do?

2. Problem Analysis: Why is the problem occurring? Review of data will be explored and a hypothesis will be generated.
3. Plan Development: What is the goal? What is the intervention plan to meet the goal? How will progress be monitored?
4. Plan Implementation: Support will be provided to those implementing the interventions. At this domain, observation, adjustment and data collection will occur.
5. Plan Evaluation: Is the intervention plan effective?

**Problem Identification**  
Is the Student Doing What You Want Them To Do?



*Figure 2.* Basic Domains of Intervention Model

There are six core principals useful for developing services under Response to Intervention:

1. All children can be taught. The practices of RtI are found on the assumption that the best intervention is early intervention. When one intervenes early the problems are generally small.



2. Use of a multi-tier model of service delivery aids in achieving high rates of student outcomes.
3. Use of a response to intervention provides clarity at defining the problem, understanding why it is happening, determining what to do about it and examining if the interventions worked.
4. Services under response to intervention must be research-based and scientifically validated. This method correlates with NCLB and the IDEA 2004. The National Association of State Directors of Special Education state, “the purpose of this requirement is to ensure that students are exposed to curriculum and teaching that has demonstrated effectiveness for the type of student and the setting.”
5. Student’s progress must be monitored. This is the only method to determine if a student is improving (Response to Intervention Policy Considerations and Implementation, 2006).
6. Decisions should be made by using data. Decisions are based on professional judgment which comes directly by student performance data (Fuchs, 1987).

Response to intervention involves the collaboration and sharing of general and special education resources to be responsive to the needs of all students (Batsche, 2006). Special education resources can include but are not limited to: additional teacher assistance, or reading and/or math pull out programs. General resources can include but are not limited to after school tutorial programs, additional curriculum material to take home, etc.

The response to intervention practice is based on significant differences in performance compared to peers, low rate of progress even with high-quality interventions and special education needs (National Association of State Directors of Special Education, 2005). The type of test used, usually measures a specific skill. The comparison standards are typically regional, district and/or school classroom standards. The relationship of assessment is usually a direct link between assessed performance and instructional intervention (Bradley, Danielson, & Hallahan, 2002).

Response to intervention focuses on providing supports to all students from resources across all building staff. This can include assistance from reading specialist, school psychologist or administrators. In response to intervention there is less emphasis on traditional evaluation and identification of students and more emphasis on outcomes of all students (Batsche, 2006). Response to intervention is based on data-driven measurement and decision making such as building wide use of Curriculum Based Measurement (CBM).

Curriculum Based Measurement assessments are research-based and “permit much closer ties among policy and everyday educational practices that have been sorely lacking for children (Fletcher et al., 1998, p. 201). CBM is reported to reduce the gap between assessment and instruction. Studies by Fuchs, Deno, and Mirkin (1994) have also shown CBM to aid teachers in generating superior student achievement in the areas of reading, spelling, and math. CBM has been found to produce results regardless of whether the student is identified for special education services. It can be any testing strategy that uses the curriculum students are expected to learn as the testing material

(NASDSE, 2005). Examples of Curriculum Based Measurement include, but are not limited to: chapter test, worksheets, Criterion-referenced test, oral reading fluency test, MAZE reading and MAZE math test.

Response to intervention can be applied to the student by developing intervention plans that focus on academic and/or behavior problems. It can be used at a district wide level by examining over/under representation. Its overall goal is to maximize student achievement (Germann, 1995). The implementation of response to intervention provides evidence-based interventions, greater teacher and parent involvement and overall student academic and behavioral success (Tilly, 2002).

### **The Principal as the School Leader**

According to Riehl (2000), most instructional leadership programs did not require the future administrator to have a special education knowledge base to complete administrative certification programs. A recent study addressed general administrative preparatory programs and discovered that only five states in the United States, at the time of questioning, required any special education instruction to receive an administrative certificate (Patterson, Marshall, & Bowling, 2000). Principal's attitude towards special education within a school's program is essential towards the success of the students. Principals must seek support to overcome any special education barriers. At times, the principals have become the leader who is overwhelmed when addressing the responsibilities of leading a school's special education program (Goor, 1995).

Principals are educational leaders who hold the key to mediating values and decision that impact on the education of all students. Effective communication and

information sharing are critical. This type of leading opens the basis for staff members to trust the principal leader. The role of the principal has shifted from being accountable for money and other resources to being accountable for student outcomes and achievement (Lyons & Algozzine, 2006). Principal leadership is ranked as the primary variable associated with effective schools (Algozzine, Ysseldyke, & Campbell, 1994). The role of principals needed for administering special education programs is great. This role is also needed for administering educational services, including response to intervention. The role of principals in provision of special education services using the traditional special education model in comparison to using the response to intervention model is related to the principal's attitudes (Quigney, 1998).

The principal's attitude directly relates to the principal's influence on the quality of education for every student with special needs within their building and school district. Principals are responsible for cultivating an organizational culture where professional staffs are committed to teaching students with special needs using the best instructional practices (Thompson & O'Brian, 2007).

Principals play a vital role in the world of public education and the practice of providing high-quality instruction. According to the Illinois Administrative Code, a school administrators' primary role is to facilitate a vision of learning. A school administrator is a school leader who promotes the success of all students by facilitating the development, articulation, implementation, and stewardship of a vision of learning that is shared and supported by the community (Illinois School Code, CH. 1 S. 29.100, SUBCHAPTER B).

## **The Principal's Role in Traditional Special Education and Response to Intervention Models**

The role of the principal is to manage the teachers in such a way that classroom instruction is provided at the highest level obtainable. The principal leader must ensure that the curriculum and instruction along with all other educational tools are in place.

By maintaining the administrative role the principal oversees the day to day setting of the special education teacher who is the primary provider of the student's education. Sage and Burello (1994) state that an educator has such an impact on instructional practices, that his or her leadership skills are essential in a school's successful education program. What's the most precious material we have in the country? The children are. The author, Ryndak (2005) believes if we don't give children the best keepers and mentors and teachers, we're destroying them. We're destroying the country. They are the future, and the teachers are there every day with the students, our future.

The principal serves as the school leader and sets the tone for the traditional special education team members as well as for the response to intervention team members. Common goals for the principal are to work to build a consensus of implementation of identified services within the traditional special education model and within the response to intervention model.

The principal is the visionary who should set goals related to the needs of special education students or students who are unidentified and are demonstrating academic difficulties. The principal should allocate resources for services to be initiated and

maintained. The building principal, as the school leader should provide staff with professional development in the areas of traditional special education and response to intervention.

The role of principals continues to evolve as development of learning communities is prevalent. As the principal's role changed, the term instructional leadership emerged to describe a broad set of principal roles and responsibilities (Peterson, 1998). Principal leaders are now stewards and coaches in the development of the school culture (Burrello, 1992). Principals must provide a support and reassurance for teachers, students and community stakeholders in the areas of traditional special education and response to intervention.

Principals who focus on instructional issues and demonstrate administrative support are more successful at reducing student academic failure (Kearns, 2001). Traditional special education can lead to over identification of students. Over identification of students often comes from leadership's fear of loss of control and/or public scrutiny of the lack of school safety (Fenning, 2007). Often times students removed from the classroom are placed in special education as oppose to providing intervention services prior to placement (Fenning, 2007).

The recent focus on response to intervention yields opportunity for leaders to provide effective and efficient academic and behavior systems for students (Bohanan, 2008). Effective leaders are committed to the success of all students and collaborate with others to achieve this goal. Though teachers' time is being spent in teaching, it is

important that teachers began to spend time implementing evidence-based academic practices geared toward every student's needs (Bohanan, 2008).

School leaders are compelled to manage delivery in an ever changing educational world. Many school leaders face the fact that major changes are influenced by the mandates of federal, state, and local governments, which has heightened the value placed on standardized test scores. Principals as the school leader must manage the use of resources, the amount of time spent and their role as the principal in the provision of special education services using the traditional special education model and the response to intervention model.

### **Summary**

The traditional special education model stems from the Individuals Disability Education Act of 1997 (IDEA) made fundamental changes in special education. Special education is now described as a set of services, not as a place (Reschly, 2004). P.L. 94-142, the "Education for All Handicapped Children Act of 1975," has always required that lack of instruction must be considered in the eligibility decision making process. A change to that requirement is in IDEA 2004 and again in IDEA 2006, and connects with NCLB. The Office of Special Education and Rehabilitative Services (OSERS) addresses IDEA which states, in part: In making a determination of eligibility under paragraph (4) (A), a child shall not be determined to be a child with a disability if the determinant factor for such determination is-(A) lack of appropriate instruction in reading, including the essential components of reading instructions (as defined in section 1208(3) of the

Elementary and Secondary Education Act of 1965 (which is the NCLB) (20 U.S.C. 1414(b) (5) (A)).

IDEA 2004 yields provision to use scientific, researched based interventions as part of the process to determine eligibility for learning disabilities. The language in IDEA 2004 does not require that Response to Intervention be used. It does, however prevent a state from omitting it (U.S. Department of Education, 2003).

The No Child Left Behind Act of 2001 requires, by 2013-2014 that all students reach high standards, at a minimum by attaining proficiency or better in reading and mathematics (U.S. Department of Education, 2003). If educators are to be held accountable for the achievement of their students, then it would appear to be most appropriate that intervention for students exist through response to intervention or through the traditional special education models.

The traditional special education model sets its standards on ensuring that a child will receive a free and public education in an environment that most resembles the general education classroom setting. The tradition special education model allows children to receive academic instruction and related services that best meets the needs of their identified disability. The traditional model is primarily based on ability-achievement discrepancy and consideration of specific learning disability exclusion factors.

The response to intervention model allows educators to make decisions in developing and evaluating interventions to meet a student's needs (Tilly, Reschly, & Grimes, 1999). In this system, the identification of eligible individuals is based on the



student's response to intervention, review of existing data on the child and current classroom based assessments.

Eligibility is determined by assessing lack of instruction and response to intervention attempted (Illinois State Advisory Council, 2005).

Four basic steps form the structure response to intervention. The first step is to define the problem. Is there a problem? What is it? The second step is to analyze the problem. Why is it happening? The third step is to develop a plan. What shall we do about it? The fourth step is to evaluate. Did our plan work? (Gresham, 2002).

It is the belief of the researcher that the role of the principal is to manage the teachers in such a way that classroom instruction is provided at the highest level obtainable. The principal leader must ensure that the curriculum and instruction along with all other educational tools are in place.

Sage and Burello (1994) state that an educator has such an impact on instructional practices, that his or her leadership skills are essential in a school's successful education program. What's the most precious material we have in the country: children? Frank McCourt (2005) believes if we don't give children the best keepers and mentors and teachers, we're destroying them. We're destroying the country. They are the future, and the teachers are there every day with the future.

The purpose of this study is to explore the attitudes of principals regarding provision of special education services using the traditional special education model compared to using the response to intervention model. The researcher believes there would be different attitudes of principals, but that these would revolve around thresholds

of choices between the traditional special education model and the response to intervention model.

The researcher is hopeful that this study will add to the body of research and guide school leaders as they make choices regarding effective implementation of special education using the traditional special education model and the response to intervention model.

## CHAPTER III

### METHODOLOGY

#### **Purpose of the Study and Research Hypothesis**

The purpose of this chapter is to describe the research question, the research method, the population/sample, the procedure, the survey design, the data collection, the data analysis, the limitations, and the ethical consideration. The methodology for this study will follow a quantitative and qualitative approach. The main research question and related research questions that are the focus of this study are based on current literature related to principals' attitudes regarding the provision of special questions using the traditional special education model compared to using the response to intervention model.

The purpose of this study is to examine principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model. It is hoped that this study will guide school leaders and principals as they make choices regarding effective implementation of special education regarding the use of the traditional special education model compared to the use of the response to intervention model. It is vital that principals have a clearer understanding of their attitudes surrounding both models.

The hypothesis of the study includes, that the attitudes of principals greatly impact the provision of special education services using the traditional special education

model as well as the response to intervention model. Exploring principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model is vital for educational leaders in creating appropriate team structures and development of school improvement efforts by recognizing and being sensitive to the preference of the implementation of the models. The attitudes of the researcher towards the provision of special education services through implementation of the traditional special education model in comparison to implementation of the response to intervention model is reflective of this researcher's efforts towards protecting the privacy, the competence, the confidentiality, the record keeping, the assessment and/or reporting of the research study and report of findings.

The literature review suggested the provision of special education services has a longer history of implementation in using the traditional special education model when compared to the history of implementation in using the response to intervention model. It also suggested that schools are not successful unless principals are knowledgeable and lead teachers towards implementation of the traditional special education model as well as implementation of the response to intervention model.

### **Research Questions**

The research questions will examine principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model. The research study will examine the principals'

attitudes in relation to the following factors: (1) use of resources; (2) the amount of faculty time spent; and, (3) the role of the principal.

The following research questions will serve as a focus to center the study on the attitudes of a sample of Illinois public elementary school principals in regards to the provision of special education services using the traditional special education model in comparison to using the response to intervention model.

### **Major Research Question**

What is the attitude of the school leader regarding the provision of special education services using the traditional special education model compared to using the response to intervention model?

### **Related Research Questions**

1. How much time does the school leader spend in direct involvement on the provision of special education services using the traditional special education model?
2. How much time does the school leader spend in direct involvement on the provision of special education services using the response to intervention model?
3. What is the attitude of the school leader regarding how much faculty time is spent on the provision of special education services using the traditional special education model?

4. What is the attitude of the school leader regarding how much faculty time is spent on the provision of special education services using the response to intervention model?
5. What is the attitude of the school leader regarding resources in relation to the amount of an overall general budget, that is used on the provision of special education services using the traditional special education model, compared to the attitude of the school leader regarding resources in relation to the amount of an overall general budget, that is used for the provision of special education services using the response to intervention model?
6. What is the attitude of the school leader regarding the provision of special education services using the traditional special education model compared to using the response to intervention model, in relation to: (1) the use of resources; (2) the amount of faculty time spent; and, (3) the role of the principal?

### **Population Sample**

The sample for this study is purposeful, rather than random and is based on the attitudes of public Illinois elementary school principals. The sample for this study will not specifically address the attitudes of every stakeholder and policy maker within the schools or districts. McMillan and Schumacher (2001) state that a population is a group of cases, that conform to specific criteria and to which we intend to generalize the results of the research. The sample will be limited to public Illinois elementary school principals (see Appendix E) who hold, at least, a Type 75 General Administrative Certificate, have

at least two years principal experience along with at least two years building implementation of the traditional special education and response to intervention models. The sample, for the purpose of this study, will be limited to public Illinois elementary school principals whose duties include, but are not limited to, providing administrative leadership within their respective schools and within the provision of special education services with regards to the use of the traditional special education model and the use of the response to intervention model.

The sample is limited to 15 Illinois school districts across DuPage County, Will County and Cook County, with 68 Illinois public elementary schools across the 15 districts. The public elementary schools to be used in this study have student populations ranging from kindergarten (K) to eight (8) grades.

### **Procedure**

A letter (see Appendix A) will be mailed to superintendents (see Appendix D) as a courtesy to inform them of the research study. The researcher will not ask for the superintendent's permission to submit the study to the target population; however the letter will explain how the researcher will gather information from the potential respondents. The researcher will include in the letter to the superintendents, the researchers' name and contact phone number. The researcher will also enclose a copy of the principal questionnaire (see Appendix C).

To address the research objectives, the researcher will conduct a pilot test with three Illinois public school elementary principals from a south suburban school district in Illinois. The three principals must meet the same criteria as previously stated for the

sample population. The elementary principals will receive a cover letter (see Appendix B) and questionnaire (see Appendix F). The three elementary principals will receive the research questionnaire and cover letter through U.S. mail. The cover letter will explain the purpose of the study, and the questionnaire will be the same as what is provided for the main research group with an additional question that ask them to provide information on the length of time to complete the research questions.

Responses and feedback from principals on these areas will assist the researcher in revising, if necessary the research questions and understanding the use of the questionnaire by school leaders. The pilot test also will provide content validity and checks for clarity, ambiguity in sentences, direction and time for completion (McMillan & Schumacher, 2001).

Upon receipt and examination of the responses from the pilot questionnaire, and revision of questions if necessary, the researcher will send out a cover letter (see Appendix B) and questionnaire (see Appendix C), to each Illinois public school elementary principal. The cover letter and questionnaire will be sent to the principals via U.S. mail. The cover letter will explain the purpose of the study, length of time it should take to complete the questionnaire, procedures for returning the questionnaire and contact information for the researcher. The questionnaire will explore principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model in regards to: (1) the use of resources; (2) the amount of time faculty members spend; and (3) the role of principal.



### **Survey Design**

The purpose of this questionnaire is for the researcher to explore principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model. It is not the intent of the researcher to question the respondents' implementation of the traditional special education model and implementation of the response to intervention model.

The research questions focus on the attitude of principals' regarding the provision of special education services using the traditional special education model compared to the response to intervention model in regards to principal's attitudes surrounding; (1) the use of resources; (2) the amount of time faculty members spend; and, (3) the role of the principal. The research questions are based on the relevance to current literature on the traditional special education model and the response to intervention model within the public school educational system and the attitudes of principals deriving from the implementation of these methods. A Likert scale will also be given to the respondents (McMillan & Schumacher, 2001). The scale is used to help the respondents quantify their selections in the questionnaire.

### **Data Collection and Measurement**

The quantitative data will be collected through a scaled item questionnaire. The scaled item questionnaire helps the respondents quantify their selections from the choice on the questionnaire (McMillan & Schumacher, 2001). Quantitative research yields a philosophical belief that we inhabit a stable measurable environment (Gay, Mills, & Arasian, 2009). Scales are used extensively in questionnaires because they allow fairly

accurate assessments of beliefs or opinions (McMillan & Schumacher, 2001). A Likert scale requires an individual to respond to a series of questions by indicating responses based on the selection of choices the researcher gives (Gay, Mills, & Arasian, 2009). This is a type of attitude scale that measures what an individual believes, perceives, or feels about self, others, activities, institutions, or situations (Gay, Mills, & Arasian, 2009).

The qualitative data collection will be obtained through a question that the principals will be asked to respond to in written narration format. The purpose of the qualitative data collection is to generate specific factual individual responses in relation to principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model. The qualitative data collection will allow the researcher to gain insight into the attitudes of the principals responding to the survey (Gay, Mills, & Arasian, 2009). The main focus of qualitative research is to discover from the research participants an understanding of their attitudes regarding the traditional special education and response to intervention models (Gay, Mills, & Arasian, 2009).

The results of the qualitative data will be used to compare and contrast the attitudes of principals regarding the provision of special education services, in regards to: (1) the use of resources; (2) the amount of faculty time spent; and, (3) the role of the principal. After the data are analyzed, the researcher should be able to draw conclusions in relation to the attitude of principals regarding the provision of special education services.

As a part of the data collection, additional information will be obtained through the Illinois School Report Card. The additional information obtained from the Illinois School Report Card will include listing of school districts, elementary school and principals, as well as school addresses.

The researcher should also be able to suggest other possible future areas to be researched based on the data analysis and conclusions.

### **Data Analysis**

The research study is descriptive and comparative in nature and will be a part of the non-experimental research design. The researcher is interested in exploring principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model.

The researcher will examine the written statements from the questions on principal's attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model. Richard Boyatzis (1998), states that qualitative research is the process of inductive code development using thematic analysis. The researcher will look for common attitude responses from the respondents in relation to the qualitative questions.

### **Limitations of the Study**

The sample in this study is purposeful, rather than random, limited to 15 school buildings in the Illinois public school districts of Cook County, DuPage County and Will County, with 68 public elementary schools across the 15 school districts in Illinois. The sample for this study will not specifically address the attitudes of every stakeholder and

policy maker within the schools or districts. The sample will be limited to Illinois public elementary principals who hold, at least, a Type 75 General Administrative Certificate for the current school year, and have a minimal of two years principal experience along with at least two years of implementation of traditional special education and response to intervention models. The surveys will be returned anonymously through a self-addressed stamp envelope for U.S. mail. Surveys may not be received in a timely manner, or at all, as receipt is impacted by postal delivery service.

All mailed surveys will face the problem of non-response bias. Some respondents may opt not to complete the survey. This will limit the generalization of the data. Implications are that other education professionals, such as teachers will not have opportunity to participate in the study. Thus the researcher will not be accessing the attitudes of other education professionals within the school system.

The researcher understands that there are limitations to the study and because of these limitations generalization to all principals may not occur. The findings of this study are subject to the limitations associated with the duration of the study and the use of a questionnaire for data collection. Surveys do not allow the researcher to probe respondents for clarity of their answers nor is the investigator sure that they comprehended the questions intent. The researcher must make assumptions based on answers given. Some respondents may respond to the survey based on the attitude of how the majority would answer and not give their true response. This will affect the study's importance as answers may be based on attitudes of what the principals believe other education professionals may identify.

Because of the uniqueness of the sampled districts, generalization to other schools, school districts, administrators, and populations is limited only to Illinois public schools in DuPage County, Will County and Cook County and not to schools across the United States. Only Illinois public elementary school principals were chosen for this study. This is also a limitation on the generalizability of the data to other schools similar to schools identified for this study. High schools were eliminated due to typically being departmentalized and other administrators likely responsible for special education programs.

This study will focus on principals' attitudes regarding the provision of special education using of the traditional special education model compared to using the response to intervention model. Answers to the questions may not accurately reflect the attitudes of other school leaders within the districts and other school districts.

### **Ethical Considerations**

Federal and Illinois State mandates (Office of Special Education Regulations, 2001), requires that traditional special education services are provided for students eligible to receive such services. New mandates also require that response to intervention services be provided for students who are eligible and/or are receiving special education services (Tilly, Reschly, & Grimes, 1999).

The researcher took considerable care in ensuring that this study is not to determine whether Illinois public school districts are implementing traditional special education services and response to intervention services. It is the researcher's belief that

school districts are following the federal and state mandates and are providing traditional special education and response to intervention services.

The uniqueness of the schools' selection is vital to the backbone of this study because state and federal special education law has mandated that a collaborative approach to identifying and addressing student's needs is met (Turnbull, 2006). The state and federal mandate (Office of Special Education Regulations, 2001) not only impacts the districts that will be used for the purpose of research, but for all Illinois public schools as well as other schools across the nation.

The researcher's intent is to understand the attitudes of principals in regards to the provision of special education services using the traditional special education model compared to using the response to intervention model, in regards to: (1) use of resources; (2) the amount of faculty time spent; and, (3) the role of the principal. The study will focus on the attitudes of elementary Illinois public school principals most affected by the model as educational leaders as it appears to hold the most promise for developing an in-depth understanding of the provision of special education services, as well as implications for future implementation of services (Sage & Burello, 1996). Thus, it is hoped that this research will greatly impact administrators and school leaders in the state of Illinois as well as and other schools districts across the United States.

## CHAPTER IV

### ANALYSIS OF DATA

#### **Introduction**

This chapter presents results utilizing methods described in Chapter III. The purpose of this study was to examine principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model. The literature related to this study supported the hypothesis that the attitudes of principals greatly impact the provision of special education services using the traditional special education model as well as the response to intervention model. The literature review suggested that the provision of special education services has a longer history of implementation in using the traditional special education model when compared to the history of using the response to intervention model (Martin, 1989). It also suggested that schools are not successful with the delivery of special education services, unless principals are knowledgeable in the traditional special education model and the response to intervention model and lead teachers towards the implementation of both models.

#### **Research Objectives**

Research questions were developed to examine the principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model in relation to the following factors:

(1) use of resources; (2) the amount of time faculty members spent; and, (3) the role of the principal. The following major research question was used to guide this study. What is the attitude of the school leader regarding the provision of special education services using the traditional special education model compared to using the response to intervention model?

The following related research questions were used to guide the study:

1. How much time does the school leader spend in direct involvement on the provision of special education services using the traditional special education model?
2. How much time does the school leader spend in direct involvement on the provision of special education services using the response to intervention model?
3. What is the attitude of the school leader regarding how much faculty time is spent on the provision of special education services using the traditional special education model?
4. What is the attitude of the school leader regarding how much faculty time is spent on the provision of special education services using the response to intervention model?
5. What is the attitude of the school leader regarding resources in relation to the amount of an overall general budget, that is used for the provision of special education services using the traditional special education model, compared to



the amount of an overall general budget, that is used for the provision of special education services using the response to intervention model?

6. What is the attitude of the school leader regarding the provision of special education services using the tradition special education model compared to using the response to intervention model, in relation to: (1) the use of resources; (2) the amount faculty time spent; and (3) the role of the principal?

### **Survey Instrument**

The methodology for this study followed quantitative and qualitative approaches in the survey instrument using seven research questions. The research questions explored principals' attitudes regarding the provision of special education services using the traditional special education model compared to the response to intervention model.

Quantitative data were collected through six of the seven research questions through the use of scaled item questions. Scales are used extensively in questionnaires because they allow fairly accurate assessments of beliefs or opinions (McMillan & Schumacher, 2001). The scaled item questionnaire for this research study, allowed respondents to respond to a series of questions by indicating which response choice, from a series of choices best described their attitudes as school leaders related to the provision of special education services.

The quantitative data were collected through scaled items in the questionnaire that explored principals' attitudes regarding the provision of special education services using the traditional special education model compared to the response to intervention model in relation to: (1) use of resources; (2) amount of time faculty members spent, and, (3) role

of the principal. The scaled items in the research questionnaire are type of attitude scale questions that measures what an individual believes, perceives, or feels about self, others, activities, institutions or situations (Gay, Mills, & Arasian, 2009). The respondents also completed a general demographic question providing the amount of years worked in the position of principal.

The qualitative data were collected through one question to which the respondents were asked to respond in written narration format. The purpose of the qualitative data collection was to generate specific factual individual responses related to principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model. The main focus of qualitative data collection was to discover from the research respondents an understanding of their attitudes regarding the provision of special education services (Gay, Mills, & Arasian, 2009). As a part of the data collection, additional information was obtained from the Illinois School Report Card. These data includes a listing of school districts, elementary school principals and school addresses (see Appendix E).

The quantitative questions are the related resource questions used to guide this study. The responses to the six quantitative questions represent principals' attitudes regarding the provision of special education services using the traditional special education model compared to the response to intervention model in relation to: (1) use of resources; (2) amount of time faculty members spent; and, (3) the role of the principal. The respondents' answers to the six quantitative questions were first documented independently for each respondent's response. Then the respondents' answers to the

quantitative questions were then compared and contrasted related questions and to the qualitative question, exploring observable differences between and among the answers provided.

The responses to the qualitative question representing the respondents' attitudes with regards to the provision of special education services allowed the researcher to compare the responses to those of the quantitative question similar responses and draw conclusion conclusions on the respondents attitudes regarding the provision of special education services using the tradition special education model compared to the response to intervention model in relation to: (1) use of resources; (2) the amount of time faculty members spent; and, (3) the role of the principal.

### **Population Sample**

The sample for this study was purposeful, rather than random and was based on the attitudes of public elementary school principals. The sample was limited to public elementary school principals (see Appendix E) who hold, at least, a Type 75 General Administrative Certificate, and have at least two years principal experience along with at least two years building implementation of the traditional special education and response to intervention models. The sample, for the purpose of this study, was limited to public elementary school principals whose duties include, but were not limited to, providing administrative leadership within their respective schools and within the provision of special education service with regard to the use of the traditional special education model and the use of the response to intervention model. The sample school buildings were limited to those within fifteen Illinois public school districts across DuPage County, Will

County and Cook County, and included 68 public elementary schools across the 15 school districts. The 68 public elementary schools used in this study have student populations, ranging from kindergarten (k) to eight (8) grades.

### **Pilot Study Data**

Prior to the administration of the full research study, a pilot study was conducted using three elementary principals from a south suburban school district in Illinois. The purpose of this pilot study was to provide the researcher feedback regarding time for completion and clarity of the questions (McMillan & Schumacher, 2001). Participants in the pilot study were asked to complete the research questionnaire (see Appendix F). The questionnaire used for the pilot study was the same draft as that originally designed, with an additional question that asked respondents to circle the best answer that represented the amount of time to complete the research pilot questionnaire.

The pilot study was mailed to three Illinois public elementary school principals in similar schools to those in the sample population of the study. All three of the respondents completed the pilot study questionnaire. Below are the tables representing the responses from the pilot study respondents.

Table 1 represents the number of years of principal experience of the pilot respondents. Of the three pilot respondents, three completed the question. Of the pilot respondents, all three or 100% range of years worked in the position of principal was two to five years.

Table 1

*Years Pilot Study Respondents Worked in the Position of Principal*

Number of Years	Respondent I	Respondent II	Respondent III
1 to 2			
2 to 5	X	X	X
5 to 10			
10 to 15			
15 to 25			
25 to 30			

Table 2 represents the school leaders' attitudes regarding the percent of time spent, per month, on direct involvement in the provision of special education services using the traditional special education model. All three pilot study respondents answered the question.

Table 2

*Pilot Study Respondent Percent of Time Spent, Per Month, On Direct Involvement in the Provision of Special Education Services Using the Traditional Special Education Model*

Percent of Time	Respondent I	Respondent II	Respondent III
5% to 10%	X	-	-
10% to 20%	-	X	-
20% to 40%	-	-	X
40% to 60%			
60% to 80%			
80% to 90%			
90% to 100%			

Two of the three respondents or 66% indicated they spent 5% to 10% a month on direct involvement, using the traditional special education model. One of the three respondents or 33% indicated they spent 10% to 20% a month, on direct involvement, using the traditional special education model.

Table 3 represents the school leaders' attitude regarding the percent of time spent, per month, on direct involvement in the provision of special education services using the response to intervention model. All three pilot study respondents answered the question.

Table 3

*Pilot Study Respondent Percent of Time Spent, Per Month, On Direct Involvement in the Provision of Special Education Services Using the Response to Intervention Model*

Percent of Time	Respondent I	Respondent II	Respondent III
5% to 10%			
10% to 20%			
20% to 40%	X	X	X
40% to 60%			
60% to 80%			
80% to 90%			
90% to 100%			

The amount of time spent, per month on direct involvement in the provision of special education services using the response to intervention model was the same for all three respondents. Of the three respondents, three out of three or 100% indicated they spent 20% to 40% a month on direct involvement using the response to intervention model.

Table 4 illustrates respondents' estimation of how much faculty time is spent, per month, on the provision of special education services using the traditional special education model. All three pilot study respondents answered the question.

Table 4

*Pilot Study Respondent Estimation of How Much Faculty Time Is Spent, Per Month, On the Provision of Special Education Services Using the Traditional Special Education Model*

Faculty Time Spent	Respondent I	Respondent II	Respondent III
5 to 20 hours	X	-	
20 to 40 hours	-	X	
40 to 60 hours	X	-	
60 to 80 hours			
80 to 100 hours			
100 to 120 hours			

Of the three respondents, two respondents or 66%, indicated they spent an estimated 5 to 20 hours per month, using the response to intervention model. One of the three respondents or 33% indicated they spent an estimated 20 to 40 hours per month using the response to intervention model.

Table 5 illustrates respondents' estimation of how much faculty time is spent, per month, on the provision of special education services using the response to intervention model. All three pilot study respondents answered the question.

Table 5

*Pilot Study Respondent Estimation of How Much Faculty Time Is Spent, Per Month, On the Provision of Special Education Services Using the Response to Intervention Model*

Faculty Time Spent	Respondent I	Respondent II	Respondent III
5 to 20 hours			
20 to 40 hours			
40 to 60 hours	X	X	X
60 to 80 hours			
80 to 100 hours			
100 to 120 hours			

All three of the respondents answered the question choosing the same amount of hours on the provision of special education services using the response to intervention model. The three respondents or 100% indicated that faculty spent an estimated 40 to 60 hours per month on the provision of special education services using the response to intervention model.

Table 6 illustrates the pilot study respondents' attitudes with regard to the amount of resources, in relation to the amount of their overall general budget that is used for the provision of special education services using the traditional special education model compared to the provision of special education services using the response to intervention model. All three pilot study respondents answered the question.



Table 6

*Pilot Study Respondent Attitude Regarding the Amount of Resources in Relation to the Amount of the Overall General Budget Used for the Provision of Special Education Services Using the Traditional Special Education Model Compared to the Response to Intervention Model*

Amount of Resources Used	Respondent I	Respondent II	Respondent III
More-Traditional Special Education Model			
More-Response to Intervention Model	X	X	X
Same-Both Models			

All three of the respondents answered the question stating that; overall the Response to Intervention Model uses more resources for the provision of special education services. All three respondents or 100% stated that more resources are used for the provision of special education services using the response to intervention model than resources used for the traditional special education model.

Table 7 illustrates the qualitative open-ended question where respondents could give an answer in relation to their attitude with regards to the provision of special education services using the traditional special education model compared to using the response to intervention model. All three pilot study respondents answered the question.

Table 7

*Pilot Study Respondent Attitude With Regard to the Provision of Special Education Services Using the Traditional Special Education Model Compared to Using the Response to Intervention Model*

Type of Services	Description
Resources	More resources for the Response to Intervention Model
Time	Less special education referrals when using the Response to Intervention Model
Principal's Role	Principal role is greater in the response to Intervention Model

A pattern from the respondents' answers emerged. Respondent comments can be summed up by the following representative example.

More resources are used for the response to intervention model than for the traditional special education model. In relation to time, less special education referrals are made when using the response to intervention model than when using the traditional special education model. The principal's role is greater in the use of the response to intervention model than in the use of the traditional special education model.

All or 100% of the pilot study respondents indicated that they spent more faculty time on direct involvement on response to intervention than on the traditional special education model. All three of the pilot study respondents or 100% indicated that in the area of resources, the general budget was used for the provision of special education services using the response to intervention model more than that it was used for the provision of special education services using the traditional special education model. The

pilot study respondents or 100% indicated that the principal's role is greater in the use of the response to intervention model than in the use of the traditional special education model.

### **Summary of the Pilot Study Responses**

The purpose of this pilot study was to provide the researcher feedback regarding time for completion and clarity of the questions (McMillan & Schumacher, 2001). Respondents in the pilot study were asked to complete the research questionnaire (see Appendix F). The respondents indicated that the average time it took to complete the survey was seven to ten minutes. The results of the pilot study concluded that the directions for each question were clear and concise. Pilot study respondents agreed that the questionnaire was straightforward and did not need any structural changes. As a result, from the pilot study respondents' responses, the researcher utilized the same research questions for the sample population with the exception of the pilot study question in relation to how much time it took to complete the survey which pilot study respondents indicated was seven to ten minutes.

### **Introduction of Research Respondents' Data**

Sixty-eight survey packets were mailed to elementary school principals in 15 Illinois school districts across DuPage County, Will County and Cook County in August and September 2011. Thirty-nine respondents out of 68 responded to the survey. The results of the 60% response rate are presented in this chapter.

Table 8 represents the number of years the principal respondents worked in the role of the principal.

Table 8

*Years Respondents Worked in the Position of Principal*


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Number of Years	Respondents
1 to 2	0
2 to 5	16
5 to 10	15
10 to 15	3
15 to 25	5
25 to 30	0

---

Out of 39 respondents, zero indicated they have worked less than two years.

Sixteen or 41.0% of the 39 respondents indicated that they have worked two to five years in the role of the principal. Fifteen or 38.5% of the 39 respondents indicated that they have worked five to ten years in the role of the principal. Three or 7.7% of the 39 respondents indicated they have worked 10 to 15 years in the role of the principal. Five or 12.8% of the 39 respondents indicated they have worked 15 to 25 years in the role of the principal. Zero out of the 39 respondents indicated they have worked 25 to 30 years. Of the 39 respondents, all 39 or 100% completed the question.

**Quantitative Data**

The data below are related to the quantitative questions in the questionnaire. The quantitative data describe principals' attitudes towards the provision of special education services using the traditional special education model compared to the response to intervention model.

Table 9 represents the school leaders' attitudes regarding the percent of time spent, per month, on direct involvement in the provision of special education services using the traditional special education model.

Table 9

*Respondent Percent of Time Spent, Per Month, On Direct Involvement in the Provision of Special Education Services Using the Traditional Special Education Model*

Percent of Time	Respondents
5% to 10%	16
10% to 20%	13
20% to 40%	08
40% to 60%	02
60% to 80%	00
80% to 90%	00
90% to 100%	00

Table 9 represents the percent of time spent, per month, on direct involvement in the provision of special education services using the traditional special education model. Sixteen or 41.0% of the 39 respondents indicated that they have spent 5 to 10% of their time, per month, on direct involvement using the traditional special education model. Thirteen or 33.3% of the 39 respondents indicated that they have spent 10 to 20% of their time, per month, on direct involvement using the traditional special education model. Eight or 20.5% of the 39 respondents indicated that they have spent 20 to 40% of their time, per month, on direct involvement using the traditional special education model. Two or 5.1% of the 39 respondents indicated that they have spent 40 to 60% of their time, per month, using the traditional special education model. Zero respondents out of

the 39 respondents indicated that they have used; 60 to 80%; 80 to 90%; or 90 to 100% of their time, per month, using the traditional special education model.

Sixteen or 41% out of 39 respondents was the largest number of respondents that spent 5 to 10% per month, on direct involvement in the provision of special education services using the traditional special education model. Overall, none of the 39 respondents spent greater than 60%, per month, of their time on direct involvement in the provision of special education services using the traditional special education model. All 39 participants responded to the question regarding the percent of time spent, per month, on direct involvement in the provision of special education services using the traditional special education model.

Table 10 represents the school leaders' attitudes regarding the percent of time spent, per month, on direct involvement in the provision of special education services using the response to intervention model.

Table 10

*Respondent Percent of Time Spent, Per Month, On Direct Involvement in the Provision of Special Education Services Using the Response to Intervention Model*

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Percent of Time	Respondents
5% to 10%	01
10% to 20%	13
20% to 40%	13
40% to 60%	11
60% to 80%	01
80% to 90%	00
90% to 100%	00

---

All 39 participants responded to the question regarding the percent of time spent, per month, on direct involvement in the provision of special education services using the response to intervention model. One or 10.2% of the 39 respondents indicated that they have spent 5 to 10% of their time, per month, on direct involvement using the response to intervention model. Thirteen or 33.3% of the 39 respondents indicated that they have spent 10 to 20% of their time, per month, on direct involvement using the response to intervention model. Thirteen or nine respondents indicated that they have spent 10 to 20% of their time, per month, on direct involvement using the response to intervention model. Thirteen or 33.3% of the 39 respondents indicated that they have spent 20 to 40% of their time, per month, on direct involvement using the response to intervention model. Eleven or 28.2% of the 39 respondents indicated that they have spent 40 to 60% of their time, per month, on direct involvement using the response to intervention model. One or 3.1% out of the 39 respondents indicated that they have spent 60 to 80% of their time, per month, on direct involvement using the response to intervention model. None of the total 39 respondents indicated that they use 80-100% of their time, per month, on direct involvement using the response to intervention model. Thirteen or 33.3% out of 39 respondents was the largest number of responses indicating the respondents spent either 10 to 20% of their time per month or 20 to 40% of their time per month, on direct involvement using the response to intervention model. Overall, none of the 39 respondents spent greater than 60%, per month, of their time on direct involvement in the provision of special education services using the response to intervention model.

Table 11 illustrates respondents' estimation of how much faculty time is spent, per month, on the provision of special education services using the traditional special education model.

Table 11

*Respondent Estimation of How Much Faculty Time Is Spent, Per Month, On the Provision of Special Education Services Using the Traditional Special Education Model*

---

Faculty Time Spent	Respondents
5 to 20 hours	14
20 to 40 hours	15
40 to 60 hours	08
60 to 80 hours	02
80 to 100 hours	0
100 to 120 hours	0

---

The respondents answered the question regarding the estimated number of hours faculty time is spent, per month, on direct involvement in the provision of special education services using the traditional special education model. Fourteen or 35.9% of the 39 respondents estimated that their faculty has spent 5 to 20 hours, per month, on direct involvement using the traditional special education model. Fifteen or 38.5% of the 39 respondents estimated that their faculty has spent 20 to 40 hours, per month, on direct involvement using the traditional special education model. Eight or 20.5% of the 39 respondents estimated that their faculty has spent 40 to 60 hours, per month, on direct involvement using the traditional special education model. Two or 5.1% of the 39 respondents estimated that their faculty has spent 60 to 80 hours, per month, on direct



involvement using the traditional special education model. Zero out of the 39 respondents estimated that their faculty has spent 80 to 100 hours, per month, on direct involvement using the traditional special education model. None of the 39 respondents estimated that their faculty has spent 80-100 hours or 100-120 hours, per month, on direct involvement using the traditional special education model.

Fifteen or 38.5% out of 39 respondents was the largest number of respondents that estimated that their faculty spent 20 to 40 hours, per month, on direct involvement using the traditional special education model. Overall, none of the 39 respondents estimated that their faculty spent greater than 80 hours, per month, of their time on direct involvement in the provision of special education services using the traditional special education model. All 39 respondents responded to the question regarding the estimated number of hours faculty time is spent, per month, on direct involvement in the provision of special education services using the traditional special education model.

Table 12 illustrates respondents' estimation of how much faculty time is spent, per month, on the provision of special education services using the response to intervention model.

Table 12

*Respondent Estimation of How Much Faculty Time Is Spent, Per Month, On the Provision of Special Education Services Using the Response to Intervention Model*

Faculty Time Spent	Respondents
5 to 20 hours	04
20 to 40 hours	08
40 to 60 hours	14
60 to 80 hours	08
80 to 100 hours	03
100 to 120 hours	02

Respondents were asked to respond to the question regarding the estimated number of hours faculty time is spent, per month, on direct involvement in the provision of special education services using the response to intervention model. Four or 10.3% of the 39 respondents estimated that their faculty has spent 5 to 20 hours, per month, on direct involvement using the response to intervention model. Eight or 20.5% of the 39 respondents estimated that their faculty has spent 20 to 40 hours, per month, on direct involvement using the response to intervention model. Fourteen or 35.9% of the 39 respondents estimated that their faculty has spent 40 to 60 hours, per month, on direct involvement using the response to intervention model. Eight or 20.5% of the 39 respondents estimated that their faculty has spent 60 to 80 hours, per month, on direct involvement using the response to intervention model.

Three or 7.7% of the 39 respondents estimated that their faculty has spent 80 to 100 hours, per month, on direct involvement using the response to intervention model.

Two or 5.1% of the 39 respondents estimated that their faculty has spent 100-120 hours, per month, on direct involvement using the response to intervention model.

Fourteen or 35.9% out of 39 respondents was the largest number of respondents that estimated that their faculty spent 40 to 60 hours, per month, on direct involvement using the response to intervention model. Out of the 39 respondents, only two of the respondents estimated that their faculty spent 100-120 hours, per month, of their time on direct involvement in the provision of special education services using the response to intervention model. All 39 respondents responded to the question.

Table 13 illustrates the respondents' attitudes with regard to the amount of resources, in relation to the amount of their overall general budget that is used for the provision of special education services using the traditional special education model compared to the provision of special education services using the response to intervention model.

Table 13

*Respondent Attitude Regarding the Amount of Resources in Relation to the Amount of the Overall General Budget Used for the Provision of Special Education Services Using the Traditional Special Education Model Compared to the Response to Intervention Model*

Amount of Resources Used	Respondents
More-Traditional Special Education Model	8
More-Response to Intervention Model	19
Same-Both Models	11

Thirty-eight out of 39 respondents responded to the question regarding the amount of resources in relation to the amount of the overall general budget used for the provision of special education services using the traditional special education model compared to the response to intervention model. Nineteen respondents or 50.0% out of 38 indicated that more resources are used for the response to intervention model than the traditional special education model. Eleven or 28.9% of the 38 respondents indicated that the same amounts of resources are used for the response to intervention model as for the traditional special education model. Eight or 21.1% out of the 38 respondents indicated that more resources are used for the traditional special education model than for the response to intervention model. Thirty-eight out of 39 respondents answered this question. One of the 39 participants opted out of answering the question.

### **Qualitative Data**

Table 14 illustrates the qualitative open-ended question where respondents could give an answer in relation to their attitude with regards to the provision of special education services using the traditional special education model compared to using the response to intervention model. Question seven asked the respondents to share their attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model in relation to: (1) the use of resources; (2) the amount of time faculty members spent; and, (3) the role of the principal. Out of 39 respondents, 23 responded to question seven, while 16 respondents opted out and chose not to respond to the question.

Table 14

*Respondent Attitude With Regard to the Provision of Special Education Services Using the Traditional Special Education Model Compared to Using the Response to Intervention Model in Relation to Resources, Time and the Role of the Principal*

Respondents		Description
Resources	22	More resources for the Response To Intervention Model
	01	More resources for the Traditional Special Education Model
Time	19	More faculty time for the Response to Intervention Model
	04	More faculty time for the Traditional Special Education Model
Principal's Role	20	Principal's role is greater for the Response to Intervention Model
	03	Principal's role is greater for the Traditional Special Education Model

Twenty-two, out of 23 respondents or 99% stated that more resources are used for the response to intervention model when compared to the traditional special education model. One or 1% out of 23 respondents indicated that more resources are used for the traditional special education model than for the response to intervention model. Nineteen, or 75% out of the 23 respondents indicated that more faculty time is spent on the response to intervention model when compared to faculty time spent on the traditional special education model. Four or 22% out of the 23 respondents indicated that more faculty time is spent on the traditional special education model when compared to faculty

time spent on the response to intervention model. Twenty or 75%, out of 23 respondents indicated that the role of the principal is greater in the response to intervention model when compared to the role of the principal in the traditional special education model. Three or 2%, out of 23 respondents indicated that the role of the principal is greater in the traditional special education model when compared to the role of the principal in the response to intervention model. Thirty-nine respondents participated in the survey. Out of 39 respondents, 23 answered the question. Sixteen opted out and did not respond. A pattern from the respondents' answers emerged. Respondent comments can be summed up by the following representative example.

More resources are used for the response to intervention model than for the traditional special education model. In response to time, more faculty time is spent on the response to intervention model than the traditional special education model. The principal's role is greater in the use of the response to intervention model than in the use of the traditional special education model.

### **Summary of the Research Respondents' Data**

The purpose of the survey questionnaire was to provide data on school principals' attitudes towards the provision of special education services using the traditional special education model compared to the response to intervention model, in relation to: (1) the use of resources; (2) the amount of faculty time spent; and, (3) the role of the principal.

The respondents in the pilot study were asked to complete the research questionnaire (see Appendix C). Demographic responses indicate that the average years worked in the position of principal was two to five years. When comparing the percent

of amount of resources used for the traditional special education model to that of the response to intervention model, the data in Table 13 reflects that the majority of respondents believed more resources were used on the response to intervention model than on the traditional special education model.

When comparing the amount of faculty time spent on the traditional special education model compared to the response to intervention model, the data in Table 12 reflects that majority of respondents spend more time on the response to intervention model than on the traditional special education model. The respondents answered a question in response to the role of the principal in the traditional special education model compared to the response to intervention model. The data in Table 14 reflects that the majority of respondents believe the role of the principal is greater in use of the response to intervention model compared to the use of the traditional special education model.

### **Summary**

The respondents' data provided evidence to support the hypothesis that the attitudes of principals greatly impact the provision of special education services using the traditional special education model as well as the provision of special education services using the response to intervention model. Exploring principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model is vital for educational leaders in creating appropriate team structures and development of school improvement efforts by recognizing and being sensitive to the preference of the implementation of the models.

The data also provide and point to areas of further study. Demographic information revealed that the average respondents' years as a principal was between two and five years. Further study could offer explanation of the years of service of this segment of the sample and how this group's attitudes affects their response to the use of the traditional special education model compared to the response to intervention model, in relation to their less than five years of principal experience. Further study could also explore the lack of representation from other school districts across the United States, not identified for the purpose of this study. This may reduce generalizability of the data and allow further probing of respondents from a larger population sample.



## CHAPTER V

### CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS

#### **Purpose of the Study**

The attitudes of principals are significant as they relates to the daily provision of educational services. The purpose of this current study was to examine the attitudes of Illinois elementary school principals regarding the provision of special education services using the traditional special education model compared to using the response to intervention model.

#### **Summary of the Traditional Special Education Model and**

#### **Response to Intervention Model**

As a method of providing special education services, the traditional special education model was enacted under the Individual with Disabilities Education Act, or IDEA, and has been implemented consistent with our nation's special education law (Guernsey, 1993). Special education services have been provided as a result of federal legislation, requiring that all children must receive a free and appropriate education (Lake, 2007). Traditional special education assumes that appropriate education is determined by members of the student's education team (Lake, 2007). Special education services provided within the least restrictive environment allows students to be educated with nondisabled students to the "maximum extent appropriate" (McLaughlin & Nolet, 2004).

The Response to Intervention model is a method of providing provision of services and interventions as well as an alternative approach to implementation of the traditional special education model. The response to intervention model is a scientific, research based intervention that provides high quality instruction and interventions to match students needs through monitoring progress frequently (National Association of State Directors of Special Education, 2007). A student's progress is monitored to determine what is working, what is not working and what adjustments need to be made (Glover, 2007). Assessment is linked to student progress rather than special education disability categories and labels. There is a focus on research-based interventions and accountability for implementation of the interventions (Batsche, 2007).

### **Conclusions**

Research on the attitudes of principals regarding the provision of special education services using the traditional special education model compared to using the response to intervention model appears to be minimally developed. Illinois is a representative sample of a state having the growing emphasis on a system of instruction for students, as evidenced by the use of the traditional special education model and the implementation of the response to intervention model.

It is hoped that this study will create awareness for principals regarding their attitude in respect to the use of the traditional special education model compared to the response to intervention model. The results of this research will lead to broader understanding of principals' attitudes, in relation to: (1) the use of resources; (2) the amount of faculty time spent; and, (3) the role of the principal.

The investigator analyzed the data from this research study questionnaire and found interesting correlations between principal responses to similar questions throughout the survey and to research presented in the literature review of Chapter II.

### **Related Research Question 1**

*How much time does the school leader spend in direct involvement on the provision of special education services using the traditional special education model?*

Educational research supports that most instructional leadership preparation programs did not require the aspiring administrator to have a special education knowledge base to complete administrative certification programs (Riehl, 2002). A recent study addressed general administrative preparatory programs and discovered that only five states in the United States, at the time of questioning, required any special education instruction to receive an administrative certificate (Patterson, Marshall, & Bowling, 2009).

Table 9 represents the percent of time spent, per month, on direct involvement in the provision of special education services using the traditional special education model. Sixteen or 41% out of 39 respondents was the largest number of respondents that spent 5 to 10% per month, on direct involvement in the provision of special education services using the traditional special education model. The data indicate that, overall none of the 39 respondents spent greater than 60%, per month, of their time on direct involvement in the provision of special education services using the traditional special education model.

**Related Research Question 2**

*How much time does the school leader spend in direct involvement on the provision of special education services using the response to intervention model?*

The response to intervention service delivery model is the practice of providing high quality instruction and interventions matched to the student's needs, monitoring progress frequently to make decisions about changes in instruction or goals and applying child response data to important educational decisions (Response to Intervention Policy Considerations and Implementation, 2006). In the response to intervention model, the identification of eligible individuals is based on the student's response to intervention and review of existing data (Illinois State Advisory Council, 2005). The recent focus on response to intervention yields opportunity for leaders to provide effective and efficient academic and behavior systems for students (Bohanan, 2008).

Table 10 represents the respondents' response in relation to how much time the school leader spent in direct involvement on the provision of special education services using the response to intervention model. Thirteen or 33.3% out of 39 respondents was the largest number of responses indicating the respondents spent either 10 to 20% of their time per month or 20 to 40% of their time per month, on direct involvement using the response to intervention model. The data indicate that, overall, none of the 39 respondents spent greater than 60%, per month, of their time on direct involvement in the provision of special education services using the response to intervention model.

**Related Research Question 3**

*What is the estimation of how much faculty time is spent on the provision of special education services using the traditional special education model?*

In the traditional special education model, the team of parent, school leader, regular education teacher, special education teacher and designated resource providers, develop an Individualized Education Program for the student. The special education teacher provides educational services as set forth in the education plan, and works closely with parents to inform them of their child's progress (U.S. Department of Labor Bureau of Statistics Occupational Handbook, 2008-09). Special education teachers use individualized instruction to promote student success.

Fifteen or 38.5% out of 39 respondents was the largest number of respondents that estimated that their faculty spent 20 to 40 hours, per month, on direct involvement using the traditional special education model. The data indicate that, overall, none of the 39 respondents estimated that their faculty spent greater than 80 hours, per month, of their time on direct involvement in the provision of special education services using the traditional special education model.

**Related Research Question 4**

*What is the estimation of how much faculty time is spent on the provision of special education services using the response to intervention model?*

Educational research supports that response to intervention is not only implemented by regular education teachers but by special education teachers also (Illinois State Advisory Council, 2005). Teachers increasingly work together to ensure that all

students are provided an environment that produces engaged academic learning. The educational environment must be structured in a way that it responds to all students having access to the general education curriculum (NCLB Act, 2001).

Table 11 respondents indicated that 14 or 35.9% out of 39 respondents was the largest number of respondents that estimated that their faculty spent 40 to 60 hours, per month, on direct involvement using the response to intervention model. Out of the 39 respondents, only two of the respondents estimated that their faculty spent 100-120 hours, per month, of their time on direct involvement in the provision of special education services using the response to intervention model. All 39 respondents responded to the question.

#### **Related Research Question 5**

*What is the attitude of the school leader regarding resources in relation to the amount of an overall general budget, that is used for the provision of special education services using the traditional special education model, compared to the amount of an overall general budget, that is used for the provision of special education services using the response to intervention model?*

Research indicates that the role of the principal has shifted from being accountable for money and other resources to being accountable for student outcomes and achievement (Lyons & Algozzine, 2006). The principal is the educational leader that holds the key to mediating decisions in relation to resources used for both the traditional special education model and the response to intervention model (Lyons & Algozzine, 2006).

Table 13 respondents indicated that over 50.0% indicated that more resources are used for the response to intervention model than the traditional special education model. Eleven or 28.9% of the 38 respondents indicated that the same amounts of resources are used for the response to intervention model as for the traditional special education model. Eight or 21.1% out of the 38 respondents indicated that more resources are used for the traditional special education model than for the response to intervention model.

### **Related Research Question 6**

*What is the attitude of the school leader regarding the provision of special education services using the traditional special education model compared to using the response to intervention model, in relation to: (1) the use of resources; (2) the amount of faculty time spent; and, (3) the role of the principal?*

Educational research states, the role of the principals in provision of special education services using the traditional special education model and the response to intervention model, is related to the principals' attitudes (Quigney, 1998). The principals' attitude directly relates to the principal's influence on the quality of education for every student with special needs within their building and school district. Principals are responsible for cultivating an organizational culture where professional staffs are committed to teaching students with special needs using the best instructional practices (Thompson & O' Brian, 2007).

The respondent data indicate that, 99% out of 23 respondents stated that more resources are used for the response to intervention model when compared to the traditional special education model. Nineteen or 75% out of the 23 respondents indicated

that more faculty time is spent on the response to intervention model when compared to faculty time spent on the traditional special education model. Twenty or 75% out of 23 respondents indicated that the role of the principal is greater in the response to intervention model when compared to the role of the principal in the traditional special education model. A pattern from the respondents emerged that suggested that more resources are used for the response to intervention model than the traditional special education model. In response to time, more faculty time is spent on the response to intervention model than on the traditional special education model. The principal's role is greater in the use of the response to intervention model than in the use of the traditional special education model.

### **Major Research Question**

*What is the attitude of the school leader regarding the provision of special education services using the traditional special education model compared to using the response to intervention model?*

To meet challenges presented by changes in education, leaders such as principals must learn to integrate reflection and competence into each role function, relationship and decision (Noonan & Walker, 2008). An important function of principals is to ensure that children, who will benefit from traditional special education, are provided a free and appropriate education that yields specific programming to meet their individual needs (Council for Exceptional Children, 2001). Another important function is to ensure that children who will benefit from response to intervention receive collaborative decision making interventions that help the struggling student (Glover, 2007).



Educational research indicates that the special education teacher provides educational services as set forth by the identified special education students' individualized education plan. The teacher works closely with the parents to inform them of their child's progress (U.S. Department of Labor Bureau of Statistics Occupational Handbook, 2008-2009). The teacher uses individualized instruction to promote student's success. Depending on the disability, the instruction may include accommodations and modifications.

In the Response to Intervention model, the identification for a need to implement intervention services guides the instruction and educational decisions. The teacher provides an academic learning environment that supports multiple methods of solving problems. Response to intervention involves the collaboration and sharing of general and special education resources that are responsible to the needs of the student (Batsche, 2006).

Research indicates that the role of the principal has shifted from being accountable for money and other resources to being accountable for student outcomes and achievement (Lyons & Algozzine, 2006). The principal is the educational leader that holds the key to mediating decisions in relation to resources used for both traditional special education and response to intervention.

Educational research states, the role of the principals in provision of special education services using the traditional special education model in comparison to using the response to intervention model is related to the principal's attitudes (Quigney, 1998). The data from the survey questionnaire state that the majority of the respondents'

attitudes indicated that resources, estimation of faculty time spent, and the role of the principal was spent on the response to intervention model, more than on the traditional special education model.

Literature describes the belief that the response to intervention model provides services for students who do not respond to basic interventions and/or receive heightened levels of interventions, which include a greater use of resources and time (Glover, 2007). The qualitative data collection allowed the researcher to gain insight into the attitudes of principals' responding to the survey (Gay, Mills, & Eurasian, 2009). The main focus of qualitative research was to discover from the research respondents an understanding of their attitudes regarding special education services (Gay, Mills, & Eurasian, 2009).

This belief became more apparent when certain key phrases respondents gave, were revealed, for the quantitative research question. Three common key phrases that appeared in the respondents responses were: "implementation of response to intervention has required staff to spend more time"; "I spend a great deal more time on response to intervention, than on traditional special education activities"; and, "response to intervention is a better way to use resources on students."

### **Summary**

The study explored principals' attitudes in regard to the provision of special education services using the traditional special education model compared to using the response to intervention model, in regard to: (1) the use of resources; (2) the amount of faculty time spent; and, (3) the role of the principal.

The sample for this study was limited to 15 Illinois school districts in, Cook County, Will County and DuPage County. The sample was limited to 68 elementary principals who hold, at least, a Type 75 General Administrative Certificate for the current school year, and have a minimal of two years principal experience along with at least two years of implementation of traditional special education and response to intervention models. Thirty-nine out of 68 respondents responded, which is a 60% result rate.

The researcher can conclude through analysis of quantitative and qualitative findings that most Illinois public elementary school principals' attitude is that the use of resources, amount of faculty time spent, and the role of the principal is greater in relation to the response to intervention model when compared to the traditional special education model.

### **Implications and Recommendations**

The significance of this study was to better understand principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model. According to the data responses, the larger degree of responses indicated that the principals' attitude was that more faculty time was spent using response to intervention model compared to the traditional special education model. An alarming factor was found in reviewing the data from Table 14, which ask that respondents to share their attitude in relation to the traditional special education and response to intervention models, in relation to: (1) resources; (2) the amount of faculty time spent; and, (3) the role of the principal. The data indicated that out of 39 respondents only 16 responded to the question. There was

some evidence from the written statements that some principals may not have interpreted the question in the same manner as was its intent. It is believed, by the researcher that some principals interpreted the question as asking if their attitude supported either the response to intervention model for all three factors or the traditional special education model for all three factors. This misinterpretation may have influenced the direction of their responses resulting in an increased number of respondents choosing one model or the other. It is also believed that the written response question may have left some of the non-responders with the option to not reveal responses in the form of a written response. It is believed that the non-responses may have been indicative of the principal's lack of additional time or need to reflect prior to responding in writing. The interpretation of the written response question could be enhanced in future studies by conducting one on one interviews, or by rephrasing the question with a multiple choice selection of answers. Interviews would provide the researcher the opportunity to redirect questions and ask follow-up questions to ensure understanding. Multiple choice selections would provide the researcher the opportunity to receive responses that are not subjective for the researcher's interpretation.

A recommendation for potential future studies is to apply similar research techniques to a more administrative and educational diverse population. This will allow the researcher to expand the sample to other districts and staff members within the state of Illinois or throughout the United States.

## Conclusions

Throughout the history of education in the United States of America the country went from separating and excluding children who were academically struggling to providing intervention through the use of special education services. As the evolution of time moved forward so did the face of how struggling students who would receive academic support. Special education services are mandated by Federal and State laws and the provision of services through response to intervention has been introduced through federal and state mandates as well. Students who struggle can now receive one or more interventions outside of special eligibility consideration.

Closing the achievement gap for all children has become a priority as the growing diversity of the nation's children has resulted in a wide range of academic needs. Principals are being held closely accountable for the success of children in their academic settings. Research on the attitudes of principals' regarding the provision of special education services through the traditional special education model compared to the provision of services through the response to intervention model appears to be minimally developed. The attitudes of principals are significant as it relates to the daily provision of these services.

Collaborative decision making is key in determining the use of the traditional special education model and the use of the response to intervention model, in relation to resources, faculty time spent and the role of the principal. The attitude of the principal will guide the use of both models. It is vital that principals have a clearer understanding of their attitudes surrounding both models.

While the primary focus of this study was based on a select group of elementary principals in selected school districts, this study can serve as a model for future inquiry. There are many key leaders who are influential and affected by the use of traditional special education and response to intervention. There are also many other factors that help shape the attitudinal climate of key leaders and the educational system. Future research can also include high school principals, special education directors, school psychologist, and other school administrators. It is hoped that this research will add information to the field for principals and educational key leaders regarding their attitudes in respect to the use of the traditional special education model and the use of the response to intervention model, as well as develop an urgency and transparent channel for future research.

APPENDIX A  
LETTER TO SUPERINTENDENTS

Dear Superintendent,

My name is Deirdre Williams, and I am a Doctoral candidate at Loyola University of Chicago. I am sending this letter to you to inform you that the elementary school principals in your district have been identified as potential research respondents as a part of my research study. The purpose of the study is to explore principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model in relation to: (1) the use of resources; (2) the amount of time faculty members spend; and (3) the role of the principal.

The survey is brief and should take each principal no more than 7 to 10 minutes to complete. All information gathered is to be used solely for the purpose of my dissertation research. There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life. It is hoped that this research will greatly impact administrators and school leaders in the State of Illinois as well as other school districts across the United States.

No information will be requested that will identify the principal or the school. The packets will be kept confidential in a locked cabinet in the researchers' private office, and will be destroyed at the conclusion of the dissertation. Participation in the study is voluntary. If a principal does not want to be in the study, they do not have to participate. If they decide to respond, they are free not to answer any question or may withdraw from participation at any time without penalty. The return of the completed packet will signify as their consent to participate. The data from this study will be used for my dissertation and will not be distributed for any reason.

I have enclosed a copy of the Principal's Questionnaire. If you have any questions, please feel free to contact Deirdre Williams at [dwill2@luc.edu](mailto:dwill2@luc.edu). My faculty sponsor, Dr. Vivian Gordon, can be contacted at Loyola University, at 312-915-7305 if you have any questions or concerns as a result of the principal participating in the study.

Respectfully,

Deirdre Williams



APPENDIX B  
PRINCIPAL'S COVER LETTER

Dear Principal:

My name is Deirdre Williams and I am a Doctoral candidate at Loyola University of Chicago. You are being asked to take part in a research study as your duties include, but are not limited to, providing administrative leadership within your respective schools within the capacity of special education services. The purpose of the study is to research principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model in relation to: (1) the use of resources; (2) the amount of time faculty members spend; and (3) the role of the principal. A letter has been delivered to your school district superintendent informing him/her of my dissertation study.

In this packet you will find a Survey Questionnaire. The questionnaire is brief and should take no more than 7 to 10 minutes to complete. All information gathered is to be used solely for the purpose of my dissertation research. There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life. It is hoped that this research will greatly impact administrators and school leaders in the State of Illinois as well as other school districts across the United States.

Please do not provide any identifiable information on the questionnaire and return the packet using the enclosed self-addressed, stamped envelope. No school or principal will be able to be identified in this study. The packets will be kept confidential in a locked cabinet in the researcher's private office, and will be destroyed at the conclusion of the dissertation. Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty. Your return of a completed packet will signify your consent to participate. You will only need to complete the questionnaire one time. Second mailings will go out, however only for the purpose of giving non-responders opportunity to complete the survey. If you have initially completed and returned the initial survey, please do not respond to the second mailing. The data from this study will be used for my dissertation and will not be distributed for any reason.

If you have any questions, please feel free to contact Deirdre Williams at [dwill2@luc.edu](mailto:dwill2@luc.edu). Dr. Vivian Gordon, my faculty sponsor at Loyola University, can be contacted at 312-915-7305 if you have any questions or concerns as a result of participating in this study. Should you have any questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

Respectfully,

Deirdre Williams

APPENDIX C  
PRINCIPAL'S QUESTIONNAIRE

Principal's Questionnaire

The purpose of this study is to explore principals' attitudes regarding the provision of special education services using the traditional special education model compared to providing special education services using the response to intervention model.

1. How many years have you worked in the position of principal?

Please check (√)

*NUMBER OF YEARS OF EXPERIENCE IN THE PRINCIPAL POSITION*

/ \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ ||  
 1yr. 2yrs. 3yrs. 4yrs. 5yrs. 6yrs. 7yrs. 8yrs. 10yrs. 15yrs. 20yrs. 25yrs. 30yrs.

2. As the school leader, what percent of your time is spent, per month, on your *direct involvement* on the provision of special education services using the **traditional special education model**?

Please check (√)

**% of time on principals' DIRECT INVOLVEMENT - TRADITIONAL SPECIAL EDUCATION MODEL**

| \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
 5% 10% 20% 40% 60% 80% 100%

PERCENT OF TIME

3. As the school leader, what percent of your time is spent, per month, on your *direct involvement* in the provision of special education services using the **response to intervention model**?

Please check (√)

**% of time on principals' DIRECT INVOLVEMENT - RESPONSE TO INTERVENTION MODEL**

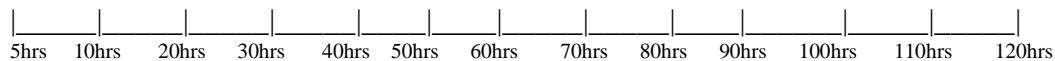
| \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
 5% 10% 20% 40% 60% 80% 100%

PERCENT OF TIME

4. As the school leader, what is your estimation of how much *faculty time is spent*, per month, on the provision of special education services using the **traditional special education model**?

Please check (√)

*ESTIMATED FACULTY TIME SPENT - TRADITIONAL SPECIAL EDUCATION MODEL*

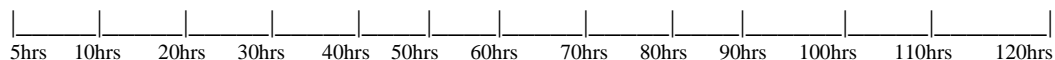


NUMBER OF HOURS PER MONTH

5. As the school leader, what is your estimation of how much *faculty time is spent*, per month, on the provision of special education services using the **response to intervention model**?

Please check (√)

*ESTIMATED FACULTY TIME SPENT - RESPONSE TO INTERVENTION MODEL*



NUMBER OF HOURS PER MONTH

6. As the school leader, what is your attitude with regard to the amount of *resources*, in relation to the *amount of your overall general budget that* is used for the provision of special education services using the **traditional special education model compared to** provision of special education services using the **response to intervention model**?

Please check (√)

\_\_\_\_\_ More resources are used for the provision of special education services using the **traditional special education model** compared to using the response to intervention model.

\_\_\_\_\_ More resources are used for the provision of special education services using the **response to intervention model** compared to using the traditional special education model.

\_\_\_\_\_ The same amount of resources are used for the provision of special education services using the **traditional special education model compared to** using the **response to intervention model**.



APPENDIX D  
SUPERINTENDENT'S CONTACT INFORMATION

### Superintendent's Contact Information

SCHOOL DISTRICT	SUPERINTENDENT	ADDRESS	PHONE NUMBER
BUTLER #53	Dr. Sandra Martin	2801 York Rd. Oak Brook, Il. 60523	630-573-2887
Darien #61	Dr. Robert Carlo	7414 Cass Ave. Darien, Il. 60561	630-968-7505
Gower #62	Steve Griesbach	7700 Clarendon Hills Rd. Willowbrook, Il. 60527	630-986-5383
Westchester #92.5	Dr. Jean Sophie	9981 Canterbury St. Westchester, Il. 60154	708-450-2700
Komorek #94	Neil Pellicci	8940 W. 24 <sup>th</sup> St. North Riverside, Il. 60546	708-447-8030
Brookfield-LaGrange Park #95	Mark Kuzniewski	3524 Maple Ave. Brookfield, Il. 60513	708-485-0606
Riverside #96	Dr Jonathan Lamberson	63 Woodside Rd. Riverside, Il. 60546	708-447-5007
Western Springs #101	Brian Barnhart	4335 Howard Ave. Western Springs, Il. 60558	708-246-3700
Indian Prairie #204	Dr. Kathryn Birkett	730 Shoreline Dr. Aurora, Il. 60554	630-375-3000
LaGrange North #102	Dr. Warren Shillingburg	333 N. Park Rd. Lagrange Park, Il. 60526	708-482-2400
Lyons #103	Dr. Michael Warner	4100 Joliet Ave. Lyons, Il. 60534	708-783-4100
LaGrange #105	Dr. Glenn Schlichting	1001 S. Spring Ave. LaGrange, Il. 60525	708-482-2700
LaGrange Highlands #106	Dr. Arlene Armanetti	1750 Plainfield Rd. Lagrange, Il. 60525	708-246-3085
Pleasantdale #107	Mark Fredisdorf	7450 S. Wolf Rd. Burr Ridge, Il. 60527	708-784-2013
Hinsdale #181	Robert Sabatino	1010 Executive Ct., Suite 100 Westmont, Il. 60559	630-887-1070

### Pilot Superintendent Contact Information

SCHOOL DISTRICT	SUPERINTENDENT	ADDRESS	PHONE NUMBER
Crete Monee 201-U	John Rodgers	1500 Sangamon St. Crete, Il. 60417	708-367-8300



APPENDIX E  
PRINCIPAL'S CONTACT INFORMATION

## Principal's Contact Information

SCHOOL	PRINCIPAL	ADDRESS	PHONE NUMBER
Brook Forest	Nina McCabe	60 Regent Dr. Oak Brook, Il. 60523	630-325-6888
Butler Jr.High	Edward Condon,III	2801 York Rd. Oak Brook, Il. 60523	630-573-2760
Mark Delay	Lisa Lantvit	6801 Wilmette Ave. Darien, Il. 60561	630--0200
Lace	Martin Casey	7414 S. Cass Ave. Darien, Il. 60561	630-968-2589
Eisenhower Jr. High	Michael Fitzgerald	1410 W. 75 <sup>th</sup> St. Darien, Il. 60561	630-964—5200
Gower West	Thomas Thering	7650 Clarendon Hills Willowbrook, Il. 60527	630-323-6446
Gower Middle	Rebecca Laratta	7941 S. Madison Burr Ridge, Il. 60527	630-323-8275
Westchester Primary	Akemi Sewsler	2400 Downing St. Westchester, Il. 60154	708-562-1509
Westchester Intermediate	Donald Meozik, Jr.	10900 Canterbury St. Westchester, Il. 60154	708-562-1011
Westchester Middle	Mary Leidigh	1620 Norfolk Ave. Westchester, Il. 60154	708-450-2735
Komerek	Thomas Crisione	8940 W. 24 <sup>th</sup> St. North Riverside, Il. 60546	708-447-8030
Brook Park	Michael Sorensen	1214 Raymond Ave. LaGrange Park, Il 60526	708-354-3740
S.E. Gross	Todd Fitzgerald	3524 Maple Ave. Brookfield, Il. 60513	708-485-0600
Ames	Colleen Lieggi	862 Southcote Rd. Riverside, Il. 60546	708-447-0759
Blythe Park	Robert Chleboun	735 Leesley Rd. Riverside, Il. 60546	708-447-2168
Hollywood	Melinda Keller	3423 Hollywood Ave. Brookfield, Il. 60513	708-485-7630
Hauser	Leslie Berman	65 Woodside Rd. Riverside, Il. 60546	708-447-3896
Cossitt	Mary Tavegia	115 W. Cossitt LaGrange, Il. 60525	708-482-2450
Field Park	Brad Promiset	4335 Howard Ave. Western springs, Il. 60558	708-246-7675
Forest Hills	Debra Farrell	5020 Central Ave. Western Springs, Il. 60558	708-246-7678
John Laidlaw	Cathy Powell	4072 Forest Ave. Western Springs, Il. 60558	708-246-7673
McClure Jr. High	F. Daniel Chick	4225 Wolf Rd. Western Springs, Il. 60558	708-482-2586
Ogden Ave.	Dr. Cynthia Boundreau	501 W. Ogden LaGrange, Il. 60525	708-482-2480
Park Jr. High	Dr. Laura Schwartz	325 N. Park Rd. LaGrange, Il. 60526	708-482-2500
Barnsdale	Kathryn Boxell	920 Barnsdale LaGrange, Il. 60526	708-482-3003
Costello	Andrea Mastan	4632 Clyde Lyons, Il. 60534	708-783-4300
Edison	Janice Bernard	4100 Scoville Ave. Stickney, Il. 60402	708-783-4400
Forest Road	Rebecca Russow	901 N. Forest Rd. LaGrange Park, Il. 60526	708-482-2525
Hodgkins	Kathleen Kennan	6516 Kane Ave. Hodgkins, Il 60525	708-482-2740

Ideal	Steven Bahn	9901 W. 58 <sup>th</sup> St. Countryside, IL 60525	708-482-2750
Seventh	Sherry Krzyzanski	701 7 <sup>th</sup> Ave. Lagrange, IL 60525	708-482-2730
Spring	Elizabeth Webb	1001 S. Spring Lagrange, IL 60525	708-482-2710
Gurrie Middle	Edmond Hood	1001 S. Spring Lagrange, IL 60525	708-482-2720
Lagrange Highlands	Dr. V. Powers-Richard	5850 Laurel Ave. Lagrange Highlands, IL 60525	708-579-6886
Highlands Middle	Michael Papierski	1850 W. Plainfield Rd. Lagrange Highlands, IL 60525	708-579-6890
Pleasantdale	Matt Vandercar	8100 School St. Lagrange, IL 60525	708-246-4700
Pleasantdale Middle	Meg Pokorny	7450 S. Wolf Rd. Burr Ridge, IL 60527	708-246-3210
Elm	Jeana Considine	15 W. 201 60 <sup>th</sup> St. Burr Ridge, IL 60527	630-887-1380
Lane	Doug Eccarius	500 N. Elm St. Hinsdale, IL 60521	630-887-1430
Madison	Melinda McMahon	611 S. Madison St. Hinsdale, IL 60521	630-887-1340
Monroe	Robert Sabatino*	210 N. Madison St. Hinsdale, IL 60521	630-887-1320
Oak	Sean Walsch	950 S. Oak St. Hinsdale, IL 60521	630-887-1330
Prospect	Anne Kryger	100 N. Prospect Clarendon Hills, IL 60514	630-887-1420
Walker	Kevin Russell	120 S. Walker Ave. Clarendon Hills, IL 60514	630-887-1440
Clarendon Hills Middle	Griffin Sonntag	301 Chicago Ave. Clarendon Hills, IL 60514	630-887-4260
Hinsdale Middle	Ruben Pena	100 S. Garfield St. Hinsdale, IL 60521	630-887-1370
Brookdale	Brian Lecrone	1200 Redfield Rd. Naperville, IL 60540	630-428-6800
Brooks	Dave Younce	2700 Stonebridge Blvd. Aurora, IL 60502	630-375-3200
Builta	Maranda Van Waning	1835 Apple Valley Rd. Bolingbrook, IL 60490	630-226-4400
Clow	Barbara Kaurman	1301 Springdale Circle Naperville, IL 60540	630-428-6060
Cowlishaw	Quynh Harvey	1212 Sanctuary Lane Naperville, IL 60540	630-428-6100
Georgetown	Kim Stephens	995 Long Grove Dr. Aurora, IL 60504	630-375-3456
Gombert	Kristen Ross	2707 Ridge Rd. Aurora, IL 60504	630-375-3700
Graham	Joan Peterson	23115 High Meadow Rd. Naperville, IL 60564	630-428-6900
Kendall	Lena Guerrieri	2408 Meadow Lake Dr. Naperville, IL 60564	630-428-7100
Longwood	Laura Johnston	30W240 Bruce Lane Naperville, IL 60563	630-428-6789
McCarty	Kim Earlenbaugh	3000 Village Green Dr. Aurora, IL 60504	630-375-3400
Owen	Jason Bednar	1560 Westglen Dr. Naperville, IL 60565	630-428-7300
Patterson	Michele Frost	3731 Lawrence Dr. Naperville, IL 60564	630-428-7300
Peterson	Terri Russell	4008 Chinaberry Lane Naperville, IL 60564	630-428-5678

Spring Brook	Dave Worst	2700 Seller Dr. Naperville, Il. 60565	630-428-6600
Steck	Kerry Merrill	460 Inverness Dr. Aurora, Il. 60504	630-375-3500
Watts	Mike Raczak	800 Whispering Hills Dr. Naperville, Il. 60540	630-428-6700
Welch	Sharon Jennings	2620 Leverenz Rd. Naperville, Il. 60564	630-428-7200
White Eagle	Jon Vogel	1585 White Eagle Dr. Naperville, Il. 60564	630-375-3600
Young	Adrienne Morgan	800 Asbury Dr. Aurora, Il. 60502	630-375-3800

**Pilot Principal Contact Information**

<b>SCHOOL</b>	<b>PRINCIPAL</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
Crete Elem	Josepine Blackman	435 North Street Crete, Il. 60417	708-672-2647
Monee Elem	JoAnn Jones	25425 Will Center Rd. Monee, Il. 60449	708-367-2600
Coretta Scott King	Erin DeBartolo	1009 Blackhawk Dr. University Park, Il. 60466	708-672-2651

APPENDIX F  
PILOT PRINCIPAL'S QUESTIONNAIRE

Pilot Principal's Questionnaire

The purpose of this study is to explore principals' attitudes regarding the provision of special education services using the traditional special education model compared to using the response to intervention model.

1. How many years have you worked in the position of principal?  
Please check (✓)

*NUMBER OF YEARS OF EXPERIENCE IN THE PRINCIPAL POSITION*

/ \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
 1yr. 2yrs. 3yrs. 4yrs. 5yrs. 6yrs. 7yrs. 8yrs. 10yrs. 15yrs. 20yrs. 25yrs. 30yrs.

2. As the school leader, what percent of your time is spent, per month, in your *direct involvement* on the provision of special education services using the **traditional special education model**?  
Please check (✓)

**% of time on principals' DIRECT INVOLVEMENT - TRADITIONAL SPECIAL EDUCATION MODEL**

| \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
 5% 10% 20% 40% 60% 80% 100%

PERCENT OF TIME

3. As the school leader, what percent of your time is spent, per month, on *direct involvement* in the provision of special education services using the **response to intervention model**?  
Please check (✓)

**% of time on principals' DIRECT INVOLVEMENT - RESPONSE TO INTERVENTION MODEL**

| \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
 5% 10% 20% 40% 60% 80% 100%

PERCENT OF TIME

4. As the school leader, what is your estimation of how much *faculty time is spent*, per month, on the provision of special education services using the **traditional special education model**? Please check (✓)

5. **ESTIMATED FACULTY TIME SPENT - TRADITIONAL SPECIAL EDUCATION MODEL**

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5hrs	10hrs	20hrs	30hrs	40hrs	50hrs	60hrs	70hrs	80hrs	90hrs	100hrs	110hrs	120hrs

NUMBER OF HOURS PER MONTH

6. As the school leader, what is your estimation of how much *faculty time is spent*, per month, on the provision of special education services using the **response to intervention model**? Please check (√)

**ESTIMATED FACULTY TIME SPENT - RESPONSE TO INTERVENTION MODEL**

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5hrs	10hrs	20hrs	30hrs	40hrs	50hrs	60hrs	70hrs	80hrs	90hrs	100hrs	110hrs	120hrs

NUMBER OF HOURS PER MONTH

7. As the school leader, what is your attitude with regard to the use of *resources*, in relation to the *amount of your overall general budget that* is used for the provision of special education services using the **traditional special education model compared to** provision of special education services using the **response to intervention model**? Please check (√)

\_\_\_\_\_ More resources are used for the provision of special education services using the **traditional special education model** compared to using the response to intervention model.

\_\_\_\_\_ More resources are used for the provision of special education services using the **response to intervention model** compared to using the traditional special education model.

\_\_\_\_\_ The same amount of resources are used for the provision of special education services using the **traditional special education model compared to** using the **response to intervention model**.

8. As the school leader, please share your attitude with regard to *the provision of special education services using the traditional special education model compared to using the response to intervention model*, in relation to: (1) the use of resources, (2) the amount of time faculty members spend, and (3) the role of the principal. Please comment.

(1) USE OF RESOURCES

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(2) AMOUNT OF FACULTY TIME SPENT

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(3) ROLE OF THE PRINCIPAL

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9. How much time did it take to complete the Questionnaire?

Please Circle Your Response.

- A.) 1 to 3 minutes
- B.) 4 to 6 minutes
- C.) 7 to 10 minutes
- D.) 11 minutes or more



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## VITA

Deirdre Marie Williams, the daughter of Earl and Lida Alexander, was born in Chicago, Illinois on October 26, 1963. She completed her high school education in 1981 and graduated from Percy L. Julian High School in Chicago, Illinois. She attended the University of Minnesota in Morris, Minnesota and transferred to Governors State University in University Park, Illinois, where she graduated in 1987 with a Bachelor of Arts Degree in Psychology. She later pursued her psychology studies at Governors State University, where in 1997; she earned a Master of Arts Degree in School Psychology. After receiving her degree, she worked for eight years as a School Psychologist in, Lagrange and Naperville, Illinois. In 2003, Deirdre began her Doctorate of Education Degree in Administration and Supervision at Loyola University Chicago. While completing the Doctoral program she successfully earned the Type 73 General Administrative Certificate and worked as an Assistant Principal and District Student Service Supervisor in Naperville, Illinois. While completing her Doctoral program she was the Assistant Executive Director for Student Services for Valley View School District 365U in Bolingbrook-Romeoville, Illinois.

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