WHOLE SCHOOLING AND RESPONSE TO INTERVENTION

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This article describes how an urban elementary school that practices the principles of Whole Schooling developed a Response to Intervention (RtI) model. Data from a survey, focus groups, and in-depth interviews were used to develop the model. Participants were also presented with a collaborative planning framework (Stuart & Rinaldi, in press) designed help educators plan instruction and monitor academic progress.

Introduction

Today, a central concern of United States educators is ensuring equitable access to general education for all students, including students with disabilities, students from diverse cultural backgrounds, and students who speak English as a second language. Both the No Child Left Behind (NCLB) Act of 2001 (U.S. Department of Education, 2001), and the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 (U.S. Department of Education, 2004) articulate the school's responsibility to ensure that all students can access the core curriculum in the general education environment whenever possible, with appropriate supports and services.

Recently, collaborative planning structure examples have been adopted into the IDEIA that encourage the implementation of the Response to Intervention (RtI) model as a way of ensuring appropriate instruction and continual monitoring. RtI refers to a multi-tier model for addressing the individual needs of students experiencing academic or behavioral difficulties by providing evidenced-based intervention and close progress monitoring. In the three-tiered model, Tier I provides researched-based instruction in the general education classroom. Tier II provides Tier I instruction plus intensive assistance as part of the general education support system

usually in small group formats. Tier III provides the supports of Tiers I and II as well as possible special education support.

This article describes educators' satisfaction with the RtI model developed for their urban public elementary school. The school practices the principles of Whole Schooling. Its intention, in adopting both a Whole Schooling perspective and the RtI model, was to enhance a collaborative learning community. Specifically, they wanted to better align resources so that they could provide more targeted instruction to students who receive Tier II and Tier III services.

School Description

Garden Elementary School (a pseudonym) is located in a large urban neighborhood and serves as a resource hub for the neighborhood community. Of the 332 students enrolled, 195 (59%) identify as Hispanic, 52 (16%) identify as African-American, 44 (13%) identify as Asian, 37 (11%) identify as White, and four (1%) identify as other. Fifty-four students (16%) receive special education services and 129 (39%) students are identified as having Limited English Proficiency skills by the district. As a community school, Garden Elementary School's educators recognize that many factors influence education. Therefore, they mobilized assets within their school as well as within their community in order to provide extended services. The school provides comprehensive educational, health, social, family, and economic supports.

Although Garden Elementary School is part of a public school district, it is also a pilot school, meaning that the school has control over budgeting, staffing, curriculum, and scheduling. The school is, however, accountable to the same state exams as the regular public schools and is held to high standards of performance through a five-year quality review process. A description of programs and services follow.

Before and after school programs
A before-school program provides drop in tutoring, enrichment, and homework support facilitated by university student interns. The school provides free breakfast for all students. The after school program operates until 6:00 p.m. providing academic enrichment, homework support, sports/recreation, visual and performing arts. A well-developed standards-based curriculum in science and social studies forms the base of the academic enrichment component. It reinforces concepts and skills introduced in the general education classroom through creative project-based learning activities that include literacy and math. The programs are operated in collaboration with the YMCA, which allows the school to attract quality staff members and offer affordable rates to their most at-risk families.

Summer program
A summer enrichment program operates from 8:30 a.m. -5:30 p.m. for five weeks in July and August. The morning component of the program emphasizes literacy and math instruction, using school day curricula. Afternoons provide enrichment in science and social studies, physical education, and the arts. Every Friday, the program

sponsors field trips. The summer program serves 100 students (30% of the student body).

Tutoring
Garden Elementary School offers supplemental educational services to students in grades two through five, considered academically at-risk. Classroom teachers provide tutoring either before or after school for four hours a week in order to reinforce key concepts and skills introduced during the school day. In grades three through five, there is a strong emphasis on building reading fluency and comprehension skills. Forty-five students receive tutoring services.

Mentoring
During the school year, university students and staff are paired with a child in need of attention from a caring adult. Mentors visit the school for two hours on Tuesdays. Mentors plan activities that may include reading and math games but focus primarily on getting to know each other, sharing life stories, and promoting positive self-concepts.

Power lunch
This is a literacy program. Approximately 20 volunteers from the community come in once a week during lunch/recess to read with students in the primary grades. The program goal is to build positive relationships and foster a love for learning.

Counseling services
The school has a full time social worker with additional services provided by social workers and therapists from community agencies. Through individual and group sessions, these highly qualified individuals support children and families.

Student leadership team
The goal of the student leadership team is to build self-esteem, problem solving, and leadership skills among a core group of students in grades four and five. Leadership students lead peer mediation, facilitate community meetings, and actively contribute to the middle school readiness initiative at the school. A university student intern plans and facilitates these leadership groups with the support of the school-based social worker and the director of extended services.

Dental service
At routine intervals, a local dental school offers a dental clinic in the school. For no cost and with parental permission, the dental team screens all students, provides fluoride and sealant treatments, and provides dental education. They also fill minor cavities and refer children to other clinics for extractions.

Health services
The school offers a community health clinic within the walls of the school through a partnership with a local community health center. The state Department of Health licenses the clinic. Students, families, and even faculty can receive physical health,

mental health, nutrition, and dental services on-site. The school nurse coordinates health clinic services.

Sports for Kids
This program provides structured and engaging activities during recess. The Sports for Kids coordinator facilitates organized, cooperative games during daily recess periods, offers weekly classroom game time to promote team-building skills, and works with the afterschool program with fourth and fifth grade students.

Friday enrichment program
Every Friday from 8:30-9:30 a.m., a variety of professional art, music, dance, and physical education providers from a variety of community agencies, offer high quality art and fitness instruction to students at all grade levels. Over the course of the academic year, each grade level rotates through three to four cycles of different courses ranging from Latin percussion and karate to theatre and visual arts.

Adult basic education program
The school offers English as a second Language instruction to adult learners two evenings per week for four hours. Instruction is offered at the beginner, early and middle intermediate, and advanced levels. The program, which also integrates employment skills development, serves 80 adults.

Methodology

Qualitative methods, specifically a grounded theory framework to collect and analyze data, were used. According to Strauss & Corbin (1990), researchers should use grounded theory "to explain phenomena in light of a theoretical framework that evolves during the research itself [and not a] previously developed theory that may or may not apply" (p. 49-50). Grounded theory is a research method that begins with data collection. From the data collected, the key points are marked with a series of codes. The codes are grouped into similar concepts in order to make them more workable. From these concepts, categories are formed, which are the basis for the creation of a theory.

A grounded theory framework was chosen because the research question, "What do educators perceive as necessary components of RtI?" could not be answered sufficiently with a response survey. It was imperative to learn from participants the reasons why specific areas of intervention and progress monitoring work well in this school and why particular areas may need improvement.

Data Collection
Data was collected over a12-month period, through the following sources: a survey, focus groups, and in-depth interviews. The authors began by surveying all 25 building professionals (general and special educators, speech and language therapist, and school psychologists) about the special education referral process and teacher

collaboration using the Referral Assistance Process Survey (RAPS) (available upon author request).

The Referral Assistance Process Survey

The RAPS was designed by the first author to examine the perceptions of teachers toward the pre-referral and special education processes in schools. One goal was to use the information gained from the survey to develop an effective RtI model as well as to improve the special education referral process. The survey consists of 37 five-point Likert scale items separated into four sections: pre-referral process, the special education referral and evaluation process, decision and eligibility process, and individualized education plan (IEP) development. All school professionals were asked to respond to each statement on the RAPS with one of the following choices: agree, somewhat agree, neutral, somewhat disagree, or disagree. Two district-level special education consultants and two university-level consultants reviewed and modified the RAPS. Each of the university consultants teach courses in the educational assessment of students with learning difficulties, and two district personnel participate in the special education eligibility meetings in their district.

Participants completed the RAPS following a professional development training session in the school. The first author introduced the survey to the teachers by describing its purpose of using information from teachers to develop an effective RtI model. Next, the five-point response scale for the items was explained to ensure understanding of the range of possible responses. Participants were assured that their responses would be anonymous, would not be used in any school or district-level evaluations of performance. Completion of the survey constituted informed consent, and participants took approximately 20 minutes to complete the survey. Response rate of the survey was 98 percent.

Focus groups and interviews

Following the initial analysis of survey data, the authors developed a focus group questionnaire. Subsequently, two focus groups meetings with educators who participated at least once in a special education referral process were held. The authors determined the format of the focus group sessions by the participants' responses to initial questions. Because of the open nature of the focus group questionnaire, two sessions were needed to explore all answers. Focus group participants included one speech and language therapist, two special education teachers, one literacy specialist, one school psychologist, and six classroom teachers in order to represent all grade levels as well as some specialized services. These sessions helped to build rapport and establish topics pertinent to special education referral and evaluation practices, as well as build on collaborative practices in inclusive classrooms. The focus group interviews were recorded and transcribed. The authors further explored responses during in-depth, follow-up individual interviews with all members of the focus groups.

As in the focus group sessions, the format of the individual interviews was determined by the participants' responses to initial questions. If a participant covered the content of the focus group protocol, only clarifying or expansion questions were asked. The goal was to allow participants to shape the interviews; therefore, an open-ended protocol was used to ensure that interviews covered the same basic format, to prompt participation, or to guide conversation back to the topic of evaluation practices.

Data Analysis

The focus group and interview data were analyzed using the constant comparative (Glasner & Strauss, 1967) method, which consists of four overlapping stages. In stage one, data was collected then coded into as many analysis categories as possible. After the focus groups were conducted, the authors used emergent themes to formulate questions for the individual interviews. Once all the data was collected, interview transcripts, questionnaires, observation notes, and field notes were re-read. Themes were once again generated and coded. Two other researchers, skilled in qualitative analysis provided input during this coding process by reading the transcripts, questionnaires, and field notes. The authors used a reconciliation method to reach consensus on the coded text. When a disagreement related to a coding category occurred, used the majority code was used.

During the second stage, the authors sorted and reorganized data inductively and deductively by chunking and clustering into similar categories and then reorganizing to identify any connections between or among categories (Strauss & Corbin, 1990). In the third stage, many of the themes were refined and combined, which gradually led to the development of a theory. In the final stage of data analysis, three overarching themes emerged- referral process satisfaction, satisfaction with eligibility decisions, and perceptions of the implementation of the IEP goals and collaboration practices. The surveys, the interview transcripts, and the focus group protocol were used as primary sources of data and record reviews to confirm findings. The use of constant comparison (via the grounded theory of Glasner & Strauss, 1967, and Strauss & Corbin, 1990) served to derive themes from highly individual, discrepant, and often very specific events and conversations. The process of data analysis is recursive; therefore, data was examined from all sources throughout this study.

Results

Overall means from the survey and responses from the interviews suggest that while participants were generally satisfied with procedures in place for special education referral, there were some areas of dissatisfaction, described here. These areas were explored in the focus groups and individual interviews where three overarching themes of concern emerged- referral process satisfaction, collaboration practices, and satisfaction with eligibility decisions.

Referral Assessment Practices Survey

Survey data regarding overall perceptions of the pre-referral process revealed that

40% somewhat disagreed (35%) or disagreed (5%) with the help the pre-referral process provides in terms of practical instructional strategies to use with the students they had referred. A more detailed look at the educators' perceptions of how the pre-referral process assists with data collection and new strategy implementation suggests that only 30% were satisfied in this process.

As one participant shared,

> "Data collection is usually limited to anecdotal records and it is hard to manage gathering data in other forms without support."

Further, about half (55%) of participants reported that they were somewhat dissatisfied (45%) or dissatisfied (10%) in the pre-referral process providing support to implement individualized instructional strategies. One participant commented,

> "I am unhappy about both the referral process and what happens once students receive special education services. Many of the teachers discussed frequently that we are on very different pages from the special education department. If their goals for our kids don't match, the results are disastrous. I have lots more to say on this subject."

Approximately half (49%) of the participants reported that they were somewhat dissatisfied or dissatisfied with how the special education referral process addresses comprehensive evaluations that correspond to individual student needs. Fifty-two percent of faculty reported dissatisfaction with how the process identified oral language proficiency and how it relates to academic language difficulties in the classroom. They were also somewhat dissatisfied (22%) or dissatisfied (14%) by the way the process includes opportunity to conduct classroom observations of the child referred and assistance provided to conduct those classroom observations (64%).

Further, educators reported that they were dissatisfied (28%) or somewhat dissatisfied (16%) with the special education process explaining to teachers how to meet the goals and objectives of the IEP. Fifty-six percent were dissatisfied with how educators were guided to evaluate and track IEP goals. Fifty-two percent of the participants reported dissatisfaction with the level of support that general educators receive to implement IEP goals.

Focus Groups and Individual Interviews

These concerns were addressed during focus group and individual interviews. During these discussion sessions, the authors listened to participants' views on how to meet students' needs. Participants were supportive about developing a RtI model but cautioned against jumping into a "one size fits all" plan. They wanted to develop a model to respond to the specific needs of their community.

Participants also shared concerns about how a special education pre-referral process should incorporate individual family or cultural backgrounds. Specifically, they wanted to follow a framework to address Tier II and Tier III interventions in socially and culturally responsive ways. Comments such as, "I am excited about this study; because I think it is very hard to distinguish language based learning disabilities and second language learner concerns. I am glad we can work on fine-tuning" were

common. One participant commented, "I am unhappy about both the referral process and what happens once kids get special education services".

Other participants shared concerns, as evidenced by the following comment, relating to how educators incorporate individual family or cultural backgrounds when conducting referrals. "Although I feel that our teachers are very aware of multicultural/language concerns or issues, I think it depends on each team member about how much individual family research is done to provide the most comprehensive plan possible".

One participant commented, "I think learning English is often confused with learning disability and that learning disabilities are not taken seriously because the special education referral process thinks 'they are just learning English'". Another commented, "Members of special education referral teams are not all knowledgeable of the basis of addressing the needs of children are ELLs. There is a significant push to move children into English only classrooms prematurely. We have disagreement on the language needs of ELLs'". Another participant responded, "Key members of the special education referral teams need to understand language acquisition of bilinguals. Please help!"

One participant shared, "I think we try to combine clinical judgment and assessment data. Most of the time it is very difficult to trace the line between LD issues versus bilingual issues or LD issues versus socio-environmental factors or LD issues and socio-emotional factors." Another participant summarized, "We need to develop a better understanding of second language learners to tease out learning disabilities from language issues."

Participant comments in the area of assessment practices were often related to practical issues. For example, one participant said that although she was interested in learning about portfolio-based assessment, "Portfolios are difficult with newcomers because of social factors—it takes lots of work to even begin to help them self-assess." Another shared that he would like to learn more about several assessment areas because he was concerned that several of his students appeared to have language difficulties in both English and their first language. "I'd like to know more about most of these but particularly with students who have no dominant language (i.e., not strong Spanish or English) as this is most of my population." Another participant expressed concern with her ability to collect assessment data with other instructional responsibilities.

Response to Intervention Model

The school used the information from the RAPS and the interviews to adapt and implement an RtI model. Stakeholders in this building were focused on developing a process by which they could measure how well students respond to changes in instruction. Elements they viewed as essential were the provision of scientific, research-based instruction and interventions in general education; monitoring and measurement of student progress in response to the instruction and interventions; and

use of these measures of student progress to shape instruction and make educational decisions. Therefore, a model to address the specific needs of students in this school was developed (See Table 1: Response to Intervention Model for ELLs). The focus was on adopting progress-monitoring practices for students identified as ELLs in the areas of oral language proficiency and academic language development as recommended by various RTI model structures (Fuchs & Fuchs, 2006; Rinaldi & Samson, 2008).

Tier I consisted of general education classroom instruction using evidenced-based curriculum (e.g., instruction in phonemic awareness, alphabetic knowledge, comprehension, and shared and independent reading and writing). Students in Tier 1 were screened in the fall, winter, and spring using the Dynamic Indicators of Basic Literacy Skills benchmarks (DIBELS) (Good & Kaminski, 2002) to determine if any student was at risk for not making adequate academic progress. Tier II consisted of elements from Tier 1 as well as supplemental intervention provided in flexible groups for 10-15 weeks for 20 minutes each school day. Students at Tier II were given explicit instruction targeting phonemic awareness, letter-sound correspondence, decoding, fluency, and comprehension. Curriculum-based assessments were conducted monthly. Students who were responsive to Tier II intervention were moved to Tier I. Students who were under-responsive to Tier II intervention were moved to Tier III. Tier III included all elements from Tiers I and II plus an additional 20 minutes of one-to-one English as a Second Language (ESL) support and/or 20 minutes of additional special education support with progress charted and analyzed weekly using curriculum-based assessment. When progress monitoring indicated that a student met benchmark performance standards, the student exited Tier III and returned to Tier I or Tier II, with ongoing progress monitoring.

Table 1:
Response to Intervention Model

Tier I Primary Prevention	Tier II Secondary Prevention	Tier III Tertiary Prevention.
DIBELS used as a screener in the fall, winter, and spring Daily explicit instruction targeting phonemic awareness, letter-sound correspondence, decoding, and fluency comprehension and vocabulary delivered in flexible groups	Tier I intervention and daily explicit instruction targeting phonemic awareness, letter-sound correspondence, decoding, and fluency delivered in flexible grouping and reviewed for responsiveness every 4-6 weeks.	Tiers I and II intervention and additional daily 20 minutes of one-to-one support. Responsiveness monitored weekly and potential changes every 4-6 weeks as needed.
Students suspected at risk monitored for weekly for eight to twelve weeks	Student progress monitored monthly. Student responsiveness continually assessed.	Student reading progress monitored weekly. Student academic language development progress monitored weekly.
Collaborative problem solving at both the building and grade level	Collaborative problem solving at both the building and grade level	Possible multidisciplinary team evaluation. Development and revision of an Individualized Education Plan (IEP) if needed.

The RtI model was put in place in the fall following the 10-month period of data collection. The DIBELS (Good & Kaminski, 2002) was used to gauge oral reading fluency and used as an indicator of progress over time. At that time, 50% of kindergarten through fifth grade students (n= 303) scored at benchmark in oral reading fluency. In the spring, after the implementation of the RtI model, 62% of the students (n= 303) scored at benchmark for oral reading fluency.

Collaborative Planning Model

The authors also presented participants with a multidimensional collaborative planning model (Stuart & Rinaldi, in press) to guide assessment process planning. The model was designed help participants, in grade level teams of at least one general and one special educator, to link the process of using assessment results to develop the IEP goals. This model allowed participants to develop and present case studies from their own classroom using culturally and linguistically responsive instructional planning. The authors integrated informal assessment practices identified by participants including task analysis, dynamic assessment, error analysis, and meta-cognitive training to help them plan and monitor progress over time.

Specifically, this model addressed the collaborative process that the grade-level team used to address particular IEP goals of a student identified as an ELL whom they served at the time of the study. The process included a review of the student pre-referral data and the special education referral, assessment, and eligibility and placement records. Once teams reviewed the student's educational records, they identified an academic goal in the IEP. Next, they developed a feasible, measurable, informal assessment tool that included continuous progress monitoring practices. The collaborative planning framework is summarized in the following steps:

Step One:	Guide the teams to prioritize IEP goals then to select one goal.
Step Two:	Guide the teams to address current level of performance on the goal.
Step Three:	Identify a teaching strategy to help the students meet the goal.
Step Four:	Guide teams to develop a curriculum-based assessment to measure progress toward goal.
Step Five:	Develop a plan for weekly progress monitoring and planning for responsiveness to instruction and/or intervention at Tier II & III.

The authors met with all teams and planned a ten-session weekly meeting after school. Teachers received compensation through their district for the time. The ten sessions were divided into researcher-supported sessions for weeks one through three, week five, week seven, and week ten, while the other weeks were used for collaborative planning and progress monitoring problem-solving using the Collaborative Planning Worksheet (see Figure 2: Collaborative Planning Worksheet). The Collaborative Planning Worksheet focused the teams toward planning around one primary goal in the IEP that they mutually felt was vital for the student to meet in order to increase academic outcomes and English language proficiency within the general education setting using the tiered RtI tiered model.

Figure 1:
Collaborative Planning Worksheet

Collaborative Planning Log for Bilingual Learners
Teacher _____ Supporting Personnel _____

Meeting Date _____
Student: _____
Interpersonal Language: -
_____
Academic Language: -
_____
IEP Goal: -
_____
Present level of performance: _____Tier level_____

Curriculum Area (circle): phonemic awareness decoding fluency comprehension
Lesson Objective:
Will the lesson be modified yes no
If yes, identify lesson objectives linked to the IEP
_____
_____
___
Brainstorm-discuss then prioritize informal observations, instructional options, and expected growth based on previous gains: _
Tier II intervention_____
Tier II intervention_____
Progress indicators (weekly/monthly)

ORF							
Compr.							

Decision: (circle one)
1. Intervention: maintain add change discontinue (move tier)
2. Move from Tier II to Tier 1 or Tier III to Tier II

During sessions one through three, the authors helped the teams develop an informal curriculum-based assessment tool that they could use weekly to monitor progress. The sessions were framed by questions that would guide the teams to address the both the IEP goal and instructional practices in measurable ways through informal assessment. Session Five focused on collaborative evaluation of the instructional strategy and the informal assessment tool. The teams were guided with the following questions: Was the core reading instruction delivered to all students? How is the student making gains toward his/her goal using the instructional approach you developed as an intervention for Tier II and Tier III? Do you feel the informal tool measures the gains that you observe in class? Do you need to make changes to the intervention, delivery or informal assessment tool? Does the informal tool measure the IEP goal as well as you initially thought? Session Seven focused on having the teams use their data to evaluate their student progress. The teams then graphed measurable gains and presented their observations to each other. They were also encouraged to discuss the effectiveness of the instructional strategy in the general education setting within the RtI model, the efficacy of the informal assessment tool in relation to the IEP goal, and decide whether they would continue to use the strategy for the remainder of the school year. The last training session was used to help the teams prepare a presentation to the rest of their faculty about the process they implemented with the particular student they selected. They focused on addressing the impact their collaboration had on assessment and instructional practices as well as their student's academic gains and its representation with the RtI model. All four teams reported that their students demonstrated continuous and significant improvement in the targeted IEP goal.

Initially, the teams felt that they needed more time to accomplish each session's objectives, and some members were dissatisfied that the session were held during after school planning time. However, by session Nine the teams reported that they were able to use the collaborative planning time more quickly and more successfully. In addition, the teams initially felt that addressing only one goal was not useful or sufficient. However, as the weeks progressed the teams reported that selecting one goal at a time was useful because it allowed them to focus on developing effective strategies to measure progress. By week nine, the teams were highly engaged in sharing the impact of their instruction, the ease of progress monitoring, and the improvement of the students to the rest of the faculty. Overall, the teams reported that they felt the ten-session collaborative planning model within the RtI model was helpful and that they felt engaged and supported during the process. They also indicated feelings of success that their target student made measurable progress over time.

Discussion

The school's intention, in adopting the RtI model, was to develop a system to screen students at risk for academic failure and to use the data collected through the model to monitor progress for all students in their school. Additionally, educators wanted to better align resources so that they could provide more targeted instruction to students who receive Tier II and Tier III services while addressing issues specific to students identified as ELLs. Thirty-nine percent of students at Garden Elementary are identified as ELLs. The collaborative instructional planning and intervention framework was effective for these students because it integrated planning, progress monitoring, and problem-solving as a team from various disciplines (e.g., general educator, bi-lingual educator, special educator) that resulted in grade level collaboration that addressed cultural responsiveness in genuine ways specific to individual students.

Participants in this study indicated that prior to the implementation of the RtI model, many students receiving special education services were not receiving targeted instruction based on individual needs and that progress monitoring practices varied among teachers. Another significant concern was the fact that students who received special education services often missed instruction in core curricular areas as they were pulled out of general education classrooms during these instructional times. In many situations, these students would fall further behind their peers as the year progressed, even with increased special education support. This concern was addressed as the increased collaboration and progress monitoring that was a result of this model allowed students who received special education support to spend more time in the general education environment.

The results also support implementation of school-wide collaborative planning structures. This requires that schools adopt professional development and coaching opportunities in order for educators trained in various specializations to share skills. When districts are able to provide time for incorporating collaborative planning

structures, schools are able address academic difficulties regardless of with whom or where individual students receive services.

Participants felt that their interventions were effective because they were given common planning time to problem-solve issues surrounding the implementation of instructional interventions as well as to develop informal assessment tools to be used school-wide for better comparisons. They also reported that it took several tries to develop final versions of informal assessments used to monitor progress. Participants discussed that although they learned a great deal through the collaborative process of the RtI model, they were still concerned that large caseloads would make it difficult to provide ongoing levels of Tier II supports to all students who needed it. Most participants did feel that they were highly effective in reporting the progress to their peers in measurable ways through graphs and student work samples after the first few months of implementation and that they were beginning to use these findings in eligibility and IEP annual meetings.

Whole Schooling

The central idea behind whole schooling is that schools should help children develop skills that lead to becoming effective citizens for democracy (Peterson & Tamor, 2003). Educators who value the practice of whole schooling emphasize child-centered planning and teaching in order to make democracy work through education. Whole schooling is supported by the following six principles: empower citizens for democracy; include all in learning together; teach all using authentic, multi-level teaching; build a caring community; support learning; and partner with parents and the community (Peterson, 2004). An example of how Garden Elementary meets the first principle, empower citizens in a democracy, is demonstrated through students' daily interactions. At Garden Elementary, teachers explicitly teach how to problem-solve and use authority wisely. They model democracy by engaging students, families, and each other in making collaborative decisions.

The second principle, include all in learning together, is one of this pilot school's cornerstones. All students participate in general education courses within a cascade of services for students identified with special education needs. Because the school provides comprehensive educational, health, social, family, and economic supports, all students are actively involved in sports, clubs, school, and community activities. A sense of community and social safety provides an emotional foundation that stimulates critical thinking and allows students to take academic risks. For such a program to work, faculty must implement the third principle- provide authentic, multi-level instruction. Garden Elementary faculty members recognize that instruction cannot be monolithic in classrooms where diversity is recognized. Because they expect students to function on a wide spectrum of social and academic abilities, they design differentiated instruction to engage students in active learning using meaningful, real-world activities, providing scaffolds and adaptations.

Learning occurs more readily in environments that are free from tension or humiliation where students feel like they belong in the classroom group, are cared for by the teacher, and accepted by peers (Sergiovanni, 1994; Peterson & Hitte, 2002; Thousand, Villa & Nevin, 1994). Furthermore, behavioral challenges occur less frequently in environments that support respectful relationships among students and teachers. Therefore, the fourth principle, building community, is critical. Faculty focus on building emotional supports among members of the school community so that students and their families feel validated. Faculty members recognize that many in their community face serious life challenges, and they want all community members to know that the school is a place to access support.

The school emphasizes the fifth principle, supporting learning, by the manner in which they use specialized support services to provide wrap around health, enrichment, and adult education directly from the building. The school stresses the sixth principle, partner with families and the community, by building genuine collaboration among families. Parents are not only a visible part of the building, helping and supporting student activities, but are also a crucial link to the school's management.

Implications for Practice

This work further supports the needs educators have as the United States school population evolves. Educators want to address the needs of all students but need guidance and coaching in order to address the needs of a diverse community of learners. Although differentiated instruction has been in the forefront of discussion and intervention in the last decade, the RtI model allows for differentiation that is data informed through progress monitoring and collaborative planning.

For example, at Garden Elementary, the teachers received professional development and coaching on using center-based reading instruction for all students. This school-wide approach to teaching reading afforded Gardener teachers in-depth training in particular curricula (e.g., Read Naturally, Great Leaps, Lips, and Quick Reads) and it resulted in multiple personnel being available during reading time in each classroom. Further, the collaborative planning time ensured that educators reviewed students' progress carefully, thus guaranteeing that all students who needed it received tier two and tier three supports. In addition, the structure and collaborative emphasis resulted in a common ground understanding of what RtI was, how it meets students' needs and how general educators can be more actively engaged in the special education referral, evaluation and planning process.

The results of this study showed that the success of implementing RtI within a Whole Schooling framework depends on several logistical factors. First, educators must embrace a multicultural perspective toward serving students and their families using culturally relevant, evidenced-based approaches in the least restrictive environment. The collaborative planning and RTI models developed helped educators. Second, educators need sufficient time for planning and for responsibility division. However,

care must be taken to streamline planning time; educators must recognize and rely on each other's strengths in the classroom. Third, there must be administrative and parental support for both RtI and Whole Schooling. The potential benefits of RtI implementation reward the entire school community, particularly learners who may have previously been (a) undetected as having special education needs, or (b) misidentified as having special education needs based on other factors (i.e., being an ELL). Because the RtI model presented here identifies struggling students earlier than traditional approaches, implementation can eliminate the "wait to fail" focus upon which traditional special education services are based (Scanlon, 2003). In addition, through ongoing progress monitoring, stakeholders gain information about the effectiveness of educational strategies. Finally, documenting the implementation of RtI within a Whole School framework may help other schools who are beginning the implementation process, and policymakers who are trying to determine the effectiveness of this reform effort.

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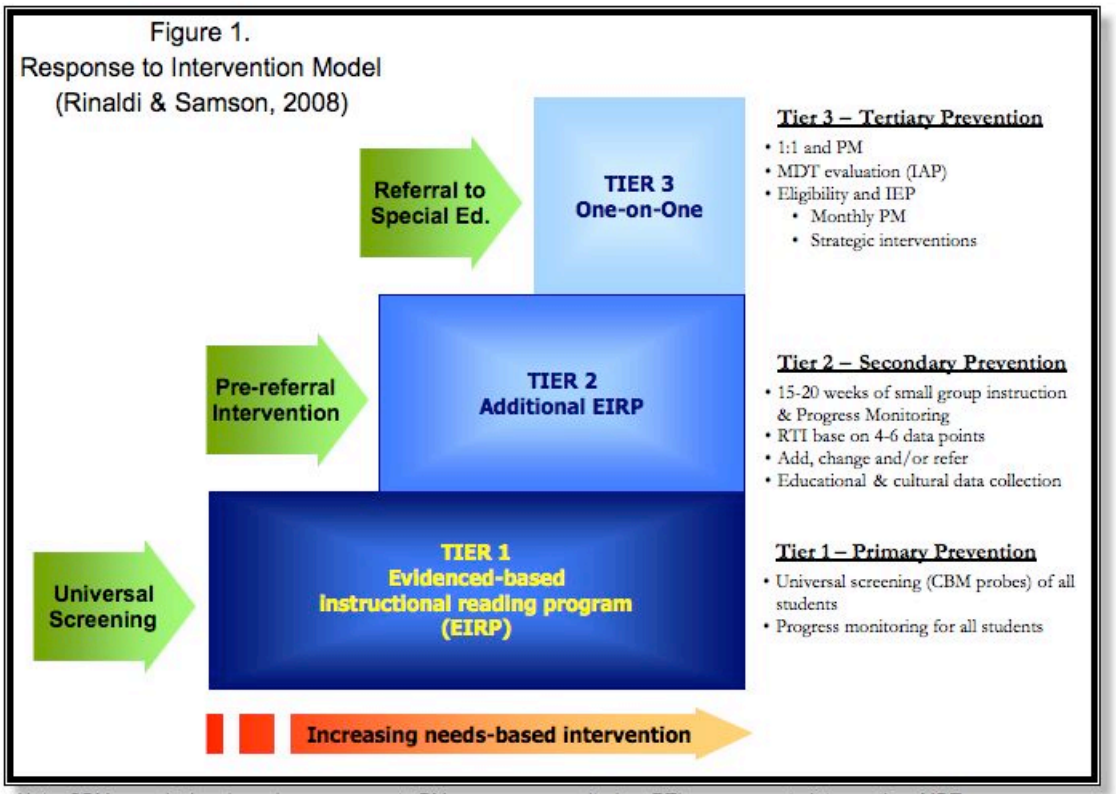
Figure 1. Response to Intervention Model for ELLs



Note. CBM = curriculum-based measurement;; PM = progress monitoring; RTI = response to intervention; MDT = multidisciplinary team; IAP = individualized assessment plan; IEP = individualized education program.