Using the Right Data for RTI² Reading Decisions

Jan Hasbrouck, Ph.D.

"Educators are now used to data being used as a hammer rather than a flashlight."

Jonathan Cohen (2011)

My Personal Philosophy of Assessment in School (4 Parts)

1. We are doing TOO MUCH testing!
2. We MUST assess our students.
3. Let’s collect the RIGHT data, needed to answer IMPORTANT questions, and do it as QUICKLY as possible.
4. If we spend precious resources collecting data, let’s USE it—correctly—to inform our decisions.
My conclusions from reading research:

Compelling evidence from a convergence of reading research is indicating that 90% to 95% of all students can achieve literacy skills at or approaching grade level. These statistics include students with dyslexia and other learning disabilities. Students succeed when they receive intensive, comprehensive, and high-quality prevention and early intervention instruction, provided by well-informed and well-supported teachers. The most powerful instruction is systematic, explicit, and intensive, designed to appropriately integrate elements of oral language development, phonemic awareness, phonics and decoding, fluency, vocabulary development, and reading comprehension skills and strategies.

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Come on…is this even possible in the REAL WORLD?

EFFECTIVE SCHOOLS RESEARCH

Highly Effective School

90%+ Academic Success

Few Challenges
EFFECTIVE SCHOOLS RESEARCH

Highly Effective School

Many Challenges

Set your SAILS for success!

STANDARDS ASSESSMENTS INSTRUCTION & INTERVENTION LEADERSHIP SUSTAINED COMMITMENT

Hasbrouck & Denton (2005 & 2009)

ASSESSMENTS

Assess to screen diagnose continuously evaluate measure the outcomes of students' skills and performance
Don’t almost **ALL** schools do these kinds of assessments these days? Not all schools are “high achieving.”

**BIG IDEA of ALL ASSESSMENTS**

All assessments are conducted to answer a **QUESTION**!

**ASSESSMENTS**

- **Benchmark/Screening**
  - Which students **MIGHT** need extra assistance?

- **Diagnostic**
  - What are a student’s skills strengths & needs?

- **Progress Monitoring**
  - Is learning happening?

- **Outcome**
  - Did students make progress toward **standards**?
ASSESSMENTS

FORMATIVE
- Benchmark/Screening
- Diagnostic
- Progress Monitoring

SUMMATIVE
- Outcome

SAILS

Assess to
- Screen
- Diagnose
- Continuously evaluate
- Measure outcomes

SHARE DATA
in frequent, public, nonjudgmental, collaborative meetings

USE
the results to make all key instructional decisions

Helping every student
Response to Intervention

Tier I
Core Classroom Instruction
ALL Students

Tier II
Supplementary Instruction
Approx. 20-30%

Tier III
Intensive Intervention
Approximately 5-10%

INCREASING Time & Intensity & Data Collection & Expertise

A Professional Parallel...

Tier I
Annual Check-up; Standard treatment; REGULAR physician Screening data

Tier II
Strategic, Supplemental Care SPECIALIST working with regular physician Diagnostic data

Tier III
Intensive Care TEAM of doctors, nurses, technicians, etc. Monitoring data

INCREASING Time & Intensity & Data Collection & Expertise

Educators as Physicians

PURPOSE?
To efficiently collect appropriate data to enhance professional decision-making

DIFFERENTIATED!
Educators as Physicians

“So, how are you doing?”

Benchmark/Screening

“universal screening”

Educators’ Question?

Which of our students MIGHT need help with their reading?

Common Assessments for Benchmark Screening

DIBELS Dynamic Indicators of Basic Early Literacy Skills K-6

AIMSWeb Edformation K-8

EasyCBM Riverside K-8

All are versions of CBM-R ORF assessments
Benchmark Screening
3x Year: Fall, Winter, Spring

- Significantly Below Benchmark
- Slightly Below Benchmark
- At or Above Benchmark
- May Need Extra Assistance
- Likely On Track

Additional assessments or other information should also be considered...

Curriculum-Based Measurement (CBM)- Reading

STANDARDIZED PROCEDURES

- Production-based: Oral reading
- 1:1 for 60 seconds
- Unpracticed (“cold” read)
- “Do your best reading”– NEVER “read as fast as you can!”
- Standardized procedures for scoring errors
- Compute words correct per minute (wcpm)

Say these specific directions to the student:

“I would like you to read this story aloud for me. Please start here (point to the first word on the student’s copy) and read aloud. **This is not a race.** Try each word. If you come to a word that you do not know, you may skip it and go to the next word.”

Say to the student:

“When I say “Begin,” start reading aloud at the top of this page. Read across the page (demonstrate by pointing across page). Try to read each word. If you come to a word you don’t know, I’ll tell it to you. **Be sure to do your best reading.** Are there any questions?”


Follow these directions exactly each time with each student. Say the words verbatim:

“I would like you to read a story to me. **Please do your best reading.** If you do not know a word, I will read the word for you. Keep reading until I say “stop.” Be ready to tell me all about the story when you finish.”


“Oral reading fluency in connected text…is not speed-reading.” DIBELS® Next Assessment Manual (2011) p. 78

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**Educators as Physicians**

“Let’s see what’s going on…”

Diagnostic Assessments
Educators’ Question?

What are this student’s skill strengths and needs?

DIAGNOSTIC ASSESSMENTS

Benchmark Screener

- Significantly Below Benchmark
  - Consider diagnostic assessments
  - Core + Intervention or Core Replacement Tier 3
- Slightly Below Benchmark
  - Core + Supplementary Support Tier 2
- At or Above Benchmark
  - Collect additional information as necessary
  - Begin or Continue Core Instruction Tier 1

Educators as Physicians

“This is what we’ve found…

…and here’s what we can do.”
Educators as Physicians

“How are things going?
Are you feeling better?”
Monitor progress

Educators’ Question?

Is the student making progress toward instructional goals?

Progress Monitoring in Reading: 2 Forms

On-Level (Tier I)
Repeat benchmark assessments
3x year
+ daily observation & in-program assessments

Supplemental (Tier II) or Intervention (Tier III)
Curriculum-based Measurement (CBM) ORF or maze
Some adjustments in the procedures
CBM-R Progress Monitoring
DIFFERENCES

- Level of passages?
- Frequency?
- Number of passages?
- Graph results

INTERPRETING
Progress Monitoring Graphs

General Rules:
from National Center for Progress Monitoring

Use 5 consecutive scores

- If all ABOVE goal-line:
  Keep current intervention and increase goal
- If all BELOW goal-line:
  Keep current goal and modify the instruction
- If NEITHER ABOVE OR BELOW goal-line:
  Maintain goal & instruction & continue monitoring

What to “MODIFY”?

- Appropriate “MATCH” of instruction?
- QUALITY of program & instruction?
- FIDELITY of instruction?
- INTENSITY of instruction?
- DURATION of instruction?
Educators as Physicians
Screen & Diagnose
TEACH!
Monitor Progress
TEACH!
Repeat as necessary…

Educators as Physicians
Let’s COLLECT and USE data as a flashligh not a hammer!

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