A Training Resource for Response to Intervention

A Thesis submitted to the faculty at Stanbridge University in partial fulfillment of the

requirements for the degree of Master of Science in Occupational Therapy

by

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Certification of Approval

I certify that I have read *A Training Resource for Response to Intervention* by Shelby Harker, Shawna Morones and Jessica Nguyen, and in my opinion, this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy at Stanbridge University.

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Dedication

To school-based occupational therapy practitioners: we appreciate you! We would also like to thank our amazing thesis advisor, Jayson Davies, and his son, Kyler, for joining us on our weekly meetings.

Abstract

Occupational therapists have a unique role in the school setting and offer support to students through the implementation of response to intervention (RTI). They work together with other professionals to ensure that students receive the support or services that they need both inside and outside of the classroom. However, research has shown that there is a lack of understanding of RTI between members of the multidisciplinary team that impacts collaboration and implementation. Therefore, this study aimed to provide school-based occupational therapy practitioners with an RTI training resource that they could provide with their teams, followed by a survey to assess their experience with RTI and thoughts about the training. The results showed that most participants implement all the tiers, meaning that our training resource can be utilized by OTPs and lead to positive change within their teams. Previous evidence from the literature review can provide knowledge that training resources can help bridge the gaps that are occurring in RTI. This pilot study serves as a baseline knowledge that providing resources about RTI can help create a better understanding and collaboration among the school-based setting for practitioners.

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A Training Resource for Understanding Response to Intervention

Occupational therapy in a school-based setting is essential for students' academic success. Implementation of response to intervention (RTI) has been used in a school-based setting to provide a three-tier model to support the students (Castro-Villarreal et al., 2014). However, due to the lack of understanding of this model between members of the multidisciplinary team, occupational therapy practitioners (OTPs) and specialized instructional support personnel (SISP) face many barriers when executing this model (Rens & Joosten, 2014). It is important to eliminate these barriers and improve the overall understanding and implementation of RTI through SISP and educator training.

The American Occupational Therapy Association and The American Occupational Therapy Foundation created a research agenda with the goal of OTPs research prioritizing certain subjects. This thesis contributes to health services research (American Occupational Therapy Association & American Occupational Therapy Foundation, 2011). A primary goal for health services research is to provide and maintain evidence-based standards for guiding best practice. Occupational therapy utilizes an evidence-based approach to improve the effectiveness of interventions to facilitate positive outcomes. Occupational therapy research should provide a focus on professional training for intervention models and how to use them in a collaborative setting. Health services research also outlines that some occupational therapy research needs to go into "community-based participatory research to 'increase the relevance, acceptability, and usefulness of evidence-based scientific findings in improving' occupational therapy" (American Occupational Therapy Association & American Occupational Therapy Foundation, 2011, p. s5). This thesis serves to provide a training manual for OTPs to directly use on site with their teams. This training is intended to be used in schools to

increase the relevance of RTI with OTPs and show its usefulness in school-based occupational therapy.

  The term SISP is defined in the Every Student Succeeds Act, which was passed in 2015. This act highlights six main areas that ensure critical protections for America's disadvantaged and high-need students to prepare them for future education even in lowest performing schools (Every Student Succeeds Act, 2015). Within this act, SISP are described as non-classroom educators that work alongside teachers, school support staff, parents, community members and other education stakeholders (National Education Association, n.d.). This specific group of non-classroom educators includes psychologists, speech language pathologists, and OTPs. Since this group is extremely involved in working with educators and administrators, it is crucial to understand who is included in the implementation of RTI (Nagro et al., 2019). Educators also play an important role in the implementation of RTI as well. Educators can be defined as "a person or thing that educates, especially a teacher, principal, or other person involved in planning or directing education" (Dictionary, n.d.). This group also plays a critical part because they need to understand their roles in the application of RTI, as they also work alongside SISPs.

Literature Review

  In order to effectively implement RTI, OTPs and other SISPs must understand the roles and responsibilities of interventions. Currently, there is a lack of understanding that leads to the problems that SISPs, educators, and administrators have regarding how to collaborate efficiently when using RTI. Ball (2018) described how teachers have reported needing improvement in teaching resources and better training. There is a need to eliminate confusion by clearly stating roles and purposes so that the team can effectively

collaborate and implement RTI. There is a current disconnect with how educators and

SISPs understand the RTI process in which further knowledge will help bring clarity on

how they implement each tier better.

RTI is a three-tier model designed to support children prior to the need for special

education services (Castro-Villarreal et al., 2014). RTI typically begins with Tier 1,

which consists of evidence-based instruction that is universally implemented schoolwide

or to all students within a classroom. It also involves the screening and monitoring of

students who may need additional assistance; when identified, these students will

transition to Tier 2. Tier 2 provides additional support and frequent monitoring in areas

that they are at risk of falling behind in. These interventions are provided in small-group

settings and are targeted for each student based on their needs, level of performance, and

rates of progress (Castro-Villarreal et al., 2014; RTI Action Network, n.d.). If students

continue to show slow or limited progress at this tier, they are considered for Tier 3

interventions. Tier 3 utilizes individualized, intensive instruction that is implemented

outside of the classroom to promote more adequate progress. At this tier, students'

progress is monitored weekly and if they do not make adequate progress, they may be

referred to special education services (Castro-Villarreal et al., 2014; RTI Action Network,

n.d.).

In the education system, school faculty have a lack of knowledge on RTI and the

overall role of occupational therapy, which presents challenges within the collaboration

of OTPs and school faculty. The implementation of RTI is effective, but requires

complex training, support, leadership, and coordination from a team of educators. There

needs to be a clear process with the multidisciplinary team regarding the collaboration of

RTI across all. Another study also described how teachers have reported needing

"improved instructional resources and better training to reach all students," which is where OTPs can step in to help (Ball, 2018, p. 3). It has become increasingly important for there to be a mutual understanding of the role and importance of occupational therapy, so that occupational therapists and school faculty can collaborate to implement effective interventions.

RTI Collaboration and Effectiveness

In the school setting, occupational therapy has shown significant improvement in students' performance. Numerous studies have addressed the impact of how RTI is effective in a school setting, particularly in motor skills such as handwriting (Ohl et al., 2013; Zylstra & Pfeiffer, 2016). One study examined how Tier 1 interventions improve visual and fine motor skills by showing evidence of the effectiveness of handwriting intervention and improved progress in students who received occupational therapy services compared to those who did not (Ohl et al., 2013). This study, a ten-week trial of kindergarten children, showed that the short-term handwriting interventions were able to improve their visual and fine motor skills. Another study showed how kindergarteners already receiving individualized education programs (IEP) or RTI support underwent an occupational therapist-led, sixteen-week handwriting program and saw significant improvements in handwriting and reading skills (Zylstra & Pfeiffer, 2016). While these two studies both looked at kindergarten students, they differed in the population of students they were able to obtain results from. The sample size of each study was also different, as Zylstra & Pfeiffer (2016) had a larger sample size of 35 students, compared to Ohl et al. (2013) who had a significantly smaller sample size of twelve students. Each study had a pre- and post-test, which gathered data regarding the improvement of the students. Despite the differences in each article, they both provided more information

about how impactful occupational therapy programming in RTI is for students in both

general education and special education programs. These two studies made an impact on

furthering knowledge about the implementation of RTI and role of occupational

therapists within the school setting.

Ohl et al. (2013) concluded that RTI can help children with handwriting skills and

improve visual-motor skills. Ohl et al. also advocated for future research regarding

occupational therapists and their referrals after using RTI. Future research should aim to

"assess the number and types of occupational therapy evaluation referrals generated by

RTI intervention and control classrooms" (Ohl et al., 2013, p. 509). In future research, it

will be critical to look at the benefit of the continuous use of RTI and its ability to reduce

the caseload generated for occupational therapists. Ohl et al.'s study also developed and

implemented the Therapist-Teacher Interaction Log, which was used by occupational

therapists to keep track of the amount of time they spent in the classroom and what type

of interactions they had with teachers. Since Ohl et al.'s focus was to examine the

efficacy of handwriting interventions for students, these interactions consisted of

occupational therapists suggesting learning strategies, such as how to teach students to

correctly hold a pencil.

Zylstra & Pfeiffer (2016) also touched on occupational therapist and teacher

collaboration. Interventions where occupational therapists led handwriting skills

interventions found improvements; however, problems with the control group and a lack

of intervention group consistency were both limitations. They encouraged that future

research "include a larger and more homogenous sample" and to have their intervention

be in place of standard handwriting intervention to determine a more meaningful impact

(Zylstra & Pfeiffer, 2016, p. 7). This study had only focused on students who were

already receiving RTI or already had IEPs. When replicating future research, it would be beneficial to replicate this in a classroom where students have not yet received occupational therapy services. This would allow researchers to see the impact of therapist's services. This study also did not mention the strategy that teachers and occupational therapists used to collaborate on intervention together. Teachers overall were limited in this study, only mentioned as support to the intervention with no mention of collaboration or their thoughts about occupational therapists and their services.

Both studies conducted by Ohl et al. (2013) and Zylstra & Pfeiffer (2016) touched on the relationship between occupational therapists and teachers. Ohl et al. (2013) developed and utilized a therapist-teacher interaction log to assess their interaction with the occupational therapists and to track the teachers' use of strategies learned from the occupational therapists. The most common topic on this log was the consultations of the integrations of occupational therapy into the school curriculum. At the end of the study, all participating teachers reported using strategies they learned from the occupational therapists. This shows that the teachers valued the strategies and modifications that they learned from the occupational therapists. Through collaboration, occupational therapists were able to provide teachers with the consultation they needed, especially regarding individual students and the overall curriculum. This made it easier for teachers to understand and implement RTI for their students.

Donica (2015) also conducted a study on the implementation of a teacher-led handwriting curriculum, Handwriting Without Tears, that was supported by occupational therapist consultation. This study showed how Handwriting Without Tears, and possibly similar RTI interventions, can be implemented in a full-class general education classroom. In the intervention group, an occupational therapist was present at least once a

week to answer any of the teacher's questions. The students in the intervention group outscored the control group, who did not have an occupational therapist present for any questions the teacher might have had. These results showed how effective occupational therapist consultation and collaboration with school faculty can be.

Studies by Donica (2015) and Ohl et al. (2013) indicated that occupational therapists need to advocate their usefulness to school administrators by utilizing evidence-based research. The interventions used in both articles showed strong evidence for occupational therapists being beneficial to classroom interventions for handwriting. Both Donica and Ohl et al. suggest that occupational therapists need to present this information when advocating for their involvement in classrooms. Therapists need to learn how to properly present results of their involvement in RTI so they can effectively implement classroom interventions with increased frequency. Both studies did not provide any examples of how occupational therapists could advocate to administrators and why it can be difficult to become more involved in the general classroom.

Donica (2015) and Ohl et al. (2013) focused on general education students, which is a Tier 1 approach, while Zylstra & Pfeiffer (2016) focused on students already receiving IEP or RTI support. While they each used different handwriting interventions, some similar focuses of the interventions included methods to writing capital and lowercase letters. All the above studies contribute to the idea that occupational therapists bring meaningful contributions to the classroom, and when implemented correctly occupational therapy programs bring about significant improvements to kindergarteners' performance. The teachers who participated in these studies had a more in-depth interaction and understanding of the role of occupational therapy, leading us to believe

that if provided with the same information and time, all teachers can learn to better collaborate with and consult with school based occupational therapists.

RTI allows for occupational therapists to be a part of a student's classroom intervention. Ohl et al. (2013) and Zylstra & Pfeiffer (2016) both state benefits of RTI for children in early ages, specifically for handwriting. It is suggested that occupational therapists can implement their practice in facilitating handwriting legibility alongside an RTI setting. This would allow for more involvement of occupational therapists. Zylstra & Pfeiffer's study, however, does not provide evidence on the collaborative intervention by occupational therapists and teachers. Their study only mentioned teachers as support and did not discuss how teachers learn to implement interventions themselves. Ohl et al.'s literature, on the other hand, considers the benefits of occupational therapists having a collaborative intervention when using RTI. The literature supports the use of logs to help track occupational therapist's time in the classroom and how they can work with teachers so that interventions can be implemented while the occupational therapist is not present.

Teachers' Perspectives

Teachers' perspectives and understanding of RTI impacts how they implement the model. Since RTI has made slow progress into schools, teachers should work on more effective ways to implement RTI and how to include other practitioners (Preston et al., 2016). Castrol-Villarreal et al. (2014) conducted a study to examine teachers' perceptions of values, attitudes, and beliefs toward RTI. Their survey revealed that teachers do not have a proper comprehensive definition of RTI, which creates barriers to the implementation and success of the model. This study reveals the need for teachers to

have a clearer understanding of RTI to properly address the needs of the students. This lack of understanding can lead to improper implementation of RTI, especially regarding the different approaches of each tier. Each tier has specific areas that the students need to work on, but if a teacher does not understand RTI, they will have difficulty knowing which students are appropriate for each tier. For example, evidence has shown that teachers do not fully understand what students should receive Tier 3, and some reported that there were no Tier 3 interventions in place at their school (Nagro et al., 2019). This creates a barrier for educators to properly implement RTI and the level of tiers that the students need to receive. Additional training and proper understanding of RTI would benefit the teachers so that the students are given the proper application to help them.

Castro-Villarreal et al. (2014) were also able to identify the major factors affecting teachers' perceptions of RTI and provided suggestions to improve. These factors include training, time, resources, the RTI process, and paperwork. Many teachers indicated that they would like more training in RTI, increased staff and intervention resources, and better communication between administrators and teachers. Another common suggestion was the need of streamlining to simplify and give structure to the RTI process, and the use of an electronic data system to make paperwork more accessible and manageable (Castro-Villareal et al., 2014).

Nagro et al. (2019) also focused on understanding the current knowledge and implementation of a multitier system of support by focusing on general and special education teachers' understanding of the implementation process. Their survey showed that many teachers did not fully understand which students should receive tertiary support, what supports are evidence-based or best practice, or that tertiary supports are part of RTI. As mentioned previously, there was also a lot of confusion surrounding Tier

3. Accordingly, teachers need specific guidance on appropriate interventions, which is where occupational therapists can step in to help. The studies conducted by Ohl et al. (2013), Zylstra & Pfeiffer (2016), and Donica (2015) showed how occupational therapists were effective in helping teachers implement and understand specific interventions. Similarly, occupational therapists can provide teachers with a comprehensive definition of RTI and in finding and implementing evidence-based approaches.

Another barrier in researching occupational therapists' role in RTI was that studies did not include OTPs in the multidisciplinary team (Castro-Villarreal et al., 2014). Teachers were identified as key stakeholders in the implementation of RTI in schools, and one barrier they identified was a lack of assistance from school staff. The teachers could not cover all the students, so a call for specialists to assist was made. "Staff support" is a vague term, that can encompass counselors, psychologists, and administrative personnel (Castro-Villarreal, et al., 2014). The goal of having a multidisciplinary team is to have them collaborate on RTI so that they could improve academics, behavior, and mental health within RTI frameworks (Castro-Villarreal et al., 2014). These areas identified represent the most effective form of RTI implementation and are all under the scope of practice that occupational therapists can help with. However, occupational therapists were not mentioned in the article. Other specialists and support staff were identified, and it seemed like an oversight that occupational therapy was not included. From an OTP perspective, more research would be beneficial to understand why this profession was not considered a specialist that could collaborate with the implementation of RTI.

While Nagro et al. (2019) and Castro-Villarreal et al. (2014) were able to provide data regarding teachers' perspectives of RTI, the researchers did not ask the participants

about their perspectives on interdisciplinary collaboration, which is an important aspect of RTI. On the other hand, Sisti & Robledo (2021) conducted a study that focused on special education teachers' experiences in collaborating with their interdisciplinary teams, which included speech-language pathologists, occupational therapists, adapted physical educators, school psychologists, and school nurses. This study looked to understand how the special education teachers felt about collaborating in assessment, curriculum development, instruction, and progress monitoring. Data showed that the occupational therapist was the second most frequent collaborator, with many teachers reporting that they appreciated when the occupational therapist modeled and guided them through sensory and behavior support strategies (Sisti & Robledo, 2021). In addition, participants reported that although the interdisciplinary teams were collaborating in the areas of assessment and goal development, they lacked consistency and a shared approach in the areas of instruction and progress monitoring. One of the main factors affecting this barrier was a lack of resources and time. While participants enjoyed collaborating with the team, regarding the occupational therapists, there was often only one practitioner in the entire school district. This made it hard for teachers to interact with them as often as they wanted, as well as trying to find time for them to meet and discuss interventions. Participants recognized the value of occupational therapy but need administrative and district support to provide them with more time and resources. This would allow them to improve their daily instruction and improve outcomes for their students (Sisti & Robledo, 2021).

RTI Training Programs

While there is limited literature regarding the description and implementation of additional RTI training programs for OTPs, educators, and other SISP, there is some

evidence suggesting their effectiveness. The literature found on RTI training was aimed at training teachers and led from a teacher's perspective on how to make RTI effective. Nunn and Jantz (2009) provided a training program for K-12 teachers, administrators, and support professionals regarding RTI with additional follow-up on the sites to see the progress of knowledge and skills that was learned from the training. The training provided educators with information regarding instruction, curriculum, environment, and individual differences to help support students' success. The study involved a five-day training in a six-week interval through a winter academic year on school-based collaboration and implementation, followed by the administration of the Teacher Efficacy Beliefs and Behaviors Scale after the final day of training. The results highlighted variables that could have been affecting RTI, which included involvement, implementation, and how teachers "self-evaluate" their own efficacy based on the positive changes they see in their students (Nunn & Jantz, 2009). The results also discussed how the levels of preparation for implementation, mechanical implementation, routine implementation, and refined implementation contributed to the overall implementation of RTI. This support of variables of involvement and implementation were actively involved in working at a higher level of skills application.

Throughout the training, there was evidence that teachers' beliefs about their own efficacy and capabilities impacted the overall outcomes of RTI involvement and implementation (Nunn & Jantz, 2009). RTI is based on evidence-based interventions that are validated by student success, so teachers would often measure their own efficacy by how their students were progressing. Teachers should be provided with adequate training to allow themselves to feel knowledgeable of RTI and confident in themselves, so that students receive the best interventions and demonstrate positive learning outcomes. RTI

training topics and application can be provided to teachers to help them understand that instruction, curriculum, environment, and individual differences consistently reinforce mediators for student success (Nunn & Jantz, 2009). However, there were many limitations and discussion of the study that was not addressed. Many details, such as what was included in the layout of the five-day training, were not included. Although there was a general understanding of the themes that affected the understanding of RTI implementation and involvement, there were still gaps, such as the best methods to improve teacher efficacy. Such methods can help to outline the development of other training programs and lead to better self-reported efficacy and performance in teachers.

Kuo (2014) provided an online module training about RTI for pre-service teachers. Prior to the training, participants were given initial thought questions, followed by final thought questions after the completion of the training. These questions served as the basis for pre- and post-test measures, and covered the different themes presented within the modules. After completing the training, the data revealed that participants showed an increased understanding of RTI and the scenarios regarding RTI. For example, when initially asked about how to adopt RTI, one participant said that a teacher should "start at one grade level and then slowly integrate it to other classes so that it does not get too overwhelming" (Kuo, 2014, p. 618). After completing the training, the same participant provided a much more in-depth response: "First it is important to have a small meeting with a couple of important people in the school... [the teacher] can discuss and inform them on what he would like to do in the school, the positives of the program, and provide additional information" (Kuo, 2014, p. 618).

It may have been beneficial to conduct this study with participants who had their teaching credentials and experience working in schools, as the participants in the study

were still in the process of receiving their teaching credentials. However, Kuo (2014) was

able to provide more information on the base amount of knowledge regarding RTI that a

teacher acquires before they step out into the field. Although they have a general

understanding, it is not thorough enough and can negatively affect the implementation of

RTI when they eventually become teachers. Although the study demonstrated the

effectiveness of a training program increasing the understanding of RTI, the final thought

questions were asked directly after the training was completed. This may explain why

some participants were able to provide more in-depth responses, as they could have been

using immediate recall. It is unclear if the knowledge learned from the training would

stay in their long-term memory. This is an important limitation and factor to keep in mind

when implementing training programs and ensuring that the information presented will

be fully understood and integrated into long-term memory.

Gaps in Knowledge

There are many barriers that OTPs face in providing a better effect of RTI in

schools. Further research can benefit OTPs, SISP, administrators, educators, parents, and

students. Previous studies have shown that RTI can be effective, but teachers do not have

a comprehensive understanding of RTI or the role of occupational therapy. This is

unfortunate considering how OTPs can help them understand and implement RTI

interventions. Teachers may also be limited by disparities in funding that negatively

impact access to additional resources or support that is necessary for RTI to be

successful. Recommendation for improvement can entail finding a better way of training

and explaining RTI to educators and SISP, so that it can be properly implemented even

when an OTP is not present.

Statement of Purpose

Since RTI is a collaborative approach, it is essential for educators to have a mutual understanding of not only the approach, but of their own roles within the implementation of interventions. For this to occur, educators and practitioners should have exposure and access to a training program that thoroughly explains RTI theory and provides opportunities for application of the knowledge learned. Due to a lack of current research and training on RTI, this study aims to create a template for a training resource on RTI for OTPs to provide in their workplace. This training resource will address RTI concepts and collaboration within RTI. The training resource will not only benefit the multidisciplinary teams, but also the students who receive RTI services. By making the resource available to all, we hope to provide other school-based OTPs with the opportunity to carry out this training with their multidisciplinary teams. By providing an editable template of the training, OTPs can adjust or add information to best fit their individual schools and interdisciplinary teams. We believe that the training resource will increase the understanding of RTI theory and collaboration.

Since many teachers do not have a comprehensive understanding of RTI (Castrol-Villarreal et al., 2014), it is difficult for them to understand their own role, the OTPs' role, and how they can collaborate on interventions. Our review of the current research available has shown that RTI is most efficient when this collaboration occurs (Donica, 2015; Ohl et al., 2013; Zylstra & Pfeiffer, 2016), which makes it increasingly important for a training program to address these concerns.

Theoretical Framework

The person-environment-occupation-performance (PEOP) model focuses on the occupational performance of individual and the interaction of the environment to create successful occupational performance (Cole & Tufano, 2020). This theoretical framework

encompasses multiple related factors of occupational performance to look at the entire system when using this model. The client is placed in the center of the narrative and should be part of the collaborative approach. The key components of the PEOP model focus on the client and include the idea of a narrative about the client, person factors, extrinsic factors such as the environment, and the occupation and performance itself (Cole & Tufano, 2020). All these areas need to be addressed in the PEOP model because each factor plays a role in a person's well-being and participation in their occupations. The PEOP model also emphasizes the importance of how change and motivation are generated in an individual. The model believes that intrinsic psychological factors that affect a person include self-esteem, self-efficacy, motivation, and metacognition (Cole & Tufano, 2020). In turn, how confident the person feels will help to determine how well their occupational performance is.

Our client-centered approach will focus on OTPs. The environment that we want to change is their social support at work. We want the OTPs to collaborate with other educators and SISPs. We also want to improve their education on RTI and the basis of tier intervention. The training we provide will inform and educate the OTPs on RTI implementation and collaboration within the model. The occupation we are addressing is the implementation of RTI itself and understanding the role that educators and SISPs have in the RTI model. The PEOP model also looks at the approach or performance of the client. Since we are creating and providing a training resource, we as researchers are concerned about the implementation of the RTI training. Our end goal would be to provide better training for the entire education staff. OTPs can be the bridge and bring the training to other staff to improve performance within the RTI model.

The person component of this model defines a person as having several internal factors that impact their capabilities. These factors are neurobehavioral, physiological, cognitive, psychological, and spiritual (Cole & Tufano, 2020). These factors are important because they can benefit or restrict a person's occupational performance. For example, if an educator does not feel confident in their understanding of RTI, it may negatively impact how they implement interventions or collaborate with the multidisciplinary team. OTPs can bridge this gap and improve the psychological factors behind understanding RTI.

In this model, the environment is composed of external factors and characteristics that support or limit occupational performance (Cole & Tufano, 2020). RTI is implemented in the school environment, and while there are many factors of the environment, we are focusing on the social environment that supports or limits RTI collaboration and implementation. Prior research has shown that the social environment among educators and SISP is negatively impacted by limited time and resources. This leads to unstable social support, where OTPs may not have enough time to implement interventions or explain RTI adequately for educators, and educators wish they had more time to have their questions answered. Using the PEOP model, it is our hope that a training resource for educators and SISP will allow them to understand occupational therapy and RTI, which in turn, will improve overall social capital. This is the extent to which the team can cooperate and support each other for the mutual benefit of proper RTI implementation (Cole & Tufano, 2020). By understanding each other's roles, they will be able to adjust accordingly to support each other.

Occupations refer to the everyday activities that people need to do, want to do, and are expected to do (American Occupational Therapy Association, 2020). These

include the numerous activities, tasks, and roles that an individual engages in, which all lend a hand to occupational performance. In order to implement RTI interventions for students, educators and SISPs need to understand the process, as well as their own roles and how to collaborate with each other. The training resource will be formed with the idea of role acquisition in mind, which can only be met by satisfactory occupational performance (Cole & Tufano, 2020). By helping them to understand their own roles and expectations, and how to do so, occupational performance will be achieved.

According to Cole & Tufano (2020), occupational performance is achieved as an outcome of the person, environment, and occupation, all interacting with each other. Each factor of the model that we have listed so far greatly impacts the other. Occupational performance is best showcased when the person is doing meaningful occupations and performing tasks and roles that are best suited for their environment. When occupational performance is improved, a person's participation in activity, and their quality of life is enhanced. We want to improve the performance of educators and SISP within RTI by providing a training resource that emphasizes collaboration, participation, and evidence-based practice. The training resource is also designed to provide confidence in the occupational therapist's ability to be a leader in RTI implementation at their school and improve the performance of RTI within the school.

Methodology

This study provided a training resource for OTPs to present to other SISPs and educators. Numerous studies have shown that in a school setting, RTI is not fully understood. This lack of understanding impacts the collaborations between the interdisciplinary team, as well as the implementation of RTI. A training resource can provide these teams with the knowledge to successfully implement RTI. A researcher

created resource was sent to OTPs via a set PowerPoint, along with a post survey on their

thoughts of the training. The training covered an in-depth definition of what RTI is,

explanation of the three tiers and questions to allow for application of knowledge. This

included examples of interventions, strategies, and case examples for each of the tiers.

The PowerPoint also included speaker notes for additional reference. Viewing the

training resource and completion of the survey took approximately 20 minutes to

complete. Once the survey closed and results were fully analyzed, the PowerPoint was

edited according to feedback, then sent out as an editable template so that OTPs can make

any edits specific to their school district.

Due to the unique perspective of occupational therapy, our training resource was

tailored for OTPs to present to the rest of their interdisciplinary team which consists of

educators and the other members of the SISP. OTPs are the main population that we want

to target; however, educators and other SISP are the subpopulation that will also benefit

from the study. Providing the training to the OTPs and subpopulation will allow every

member to have a comprehensive understanding of RTI and their participating role in its

implementation.

Participants

Participants were recruited via the OT Schoolhouse emailing list and the

Facebook group "School-based occupational and physical therapists." These participants

were recruited based on their membership to either of these platforms, which assumes

that they are either currently practicing or have prior experience in the school setting.

Recruitment through these platforms allowed for a wider reach of OTPs that are

not in the local area. We were able to receive data from across the country, which

allowed for feedback and critique on the training resource from different areas and

backgrounds. This will help to make it more adaptable for different types of schools that can vary across the country based on size, curriculum, and funding. OT Schoolhouse sent a recruitment email containing information about the study, as well as the link to the survey. OTPs from across the country are on OT Schoolhouse emailing list, so this strategy of recruitment can also help to ensure that the feedback is more diverse for the resource. Similarly, the Facebook group "School-based occupational and physical therapists" contains members from around the country. We posted a similar recruitment post, however, since this group also contains physical therapists, we were specific in mentioning how our study was for OTPs only.

Training Design

The training resource was made available as a non-editable PowerPoint, along with an attached survey that asked participants their thoughts about the program and its feasibility. Once these steps are completed and survey data is received, the training will be re-evaluated and based on participant feedback, improvements will be made. Participants will then be provided with an updated, editable PowerPoint that they can customize according to their school district. The overall format of the training resource will remain the same in both versions, with extensive research being done to ensure proper information is included in it. The training resource contains an introduction explaining the overall history of RTI, followed by sections that define all three tiers of RTI and the expectation of what is required among each tier. The majority of the information used to create the training resource was provided from the website of the RTI Action Network and was used to help define RTI and each of the tiers. Within these sections, case studies were provided to ensure an understanding of what students may benefit from each tier, the types of interventions that may be implemented, and what

collaboration looks like at each tier. The training resource concluded with a final case example progressing through all three tiers and questions that provide opportunities for group collaboration and the application of the information that was covered. The information provided in the training resource itself addressed the previously identified barriers that affect the implementation of RTI. Providing an explanation of the three tiers, intervention, and collaboration will help bridge the gap of previous research that was found regarding misunderstanding of the tiers among SISP and educators. In our final example, the educators follow a fictional example of a teacher named "Ms. Joy," who is using all 3 tiers of RTI in her classroom to address reading aloud. Those receiving the presentation would be asked questions about each tier, collaborate on interventions for each tier, and discuss where different SISPs and educators can step in and help the teacher in each tier. This final example allows those being presented with this information to think through the entire RTI process and decide how they would implement each tier and when they would implement each tier.

Data Analysis

The Google Forms program was used to begin the coding process, with both the qualitative and quantitative data being imported into a Google spreadsheet. This imported spreadsheet was kept as a master copy. We then made a duplicate copy with the participants' de-identified personal information. This spreadsheet served as the basis for the coding process where all three researchers reviewed the major themes related to each research question and collaborated to establish codes based on the identified themes. We were able to manually code the following Likert scale questions: "what tiers of RTI have you implemented?," "were the tiers of RTI explained clearly?," "do you feel comfortable providing the training with the resource provided?," and "do you feel like this would be

useful for your team?" In addition, the spreadsheet was used to code the question "who would you expect to present this training" and to highlight the main points of the question "how would this impact your team?" Data was then inputted into Dedoose, a qualitative data analysis software, to aid in the coding process. Dedoose was used to identify parent and child codes, which was particularly helpful for the last question mentioned. The software helped to provide visual aids to the survey results.

A statistician also assisted with analyzing and coding quantitative data. They provided graphs on demographic data collected from the survey. Our goals for using the statistician were to provide an efficient way to compare our quantitative data and to find correlations between survey questions. The first question that was graphed was to compare which states participants were currently practicing in. Another graph was made to compare the years of experience each OTP participant had in a school-based setting. Two graphs show data for the Likert-scaled questions: "were the tiers of RTI explained clearly?," and "do you feel like this will be useful for your team?" We wanted to look at the tiers of RTI being implemented and compare that to the state participants were currently living in. We also cross-referenced which tiers participants were implementing with the years of practice they had and looked for correlations. The question "do you feel like this will be useful for your team?" was compared to the state each of the participants lives in.

Ethical Considerations

Ethical considerations of the study were provided to the Institutional Review Board of Stanbridge University for approval (IRB Study #513). Due to the nature of this study, it did not include vulnerable populations; however, participants were provided with an informed consent form highlighting the risks and benefits they would gain from

participating in the research. To ensure understanding and consent, the survey began by asking if the participants consented to participate in the study. All participants had voluntary participation and the consent form stated that they can withdraw from the study at any given point with no questions asked. The consent form also disclosed that we are not experts on this model and that the information in the training resource was researched from sources that we deemed reliable and reputable. We ensured that proper verbiage, such as the use of the term OTP, was used to respect the population we are targeting. OTP is inclusive and encompasses all occupational therapy professionals.

To address security and privacy of answers, our survey questions were not overly personal; we did not ask for identifying information such as their names, addresses, or school districts. For our study purposes, we only asked for the state they currently practice in and if they would like to provide their email for an updated version of the slides once the study has been concluded. This information was de-identified in a Google spreadsheet which will be kept so that future thesis groups can conduct further research.

Results

A total of 113 occupational therapists and seven occupational therapy assistants participated in the study from multiple states, with 15.8% of participants residing in California (see Figure 1). These practitioners had an average of 12.5 years of experience in school-based occupational therapy, with the lowest number being one year and the highest being 40 years (see Figure 2).

Figure 1

Participant Demographics
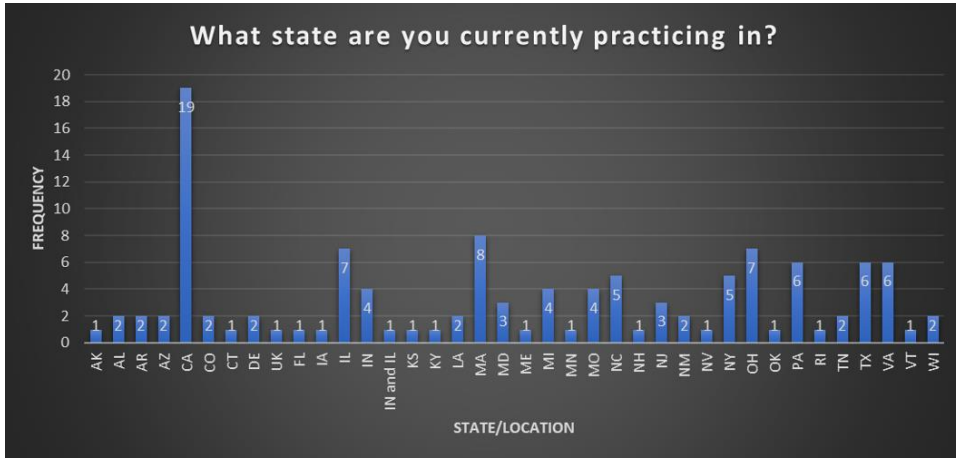
Figure 2

OTP Years of Experience
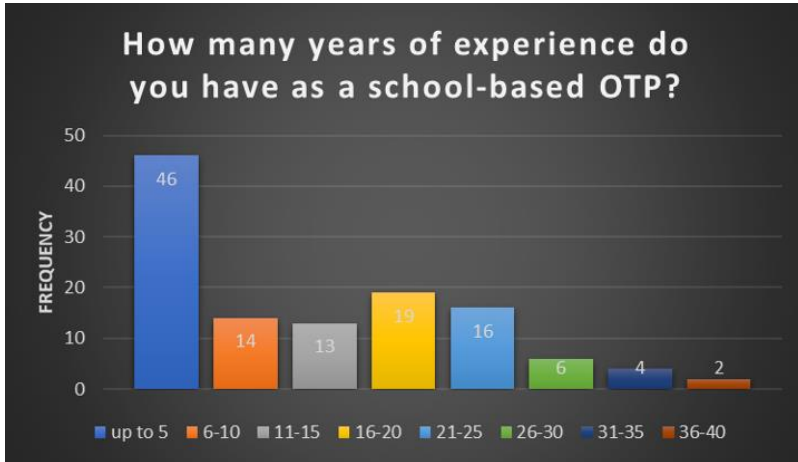
While the participants implemented various levels of RTI (see Table 1), most had experience implementing all the tiers. However, there were 21 outliers to our study who reported that their school districts did not utilize RTI services. There was also one participant from Alaska who stated that their school district did not allow OTPs to be a part of RTI services.

Table 1

What tiers of RTI have you implemented?

Tiers Implemented	No. of Participants
All Tiers	48
Tier 1	4
Tier 2	2
Tier 3	17
Tier 1 and 2	9
Tier 1 and 3	3
Tier 2 and 3	16
Does not Utilize RTI	21

Figure 3 shows that, most participants 'strongly agree' (n = 59; 49.2%) followed by 'agree' (n = 42; 35.0%) that the tiers of RTI were clearly explained in the training slides. We saw similar results when asking for participants thoughts on the usefulness of the training resource, as most participants 'strongly agree' (n = 40; 33.3%) followed by 'agree' (n = 38; 31.7%) that this would be useful for their team (see Figure 4). When asked, "what area of the training resource did you feel needs to have more information about RTI?", those who either strongly disagreed or disagreed with the usefulness of the training resource stated that they would like more real-life scenarios and more OTP specific examples. Other participants voiced similar concerns and suggested that the training resource should include the typical amount of time spent at each tier and how referrals are made to other members of the SISP. Most of the feedback was positive, but participants across all the ratings wanted more OTP specific examples related to RTI.

Figure 3

Explanation of Tiers Within the Training Resource
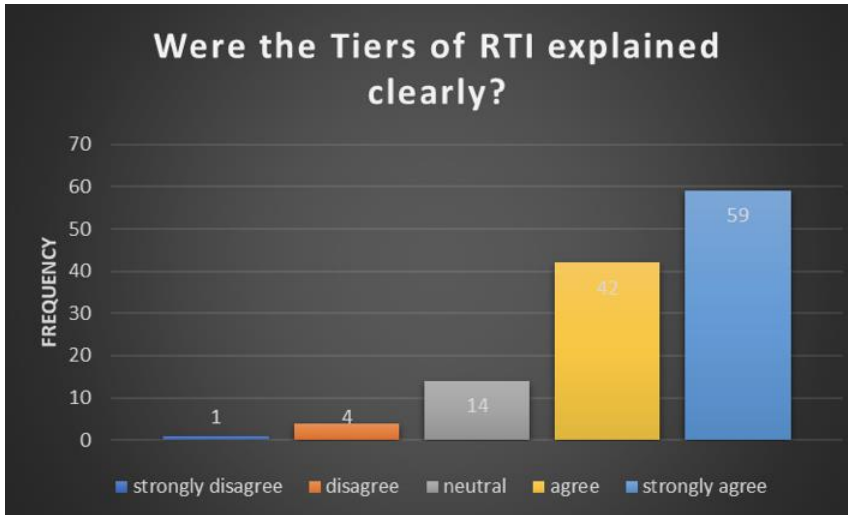
**Figure 4**

Usefulness of the Training Resource
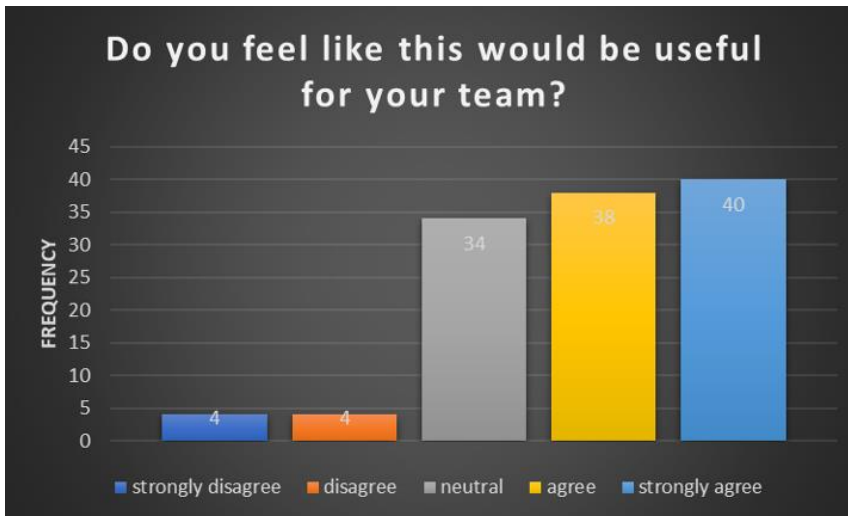
Three sets of questions were also cross tabulated for data analysis. First, "what tiers of RTI have you implemented?" and "what state are you currently practicing in?" were compared. Highlighted in yellow are the states that show a trend toward using tiers 1, 2, and 3. Table 2 reveals that in the state with the most responses (n=19), California

participants implemented tier 0, or no tiers of RTI, (n=6, 31.6%) and Tiers 1, 2, and 3

(n=6, 31.6%) the most. In Table 3, as the state with the second most responses (n=8),

Massachusetts participants implemented Tiers 1, 2, and 3 (n=6, 75.0%) the most. Also, as

shown in Table 3, as the state tied with the third most responses (n=7), Illinois

participants implemented Tiers 1, 2, and 3 (n=3, 42.9%) the most. Table 4 reveals that in

the state tied with the third most responses (n=7), Ohio participants implemented Tiers 1,

2, and 3 (n=5, 71.4%) the most.

Table 2

Tiers of RTI in States A-F

		AK	AL	AR	AZ	CA	CO	CT	DE	Edinburgh, Scotland UK	FL
What tiers of RTI have you implemented?	0	1	0	0	0	6	0	0	0	0	0
		100.0%	0.0%	0.0%	0.0%	31.6%	0.0%	0.0%	0.0%	0.0%	0.0%
	1	0	0	0	0	0	1	1	0	0	0
		0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	100.0%	0.0%	0.0%	0.0%
	1, 2	0	1	0	1	1	0	0	0	0	0
		0.0%	50.0%	0.0%	50.0%	5.3%	0.0%	0.0%	0.0%	0.0%	0.0%
	1, 2, 3	0	1	1	1	6	1	0	1	0	1
		0.0%	50.0%	50.0%	50.0%	31.6%	50.0%	0.0%	50.0%	0.0%	100.0%
	1, 3	0	0	0	0	1	0	0	1	0	0
		0.0%	0.0%	0.0%	0.0%	5.3%	0.0%	0.0%	50.0%	0.0%	0.0%
	2	0	0	0	0	1	0	0	0	0	0
		0.0%	0.0%	0.0%	0.0%	5.3%	0.0%	0.0%	0.0%	0.0%	0.0%
	2, 3	0	0	0	0	1	0	0	0	1	0
		0.0%	0.0%	0.0%	0.0%	5.3%	0.0%	0.0%	0.0%	100.0%	0.0%
	3	0	0	1	0	3	0	0	0	0	0
		0.0%	0.0%	50.0%	0.0%	15.8%	0.0%	0.0%	0.0%	0.0%	0.0%
Total		1	2	2	2	19	2	1	2	1	1
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3

Tiers in RTI in States I-M

		IA	IL	IN	IN and IL	KS	KY	LA	MA	MD	ME
What tiers of RTI have you implemented?	0	0	0	2	1	0	1	1	0	0	0
		0.0%	0.0%	50.0%	100.0%	0.0%	100.0%	50.0%	0.0%	0.0%	0.0%
	1	0	0	0	0	0	0	0	1	0	0
		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	0.0%
	1, 2	0	2	0	0	0	0	0	0	0	0
		0.0%	28.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	1, 2, 3	1	3	0	0	0	0	1	6	1	1
		100.0%	42.9%	0.0%	0.0%	0.0%	0.0%	50.0%	75.0%	33.3%	100.0%
	1, 3	0	0	0	0	0	0	0	0	0	0
		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	2	0	0	0	0	0	0	0	0	1	0
		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%
	2, 3	0	2	0	0	0	0	0	0	0	0
		0.0%	28.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	3	0	0	2	0	1	0	0	1	1	0
		0.0%	0.0%	50.0%	0.0%	100.0%	0.0%	0.0%	12.5%	33.3%	0.0%
Total		1	7	4	1	1	1	2	8	3	1
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 4

Tiers of RTI in States M-O

		MI	MN	MO	NC	NH	NJ	NM	NV	NY	OH
What tiers of RTI have you implemented?	0	1	0	1	2	0	0	0	0	0	1
		25.0%	0.0%	25.0%	40.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%
	1	1	0	0	0	0	0	0	0	0	0
		25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	1, 2	0	0	0	1	0	0	0	0	0	0
		0.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	1, 2, 3	0	1	2	1	0	2	0	0	4	5
		0.0%	100.0%	50.0%	20.0%	0.0%	66.7%	0.0%	0.0%	80.0%	71.4%
	1, 3	0	0	1	0	0	0	0	0	0	0
		0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	2	0	0	0	0	0	0	0	0	0	0
		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	2, 3	1	0	0	1	0	0	2	1	0	1
		25.0%	0.0%	0.0%	20.0%	0.0%	0.0%	100.0%	100.0%	0.0%	14.3%
	3	1	0	0	0	1	1	0	0	1	0
		25.0%	0.0%	0.0%	0.0%	100.0%	33.3%	0.0%	0.0%	20.0%	0.0%
Total		4	1	4	5	1	3	2	1	5	7
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Next, "how many years of experience do you have as a school-based OTP?" and "what tiers of RTI have you implemented?" were compared (see Table 5). The largest group of participants at 46 (up to 5 years of school-based OTP) most commonly implemented tier 0, or no tiers if RTI (n=11; 23.9%). The second largest group of participants at 19 (16-20 years of school-based OTP) most commonly implemented Tiers

1, 2, and 3 (n=7; 36.8%). The third largest group of participants at 16 (21-25 years of

school-based OTP) most commonly implemented Tiers 1, 2, and 3 (n=11; 68.8%).

Table 5

Years of Experience vs Tiers of RTI Implemented

		How many years of experience do you have as a school-based OTP?							
		up to 5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	Total
What tiers of RTI have you implemented?	0	11	3	2	2	2	0	1	0	21
	1	2	1	1	0	0	0	0	0	4
	1, 2	5	0	2	1	0	0	1	0	9
	1, 2, 3	9	6	6	7	11	6	2	1	48
	1, 3	3	0	0	0	0	0	0	0	3
	2	0	0	0	2	0	0	0	0	2
	2, 3	9	1	1	3	2	0	0	0	16
	3	7	3	1	4	1	0	0	1	17
Total		46	14	13	19	16	6	4	2	120

The third set of questions we wanted to compare were "do you feel like this

would be useful for your team?" and the state the therapists are currently practicing in. As

shown in tables 6 and 7, the scale of this resource being useful to the team was cross

tabulated with the state the participants practice in. Highlighted in yellow are states which

show a trend towards agreement on usefulness for their team. In Table 6, as the state with

the most responses (n=19), most California participants strongly agree (n=8, 42.1%) on

usefulness. In Table 7, as the state with the second most responses (n=8), most

Massachusetts participants agree (n=4, 50.0%) on usefulness. Table 7 also showed, one

of the states tied with the third most responses (n=7) was Illinois, with most participants

agreeing (n=4, 57.1%) on usefulness.

Table 6

Training Resource Usefulness to the Team in States A-F

		AK	AL	AR	AZ	CA	CO	CT	DE	Edinburgh, Scotland UK	FL
Do you feel like this would be useful for your team?	strongly disagree	0	0	0	0	0	0	0	0	0	0
	disagree	0	0	0	0	0	0	0	1	0	0
	neutral	0	1	1	0	6	1	1	1	0	0
	agree	0	1	1	1	5	1	0	0	0	0
	strongly agree	1	0	0	1	8	0	0	0	1	1
Total		1	2	2	2	19	2	1	2	1	1

Table 7

Training Resource Usefulness to the Team in States I-M

		IA	IL	IN	IN and IL	KS	KY	LA	MA	MD	ME
Do you feel like this would be useful for your team?	strongly disagree	0	0	0	0	0	0	0	1	0	0
	disagree	1	1	0	0	0	0	0	0	0	0
	neutral	0	0	4	0	0	1	2	0	1	1
	agree	0	4	0	0	0	0	0	4	1	0
	strongly agree	0	2	0	1	1	0	0	3	1	0
Total		1	7	4	1	1	1	2	8	3	1

The findings from the open response question, "how would this impact your team?" helped us to identify common themes among participants' answers. We identified and coded responses by how they would positively impact OTPs' teams by increasing OTP involvement (n=14), increase collaboration (n=31), increase knowledge (n=83), and a number of early interventions (n=22). In contrast, we also identified themes that would negatively impact OTPs who felt that the training resource would either lead to an increased workload (n=8) or did not feel necessary at all (n=13). Some responses had multiple codes assigned to them. The findings from the open response question, "who would you expect to present this training?" were also separated into the following codes: educators (n=39), SISP (n=25), both (n=50), and others (n=12).

Discussion

The purpose of this study was to provide a training resource on RTI for OTPs to provide in their workplace. By doing so, we hoped to help address a lack of understanding that occurs when educators and SISP collaborate to implement RTI interventions. Our results indicated that many of our participants found the training resource helpful and could see it being useful with their teams. These results supported our notion that OTPs need an RTI training resource to ensure that there is a universal understanding among all members of the team. By looking at our common themes such as increased knowledge and increased early stages of implementing the tiers, we were able to identify how OTPs would utilize this training resource. As previously stated in the literature review, earlier implementation of the tiers can positively impact students. One study highlighted that students who received interventions on their handwriting had improvement in their printing compared to the control group who did not receive handwriting interventions (Donica, 2015). The results of this study support the common themes that we identified. We believe that providing training resources for RTI can bring better understanding and more involvement in earlier stages of the tiers. This will ensure that Tiers 1 and 2 are effectively implemented and prevent more students from being in Tier 3 than necessary.

Results that came from comparing participants' years of experience and what tiers they have implemented show a difference between experienced practitioners and those who have been involved in school-based therapy for 5 years or less. When looking at all the participants, the most frequent response was that they implement all three tiers. However, the largest population of therapists, those with less than 5 years of experience, most often responded that they did not implement any tiers. Therapists with the least school-based experience were not implementing RTI, while those who have worked 21-

25 years were the group most often implementing all 3 tiers. This training resource can be an opportunity to provide newer therapists with an introduction to RTI and a program they can take to their schools to provide their school system with an understanding of RTI and its benefits.

The results also reflected who the participants would expect to deliver this training to other staff. The most frequent response we recorded was that both educators and SISPs could be leaders and deliver this training to other staff members. This supports one of our themes in our literature review, which is that there is a lack of collaboration between SISPs and educators when it comes to working on RTI together. The results of the survey conclude that this training resource can be one way that SISPs and educators can begin working collaboratively on RTI. Another result that came from this question was that OTPs responded more often that educators should be the ones presenting this training over SISPs. This result brings out the question of why OTPs and other SISP members would not feel as confident being the one to teach this training at their school and would rather have educators take the lead. One goal of this training resource is to promote more SISP impact on RTI and to help demonstrate how they can be the ones guiding the RTI model at their own schools. These results show how SISPs might have less opportunities to lead RTI in school systems and what the impact of increasing opportunities could look like for the entire staff and students.

We received responses from across the nation, with the most responses being from OTPs in California, Massachusetts, and Illinois, respectively. When comparing which tiers of RTI were implemented within these states, there was a trend toward using all 3 tiers of RTI. The participants from these states also agreed on the usefulness of the training resource. This is promising, as these results confirm the presence of RTI within

states across the nation and the importance of the existence of an RTI training resource. However, it was also interesting to see the varying responses from OTPs within the same state. For example, also within California, there were some participants who implemented no tiers of RTI or only implemented some of the tiers. With varying answers such as these from California and other participants living in the same states, perhaps there is also a need for separate training resources focusing on each of the tiers. For the participants who did not implement any tiers of RTI, the training resource could possibly be used to advocate for the use of RTI services within their school districts.

One of our goals was to provide a clear and effective training resource that was also inclusive to both educators and SISP. When creating the training resource, we initially had more OTP specific examples but changed the examples to be more inclusive to the whole team. To increase understanding and collaboration within their teams, we provided information and case examples that were applicable to educators and SISP. While we achieved this goal, as many participants felt that the training resource would increase knowledge and collaboration, many of our participants also felt that there should be more OTP specific examples within the training resource. We wanted to promote RTI from an OTP perspective but formatted the training to where any member could present it and not just OTPs, hence the lack of more OTP specific examples. However, perhaps our participants wanted more OTP specific examples so that their teams could gain a better understanding of the impact and value that occupational therapy brings to RTI.

Limitations

There were several limitations to our study. Timing was extremely important since we could not send out our survey until the Institutional Review Board (IRB) reviewed and approved our proposal. IRB approval was made on August 5th, 2022 and

allowed us to open our survey and start receiving participants. While OT Schoolhouse

was able to send the recruitment email in a timely manner, we were not able to post in the

Facebook group until September 2nd, 2022. This group only allows for promotional posts

to be posted on the second of every month, and with our survey closing on September

11th, 2022, perhaps other members of the Facebook group did not have enough time to

engage with our post. It is also possible that our recruitment post got lost among other

members' promotional posts. While keeping on track with thesis deadlines, we had

approximately 5-6 weeks to collect survey data then analyze it, limiting the amount of

time we had to do so.

   When recruiting participants, we had hoped to yield an almost equal amount from

the OT Schoolhouse mailing list and from our Facebook post to the group "School-based

occupational and physical therapists." However, we found that a vast majority of our

participants were recruited from our partnership with OT Schoolhouse. Since the OT

Schoolhouse frequently discusses RTI, these participants may have a pre-bias towards the

contents of our training resource and study. We had no way of knowing if they have

previously viewed OT Schoolhouse's other resources, which is also a factor for the

participants recruited from the Facebook group. In the survey, it may have been

beneficial to ask if the participants have undergone any type of RTI training in the past.

   After reviewing the data, we also realized that some questions in the post-survey

may have been confusing to participants. We asked, "what tiers of RTI have you

implemented?" and "what levels of RTI do you participate in?" in which many

participants had contrasting responses. For example, to the former, some participants

responded that they have not implemented any tiers, yet for the latter, they responded that

they participated in Tiers 1 and 2. When asking these questions, we initially wanted to

gain an understanding of the participants' experience with RTI and compare it to their

current experience or involvement with RTI. We realized that the questions should have

been worded more carefully and adjusted for clarification. Due to this factor and other

similar contrasting answers, we decided to utilize the question "what tiers of RTI have

you implemented?" for data analysis. In the future, this confusion could be avoided by

having multiple people review the survey questions and provide us with feedback on

what they think the questions are asking. In addition, a vast majority of our participants

consisted of occupational therapists. In total, we had 113 occupational therapists, and

seven occupational therapy assistants responded to our survey. This may limit the

applicability of our results, since we did not have a good representation of occupational

therapy assistants' experience with RTI.

Conclusion

Creating a training resource for RTI benefits educators by providing them proper

training and guidelines to describe what the RTI model is and how it should be

implemented in a multidisciplinary setting. The aims of this research project were to

provide a solution to the confusion and misunderstanding surrounding RTI that often

causes improper implementation or ineffective collaboration. This training-resource also

gives OTPs a leadership opportunity and a way to help guide and lead the SISPs and

educators in their school districts. Based on the results, we are positive that providing a

resource to school-based OTPs can lead to a clearer understanding of the tiers. We plan

on creating changes to the resource that were suggested by the participants and send it

back out to those who expressed interest to support a better understanding of RTI within

their school districts.

RTI and its proper implementation is significant to school-based occupational therapy practices because it encourages collaboration between educators and OTPs and allows therapists to impact more students at their schools. This pilot study can help further research to be warranted or be used to research the actual impact of the implementation of the training resource. This study can help to pave the way for RTI training to be implemented regularly at schools and offered to OTPs, other SISPs, and educators before they start working at a particular school.

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