Educating Students with Emotional/Behavioral Disorders through a Response to Intervention Model of Developing Behavior Intervention Plans in a Multiple Case Study Model

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Abstract

The ability of a teacher to manage a classroom has long been acknowledged as a major skill necessary for effective teaching. It is vital for a teacher therefore, to use methodologies which simultaneously address behavior management plans while continuing to meet the child's individual academic needs and strengths. For students with emotional/behavioral disorders, they may have already become socially mal-adjusted by the time they are classified and receiving individualized services. When a student is unable to socially adapt at an early age the repercussions are often vast, however the Response to Intervention (RTI) model of intervention allows teachers to identify specific learning needs and prevent unnecessary special education placements. RTI presents an effective way for teachers to implement differentiated instruction in the classroom by providing the necessary academic, behavioral and emotional interventions early on.

Keywords: Positive Behavior Supports; Emotional/Behavior Disorders; Response to Intervention

Abbreviations: RTI: Response to Intervention; EBD: Emotional Behavioral Disorders; IDEA: Individuals with Disabilities Education Act; NCLB: No Child Left Behind Act; IEPs: Individualized Education Plans; FBA: Functional Behavior Assessment; BIP: Behavior Intervention Plan; NRCLD: National Research Center on Learning Disabilities; OCD: Obsessive Compulsive Disorder; ID: Intellectual Disability; ED: Emotional Disturbance; DSM: Diagnostic and Statistical Manual of Mental Disorders.

Introduction

Teachers play a crucial role in the education system, and their ability to manage a classroom is considered a vital skill for effective teaching. However, when dealing with students who have emotional and behavioral disorders (E/BD) in an inclusive classroom, maintaining control and containment becomes the primary objective. It is essential for teachers to develop a behavior management plan that combines academic and individualized needs while catering to the student's specific strengths. This can be challenging but is necessary to ensure the student's success. Unfortunately, students with disabilities often do not receive the necessary educational services until they have already fallen behind. This is especially true for students with E/BD, who may have already become socially maladjusted by the time they receive individualized services. Although interventions can be effective, they do not always lead to positive results. When students are unable to adapt socially at an early age, it can have lasting consequences that extend beyond intervention.

The Response to Intervention (RTI) model is a valuable tool that enables teachers to identify specific learning needs and prevent unnecessary special education placements. By implementing differentiated instruction in the classroom, RTI allows teachers to provide necessary academic, behavioral, and emotional interventions early on. This approach is particularly beneficial for students with E/BD who require individualized interventions to prevent academic failure and promote success. The RTI model has its origins in the Individuals with Disabilities Education Act (IDEA) of 2004 [1] and the No Child Left Behind Act (NCLB) of 2002 [2], both of which aim to assist districts in providing additional support for all students in both general education and alternative education settings. The focus of RTI is to ensure that all children are successful in school and beyond. The model is instrumental in implementing the least restrictive environment for children to learn, as outlined in the IDEA and NCLB acts.

The use of a Response to Intervention (RTI) model can help educator's better meet the unique needs of students at risk for or diagnosed with emotional and behavioral disorders. A multi-tiered intervention approach allows for tailored interventions to be implemented based on the specific needs of each student, ensuring that special education or alternative education is only considered when necessary and a general or inclusive setting is unable to meet the student's needs. By utilizing an RTI model, students are able to remain in the least restrictive educational environment in line with the Individuals with Disabilities Education Act (IDEA) [1] and the No Child Left Behind Act (NCLB) [2]. The aim of this paper is to illustrate the importance of using an RTI approach for the placement of students with emotional and behavioral disorders, highlighting the need for individualized behavior plans and learning environments. Individualized Education Plans (IEPs) are crucial in maximizing each student's emotional, social, and academic success. While the general education or inclusion setting is not suitable for every student, the RTI model utilizes scientifically-based measurements to determine the most appropriate learning environment for each student's success.

What is meant by Emotional/Behavioral Disorders (E/BD)?

The Regulations of the Commissioner of Education, Part 200 [3], Students with Disabilities, classify Emotional Disturbance as one of thirteen conditions that qualify a student for special education. However, not every emotional or behavioral issue displayed by a student is considered an emotional disturbance, as per the findings of Response to Intervention (RTI). The definition of emotional disturbance as provided in Part 200 is "a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a student's educational performance" [3] (Part 200, p.11). This includes factors such as an inability to learn that cannot be attributed to intellectual, sensory, or health factors, difficulty in building or maintaining appropriate interpersonal relationships, unusual types of behavior or emotions under normal circumstances, persistent feelings of unhappiness or depression, and the tendency to develop physical symptoms or fears related to personal or school problems [3] (part 200, p.11).

The RTI model suggests that not every emotional or behavioral issue warrants an Emotional Disturbance classification or placement in special education, as with other disabilities, emotional/behavioral disorders can manifest in various degrees or severity levels. Response to Intervention (RTI) is an educational approach that aims to support schools in providing effective, research-based interventions for students who are experiencing difficulties academically, emotionally, and behaviorally. The primary objective of RTI is to identify and address the needs of students quickly, ensuring that they receive assistance as soon as it is required. Often, students who benefit the most from this intervention model are those who have mild learning disabilities or mild emotional/behavioral disorders, falling just below the average. RTI is a preventive strategy that aims to avoid the unnecessary placement of students in special education programs. By providing students with the necessary tools for successful social adjustment, those with emotional/behavioral disabilities can achieve success within a general education setting. The use of appropriate behavior plans in RTI interventions guides the student's education, equipping them with the necessary tools to overcome their struggles and achieve long-term success both in and outside the classroom. Throughout the intervention process, RTI monitors a student's progress to determine if the intervention's response is providing the student with satisfactory academic growth.

The History of RTI

In the late 1970's, Response to Intervention was developed by several researchers who were seeking a new method for identifying students with learning disabilities and avoid the problems that presented themselves in the discrepancy model. Unlike the discrepancy model, the RTI model allows educators to use early and intensive interventions to assist students in the development of skills they may struggle with. This argument by Fuchs and Fuchs illustrates the historical failure of previous methods used to identify students with learning disabilities and the subsequent failure of schools to address the needs of these students at their first signs of difficulty.

The history of Response to Intervention holds its roots in what has become perhaps the most important piece of federal legislation in the history of special education. In 1976, the passage of the Education for All Handicapped Children Act of 1975 [4] more commonly known as Public Law 94-142 marked the official beginning of a federal support for special education services. Since its implementation, this federal law has become known as one of the most influential laws affecting the way in which students with disabilities are taught in the modern-day public-school classroom. Public Law 94-142 was renewed with the passage of the Individuals with Disabilities Act of 1990 [1] (IDEA) and was reauthorized again in 1997. With the passage of these Acts, the federal government began to bring new hope and possibilities for the education of individuals with special needs and disabilities. With a new perspective for educating these students, the implementation of an educational model such as RTI would come naturally with only a matter of time. Although RTI holds its historical roots in the identification who students with learning disabilities, research over the last two decades is showing the effectiveness of this model as a tool for identifying and properly teaching students with emotional/behavioral disorders.

Current Definition of RTI

The model of Response to Intervention (RTI) [5] is used to focus on providing a more effective and individualized instructional model for students who are struggling in the general education classroom by promoting the use of earlier interventions for these students. These interventions are both social and academic in nature. The assumption of the RTI model is that the use of early intervention will prevent the unnecessary placement of struggling students in special education. By providing intervention to students as soon as difficulties develop, RTI aims to address these issues before the student begins to fail.

According to the early research of RTI [5], the successful application of the RTI model focuses on answering these questions;
- What is the problem?
- Why does the problem exist?
- What should be done to address the problem?
- Did the intervention work and what is next?

The answers to these key questions will open a door to providing effective interventions to students who are beginning to struggle to the general education classroom.

Behavior Intervention Plans

The Multi-Ties of RTI

The format of Response to Intervention is a multi-tiered system which allows educators to customize a program to meet the needs of individual students. These tiers represent the different levels and intensity of the interventions used to provide the best instruction for each student. In their 2007 seminal article, Fuchs and Fuchs identify the three tiers of RTI as: the primary prevention, secondary prevention and tertiary prevention [6]. Fuchs and Fuchs have provided a history of exploring RTI as a behavioral model [7-9]. In the behavioral model for RTI, an additional fourth tier is also used to determine special education eligibility through the development of the (Individual Education Plan) IEP, Functional Behavior Assessment (FBA) and Behavior Intervention Plan (BIP). Although different researchers use different terms for the tiers used in the implementation of RTI, the various viewpoints remain consistent with what purpose these tiers serve, and the progress interventions associated with each level. Similarly, to other more recent researchers in the field of RTI [10,11], Fuchs and Fuchs suggest that the multi-tiered system is necessary in order not to prematurely place students into a special education program. Yet, the limitation on the number of tiers helps to ensure that students who do in fact need the added support of a special education program are able to receive it in an appropriate and timely fashion.

In their interpretation of RTI, Fuchs and Fuchs identify Tier 1 as the Primary Prevention stage of intervention. In this tier the instructor uses the general education program for all of the students in the class. According to the National Research Center on Learning Disabilities (NRCLD), this level of intervention is represented by "School-wide positive behavior supports" for all students [12]. This represents a universal screening process for the students to develop a starting point or norm reference in which to gauge future interventions. Tier 1 is a short-term monitoring process that aims to focus on the students in the class that are "at risk" [7] (p.15). The term "at risk" refers to those students who have not yet begun to fail, yet they show signs that they are struggling to keep us with their peers socially. These students often lack the ability to behave appropriately or react appropriately in social situations. At this stage students identified as having a problem within specific types of situations can often be brought back up to speed rather easily, if this is the case, this is the final stage of intervention. For some students however, their struggles may not be isolated and in these incidences, thus continued monitoring and interventions may be necessary. These students would then proceed to the next level of intervention. These students are those who demonstrate a large difference between his/her performance and the performance of his/her peers using local, state and/or national norms in the domains of academic achievement, social/behavioral skills, and emotional regulation. These norms are determined using direct measures of performance in the natural setting [12].

When examining specific case studies, the determination can be made that RTI is a necessary tool needed to develop the measures needed to support a wide range of behavior types, frequency and intensity.

In a case study, Jimmy is a 5th grade student that exhibits many behaviors that have been characterized as aggressive. To objectively characterize these behaviors, they have been described as physical in nature, hitting, spitting, throwing objects, and kicking. These behaviors are most often unprovoked by other students and occur during instructional time. In tier 1, his first intervention would be a point program implementing the theory of positive reinforcement. Jimmy would earn points when he does not demonstrate a behavior as identified as "Aggressive" when presented with the antecedent in this case, instructional time. If he must be reminded to exhibit appropriate behaviors, he will not earn the point for the specific activity. Each activity will be broken into 5-minute timed intervals, Jimmy must earn 4 or 5 points to receive the previously intensified reinforcer and the end of the instructional period. He will begin the next period of earning after the end of 5 minutes. The timer would begin when activity is started, and the appropriate behaviors are demonstrated. This use of positive reinforcement is an updated response to the removal of points for negative behaviors, as this has been viewed as punishment and data in the last 10 years illustrates this model to be less effective than positive reinforcement for correcting challenging behaviors. This shift away from punishment is a primary focus of newer uses for RTI in behavior management which favours the focus on engagement and motivation to address challenging behaviors [13].

In a second case, John is another student who illustrates an effective implementation of a Behavior Intervention Plan that uses the multi-tiered model of RTI. John is a 6th grade student who displays some behaviors associated with obsessive compulsive disorder (OCD) and he has a Tourettes Syndrome diagnosis. His most prevalent behaviors include tapping, verbalizations, scratching, rubbing hands and some repetitive movements. Although he has not been formally diagnosed with an Emotional Disturbance, the range of his behaviors does illustrate he may struggle with his emotions. John's behavior is exacerbated by his anxiety for which he takes medication for. However, a combination of medication, biological factors and some situational environments does cause him to display a wide range of emotions and behaviors that often affect his educational development. Because of this a multi-tiered Behavior Intervention Plan has been developed by his instructional team to meet his individual needs.

The behavior that is seen at the first level of RTI is a failure to complete assignments. At the first level of this behavior

plan, John's interventions include a system of replacement behavior. John is directed to ask for help to complete his assignments. For this to happen, John is given a scheduled study period each day to complete all daily assignments, if he completes his assignments without this time, he is able to participate in free time or other activities. In addition to a study period, John's educational program uses differentiated instruction to modify his assignments to reduce the amount of time needed to complete them. If he needs less time on task, the result is that his behaviors are minimized. At this level of intervention an inclusion classroom setting is still an effective environment for John. Following the Fuchs and Fuchs model of RTI tiers, the students who continue to struggle after the initial interventions in Tier 1 will continue to Tier 2. They refer to this tier as the Secondary Prevention. This tier consists of small group tutoring sessions that will focus on the development of behavioral and emotional readiness skills; however, they may focus on additional topics depending on the needs of the students involved in this level of intervention. The duration of this level of RTI usually consists of 15-20 weekly sessions [7].

If the plan in tier 1 does not work in the example of Jimmy, and he does not earn his needed points, due to disruptive behavior, he then moves to a safe space. This gives him an opportunity to refocus his thoughts and behaviors. His safe space is behind dividers that are in the classroom, and he is required to remain in the safe space and to be quiet for a certain period. If he can accomplish this, he may continue his work in the regular class. Jimmy does also have the option to add more time to stay in his safe space if he does not feel that he is ready to work. In the example of John, if/when his behaviors progress, the second tier of RTI is implemented to assist him. The behavior that John displayed at a complete unwillingness to do any work at school. At this point John becomes defiant and unresponsive to previous interventions in Tier 1. The replacement behavior at this level is for John to verbally express that he is frustrated and will ask for help to at least attempt each assignment.

To assist John, at this point, the teacher uses a token economy system to encourage the appropriate behaviors. John will receive 2 points for each assignment he attempts and 5 points if the assignment is completed. These points can be later used to earn extra time for activities on his reinforcement menu. This menu is a collaboration between the teacher and student and represents activities John wants to earn for positive behavior. In addition, John is given instructions from his counselor for how to ask for help and express appropriate behaviors when he is frustrated. At this level an inclusion setting is still an appropriate setting for John, however he will begin to receive resource room and counseling sessions in order to complete assignments and deal with his anxiety. The third tier in the RTI model described by Fuchs and Fuchs

is Tertiary Prevention. If students continue to struggle and have a significant discrepancy in their achievement when compared to their peers, they will continue to this level of RTI. In this tier, students receive individualized programming, and their progress is monitored closely [7].

The next tier is used as little as possible. This is only used if Jimmy exhibits destructive behavior or threatens the staff or students. If it comes to this level, Jimmy removed from the setting to self-regulate prior to returning to the setting. A timer will be used to help support Jimmy regain his composure and demonstrate when he is ready to return. Throughout this time Jimmy remains calm. After the time is up, he is to knock on the door, and he will be asked if he feels prepared to return to his regular class work. The aide will remind him of what he needs to do, and he is to repeat it back. If any time Jimmy feels he needs a break he is able to go to time out, but the door will remain open. Then the same steps will occur as in the process of having the door closed.

The third level of RTI in the case of John illustrates interventions that are necessary once his behavior begins to have an adverse effect on other students. The behaviors he displays at this level are the use of profanity and provoking other students. At this level the replacement behavior is to give John the attention that he is seeking, this is done by demonstrating appropriate interactions with his peers. The recognition of his anxiety and frustration is also necessary and the teacher may get assistance for John to help him appropriately communicate his needs. The interventions at this level will continue to enforce the use of non-punitive consequences. As Berkeley S, et al. [11] illustrate in their review of RTI in reflection, this contrasts with previously used punishments such as the use of time out.

The intervention that is used at this level is to provide opportunities for John to practice interacting appropriately with peers using play therapy. The use of praise for appropriate verbal interactions is another element of this level of intervention. If this language continues, John is directed to remove himself from his current situation and he will no longer be allowed to participate in the activity for 5 minutes. At this level of intervention, a continual assignment of its effectiveness is necessary. If John's behaviors continue a special education placement may be necessary to address his needs that may often require intensive individual therapy and assistance with assignments.

At both Tier 2 [14] (the small group) and Tier 3 (the individualized program), customized interventions are designed for the learners. In these tiers there are more options available to assist students with their individual special needs. By creating these programs, the facilitator is able to understand where the deficiency is and how they can differentiate the curriculum to address this deficiency and best accommodate the learner. If a student still exhibits "insufficient response to high quality instructional and behavioral interventions over multiple tiers that are differentiated by increasing intensity and measurement precision" that student is then formally recommended for special education services in order to better serve his/her needs [11]. Even at this level, the goal is to keep the student in the regular school building. The school psychologist and/or classroom teacher will often screen for intellectual disability (ID), emotional disturbance (ED), speech-language disorders and other disabilities at this point in the RTI intervention to determine the origin of the student's problems and help understand why they may be struggling. This also allows for the proper placement that meets all student needs.

Tier 4 is usually reserved for the most severe cases of EBD students. This level of intervention is used as a last resort when nothing else is working. Jimmy will only get to this tier if the staff is unable to control him anymore. If/when Jimmy becomes a threat to himself or to the other people in the classroom, his educational staff will use physical restraints to control his behaviors. Similarly, in other cases, the Tier 4 level of RTI interventions is only used when it is completely necessary. In the example of John, this tier represents extreme behaviors that create a danger to himself and to those around him. The types of behaviors John displays at this level are the throwing of chairs and other objects when he reaches an extreme level of frustration. At this level of intervention, it is vital for the classroom teachers to have a plan to contact additional staff members for assistance in order to ensure no one is hurt.

Prior to these behaviors, John will be given a cue that he can use to indicate that he is getting upset. The staff will try to talk to John to "calm him down". If this fails to work, Johnny will be removed from his peers immediately. If injury or property damage occurs as a result of John's actions, a police report will be made, and he will be suspended. Prior to his return to school John will undergo a complete psychological evaluation and a determination will be made as to where John's needs will be met most effectively. At this level of RTI, the instructional team along with the administration will determine if John requires either a more intensive program in special education or an alternative placement is necessary. This represents the final level of RTI interventions.

RTI and IDEA

When Congress reauthorized IDEA in 1997, they redefined the legal measurements for identifying children with specific learning disabilities. Congress maintained that schools will "not be required to take into consideration whether a child has a severe discrepancy between achievement and

intellectual ability (p. 97) [3]. Under the regulations of IDEA, the U.S. Department of Education offers a positive response to RTI. In the 2006 commentary of the IDEA regulations, the department of education's "pro-RTI" attitude is illustrated by the statements that, "Models that incorporate RTI represent a shift in special education toward goals of better achievement and improved behavioral outcomes for children with SLD (specific learning disabilities) …" (p. 647) [15]. However, even though a model of RTI is recommended for use in the classroom, the regulations of IDEA allow for other options to be used by the teachers and other educators.

Intervention Supports

The implementation of RTI in a school should involve a support staff. This includes General and Special Education teachers, a student support staff, and parents/liaisons. The intervention plans should be developed based on student needs and the skills of the staff. The school should be providing professional development to those who provide instruction or make assessments. Within the intervention support there are certain critical components. They are:

- **Support for Intervention Integrity:** All of the support staff should receive training on a regular basis. There should be pre-meetings to review all the data and the steps they are going to take, as well as meetings throughout the intervention to assess how techniques are working and if any changes need to be made.
- **Proper Documentation of All Interventions and Behavior:** All interventions being done, data that is being recorded, and behaviors of the students need to be documented. Certain information included in this is a student's benchmark, the student's level of performance, an aim line, and a trend line.

A parent's involvement is necessary for a student's intervention to successfully be completed. Being informed about their school's RTI process is the first step to becoming an active partner. Both the National Center for Learning Disabilities [16] and the National Joint Committee on Learning Disabilities [17] advise parents to ask the following questions:

- "Does our school use an RTI process? (Be aware that your child's school may call their procedures a "problem solving process," or may have a unique title for their procedures, e.g., Instructional Support Team, and not use the specific RTI terminology).
- Are there written materials for parents explaining the RTI process? How can parents be involved in the various phases of the RTI process?
- What interventions are being used, and are these scientifically based as supported by research?
- What length of time is recommended for an intervention before determining if the student is making adequate

progress?
- How do school personnel check to be sure that the interventions were carried out as planned?
- What techniques are being used to monitor student progress and the effectiveness of the interventions? Does the school provide parents with regular progress monitoring reports?
- At what point in the RTI process are parents informed of their due process rights under IDEA 2004, [3] including the right to request an evaluation for special education eligibility?
- When is informed parental consent obtained and when do the special education evaluation timelines officially commence under the district's RTI plan?

Components of the Emotional Behavioral Disorders (EBD) Evaluation

Within an EBD evaluation and the Diagnostic and Statistical Manual of Mental Disorders (DSM5) [18], there are many different components used to successfully evaluate a child. These components are a Functional Behavior Assessment, a Psychological Assessment, Social Development, and an Educational Evaluation.

A Functional behavior assessment is a problem-solving process for addressing a student's problem behaviors. It relies on an assortment of techniques and strategies to identify the purposes of specific behavior and to help IEP teams select interventions to directly address the problem behavior. The assessment is used to describe the target behavior, identify environmental factors that may contribute to the inappropriate behaviors, create a behavior intervention plan, as well as create an evaluation. When starting an FBA certain questions should be asked such as: Is the problem behavior linked to a certain skill deficit? and Does the student have the skill but not the desire to modify his/her behavior?

In order to conduct an FBA, there are different techniques that can be used. Indirect Assessment is one. This involves structured interviews with students, teachers, and other individuals who may have direct responsibility for the student. Some questions asked in the interviews may be:

- In what settings do you observe the behavior?
- Who is present when the behavior occurs?
- What activities take place prior to the behavior?
- What happens immediately after the behavior?

Direct assessment is another technique used. This involves observing and recording situational factors surrounding a problem behavior. In this type of assessment, the observer usually notes what happens right before the behavior, what the behavior is, and what happens because of the behavior. After the assessments are completed a data analysis is done

to see if there are any patterns associated with the behavior. If there are patterns found, then a hypothesis statement is made predicting the antecedents of the behavior which is then followed by creating a behavior plan. A psychological assessment is used to identify the internal or external factors that comprise an emotional/behavioral disability. The psychological evaluation includes behavioral observations, a clinical interview, and an assessment of emotional/behavioral functioning. A social/developmental history of the student is made. This includes; An interview with a parent, an evaluation of interpersonal, family, and environmental factors impacting learning and behavior (Family composition, educational background, health history, etc.) and addressing the factors that extend beyond the school setting.

Finally, an educational evaluation is used to review educational history and current academic performance (this includes state assessments and classroom performance). If there is not enough information or if the student's academic performance is not accurate, a formal academic evaluation is done.

Conclusion

Legal and social movements centred around behavioral support for students with Emotional/Behavioral Disorders have continually called for improvement in the identification and education of students with learning disabilities [19]. Using scientifically based instruction practices, the RTI model has met the needs of these children while maintaining the key component of inclusion and encouraging the least restrictive environment. Response to Intervention is an educational model that aims to prevent the unnecessary assignment of all struggling learners into special education. Using an RTI model, low-performing children are offered intense, individualized academic intervention. Student progress is monitored to see if response to this intervention yields adequate academic growth.

RTI is ultimately a model that is designed for learners who need more; this sometimes means a placement into a special education classroom, however in many cases the RTI model can be used to keep students in the general education setting. By developing multiple tiers to identify and meet all students' individual needs, RTI has helped to limit the number of students identified with learning disabilities who will need special education services. Thus, the RTI model can assist struggling learners through interventions provided in the general education setting. Regardless of the specific method of RTI used in the individual classrooms, research and practice have identified specific procedures that are key elements in the effective implementation of these interventions. Through a common set of core values, the RTI model uses a multi-tiered approach and on-going

assessments to determine those students who are at risk for failure before it has the opportunity to occur. This method ensures that struggling students do not have an unnecessary "life sentence" into special education [20-23].

Although much of the research that has been completed in the field of RTI has been focused on the academic elements of the interventions, RTI is still in its infancy. Continued research needs to be done in the field in order to fully understand the impact of these interventions on all students who need individualized supports, however all aspects of the current research does have positive reports for RTI's effects on students with Emotional/Behavioral Disorders at all levels of intervention.

Where are Students with Emotional Behavioral Disorders Best Served: The answer to the question of which academic setting works best for students who E/BD are is not an easy one because there is no single setting that will work for all students. Just as one size does not fit all in Special Education, one size does not fit all in the general and inclusive settings either. Due to the state and federal laws that focus on placing all students in the least restrictive environment, more and more students with Emotional disturbances and various levels of behavioral disorders are being placed into inclusive classrooms. However, the inclusive setting is not always the best setting of all students sometimes students with severe Emotional Disturbances will need a special education classroom or alternative academic setting to ensure they are not at risk for harming themselves or others. On the opposite end of this spectrum are those students with the mildest emotional or behavioral issues who may thrive in a general education classroom with only minor behavioral interventions. Finding the right fit for all students is where the RTI model plays its most vital role.

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