

A Systems-Level Framework for Implementing Tier 2 Reading Interventions in India

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Abstract

This paper presents the systems-level changes that were adopted by a school in Mumbai, India, to implement Tier 2 reading interventions. We specifically report on three areas at the micro level of change: universal screening for proactive support, systematic intervention for strategic support, and team collaboration for coordinated support; and four areas at the macro level of change: capable leadership, team capacity, inclusive culture, and continuous improvement. The purpose of this paper is to provide practitioners in the Indian context insight into how to create a sustainable framework for implementing reading interventions at the Tier 2 level.

Keywords

Tier 2, reading interventions, system-level changes, Indian context, RTI

Inclusive education policies in the Indian context were put forth recently with the National Education Policy (NEP) of India, released in 2020. However, neither the NEP nor the subsequent National Curricular Framework (National Council of Educational Research and Training, 2023) provides a framework for how this might be implemented at a schoolwide level to address the needs of all students with various needs in our classrooms. Unfortunately, there is limited scholarly literature on this topic in the Indian context, and these gaps in both policy and research contribute to the constant disjoint between rhetoric and classroom practice (Singal, 2019; Srivastava et al, 2015). Moreover, there is serious concern over the poor reading skills of elementary grade children in India. Reports have shown that a majority of students read multiple grade levels below their age level (ASER Centre, 2018; National Council of Educational Research and Training, 2011). In particular, approximately 25% of students in Grade 3 read at a Grade 2 level, approximately 50% of students in Grade 5 read at a Grade 2 level, and approximately 73% of students in Grade 8 read at a Grade 2 level (ASER Centre, 2018). Considering how important foundational reading skills are for students' academic success throughout their school years (Moats, 2019, 2020), the National Education Policy (2020) described improvement of foundational reading was described as "an urgent national mission" and accorded with the highest priority for all students before Grade 3 (p. 8).

By implementing a response to intervention (RTI) model, our school served as a research site to address both the goals of inclusive education practices and improving reading outcomes for students. Given the lack of evidence-based guidance from policy or research in the

Indian context, we sought guidance from the international literature to set up this structure. We found the most prolific body of relevant literature from the United States. From its conception, RTI has served as a model to address the needs of all students, including those with and without disabilities, by increasing the level of support at each tier in the model. According to Fuchs and Fuchs (2006), all students receive evidence-based core curriculum in academic areas in Tier 1, a small subset of students who do not respond well to this instruction receive intensive small-group instruction in Tier 2, and, finally, a smaller subset of students who do not respond well to small-group instruction receive intensive individualized special education and remedial services in Tier 3.

In short, instead of waiting for students to fail and then providing them with intensive special education supports, the goal of RTI is to prevent school failure by providing all students with better instructional programs, monitoring their progress, and reevaluating program goals to reduce the number of students who are identified as having learning disabilities. Thus, at every level, a child receives instructional supports and early intervention practices to avoid falling behind the other students in class, and when the child

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clearly does not respond to intervention at Tiers 1 and 2, the teacher is more confident that they require special education services at the Tier 3 level.

While drawing inspiration from the RTI model, we were conscious to avoid the mistake of simply using protocols from a foreign context to an Indian setting (Kalyanpur, 2008; Singal, 2019; Singal & Muthukrishna, 2016; Srivastava et al, 2015). As a result, we focused on adapting these protocols to meet the needs of students in the Indian context at every tier. For example, in Tier 1, we trained teachers in a synthetic phonics-based reading program that was evidence-based, and we ensured that the standards aligned with the Indian Certificate of Secondary Education (ICSE) Board that was followed in our school. We also introduced assessments and increased feedback systems to track both students' and teachers' progress at every stage. Again, we ensured that these assessments were closely aligned with content standards that had to be covered per grade level in the Indian context. (For a more detailed description of changes adopted at the Tier 1 level, please see Zahedi et al, 2022).

We also conducted a research study on the implementation of phonics programs in the Indian context and reported on student outcome data. Curriculum-based measure (CBM) assessment data over four years showed a dramatic rise in student reading performance in kindergarten, moving from 87% of the students scoring below grade level or "at risk" in 2016 to 89% of the students achieving grade-level benchmarks in 2021 (see Shenoy et al, 2022, for a detailed analysis of these outcomes). Finally, we evaluated the fidelity of implementing the RTI model over three years (Zahedi et al, 2025). We are still working on improving it, but so far we have achieved an adequate level of fidelity as per the Fidelity of Implementation and Rubric Worksheet (FIRW; American Institutes for Research, 2023). In this paper, we provide an overview of the systems that were implemented at the Tier 2 level specifically to help practitioners by providing them with a framework that can be followed in other school sites in India.

Review of Literature

Response to Intervention

At its core, RTI is a preventive model designed to help students avoid challenges with academic content, support students who demonstrate academic challenges, and identify students at risk for learning disabilities (Fletcher & Vaughn, 2009). As such, it represents a move away from the historical intervention model that waited for students to fail academically before qualifying them for special education services (Berkeley et al, 2020). The basic premise of the RTI model, then, is to provide evidence-based pedagogy starting with general education practices and intensifying support based on students' response to interventions (Sugai & Horner, 2009). It is designed to support all students with a range of needs to succeed, including those who are at risk for academic failure (Brown-Chidsey & Bickford, 2016), making it an inclusive model of education.

A large body of literature has found a strong correlation between RTI implementation and learning outcomes (Hattie, 2023; Poon-McBrayer, 2018; Vaughn et al, 2010; Vijayan & Naomi, 2017). Some studies have presented contradictory results (Gersten et al, 2017; Sparks, 2015), but their findings warrant a more critical review considering limitations in research methodology along with variability and low fidelity of RTI implementation at the sample sites (Berkeley et al, 2020; Fuchs & Fuchs, 2017; Shepley et al, 2022).

The key processes involved in the RTI model (Choi et al, 2020; Nilvius et al, 2021; Shepley & Grisham-Brown, 2019) include (a) universal screening for all students to identify early signs of risk; (b) use of evidence-based instructional and intervention practices; (c) a tiered model of instruction and intervention that increases in intensity, frequency, and duration to target the needs of all learners; (d) progress monitoring at every stage to assess the effectiveness of interventions; (e) collaborative problem-solving by multidisciplinary teams; and (f) continuously assessing and ensuring that the models are being implemented with fidelity.

RTI and Reading

RTI provides a key structure for implementation of reading programs using evidence-based instructional practices. In addition to promoting reading development for the majority of students (Vellutino et al, 2006), the model also encourages schools to consider how to best serve specific students by differentiating instruction at the tiers. As Fuchs and Fuchs (2017) state, "All RTI systems should reflect a balance between what is effective and what is doable, and the balancing of the two should occur at the local level" (p. 266).

The need for early and intensive multitiered intervention programs is proven by the scientific literature showing that the reading difficulties of a large majority of students can be prevented if early and intensive interventions are provided (e.g., Vellutino et al, 2003). Thus, early identification of reading difficulties and providing appropriate support can result in significant academic improvement (Fuchs & Fuchs, 2006; National Reading Panel, 2000; Torgesen, 2002).

According to Fuchs and Fuchs (2011), universal screening and progress-monitoring data at Tier 1 provide information on the effectiveness of core reading instruction in addition to supporting early identification of reading difficulties and data-based decisions regarding reading intervention. Early identification and intervention through the advancing tiers in the RTI system is associated with significant improvements in reading achievement (Fletcher & Vaughn, 2009). For students who do not respond to intervention and are identified with a specific learning disability (SLD) in reading, prior instruction and interventions can guide the development of individualized educational programming (Gartland & Strosnider, 2020). Our goal through implementing this system at our school was to improve reading outcomes for all students, including students at risk for or identified with SLD.

RTI and Fidelity of Implementation

The outcomes of tiered RTI models depend on the fidelity with which the RTI process is operationalized (Sanetti et al, 2021). Instruction provided at Tiers 1, 2, and 3 must follow evidence-based practices that have been proven to work with the given population of students. Further, teachers need to receive with inservice training to meet the wide array of academic needs of all students in their classroom, including students who are at risk for disabilities and who are from culturally and linguistically diverse backgrounds (Cavendish et al, 2016). Finally, the efficacy of the program needs to be evaluated and changes in implementation need to be addressed as needed (Harn et al, 2013).

While the RTI model has been shown to have many benefits as a theoretical framework, its widespread adoption suffers from it not being a practical solution for many teachers and school districts because of the commitment and investment of time required at different levels of implementation (Berkeley et al, 2020). The unique contribution of this paper is to describe some of these frameworks and structures in one Indian schooling context with the hope that this can be extended to other schools in India.

Tier 2 Reading Interventions

Tier 2 interventions are critical to RTI frameworks. These interventions are designed for students who do not respond adequately to universal (Tier 1) instruction and require additional support to succeed academically and behaviorally. The present review explores the current research on Tier 2 interventions, focusing on best practices, their effectiveness, as well as implementation challenges.

Best Practices. In the first tier, an evidence-based core reading curriculum is presented in whole or small groups. In addition to choosing an appropriate curriculum, this involves progress monitoring to ensure students are meeting grade-level reading standards and instructional planning for all students (Fuchs & Fuchs, 2006). In general, 25% of students might not respond to the curriculum and would need to receive Tier 2 interventions delivered predominantly in small-group formats, and with more frequent progress monitoring (Joseph et al, 2014). Such interventions include targeted programs and strategies that address specific needs of the students by supplementing more intensively the curriculum that students received in Tier 1. One example from our study is using different colored boxes that represent different sounds and introducing one sound at a time till all students in the group have mastered it. Finally, approximately 10% of students might not respond to this intervention and might need more intensive individualized interventions at the Tier 3 level (Fuchs et al, 2010). One example of this might be using repeated readings and phrase drills to improve fluency. Two types of data are gathered on a daily basis to chart progress: Formative data to help determine instructional

and intervention planning and summative data to help determine movement between tiers (Joseph et al, 2014).

Effectiveness. Research on the effectiveness of Tier 2 interventions has consistently shown that they can effectively address the needs of students who struggle with reading. For example, Vaughn et al (2019) found that students receiving Tier 2 reading interventions significantly improved reading fluency and comprehension compared to those receiving only Tier 1 instruction. Similarly, a meta-analysis by Wanzek and Vaughn (2007) demonstrated the effectiveness of small-group reading interventions for elementary students, particularly those at risk for reading difficulties.

Best practices for Tier 2 interventions emphasize the importance of early identification, data-driven decision-making, and ongoing progress monitoring. Furthermore, interventions should be flexible and allow for adjustments based on student progress.

Implementation Challenges. The literature indicates that while Tier 2 interventions can be highly effective, their success depends on proper implementation. One significant issue is the need for additional resources, such as time, trained personnel, and instructional materials. For example, a study by Fuchs and Vaughn (2012) highlighted that schools frequently need help to provide adequate support for Tier 2 interventions due to these limitations. Additionally, inconsistent data collection and progress monitoring can hinder interventions' effectiveness (Barnett et al, 2006). Such variability in implementation can result in uneven outcomes for students, reducing the overall impact of the interventions. Furthermore, staff may struggle to maintain fidelity to the intervention protocols without a systematic approach to training and support. Addressing these challenges requires a concerted effort to allocate the necessary resources and establish robust systems for monitoring and evaluation.

Berkeley et al (2020) echoed similar concerns regarding the challenges of implementing Tier 2 interventions. The authors found that while schools have made strides in RTI implementation, the lack of resources, such as adequate staffing and instructional time, continues to impede progress. The study also emphasized that inconsistent application of progress-monitoring tools further complicates the effectiveness of Tier 2 interventions. That is, structural barriers remain significant obstacles despite the widespread adoption of RTI frameworks.

In sum, Tier 2 interventions are vital in supporting students who require additional help beyond Tier 1 instruction. By addressing implementation challenges and adhering to best practices, schools can improve outcomes for students at risk for academic difficulties. Continued research and resource investment are necessary to ensure the sustainability and success of these interventions. Moreover, fidelity of Tier 1 and Tier 2 interventions prevent students from being placed in Tier 3, which in turn, reduces the risk of students being misidentified or over-represented as having learning

disabilities and qualifying for special education services (Fuchs & Fuchs, 2006; Vaughan et al, 2019).

Indian Context

Private Schools and English Language Education

According to the Annual Status of Education Report (ASER Centre, 2018), 80% of schools in India are government schools. However, because of the poor quality of education in these schools, nearly half of all students in India attend private schools (Ministry of Education, 2019). These schools have a broad range of tuition fees, starting at ₹2,400 (around USD \$29) annually and reaching up to ₹24,00,000 (about USD \$29,000) per year. Despite this wide range, only about 9% of schools charge more than ₹24,000 (approximately USD \$289) annually (Ministry of Statistics and Programme Implementation, 2019). In 2016, more than 50% of children (27 million) attended private schools in urban centers (ASER Centre, 2018).

The private schools typically follow an international, national, or state-level standardized curriculum, and the medium of instruction in these schools is usually English. In contrast, government schools typically follow a state-level curriculum and the medium of instruction is usually in the state language. It is estimated that 90 million children in India are being formally schooled in English (Kalia, 2007). According to Ramanathan and Atkinson (1999), a key assumption has been that the inner-circle countries (Britain, U.S., Canada, Australia, and New Zealand) with native speakers of the language set English standards for post-colonial countries in the outer circle (e.g., India, Kenya, Uganda), where English is used non-natively but extensively and has been given official language status.

The schools in India typically follow a three-language formula (Aggarwal, 1991) that is ratified by the National Curriculum Framework 2005 (Ramachandran et al, 2005). The first is the language of instruction (one of the official languages, English or Hindi); the second is the official language; that is, not the language of instruction (English or Hindi), which is introduced by Grade 5; and the third language is the state language, which is introduced by Grade 7 (Ramachandran et al, 2005). An additional complexity is that in most urban centers, a child's home language may differ from the national or state languages introduced in school. In general, parents in India have a choice of enrolling their children in English, Hindi, or the state language as the medium of instruction (in Maharashtra, where our school is located, the state language is Marathi), and that language serves as the link language and dominant language for literacy.

Reading Instruction and Assessment

The predominant method used to teach reading in India is the alphabet-spelling method (Gupta, 2014). Students are taught letter names and how to spell out words and, therefore,

bypass the sound structure of the language, acquiring new words by sight-word recognition instead. Students are expected to learn "common" words as a whole and to recognize new, unfamiliar words by rote memorization (Annamalai, 2004). In a similar way, students move from learning letter names and words to learning sentences by rote (Dixon et al, 2011). Thus, they are not taught how to blend or segment letter sounds into words and can only read words that are familiar to them, with limited comprehension.

Further, it is common for teachers in Indian classrooms to teach reading by focusing on written products, such as copying from the board and choral recitation, rather than comprehension. One teacher in Gupta's (2014) study reported: "These children are not reading because they are not copying the letters. In class, teachers used terms that are central to initial reading – picture, word, letter, sound and spelling – interchangeably" (p. 3912).

Dixon et al (2011) introduced phonics-based instruction in English-medium low-income private schools in Hyderabad, India. A control group received traditional English instruction involving rote learning and whole-word recognition and the experimental group received phonics-based instruction. Findings showed a statistically significant difference between the two groups, with the experimental group performing better on measures of reading, spelling, and sounding out letters and words (Dixon et al, 2011).

Similar findings have been reported for students attending rural schools in India (Gupta, 2014). For example, Nishanimut et al (2013) introduced a phonics approach in the students' second language (L2; English), where letter sounds were represented by the symbols used in the child's first language (L1; Kannada). Results showed that tapping into their L1 reading instruction helped students learn English better than phonics-based instruction programs in English alone.

Only a limited number of studies have been conducted in the area of reading instruction in India in the last few years. To address this gap, Shenoy et al (2022) have recently published a paper. Using DIBELSNext measures (Good et al, 2011) to observe reading progress, we found that students who received both one and two years of phonics instruction in preschool significantly outperformed those who did not receive any phonics instruction on all the literacy skills assessed. Moreover, the incidence of students being at risk for reading difficulties was reduced significantly with an increase in years of phonics instruction. Beyond this, as far as we know, no other reading instruction programs have been researched within the Indian context.

Context of Present Study and Research Question

Purpose and Importance of Study

This study explored the implementation of Tier 2 reading interventions in Grades K-8 in a private school located in Mumbai, India. In 2019, the school adopted an RTI model to address the needs of all its students. During the first two

years, we established a framework for Tier 1 reading instruction; during the third year, we established frameworks for Tier 2 and Tier 3 reading intervention. The implementation of Tier 1 reading instruction models, student outcomes, and fidelity of this model in the Indian context were reported in Zahedi et al (2022), Shenoy et al (2022), and Zahedi et al (2025), respectively.

The present paper describes the nature and implementation of RTI at the Tier 2 level of support. We believe our findings will be valuable to practitioners and policymakers, given the limited number of implementation studies within specific systems in the international literature (Fuchs & Fuchs, 2006; Ruffini et al, 2016) and the absence of such studies from the Indian context. The study might be particularly relevant to institutions and countries with similar constraints and affordances as we see in India, but can be extended in application to other international contexts as well (United Nations Educational, Scientific and Cultural Organization [UNESCO], 1994), and the inclusive principles underlying such a framework can in some senses transcend culture and context (Kurowski et al, 2022).

School Context

Though we report on Tier 2 interventions in Grades K-8, the larger context for our study is a school network of three private pre K-10 schools located across Mumbai, India. At the time of the study, the network of schools had a total of 171 teachers and 7 special education needs team members. Out of a student count of 3129 from Pre-K to Grade 10 across three school sites, a total of 297 students were receiving either Tier 2 or Tier 3 level support; the latter were the students represented in the sample for this study. English is the medium of instruction at the school, which is affiliated with the Indian Certificate of Secondary Education Examination (ICSE) board, a well-known board with over 2300 affiliated schools worldwide. The annual tuition fees of between ₹75,000 and ₹114,000 (approximately USD \$900 to USD \$1400) at the time of the study, places the school in the moderate to mid-cost category.

Foundational structures required to support RTI were systematically put in place within the school network starting in 2020 through a phase-wise approach where the initial focus was placed on supporting foundational literacy, to be followed by foundational math and positive behavioral interventions and supports. Our study was focused on the implementation of RTI with respect to foundational literacy during the academic year 2023–2024.

Student Demographics. Our students come from varied home-language backgrounds; 21 Indian languages are listed as home languages for our current student population. Beyond their home languages, several of our students are multilingual, having picked up various languages from their neighbors and friends. We do not have accommodations in place to support the large number of languages that our students

are exposed to in their environment. Moreover, English is the link language at school, and several of our families use it as the language for literacy in their homes. Since it is a private school, our students come from similar SES backgrounds to be able to afford the tuition fees, but we have not collected specific data on this.

Out of the 297 students receiving Tier 2 and Tier 3 interventions, 186 (63.26%) were male and 111 (37.37%) were female. Moreover, 57 students (19.19%) had identified disabilities; 241 (81.14%) did not. Out of the 57 students, the most prevalent disability was autism spectrum disorder (42.11%), followed by learning disability (29.82%) and attention deficit-hyperactivity disorder (17.54%). Additionally, sensory-motor disorders accounted for 8.75% and panic disorder accounted for 1.75% of the population of students with disabilities.

Research Question

Based on the background provided, our research question was the following: How did the school network implement systems-level changes to support Tier 2 reading interventions?

Process and Implementation of Systems-Level Changes

RTI Framework and Movement Between Tiers

At the Tier 1 level, we followed the following steps:

- (a) The core curriculum was a synthetic phonics program in preschool and K that teachers were trained in as a move away from the alphabet-spelling method (Gupta, 2014) and a literacy program aligned with the ICSE board from Grade 1 onwards.
- (b) Universal screening of foundational literacy skills for all students from K-8 was conducted twice a year to identify students who were not responding to classroom instruction.
- (c) A data analytics team (DAT) compiled and visualized data from formal (curriculum-based measures), informal (classroom data), and extant data sources (observations, parent and teacher questionnaires) to support analysis and decision-making by instructional leaders.
- (d) Progress-monitoring data were used to create student support plans (SSPs) and individualized education programs.
- (e) Decisions to move students between tiers were made by a team consisting of the following stakeholders: head of the special education department, parents, homeroom teachers, subject teachers, and grade coordinators.

At the Tier 2 level, we followed the following steps:

- (a) Interventions supplemented the core curriculum and were standardized.

- (b) Group sizes varied from 5 to 7 students.
- (c) Groups were led by special educators, who offered both “push-in” support in the general education classrooms and online interventions after school to be more consistent with the dosage.
- (d) Progress-monitoring data were collected on a weekly basis. If students were not responding to group interventions, they were referred for Tier 3 (individualized) interventions.

At the Tier 3 level, we followed the following steps:

- (a) Interventions were individualized and more intensive than those provided to Tier 2 students; supports included altering classroom assessments, and accommodations like providing a writer for assessments.
- (b) Data were collected on a daily basis to assess growth.
- (c) Data-based decisions were again made by a group of stakeholders.

Context-Specific Instructional Changes

In the United States, Tier 1 and Tier 2 usually fall with the purview of the general education classroom teacher. In our context, general education teachers were only responsible for Tier 1 instruction. This is because they have large class sizes (the teacher–student ratio is 1:40) and they teach anywhere between 2 and 5 classes (between 80 and 200 students in total). They also have about 25% of their time open for planning and review of student work. The large number of students in a class and large number of classes taught makes it infeasible for the general education teacher to systematically conduct Tier 2 interventions for students. Therefore, they were conducted by our Learning Support Team (LST) in close collaboration with the Tier 1 teachers.

Micro and Macro Levels of Change

The micro level of change, pertaining specifically to Tier 2 reading interventions, focused on universal screening and data-based decision-making, systematic intervention for strategic support, and team collaboration for coordinated support. Typically led by specialist leaders, this level of change operated on shorter cycles, typically aligned with the academic year, requiring flexibility to adapt decisions based on emerging student needs and real-time input from stakeholders who work closely with students, such as teachers, interventionists, parents, and collaborating staff.

In contrast, the macro level of change, which was more school leader-driven, emphasized fostering an inclusive school culture, strengthening leadership, building team capacity, and driving continuous improvement. This level involved long-term planning, often spanning multiple academic years, with a focus on systemic shifts that require

consistency and sustained commitment. Decisions were informed by schoolwide data, institutional priorities, and leadership vision to ensure long-term alignment with educational goals.

While both levels are essential, the micro level drives immediate instructional impact, whereas the macro level builds the foundation for lasting schoolwide success. These system level changes are illustrated in Figure 1.

Micro Level

Universal Screening and Data-Based Decision-Making

Screening Tools and Procedures. We utilized the easyCBM (Anderson et al, 2011) as our schoolwide progress-monitoring tool for Grades K-8 (see example of results in Appendix A). We administered it twice a year, at the beginning of the school year in April and the middle of the school year in October. This effort was led by the Universal Screening Task Force, which was recruited to oversee the planning and implementation of the screening process.

First, this included scheduling, room assignment, setting up devices for the online administration, and printing out assessor copies of individual administration of tests. Second, it included teacher training at the beginning of the academic year, with an opportunity for new teachers to practice the administration and get feedback on it. Third, it included overseeing the administration of tests at a schoolwide level, which was led by the task force but supported by the entire school team. For example, the school leaders supported the team with scheduling, room assignment, and technology issues; the English language teachers administered the assessments to most students; and the special educators administered the assessments to a few students as needed. The team provided observations and feedback to all teachers to maintain fidelity of the administration procedures. Moreover, new teachers shadowed experienced teachers while they administered the test to 8–10 students before they administered the assessments individually.

Preparing Data, Identifying Needs, and Making Decisions. In addition to the easyCBM portal (see example of results in Appendix A), which provides an overview of risk levels at the individual and grade level, our school’s DAT created visuals of the data to inform Tier 1 practices in reading and math and to identify students who might need additional support across Tiers 1, 2, and 3. Next, the special education team reviewed the universal screening data and triangulated it with other data sources such as classroom data from ongoing Tier 1 assessments, qualitative descriptions from teachers about student performance in their class, and individualized student observations to confirm at-risk status. Based on this, they made informed decisions about which students could continue to receive Tier 1 support and which students might need to be added to their caseloads for interventions at the Tier 2 and Tier 3 levels. We first listed students classified as “high risk” and “some risk” on easyCBM, then

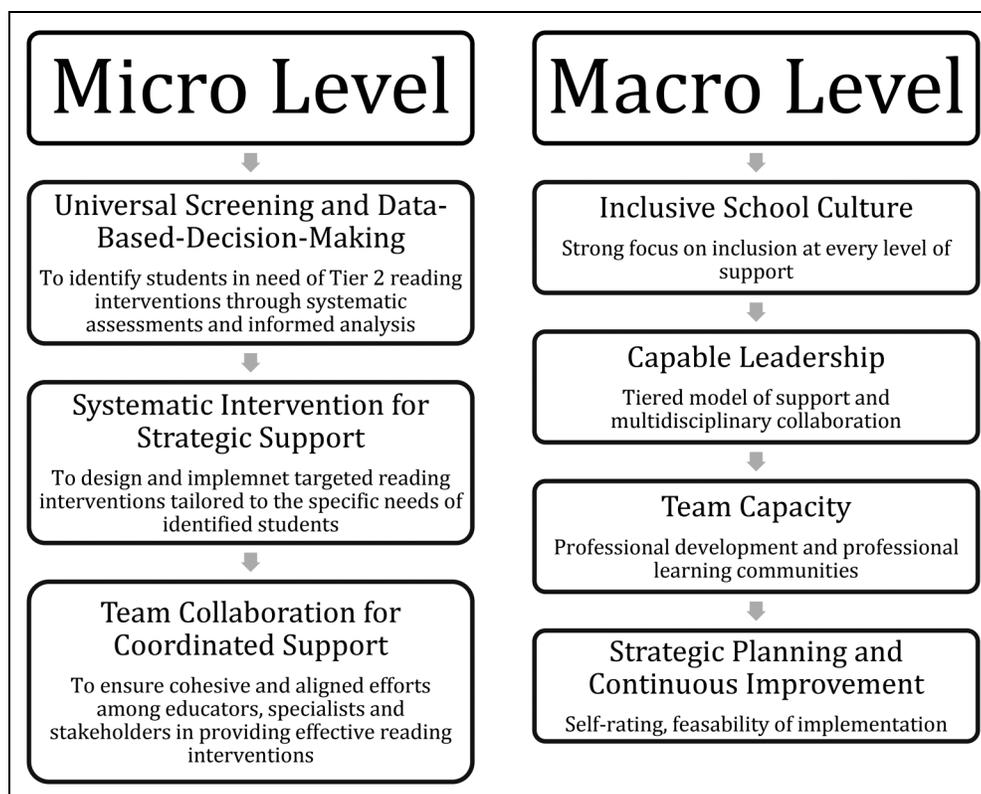


Figure 1. Micro and Macro Levels of Change.

triangulated this with their classroom data from Tier 1 and qualitative descriptions about performance from homeroom teachers, to see who might need Tier 2 services. In some cases, when the data were not conclusive, we worked with students one-on-one to confirm our decisions.

Tier 2 Intervention Grouping and Format. Students receiving Tier 2 services were categorized based on targeted grade level (e.g., a child who is 0–10th percentile—that is, high risk—begins at least two grade levels below their current grade level) and targeted skill areas (e.g., decoding, fluency, comprehension). Intervention groups were created based on goals (grade and skill levels), feasibility (number of special educators available, their skill sets, and number of time slots available for both students and teachers), and scheduling.

However, the most important factor was scheduling of small-group interventions that occurred online after school. The reason for this format was to accommodate students so they could go home by the school bus and did not require parents to make alternate arrangements to pick them up, thereby increasing the chance of consistent participation in the intervention. Moreover, special educators were able to work with two to three different groups at different times online, rather than making students wait their turn on school premises or return for a later session.

The after-school online model was introduced to increase the frequency and consistency of interventions. While the

team recognized that they were trading off in-person, hands-on sessions with online sessions, it was an intentional choice to prioritize consistency of the interventions. This format required a significant amount of coordination between multiple stakeholders at the school level and home (i.e., special educators, school leaders, recruitment team, administrative staff, and parents). Some challenges still exist, including irregularity because of conflicting extracurricular activities after school; multiple scheduling and adjustment requests that need to be accommodated; technology issues; some students attending irregularly because the program is free; and group sizes above the desired size of 5–6 students.

Systematic Intervention for Strategic Support

Goal Setting. Based on our early literacy screening data, which included observations, we identified: (a) current levels of functioning and baseline reading abilities; (b) targeted grade levels where instruction should begin (e.g., child might be in Grade 2 but is reading at a kindergarten level); and (c) specific reading skills to address (e.g., decoding, phonics, word complexity, pace, error recognition) (see Appendix B). Triangulating these data, we identified individual goals per student. Students with similar goals were then grouped together to form groups of 3–10 students per group depending on need. In general, goals for Grades K–4 were focused on foundational literacy and those in Grades

5–10 were focused on academic literacy that target academic content and test-taking skills.

Intervention Design. We developed annual goals for each intervention group, which were further broken down into monthly and weekly goals. Special educators were supported through professional development on how to develop and implement interventions for Grades K–4 and 5–10 at the beginning of the school year. They were trained on a developmental sequence for literacy goals, sample resources to develop intervention plans by referring to what was done the previous year, protocols on how to create these intervention plans, and resources for teaching (e.g., flash cards, presentation) (see Appendix C). Throughout the year, the special educators also participated in professional learning communities (PLCs) where peers could support them and leaders could model and provide feedback on practices. In addition, we scheduled weekly meetings where special educators met with their department head to discuss cases and practices. Finally, parents and guardians were provided with supplementary resources to support the child with their literacy goals at home.

Intervention Implementation and Progress Monitoring. Our interventions were implemented in two ways: online small-group interventions and needs-based push-in services. The former were scheduled after school, for 30 min twice a week. They were structured around the following components: setting an expectation/goal, review of previous skills learned, explicit instruction (I do–We do–You do), and reflection on gain attainment for the day. The latter were scheduled in the students’ classrooms, in line with their needs; students who required targeted transfer of skills in a classroom setting

might be identified for “push-in” support where the special educator supports them one-on-one in the classroom.

Our progress-monitoring data were collected in two ways: ongoing qualitative reflections and structured progress-monitoring assessments. For the former, special educators documented a short reflection for every student in the group after every intervention session. This was, in turn, documented in the monthly plan. For the latter, we used easyCBM progress-monitoring assessments at the targeted grade level, which were administered roughly once every five weeks. The progress-monitoring data were only collected for students in Grades K–4, where foundational literacy was the primary goal. The sessions were recorded, and the special educator made qualitative observations and notes on the students’ progress during these assessments.

Reflection and Iteration. If the progress-monitoring assessments indicated that the child had progressed, typically to the 50th percentile of the targeted skill on two consecutive progress-monitoring tests, we moved them to a more advanced group. Based on Tier 1 performance during the year, teachers may bring up additional students for support. These students’ needs are evaluated based on observations, internal assessment data, available universal screening data, and additional targeted assessments as needed. The special education team used the process listed in Figure 2 to determine if the child needs Tier 1 or Tier 2 additional supports and made data-based decisions accordingly.

Team Collaboration for Coordinated Support

Tier 2 Team Collaboration at School. The RTI school team was structured into two teams: (a) a specialist team (the LST)

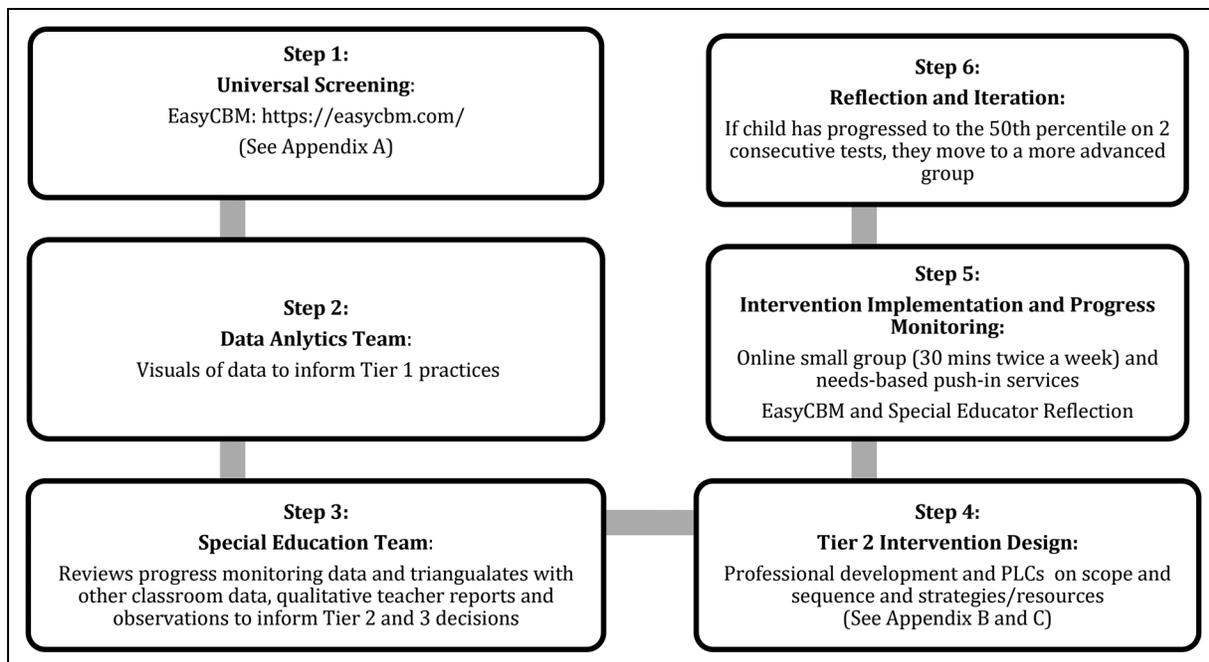


Figure 2. Process Used by The Special Education Team to Make Data-Based Decisions and Placement in Tiers.

of special educators and counselors, who led the Tier 2 and Tier 3 programs; and (b) a core teaching team, consisting of leaders, coordinators, and teachers, who led the Tier 1 programs. Both teams worked in close collaboration with each other to implement a model that served all students. Both teams had access to key information regarding curriculum and progress monitoring across tiers. The LST had access to the digital version of the core curriculum and resources, while teachers had access to the SSPs, which detail the goals and strategies for students receiving Tier 2 support. Moreover, both teams had access to the student learning data so they could monitor student progress across tiers.

The LST consulted with leaders to understand the Tier 1 core curriculum and used it to make decisions about identifying core study material and key vocabulary instruction, provided targeted support in reading comprehension, and designed targeted supplementary study material.

The homeroom teachers had a clearly defined process for seeking additional support for students, as well as a document detailing the breakdown of responsibilities to ensure students have access to education in their least restrictive environments (see Appendix D for more details). They also had access to a PLC, a proactive, biweekly meeting where teachers and relevant LST specialists analyzed the Tier 1 practices that were relevant for the grade/subject area and provided strategies and support that would help students realize their Tier 2 goals.

The learning specialists often checked in with the homeroom teachers on specific students to discuss observations on the student progress, parent input, and strategies that might facilitate student learning at Tier 1 or Tier 2. They also followed up through email communications to keep team members in the loop about updates and decisions regarding Tier 2, including goals, interventions, home plans, progress updates, and/or accommodations and modifications to support plans. Specialists often encourage teachers to share specific “hurrahs” for students who have made progress in their homeroom academic goals.

Learning specialists were also instrumental in supporting other accommodations, such as examination accommodations, which include readers, writers, prompters, and spaces. Exam norms stipulated that only a student from a lower grade could serve as a reader/writer for high school students. The team and parent community worked together to find volunteers to play these roles. They also supported in-class technology accommodations as student devices were used to support accessibility, such as text-to-speech. Finally, they support subject head teachers to create schedules for extra academic support for examinations after school for older students.

Parent and External Expert Collaboration. Parents were on-boarded with an overview of the student’s current profile and needs, and an explanation of the purpose and kinds of Tier 2 supports offered. This was followed up by a phone call to the parents. Next, parents met with teachers

four times a year during parent–teacher meetings and may request to meet with the learning specialist during these times. In addition, parents, coordinators, teachers, or learning specialists may call for a needs-based meeting to discuss any emergent needs. Finally, email updates were sent out to parents every three months with information on interventions and progress reports for students receiving Tier 2 and Tier 3 services. Home plans were shared with parents; these were related to goals addressed in the intervention for extra practice. In some cases, students required professional services outside of school. In such instances, the LST members worked with a multidisciplinary team, including therapists or tutors, to promote an alignment of goals and strategies as well as address the needs of the whole child.

Macro Level

Inclusive Culture. The school made an intentional effort to create and promote an inclusive culture through communication and sharing. The leaders and LST members invested in communicating the following key messages: (a) inclusion means serving ALL our students effectively (i.e., every student gets what they need); (b) inclusion is a team effort; and (c) be patient: change takes time. We are running a marathon, not a sprint.

Leaders took time to educate the team, board, parents, and other stakeholders about Tier 2 initiatives and their impact. The message of inclusion reached the team via professional development efforts as well as proactive presentations by school leaders in meetings where the entire staff was present. Considerable time was spent on reflection on inclusive practices and building a shared understanding about the best approaches, referring to data when needed. Information sessions were held consistently for parents whose children were receiving Tier 2 support to help them understand the practices and purpose. Finally, the LST conducted orientation sessions for the school support staff who interact with the children in the local language, Hindi, as most of them do not speak the language of instruction, English.

Capable Leadership. The leadership at the school was highly committed to inclusion, and the key leaders, including the school board, expressed this commitment in communications and literature related to the school’s approach. School policies and practices were specifically designed to support inclusion: Admissions, examination policies, and staff requirements all reflected this practice. A tiered model of support and multidisciplinary collaboration was used to realize this universal practice in the school. For example, in order to set up the Tier 2 after-school intervention program, the leadership supported changes in the hiring policy and teacher work timings, as well as parent and team communications for buy-in and support. In addition, several of the leaders, including the director of education and research, the school director, the head of special education, the head of counseling, and one apex school leader, all had 3–8 years of experience in a special education

school prior to working at our school, which contributed greatly to the team's ability to drive systemic change.

The leaders at the school exceed the expertise levels of other schools in Mumbai in the same tuition bracket. For example, the head of special education has specialized qualifications (i.e., master's degrees) from a reputable institution and has experience working in a school setting that matches this level of expertise. Deliberate team planning involved determining an optimal number of special educator-to-student ratio to improve the efficacy of methods implemented at Tier 2. The school has also allocated funds for a universal screening system and licenses and intervention resources. In addition, the LST has a resource budget like other departments in the school.

Team Capacity. Special educators, like other teachers at the school, had 14 days allocated towards professional development in the school year, during which time students are not present. They engaged in disciplinary professional development in special education-related webinars and workshops on relevant professional development in Tier 1 instruction. Examples of Tier 1 professional development included workshops on reading comprehension strategies, curriculum overview, positive discipline, and so on. All teachers completed mandatory courses on inclusion when recruited to the school. Teachers were also given an opportunity to access special education courses if they were interested in learning more.

Special educators participated in a weekly PLCs, where they engaged in (a) planning interventions and student supports; (b) a shared platform for continued learning and reflection on practices; and (c) review of student data. Planning activities included reviewing teacher resources, sharing of resources created by different members, demonstrations of interventions/teaching strategies, and discussion on alignment with Tier 1 curricula and accommodations. Learning and reflection activities included watching a model video of interventions and discussing, or presenting, a practice and getting feedback from peers. Reviewing student data consisted of organization and triangulation of data to track progress; data might include universal screening data, intervention attendance, progress-monitoring data, student observations, and so on.

In addition, special educators might attend Tier 1 PLCs as needed to understand practices and curricula and share information or problem-solve related to certain students or classes. The head of special education also attended a RTI Network Learning Community with other school leaders, such as the principal, grade coordinators and director of academics, to prioritize program-related items, tiered systems of support, and offer consultation with specific challenges.

The head of special education and special education mentor teachers observed special educators conducting interventions, both online and in person, to provide feedback on their practices. In some cases, peers are encouraged to watch other special educators conduct intervention sessions

for the purpose of learning. In addition to the structured PLCs and observations, team members received mentoring and/or coaching on a one-on-one basis as needed.

Strategic Planning and Continuous Improvement. As part of the organization's annual strategic review, the LST reviewed program-level data to make strategic decisions about improvements to the program over short- and long-term goals. For example, the LST and school leaders reflected on the RTI program annually by completing a self-rating using the RTI rubric (American Institute for Research, 2023). Findings are recorded as Objectives and Key Results in the subsequent year's strategic plan to ensure systematic and coordinated action as well as feasibility of implementation.

Looking Ahead

This paper has reported on the systems-level changes that were implemented in a school in Mumbai to establish a working RTI model and provide students with reading interventions within this context. We have previously presented student outcomes from this work in Zahedi et al (2022) and the fidelity of the RTI model in Zahedi et al (2025, in review). While both those papers were written for researchers in the field, the present paper is aimed at practitioners to shed light on the "how-to" process of RTI implementation, which we believe is as important as the outcomes of the study. Specifically, we wanted to highlight the effort at every level of implementation, from universal screening to professional development to tracking student growth and collaboration between multiple units on the school site to ensure the best outcome for our students. We also wanted to highlight the conscious effort the school has made to ensure that inclusion is one of the core values of our school culture.

Our long-term goal is to use this learning to create a toolkit of practical resources for educators and practitioners trying to implement the RTI process in other Indian schools. Beyond this, we are interested in extending this work by creating a complete, comprehensive, and sustainable tiered model for math and behavior, while updating and improving the current reading model. We also hope to establish a seamless connection between RTI interventions to SLD evaluation and services. Our hope is that this model provides a structure that allows professionals trying to set up RTI models in schools in Mumbai and other parts of India some guidance and encouragement to do so. As more schools receive support and begin implementing high-quality RTI programs with fidelity, the efficacy of RTI models can be reevaluated for practice in the Indian context.

Conclusion

RTI is an inclusive model of education designed to meet the needs of all students. However, schools need to build supports at multiple levels to reap the true benefits of the model. In addition, a feasible and sustainable framework

can only be achieved by situating a RTI model within a specific context and addressing the unique needs of particular students and environments. To our knowledge, few, if any, studies have addressed the implementation of RTI in India. The present study was our effort to fill this gap in research and practice and to improve both teacher and student outcomes.

Data Availability

This paper does not report on any findings, so there is no dataset attached to it.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethics Approval and Informed Consent

This practice piece reports on a school-wide model to implement reading interventions. There was no data collection involved and no report of findings related to student or teacher outcomes. It was exempt from IRB approval and informed consent documentation.

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Supplemental Material

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