Academic and Behavioral Intervention Tools Chart
Review Process Frequently Asked Questions (FAQ)

1. **What does the TRC expect when evaluating pre-test equivalency for the Design standard?**

   To receive a full-bubble rating for the Design standard, the TRC requires that at pretreatment the program and control group had a mean standardized difference that fell within 0.25 standard deviations on measures used as covariates or on pretest measures also used as outcomes, and on demographic measures. However, if the mean difference on any of these measures was above 0.25 standard deviations, but there was no differential attrition, and the difference was controlled for in analyses, the study would also meet the criteria for a full bubble when considering pretest equivalency.

2. **What does the TRC expect when evaluating the rigor of quasi-experimental designs?**

   When evaluating quasi-experimental designs, the TRC asks that vendors provide evidence that at pretreatment program and control groups had a mean standardized difference that fell within 0.25 standard deviations on measures central to the study. The TRC will also accept evidence that program and control groups had a mean standardized difference that fell within 0.25 standard deviations on known predictors of student outcomes (for example, phoneme segmentation fluency or non-word fluency on DIBELS for K and 1 word reading would also be acceptable).

   Additionally, if initial analyses do not correctly account for clustering of data to meet the unit of analysis criterion, the TRC will accept evidence from reanalysis of data using a conservative default intraclass correlation coefficient (ICC) of 0.20.

3. **What does the TRC expect vendors to submit for fidelity of computer administered interventions?**

   For evidence of fidelity of computer administered interventions, the TRC requires that fidelity be observed with adequate intercoder agreement. Therefore, we ask vendors to submit either observation data on engagement of students, which demonstrates that students were in fact interacting with the content in the way they are supposed to, and/or data on observations conducted to confirm that the intervention is indeed being delivered as intended. For example, providing observational data on engagement with the program with evidence of intercoder agreement would satisfy requirements for fidelity of the computer administered intervention.
4. **For academic interventions, why is the TRC requesting vendors submit pre- and posttest data for students below the 20th percentile and between the 20th and 35th percentiles?**

These data will be used to calculate effect sizes to report intervention effects for students who may benefit from an *intervention* (i.e., students between the 35th and 20th percentiles; Tier 2) and students who may benefit from an *intensive intervention* (i.e., students at or below the 20th percentile; Tier 3). Readers of the tools chart can use these data to select the most effective interventions that matches the profile of their students.

5. **For behavior interventions, why is the TRC requesting vendors submit pre- and posttest data for students based on behavioral risk instead of percentile scores?**

While percentile scores can be used to disaggregate academic intervention data across various student groups, these data are not often available for behavioral intervention studies. As such, the TRC created definitions of behavioral risk to help disaggregate outcome data for behavioral interventions.

The table below provides definitions for each category of behavioral risk to help disaggregate outcome data.

<table>
<thead>
<tr>
<th>At Risk Subsample</th>
<th>High Risk Subsample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profile of individuals at risk who may benefit from the support of a targeted intervention (e.g., Tier 2)</td>
<td>Profile of individuals at high risk who may benefit from the support of an individualized, intensive intervention (e.g., Tier 3)</td>
</tr>
<tr>
<td>Office Discipline Referrals</td>
<td></td>
</tr>
<tr>
<td>1 in past month or 2-to-5 in previous year</td>
<td>2 or more in past month 6 or more in previous year</td>
</tr>
<tr>
<td>Behavioral Assessment</td>
<td></td>
</tr>
<tr>
<td>Score in At Risk category or Moderate category on at least one domain</td>
<td>Score in High Risk category on at least one domain</td>
</tr>
<tr>
<td>Response to Tiered Support</td>
<td></td>
</tr>
<tr>
<td>Non-response to Tier 1 universal behavior program</td>
<td>Non-response to Tier 2 targeted behavior intervention</td>
</tr>
<tr>
<td>Function of Behavior</td>
<td></td>
</tr>
<tr>
<td>An Indirect FBA is conducted to assess the function of behavior</td>
<td>A Descriptive FBA or Functional Analysis is conducted to assess the function of behavior</td>
</tr>
<tr>
<td><em>An Indirect FBA may include an interview, checklist, rating scale, or questionnaire. Examples include Functional Assessment Checklist for Teachers and Staff (FACTS); Functional Assessment Interview (FAI); Functional Analysis Screening Tool (FAST); Motivation Assessment Scale (MAS); Motivation Analysis Rating Scale (MARS); Problem Behavior Questionnaire (PBQ); Questions about Behavioral Function (QABF).</em></td>
<td><em>A Descriptive FBA includes direct observation of behavior under natural conditions. Examples include ABC data; scatterplots. A Functional Analysis (FA) is an experimental manipulation of the antecedents or consequences to observe conditions under which target behaviors are most likely to occur. Variations include Structural Analysis, Brief FA; Trial-based FA; Latency-based FA; Synthesized FA.</em></td>
</tr>
</tbody>
</table>
Note: The categories listed in the table above reflect our definitions of student factors related to outcomes for at risk and high risk students. If you are unable to provide evidence of risk aligned with the categories above, you may use an alternative rationale as to how students in the sample align with either category. Examples include presence of an IEP; disability label of Emotional Disturbance; a diagnosis of a behavior disorder (ADHD, CD, ODD); educational placement in resource room, self-contained classroom, or alternative school; behavior intervention plan (BIP) in place.

6. How does the TRC define targeted and broader measures for academic and behavioral interventions?

The submission form asks for all outcome measures used in your study. Measures must be classified as targeted, broader, or administrative data according to the following definitions.

Targeted measures assess outcomes, such as competencies or skills, which the program was directly targeted to improve.

In the academic domain, targeted measures typically are not the very items taught but rather novel items structured similarly to the content addressed in the program. For example, if a program taught word-attack skills, a targeted measure would be decoding of pseudo words. If a program taught comprehension of cause-effect passages, a targeted measure would be answering questions about cause-effect passages structured similarly to those used during intervention, but not including the very passages used for intervention.

In the behavioral domain, targeted measures evaluate aspects of external or internal behavior the program was directly targeted to improve and are operationally defined.

Broader measures assess outcomes that are related to the competencies or skills targeted by the program but not directly taught in the program.

In the academic domain, if a program taught word-level reading skill, a broader measure would be answering questions about passages the student reads. If a program taught calculation skill, a broader measure would be solving word problems that require the same kinds of calculation skill taught in the program.

In the behavioral domain, if a program taught a specific skill like on-task behavior in one classroom, a broader measure would be academic performance in that setting or on-task behavior in another setting.

Administrative data measures apply only to behavioral intervention tools and are measures such as office discipline referrals (ODRs) and graduation rates, which do not have psychometric properties as do other, more traditional targeted or broader measures.
Measures related to intervention implementation or process should NOT be included (e.g.,
treatment fidelity, social validity). Also, please note that the TRC reserves the right to
question and re-categorize measures based on the information provided.

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