

**CITY OF NORWALK  
BOARD OF EDUCATION  
CURRICULUM AND INSTRUCTION COMMITTEE  
REGULAR MEETING, MARCH 10 2015**

**ATTENDANCE:** Michael Lyons, Chairman, Sherelle Harris, Mike Barbis

**STAFF:** Dr. Maureen Ruby, Phd., Director K-5 Literacy, Tony Daddona, Deputy Superintendent

**OTHERS:** Joseph J. Giandurco, Ponus Social Studies Teacher , Howie Ziperstein, Cranbury 2<sup>nd</sup> Grade Teacher, Tina Saunders, Rowayton 4<sup>th</sup> Grade Teacher, Don Saunders, Parent, Sue Haynie, Parent Advocate

**CALL TO ORDER**

Mr. Lyons Called the meeting to order at 7:37 pm, a quorum was present.

**UPDATE ON K-5 LITERACY INITIATIVE**

Mr. Lyons introduced Dr. Ruby who was there to present an update on the K-5 Literacy Initiative. The K-5 Literacy Initiative was approved by the Board last Spring 2014 with a lot of money wrangled from the Capital Budget.

Dr. Ruby distributed packets of her presentation: an analysis of the current state of the K-5 Literacy Initiative implementation, including a PowerPoint presentation, and statistical charts breaking down reading test results.

Dr. Ruby began by saying that in talking about the K-5 literacy update, it was important to have a common understanding of assessment as assessment drives everything that we do. Kids who are struggling need a good assessment system.

She began to go through the PowerPoint presentation, and said a lot had been accomplished. She added that based on teacher surveys they have also implemented a train the trainer model, offering workshops for teachers. She said she would talk more later about consistent progress monitoring and said we are not where we need to be.

## **New Assessment Plan**

Dr. Ruby said she had met with Dr. Gillis in August to plan assessment measures, which both she and Dr. Gillis identified as a missing piece as part of the K-5 Literacy Initiative. She said she and Dr. Gillis came up with a comprehensive assessment plan. The two then met with the site directors who agreed the plan addressed missing pieces in the initiative and was necessary. However they decided some of the plans additions would only be optional for this year and mandatory next year. Dr. Ruby said this would not have been her decision, but did agree there was a lot on everyone's plate, so she understood the delay.

## **Benchmark, Diagnostic Testing, Progress Monitoring and Outcome Measures**

Dr. Ruby emphasized there was an important difference between curriculum based assessment, which is an umbrella term, and curriculum based measures which had a fluency component and were more specific. In terms of testing, Dr. Ruby said short assessment tests were critically important to measure benchmarks. She said even though the tests could be quite short they were accurate and also had predictive ability, and have been well-developed after 40 years of research. Dr. Ruby said that after benchmark testing, diagnostic testing is the next crucial step. Diagnostic testing pinpoints a student's particular deficiencies and help teachers tailor learning plans for students at all levels, without putting them in unnecessary programs.

Dr. Ruby continued and said after assessment and diagnostic testing progress monitoring was also essential. She likened it to a child with an ear infection who has to be retested to make sure the infection has cleared. After progress monitoring, outcome measures are the final step. Outcome measures can be end of unit tests or other summative assessments. She said that SPAC and CMT tests, although comprehensive, were not outcome measures for students as much as they were for the overall school program. CMT tests were about the health of the system and not the particular student.

Ms. Harris asked her to repeat her statement about CMT tests. Dr. Ruby reiterated that CMT tests were again about measuring the status of a system and not the student.

Dr. Ruby emphasized assessment tests were useless until acted upon. She said if you have data on kids who are not doing well and do nothing it is dangerous in terms of liability. She said data collected to enable instruction decisions must be triangulated, there should be different tests to ensure accuracy. She said you would never take one test to determine the student's ability that is best to have 3 tests. She said that there were sometimes false positives indicating a student was in trouble she would rather see the student be put in a place to get help, and then be taken out of it if deemed unnecessary, then to let any student fall through the cracks. She also said that universal assessment tests and benchmark testing were not part of the Journeys program. She said multiple pieces of evidence were necessary.

### **Goal for 80-90% of Students to be Served by Core Curriculum**

Dr. Ruby said it was not impossible to strive for 80-90% of kids to be at benchmark within the school-wide system. She said she had seen it happen in districts demographically similar to Norwalk. She said it was important to chip away at the problem and the goal is to have 85% of kindergartners be at benchmark.

Ms. Haynie asked if this goal for 85% of kindergartners was for the end of the year. Dr. Ruby said it was and said she knew it was possible. She gave an example of a first year kindergarten teacher with students who were all in the failing zone in terms of reading who managed to get all her kids up to standard. She said the teacher came to all the professional development seminars and was clearly dedicated.

Mr. Barbis asked which students would make up the 15% not at benchmark, special education Kids? Dr. Ruby, said no, not necessarily special education kids, but kids who needed targeted help like perhaps ESL students, or kids with behavioral problems.

### **Progress Monitoring Needs Improvement**

Dr. Ruby indicated the system was not progress monitoring the way it should. In November when she looked at the reports, she saw 0% of monitoring had been accomplished. She said she understood people had a lot going adjusting to the new system and things were getting better, However, work still needed to be done. She said without data you have nothing.

### **Common Interventions**

Dr. Ruby said that common interventions can be ineffective if not specific. For example a 3<sup>rd</sup> grader reading at a Kindergarten level should not be pulled out of 3<sup>rd</sup> grade instruction due to poor reading. Just because a child is not reading to grade level does not mean he or she can't comprehend other regular 3<sup>rd</sup> grade material. She emphasized that research-verified interventions require diagnostic information and progress monitoring. Interventions need to be evidence based and systematic.

### **Outcomes Driven Model**

Dr. Ruby said that years of major research have concluded that an outcomes driven model is best for reading instruction. DIBELS is based on an outcomes driven model. The process is cyclical from benchmark testing, diagnostics, support plans, progress monitoring, and so forth.

### **Progress Has Been Made, Yet Problems Exist**

Dr. Ruby indicated that consistency in testing, intervention practices and teacher training needs to be improved for the successful implementation of the program.

### **Need for Support Interventionists and Consistent Teacher Training**

Dr. Ruby said when she first took the job she assumed the schools already had reading interventionists in place, at least 4 per school. She was dismayed to find out otherwise. She said kids need extra support at all levels from critical advanced. She imagined the teachers would work with the neediest kids and the interventionists would help with the others. She said teacher training needs to be consistent and ongoing. She said teachers need to attend the professional development seminars. The data is only as good as the people collecting it. She says she gets a lot of email from teachers asking which kids might need IRTs.

### **Review of Test Data for all Elementary Schools**

Dr. Ruby asked the committee to look at data sheets of the test results she had provided (attached to end of this document). She said the scores broke down the number of kids below, at and above benchmark. She pointed out no school was at 85%.

Mr. Giandurco noted the vast discrepancies between the schools and wondered if the data was grounds for possible redistricting. He added as a middle-school teacher he was concerned he would be getting so many students from low scoring schools. Dr. Ruby said she did not know and it was not something she was involved in. Mr. Giandurco, noted that Fox Run, after 3 years of the program had gone from 60% to 70% at benchmark but was concerned for some of the other schools. Dr. Ruby said many different factors went into the data and it was hard to determine what might account for a schools success just by looking at data. Mr. Giandurco said data could be tortured to mean anything that you want.

Dr. Ruby said the TRC was not her favorite test. She said it took a lot of time to administer, however there did need to be a test that required teachers to listen to students read. Dr. Ruby said such a test did exist in DIBEL and the jury was still out on TRC. Ms. Harris asked if the TRC was a standardized test. Dr. Ruby replied it was not. Mr. Ziperstein noted it had a written component. Dr. Ruby said she was glad Mr. Ziperstein had brought up the written component. The written piece was important and a lot of kids could read proficiently but not write, and teachers often had to adjust. Mr. Ziperstein said it could be a long test of one particular child, particularly if the teacher had no idea where to start.

Dr. Ruby said this problem pointed to another issue, that each student needs a portfolio to pass on to teachers at each grade level, and that these portfolios were not uniformly available. Mr. Ziperstein pointed out even if this was the case there were still a lot of kids coming from different school districts and even countries. Dr. Ruby said, true, but kids in district needed portfolios. Mr. Giandurco said he got no paperwork for kids coming into middle school and it was troublesome. Dr. Ruby said paperwork needed to be consistent. Mr. Ziperstein said he was concerned there was a new SRBI form teachers did not know how to fill out. Dr. Ruby said that was because he missed training due to snow and he would be fine. Mr. Ziperstein said he was concerned with getting it done before school conferences. Dr. Ruby said he should be fine.

Dr. Ruby explained how the tests given during the course of the year are all equivalent. She said the test had to be the same to provide consistent measurement. She said what changed was the benchmark requirements, the benchmarks go up, the test stays the same. Mr. Barbis asked if this meant the curve got steeper.

Ms. Harris asked if there was an alternative to TRC. Dr. Ruby said there was. She said one school was experimenting with DIBELS progress monitoring instead. She said the district may have to use TRC as part of the grant, but it was worth looking at other options. She said DIBELS had a DORF (oral reading fluency test) and a DASE test. The DASE test was an excellent test but teachers didn't like it because often students did not do well.

Dr. Ruby noted that kids in 4<sup>th</sup> and 5<sup>th</sup> grade were not being tested before now. She also noted that test results for kids in 4 and 5 were not as strong as for the other grades. She noted how the data showed kids made huge improvements and some schools and other schools they dropped down. She said these inconsistencies could be due to a number of factors including an implementation dip.

### **Implementation Dip**

Dr. Ruby said an implementation dip is a natural recorded phenomenon which often follows the implementation of a new program or venture. She said she is encouraged to see scores stay basically the same as last year and not go too far down.

Mr. Barbis asked if she was not unhappy. Dr. Ruby replied she was not happy but not surprised. She does want more improvement. She is encouraged by Brookside going from 57% to 67%.

### **What Should be Done Going Forward**

Dr. Ruby said that testing, diagnostic testing in particular, needed to be done with more fidelity. She said teachers needed more leadership support and professional development to support the plans. She said there needed to be the appropriate number of staff. She said CIRC had been successful. Mr. Daddona said more CIRC training had been approved. Ms. Harris asked for which schools. Mr. Daddona said he was not certain but 8 schools would have access to training this year and 19 the following year. He also said part of the March 27 professional development day would involve a survey for teachers on the SRBI process to learn where help was needed.

Dr. Ruby presented a sample schedule for reading interventionists to work with students at each grade level throughout the day. She said 4 interventionists would be needed and could include reading teachers, tutors and para-professionals. These 4 staff would work with the teachers in each grade. Mr. Ziperstein indicated it would be 48 new staff at cost of \$2.2 million. Dr. Ruby said yes, it would cost \$2-3million. Mr. Ziperstein reading improvement schedule would also have to account for ELL and special ed. Dr. Ruby agreed and said what she had suggested was only a place holder.

Dr. Ruby concluded by saying believes in the program because she knows it works and it needs cheerleader and not naysayers. Her own personal experience started with her own child who was failing reading as a 7<sup>th</sup> grader. She has worked hard for him and for others and seen the program be successful. Ms. Harris asked if everyone needed so support the program how many teachers had bought in. Dr. Ruby said she was not certain but sees indication that schools are getting more involved, including several emails.

Mr. Ziperstein said we need to help get interventionists. Dr. Ruby said yes and they would have to be trained, however, he might curse the day he got them because they have to be managed. It is more help but more work.

Ms. Saunders says she thought teachers had bought it but buy in from the administrators was also important. Ms. Harris asked why principals would not want to buy in. Mr. Giandurco said it was a lot of work. He says he tried the best he could as a social studies teacher, but he had not been trained. He said every time you turn around there is something new coming at you. He said it had been overwhelming with curriculum changes, SRBI, and losing Dr. Rivera. He said he could not imagine being an elementary school teacher, he would quit, and had to hand it to Mr. Ziperstein and MS. Saunders.

Ms. Haynie asked if there were different certifications for literacy specialists. Dr. Ruby replied there used to be no standards but now a literacy specialist needs a 102 certification, a year of teaching as reading instructor, and then 12 credits for a 097 certification. Ms. Haynie asked if anything was changing with regard to the 097. Ms. Ruby said no but there were different proposals in the pipeline, including one to have a special certification for literacy coaches, proposed in 2010, that has not yet been passed in Hartford.

Mr. Barbis said he heard reading is one skill that does not come to you naturally. Dr. Ruby answered he was correct. That reading was a relatively new human skill. She said we were hard-wired for language but not reading...reading is phonic. She said just because you can read you can't teach reading. For older people the skills have become automatic. Kids need help...phonological awareness particularly important.

Ms. Haynie asked if diagnostic screening was all M-Class. Dr. Ruby said no, 4 measures was used and they were complicated to explain but she was welcome to visit and see them.

Mr. Barbis asked if this was Dr. Ruby's first request for funding for interventionists and if it was necessary to start coming up with the couple of million necessary. Dr. Ruby replied that the literacy goal would never be met without help.

Mr. Lyons thanked Dr. Ruby for her excellent report.

### **MEETING ADJOURNED 9:10**

Respectfully submitted,

A. Lund  
Telesco Secretarial Services