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Table Of Contents

Journal Cover	1
Author[s] Statement.....	3
Editorial Team	4
Article information	5
Check this article update (crossmark)	5
Check this article impact	5
Cite this article.....	5
Title page.....	6
Article Title	6
Author information	6
Abstract	6
Article content	8

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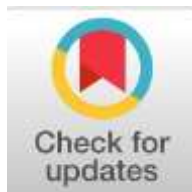
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Collaborative Response to Intervention Strategies for Dyslexic Junior High School Students: Strategi Response to Intervention Kolaboratif untuk Siswa Disleksia Sekolah Menengah Pertama

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Abstract

General Background Inclusive education systems must provide equitable learning opportunities and specialized support for learners with specific learning disabilities. **Specific Background** At SMP Negeri 3 Teluk Pandan, learners with dyslexia face persistent reading, spelling, and comprehension challenges without systematic early identification or structured individualized assistance. **Knowledge Gap** While tiered learning frameworks exist, the practical integration of structured multi-tier instructional models with organized educator-family partnerships within Indonesian secondary education settings remains underexplored. **Aims** This study investigates the application of a tiered instructional framework and the role of educator-family partnerships in supporting the academic activities of learners facing literacy challenges. **Results** Utilizing a qualitative case study design, the analysis revealed that tiered instructional delivery—ranging from universal classroom accommodations to intensive individualized support—promoted reading fluency, comprehension, and self-confidence. Collaborative planning and home-based reinforcement sustained these academic gains, despite institutional constraints such as limited instructional time, varying parental capacity, and heavy teaching workloads. **Novelty** This research specifically isolates the synergistic mechanism between school-based tiered accommodations and home-based parental reinforcement in diagnosing and addressing secondary education literacy deficits. **Implications** Educational institutions must institutionalize systematic screening protocols and dedicate resources for cross-stakeholder communication to ensure sustainable, adaptive, and inclusive learning environments for populations facing literacy disorders.

Highlights

- Tiered instructional delivery progressed reading fluency, text comprehension, and learner self-confidence.
- Active partnerships between educators and families successfully reinforced academic gains through consistent home-based practice.
- Institutional constraints, including limited teaching time and varying guardian capacity, challenged the continuous application of personalized assistance.

Keywords

Inclusive Education; Tiered Instructional Delivery; Reading Fluency; Educator-Family Partnerships; Literacy Deficits

INTRODUCTION

Inclusive education is an important paradigm in modern educational systems that emphasizes equal learning opportunities for all students, including those with specific learning disabilities such as dyslexia. Inclusive education is not only about access to education but about providing high quality educational services for the different needs of learners. The government's commitment to inclusive education in Indonesia has been shaped through a number of policies, including the Regulation of the Minister of National Education (Permendiknas) No. 70 of 2009 on Inclusive Education. However, the implementation of the policy encounters still considerable challenges, especially in the domains of early identification, suitable intervention, and coordination among stakeholders for the overall development of students. Dyslexia is one of the most common learning disabilities, but it is not addressed adequately. Dyslexia is a learning disorder that involves difficulty reading because of problems identifying speech sounds and learning how they relate to letters and words. Worldwide, between 5 and 15% of school-aged children experience dyslexia (IDA, 2017). Moreover, the Programme for International Student Assessment (PISA) 2022 indicated that almost 70% of Indonesian students did not reach the minimum proficiency level in reading literacy (OECD, 2023). These results indicate a serious literacy crisis that is often associated with learning difficulties such as dyslexia. Without systematic and sustained intervention, students with dyslexia are at significant risk for long-term academic problems and negative psychosocial outcomes.

One of the most widely used intervention models across the world is the response to intervention (RTI) framework. RTI is a multi-tier approach of combining continuous assessment and intervention to identify and help students who are struggling with learning. The model has three main levels: universal instruction (Level 1), targeted small-group intervention (Level 2), and intensive individualised intervention (Level 3) (Fuchs & Fuchs, 2006). RTI is robust in its data based decision making process and its ability to identify learning problems early on. However, the success of RTI implementation is dependent not only on instructional practices within the schools, but also on active parental involvement as collaborative partners throughout the intervention process. In the Indonesian context, RTI research has been gradually expanded, yet it is still relatively limited. According to Agustin (2025), the implementation of RTI in reading instruction led to significant improvements in students' literacy skills through tiered interventions based on individual needs. The study did not investigate parental involvement in the intervention process, however, and focused primarily on classroom implementation. Likewise, another research found that RTI provides the opportunity for teachers to modify instructional methods based on students' learning needs, making it more effective than traditional instructional methods (KIBASP, 2023). However, the study was still mainly conceptual, and did not provide empirical evidence of its practical use in schools.

Hidayat (2024) also commented that one of the main barriers to provide appropriate intervention is lack of knowledge of learning disabilities including dyslexia among teachers and parents. This finding highlights the importance of careful consideration of the design of any intervention framework and the preparedness and competencies of the stakeholders involved for the success of any intervention framework. Similarly, Faruq and Pratisti (2022) discussed the positive impact of multisensory instructional approaches on the reading skills of students with dyslexia. However, this study didn't adopt the RTI framework systematically. Together, these studies suggest that while a number of intervention strategies have been studied, the combination of RTI with organised collaboration between teachers and parents has been under-researched in the literature.

This problem is also felt in SMPN 3 Teluk Pandan. Early observations suggest that a number of students are still facing continuing difficulties with reading, reading comprehension and spelling which could indicate symptoms of dyslexia. But these students have not been systematically identified through early identification procedures. The instruction in the classroom is still general and it has not yet been adapted to the individual learning needs of learners. In addition, structured interventions based on the RTI framework have not been optimally conducted yet. Collaboration between teachers and parents is similarly limited, with communication on an incidental basis rather than through sustained and organised partnerships. The majority of parents lack knowledge about dyslexia and how to support learning in the home, resulting in inconsistent implementation of school-based interventions in the home. In addition, the absence of teachers' expertise in teaching students with learning disabilities and the lack of a systematic monitoring and evaluation framework have also limited the provision of effective educational support to students with dyslexia.

From the above discussion, it is evident that a significant gap in the research on the implementation of RTI in Indonesia, particularly at the junior secondary school level and within the context of collaborative partnerships between teachers and parents, still exists. Therefore, the importance of this study is that it seeks to investigate the application of the RTI framework in real educational contexts and the role played by teacher-parent collaboration in the effectiveness of interventions for students with dyslexia. The results are expected to bring theoretical and practical contributions. Theoretically, this study will contribute to the existing body of knowledge regarding the implementation of RTI in inclusive education in Indonesia. The results may serve as a valuable reference for classroom teachers, school counsellors and parents to design and implement effective and sustainable intervention programmes in practice. Furthermore, the study is expected to provide recommendations for schools and policymakers to develop more systematic, collaborative, and responsive inclusive education programmes that effectively address the diverse needs of dyslexic students.

METHOD

The study utilised a qualitative approach with a case study design to explore in depth the implementation of the Response to Intervention (RTI) framework in supporting students with dyslexia through teacher-parent collaboration. Given that a qualitative approach allows researchers to explore educational phenomena holistically within their natural settings, and to capture participants' experiences, perspectives and interactions, it was deemed suitable. The case study design was selected

as it enables an in-depth exploration of a bounded educational context so as to provide a holistic understanding of the implementation of RTI in practice and the role of collaboration among stakeholders in students' learning outcomes. The study was carried out at SMP Negeri 3 Teluk Pandan, Indonesia from April to June 2026. The school was purposely selected because it practices inclusive education and enrolls students identified as experiencing learning difficulties consistent with dyslexia. This context gave a good place to investigate RTI implementation in a real school setting.

Participants were selected through purposive sampling with the main criterion for selection being their direct involvement in the RTI implementation process. Participants included students with dyslexia, their classroom and subject teachers, and parents who were actively involved in supporting their learning. The main source of data was these participants. Secondary data were collected from instructional documents, reading assessment results, progress-monitoring records, students' learning products, individualised intervention records, teacher lesson plans, and other relevant school administrative documents. The use of multiple data sources provided a deeper insight into the intervention process and the possibility of triangulating data. Data were collected by means of classroom observations, semi-structured interviews and document analysis. Classroom observations were conducted to investigate the implementation of RTI across the three tiers of instruction (Tier 1, Tier 2, and Tier 3), student involvement during literacy instruction, teacher instructional strategies, and teacher-parent interactions. Field notes were systematically recorded during the observation process to capture instructional practices, students' responses and contextual factors influencing intervention implementation.

Teachers, parents and students were interviewed semi-structurely to investigate their experiences and perceptions about the implementation of RTI, collaborative practices, challenges encountered and students' progress in reading development. The semi-structured format of the interview enabled participants to elaborate on their experiences and maintain consistency on key research topics. We also used document analysis to analyse assessment records, intervention plans, progress-monitoring reports, students' written work, communication records between teachers and parents, and other supporting documents. These documents provided additional evidence to support findings from observations and interviews. To ensure the credibility of the results, we applied several validation methods. The data collected from students, teachers and parents were compared to obtain triangulation of sources. Triangulation was achieved through method triangulation by cross-checking findings from observations, interviews and document analysis and time triangulation through collection of data at different phases of the intervention process. In addition, member checking was done by asking participants to verify the interview summaries and initial interpretations for accuracy. The credibility, dependability, confirmability and transferability of the findings were also enhanced through prolonged engagement, persistent observation and the maintenance of an audit trail throughout the research process.

Data analysis followed Miles and Huberman's interactive model, which comprises data reduction, data display, and conclusion drawing/verification. Data reduction was the process of selecting, coding, categorising and organising the data into themes that emerged in relation to RTI implementation and collaboration between the teachers and parents. The data were then expressed in thematic matrices and narrative descriptions to facilitate interpretation. Finally, conclusions were developed and continually verified during the research process by comparing emerging themes against multiple data sources until a coherent and credible interpretation was reached. Data collection and data analysis took place concurrently and iteratively, so that new insights gained in the field could inform subsequent observations and interviews. Ethical considerations The study was conducted in accordance with all ethical considerations. The school administration granted permission, and informed consent was obtained from the teachers, parents, and legal guardians of the students prior to data collection. Participants were told the aims of the study, the voluntary nature of participation and their right to withdraw at any stage without penalty. All personal identities were anonymized so as to ensure the privacy of the participants. The data gathered was used exclusively for academic research.

RESULT AND DISCUSSION

Overview of the Research Setting

This section describes the research setting in general terms to give context to the implementation of the Response to Intervention (RTI) framework via teacher-parent collaboration in supporting students with dyslexia. Classroom observations, in-depth interviews with school stakeholders, and document analysis were used to collect the contextual information and to gain a comprehensive understanding of the school characteristics, student population, teaching staff, learning facilities, and practices of inclusive education. The research was conducted at SMP Negeri 3 Teluk Pandan, which is a public junior secondary school located in Teluk Pandan District, East Kutai Regency, East Kalimantan Province, Indonesia. The school was set up as an initiative by the local government to increase fair access to secondary education to communities within the Teluk Pandan area. The school has increased steadily in the number of students, teachers and facilities over the years. Apart from improving educational infrastructure, the school has consistently demonstrated its commitment to providing quality education for all learners irrespective of their academic ability, socioeconomic background or special educational needs. This commitment is reflected in the implementation of various inclusive education programmes to support diverse learning needs.

The school is situated at a strategic geographical location and is accessible to the students of several nearby villages. It is away from commercial areas and the relative quietness is good for learning. The school is connected with the district centre and the nearby residential communities with road networks and it is available the transportation to the school. The vision of the school is "to produce faithful, noble character, intelligent, skilled and independent students". To realise this vision, the school implements some strategic programmes such as religious and character building activities, studentcentered learning practices with an emphasis on literacy and numeracy, extracurricular development, transparent and accountable school

management, Project-Based Learning (PjBL), and environmental sustainability programmes. The school is committed to the academic success of its students and to their personal and social development, and these initiatives are part of that commitment.

Based on the data of the academic year 2025/2026, SMP Negeri 3 Teluk Pandan has 115 students in 6 classrooms. The number of students are 35 students of Grade VII, 44 students of Grade VIII, and 36 students of Grade IX. The student body is a diverse group with a range of social, economic, cultural and academic backgrounds. Some are learners who need extra educational support, including students showing signs of dyslexia. The current study focused primarily on these students because they were the ones who directly participated in the RTI intervention implemented by the school. The school has 14 educational personnel supporting the educational services. These are one principal, ten subject teachers, one school counsellor, one administrative staff and one supporting staff. In addition to providing subject matter instruction, teachers must also recognise learning difficulties, adapt instructional strategies, monitor students' academic progress, and work with parents to provide appropriate educational support. The school counsellor is instrumental in coordinating interventions, providing psychological support and fostering communication between teachers and families.

The school provides adequate educational facilities to support teaching and learning activities including classrooms, library, computer laboratory, science laboratory, teachers' offices, counselling room, sports facilities, prayer room, sanitation facilities and reliable internet access. Teachers also use a variety of instructional media, especially visual media, to help students learn academic content. These resources are particularly valuable for students with dyslexia, who often benefit from multisensory instructional approaches and visual supports during literacy instruction. As an inclusive school, SMP Negeri 3 Teluk Pandan has implemented several support services for students with various learning needs. These are: early identification and educational assessment, individualised academic assistance by classroom teachers and school counsellors, instructional modifications based on students' learning characteristics, remedial and enrichment programmes, continuous collaboration between teachers and parents, motivational and psychosocial support and regular monitoring of students' academic progress. While these support systems have been put in place, preliminary observations showed that the implementation of structured interventions such as the Response to Intervention (RTI) framework is still under continuous development. Also, teacher-parent collaboration, while practiced, has not yet been fully incorporated into a systematic intervention model. In general, the characteristics of SMP Negeri 3 Teluk Pandan make it an appropriate place to investigate the implementation of RTI in an inclusive education context. The presence of students with dyslexia, supportive school leadership, committed teaching staff and existing inclusive education practices provide a valuable opportunity to explore how structured interventions and collaborative partnerships between teachers and parents can improve learning support for students experiencing reading difficulties.

Planning the Implementation of the Response to Intervention (RTI) Framework at SMP Negeri 3 Teluk Pandan

The findings of classroom observation, semi-structured interview, and document analysis showed that the implementation of the Response to Intervention (RTI) framework at SMP Negeri 3 Teluk Pandan began with a systematic planning process where initial screening was the basis for designing appropriate interventions. Here, teachers were able to observe students' reading skills, comprehension of written instructions, speed of task completion, and responsiveness to learning activities based on the text. The observations were repeated over time so that teachers could identify consistent patterns of learning difficulty before deciding on the type and intensity of support needed. The results indicate that the school does not utilize a standardized dyslexia screening tool, nor does it have access to specialized professionals who can provide a formal diagnosis. However, teachers have developed a systematic process for observational screening as a routine part of instructional practice. Teachers do not base their assessment on a single assessment but on a series of learning periods in which they continuously observe students' literacy performance to identify ongoing signs of reading difficulties.

As explained by one Indonesian language teacher:

"At the beginning of each semester, we observe the reading ability of all students. From these observations, we begin to identify those who still read by sounding out each letter, frequently confuse similar letters, or require considerably more time to comprehend written texts. We do not immediately label these students as having dyslexia; instead, we continue monitoring their performance throughout classroom instruction to determine whether these difficulties consistently occur." (Indonesian Language Teacher, Interview, May 13, 2026).

After the initial screening, the observational results were discussed collectively between subject teachers, homeroom teacher, and the school counselor to confirm whether the identified learning difficulties were consistent across different subjects and instructional contexts. This process of joint verification helped to minimize subjective judgments and ensured that intervention decisions were supported by a strong body of evidence from multiple educational settings. Another important element of the planning process was the incorporation of parents. Following the school's initial observations parents were invited to participate in a discussion concerning their children's learning behaviours at home, past forms of academic support and present challenges. Data from the school and home environments were then integrated to develop personalized intervention plans based on the student's unique learning profile and educational needs.

One parent described this collaborative planning process as follows:

"The teacher explained the observations made at school, and I shared my child's learning experiences at home. Together, we discussed strategies for supporting my child so that the assistance provided at school could be consistently continued at home." (Parent 01, Interview, May 15, 2026).

The triangulation of observation, interview, and documentary evidence showed that the RTI planning process at SMP Negeri 3 Teluk Pandan was systematic and sequential starting from literacy screening, then collaborative verification among teachers, active involvement of parents, and the development of individualized intervention plans according to students' unique learning needs. These results fit with the notion that screening is the basis of RTI implementation, as all other instructional decisions are made based on information collected during initial identification. Also, the planning phase shows one of the basic principles of the RTI framework: the use of ongoing assessment and decision-making to ensure timely, data-based assistance before students have more serious academic problems.

Implementation of the Response to Intervention (RTI) Framework Across Intervention Tiers Through Teacher-Parent Collaboration in Supporting the Learning Activities of Students with Dyslexia

The results of classroom observations, semi-structured interviews, and document analysis indicate that the Response to Intervention (RTI) framework at SMP Negeri 3 Teluk Pandan was implemented step-by-step with three tiers of intervention (Tier 1, Tier 2, and Tier 3) in response to the students' reading development and instructional needs. The program also went beyond classroom instruction by incorporating ongoing collaboration between teachers and parents, thus ensuring that learning support was consistently provided in both the school and home settings. Data were collected through classroom observations, interviews with teachers, parents and students, and documentation, such as lesson plans, progress-monitoring records, and students' learning portfolios.

At Tier 1, teachers differentiated instructional strategies within the regular classroom instruction to meet the needs of students with differing literacy abilities. The strategies included visual learning materials, simplified instructional language, teacher modeling of fluent reading, picture-supported vocabulary cards, shared reading activities, and extra reading time for students with reading difficulties. Importantly, these modifications were provided without publicly distinguishing between students with learning difficulties and their peers, thereby maintaining an inclusive classroom and minimising the potential for stigmatisation.

Teachers also used positive reinforcement, recognizing students' efforts and celebrating small gains in reading performance. Said one of the teachers of the Indonesian language:

"During the initial stage, we do not immediately provide special treatment. All students participate in the same classroom activities, but we adjust our instructional strategies. Students experiencing reading difficulties are given additional time, receive guidance during reading activities, and use simpler learning materials so that they can continue learning alongside their classmates." (Indonesian Language Teacher, Interview, May 13, 2026).

These results indicate that Tier 1 is a universal preventive intervention that aims to optimize regular classroom instruction before students require more intensive educational support. One of the core principles of RTI is to provide high-quality instruction for all learners while continuously monitoring their academic progress. The emphasis on differentiated instruction is .

Students who still showed inadequate progress according to continuous progress-monitoring data then received Tier 2 interventions through small-group instruction. At this stage, teachers provided more intensive literacy activities around phonemic awareness, letter-sound correspondence, repeated reading activities, picture supported word cards, and guided reading comprehension activities with simplified texts. The structured interventions were designed to improve foundational reading skills but also to boost students' confidence by providing an opportunity to learn in small groups with peers who are experiencing similar learning challenges.

Tier 2 saw the formalization of teacher-parent collaboration. Communication books provided reading practice guidelines and home-learning activities for parents so that intervention strategies used in school could be reinforced at home. The continuing stream of information helped to keep the instructional support provided by teachers and the parental assistance offered at home-based learning consistent.

Students who still exhibited significant reading difficulties after Tier 2 support were provided Tier 3, the most intensive level of intervention. Teaching at this level consisted of individualized instruction by tailoring learning materials, instructional methods, learning pace and educational objectives to the needs of individual students. Systematically constructed reading instruction based on phonological awareness and decoding skills to reading fluency and text comprehension. The school counselor provided psychological support to students to enhance their motivation, self-confidence and emotional well-being during the process of learning, together with academic intervention. Parental involvement became more intensive during Tier 3. Parents engaged in regular home-based reading practice, maintained regular contact with teachers and were given individualised advice on how to tackle newly emerging learning difficulties. One parent describes this collaborative process as:

"Every week we discuss our child's progress with the teacher. Whenever new learning difficulties arise, the teacher immediately provides suggestions for reading activities that we can continue at home." (Parent 01, Interview, May 15, 2026).

Findings suggest that collaboration between teachers and parents at Tier 3 was not limited to information sharing but also included collaborative decision-making for instructional modifications and ongoing reinforcement of intervention strategies across school and home contexts. Generally, the triangulation of observation, interview and documentary evidence shows that the RTI framework at SMP Negeri 3 Teluk Pandan is implemented systematically through interconnected levels of

intervention. As students progressed to more intensive levels of intervention, so did the intensity of the collaboration between teachers and parents. Data gathered from classroom observations, formative assessments, learning portfolios, and regular communication with parents were used to continuously monitor student progress and inform decisions about whether students should remain within a given intervention tier or receive more intensive support. These findings indicate the adaptive, data-driven and student-centred nature of RTI implementation in this inclusive educational setting. Besides improving reading achievement, the framework encourages students' self-confidence, active participation in classroom learning and consistent parental involvement throughout the intervention process. Therefore, collaborative use of RTI is a promising comprehensive approach to supporting students with dyslexia by combining evidence-based instructional practices and meaningful partnerships between schools and families.

Characteristics of Learning Difficulties Experienced by Students with Dyslexia During Learning Activities at SMP Negeri 3 Teluk Pandan

The results of interviews, classroom observations, and document analysis showed that the learning difficulties of students with dyslexia at SMP Negeri 3 Teluk Pandan were not only limited to reading impairments but also affected many aspects of classroom learning. These challenges had an impact on the students' understanding of the instructional materials, completion of the academic tasks, engagement in classroom activities and their confidence in learning. Thematic analysis identified five major aspects of students' learning difficulties: (1) difficulties with the reading and recognition of symbols of the written language, (2) limited understanding of written information, (3) difficulties in completing academic tasks, (4) low participation in the classroom, and (5) emotional difficulties related to learning. The most remarkable point was the students' illiteracy. Students were much slower than their peers in letter identification, word decoding, and the comprehension of simple sentences. Common reading errors included letter reversals, slow and fragmented reading, omission of syllables and substitution of unfamiliar words with familiar ones. These features were observed regularly in classroom learning activities and recorded in students' progress-monitoring records.

As explained by the Indonesian language teacher:

"During reading activities, students often stop in the middle of a sentence because they still decode words letter by letter. Sometimes they confuse the letters b and d, or p and q, while occasionally skipping several words altogether. When the teacher reads the text aloud, they generally understand the content, but when reading independently, they require considerably more time." (Indonesian Language Teacher, Interview, May 13, 2026).

Classroom observation also confirmed that teachers had consistently provided individualized reading support by reading aloud unknown words, breaking down difficult words into smaller units and encouraging students to repeat them until they could pronounce and recognize them accurately. Such instructional practices enabled teachers to pinpoint particular patterns in reading and to offer corrective feedback right away. The students' reading difficulties directly affected their ability to comprehend written material. Most students could fairly interpret teachers' oral explanation, however they had serious difficulties when instructional content or classroom directions were presented in a written form. Consequently, teachers often re-explained reading passages using simpler language, read written instructions aloud, and modeled task completion before students began independent work. Even though students continued to struggle with decoding, these accommodations helped them participate more effectively.

Students also had trouble completing academic assignments because of reading difficulties. Often students needed extra time to read test questions, understand written directions, generate responses, and write. Teachers knew of these challenges and offered a range of learning accommodations such as extra time to finish work, guided task completion, simplified written instructions, and ongoing academic support during class activities. Such changes enabled students to show what they know but weakened the impact of reading problems on overall academic achievement.

In addition to academic performance, dyslexia also affected students' classroom participation. In the initial stages of observation, a lot of students were not willing to participate in reading activities, would not read aloud in front of their classmates and felt hesitant to ask questions due to fear of making mistakes or being negatively judged by their classmates. These kinds of behaviors not only pointed to academic difficulties but also diminished confidence in their own learning abilities.

However, continued classroom observations revealed gradual positive changes following continued teacher support through small group instruction and individualized intervention. With consistent guidance in a supportive learning environment students became more willing to read aloud, ask questions, contribute to classroom discussions, and participate in literacy activities. Such behavioral changes highlight the importance of an inclusive and psychologically safe classroom climate in encouraging active participation of students with dyslexia. In addition, the findings showed that dyslexia had considerable emotional consequences especially regarding students' self-confidence during learning activities. "Several students said they were anxious about reading aloud, afraid of making mistakes and constantly comparing their reading skills to those of their classmates. However, with the constant Instructional Support and Positive Reinforcement, the students became more confident and ready to engage in challenging learning tasks.

As noted by the Indonesian language teacher:

"The most noticeable improvement is not only in their reading ability but also in their willingness to try. Students are now more willing to ask questions when they do not understand something and no longer give up immediately when asked to read." (Indonesian Language Teacher, Interview, May 13, 2026).

In general, the triangulation of interview, observation and documentary evidence indicates that students with dyslexia have cognitive, academic, behavioural and emotional learning characteristics. Their problems are not limited to decoding written text, but extend to broader learning activities that impact classroom engagement and academic success. The findings suggest the need of providing individualized instructional adaptations, ongoing follow-up of progress and permanent collaboration between teachers and parents. This type of comprehensive support helps schools to not only build students' reading competence, but also build their confidence, engagement, and overall participation in inclusive learning environments.

Rationale for Selecting the Response to Intervention (RTI) Framework to Support the Learning Activities of Students with Dyslexia at SMP Negeri 3 Teluk Pandan

The findings obtained from the interviews, classroom observations, and analysis of documents indicated that the selection of the Response to Intervention (RTI) framework as the main strategy in serving students with dyslexia at SMP Negeri 3 Teluk Pandan was due to the needs of the school to provide instructional services that were more responsive to the diverse learning needs of the students. Before RTI, teachers had great differences in reading ability among their students and traditional teaching methods were not sufficient to meet individual needs. Thematic analysis revealed four main reasons for the adoption of RTI: (1) the heterogeneity of students learning difficulties, (2) the limitations of regular classroom instruction in addressing individual learning needs, (3) the need for graduated interventions according to students' developmental progress and (4) the importance of improving collaboration between the school and the parents. The findings showed that teachers found that students with dyslexia did not show the same learning difficulty patterns and therefore needed individual teaching support. Some students read fluently but did not understand what they read. Others had difficulty with recognizing letters and decoding words. Other students understood very well when information was presented orally but had serious problems reading independently. Teachers found that a single method would not meet the needs of all students with dyslexia.

As explained by the Indonesian language teacher:

"Throughout my teaching experience, I have observed that students do not experience the same learning difficulties. Some still decode words letter by letter, others can read but do not fully understand the text, while some comprehend information when it is explained orally but struggle when reading independently. Therefore, we felt it was necessary to adopt a more flexible approach so that the support provided could truly match each student's individual needs." (Indonesian Language Teacher, Interview, May 13, 2026).

This finding was also supported by classroom observations which revealed that teachers routinely adjusted instructional assistance based on the learning profile of each student. Teachers did not provide the same support to all struggling readers, but rather adapted instructional strategies according to each reader's reading performance, comprehension, and observed learning behaviors. These practices are aligned with one of the core tenets of the RTI framework, that is, providing instruction based on students' demonstrated educational needs rather than applying a uniform intervention. Another important reason is the limitations of the traditional classroom teaching.

Teachers reported that the limited amount of instructional time and relatively large class sizes in the regular instructional setting limited their ability to provide intensive individualized support for students with persistent reading difficulties. Thus, teachers needed a structured framework that would allow them to more efficiently allocate instructional resources and to increase the intensity of intervention in a graduated manner in response to students' reactions to instruction.

In the RTI model, students who continued to make adequate progress continued to receive differentiated instruction within Tier 1 and students who demonstrated a continued pattern of learning difficulties received extra support through Tier 2 small group interventions or Tier 3 individual instruction. In addition, documentary evidence, including student progress-monitoring records, showed that teachers frequently evaluated students' academic progress to decide whether to continue, modify, or intensify intervention strategies. These data-driven decisions ensured that instructional support was responsive to students' changing educational needs.

The findings also showed that RTI was selected because it provided an avenue to improve the collaboration between teachers and parents. Teachers not only informed parents about their child's reading difficulties, they also provided practical strategies that could be implemented in home-based learning. Parents were encouraged to do regular reading practice, keep a record of children's progress and report the results of the practice back to teachers. The two-way communication promoted closer alignment between interventions at school and learning support at home.

One parent described this collaborative experience as follows:

"The teacher did not simply tell us that our child had reading difficulties. Instead, the teacher explained what we could do at home. We were encouraged to practice reading with our child step by step and regularly report our child's progress back to the teacher." (Parent 01, Interview, May 15, 2026).

This collaboration helped teachers and families to stay in touch with each other about students' academic progress, and the intervention strategies can be modified to meet the students' changing learning needs. The results indicate that parent involvement in the RTI context was not only an additional support, but a fundamental component of the intervention process.

In conclusion, the triangulation of interview, observation and documentary evidence shows that the rationale behind the implementation of the RTI framework in SMP Negeri 3 Teluk Pandan was founded upon the school's commitment to adaptive, individualised and evidence-based educational support for students with dyslexia. Teachers viewed RTI as a comprehensive model that would facilitate differentiated learning profiles through tiered intervention, continuous progress monitoring, and structured collaboration among classroom teachers, school counselors, school leaders, and parents. Thus, RTI was perceived as an instructional model for improving reading achievement and also as a cooperative educational framework that promotes inclusive learning, common responsibility, and continued support for students with dyslexia in the school and home environments.

Outcomes of the Response to Intervention (RTI) Implementation on the Learning Activities of Students with Dyslexia at SMP Negeri 3 Teluk Pandan

The results of interviews, classroom observations and document analysis indicated that the implementation of the Response to Intervention (RTI) framework had a significant impact on the learning activities of students with dyslexia at SMP Negeri 3 Teluk Pandan. The benefits were not only academic but also in the form of increased participation in class, independence in learning, self-confidence and collaboration between the school and parents. Thematic analysis yielded five main outcomes of the implementation of RTI: (1) improved reading skills and comprehension, (2) enhanced participation in the learning process in the classroom, (3) increased self-confidence and motivation to learn, (4) increased independence in learning through graduated instruction, and (5) improved communication and collaboration between teachers and parents. The most obvious improvement was in the students' reading skills and in their understanding of educational material. Teachers indicated that reading development followed a developmental pattern, beginning with gains in letter recognition and decoding skills, then moving on to reading fluency and the ability to understand simple texts. Classroom observations showed that students were more able to read short passages independently, were less reliant on teachers repeating instructions that were written, and showed improved comprehension through their answers to questions about the texts they had read. These improvements were a result of the cumulative effects of systematic and individualized interventions provided within the RTI framework.

As explained by the Indonesian language teacher:

"The progress has been gradual. Students who previously had to sound out every single word are now able to read complete sentences with far fewer interruptions. They have also begun to understand the content of simple reading passages when asked basic comprehension questions. Although their performance has not yet reached the level of their classmates, the improvement is clearly noticeable." (Indonesian Language Teacher, Interview, May 13, 2026).

These findings indicate that tiered intervention delivered via RTI was effective in supporting students' literacy development at rates of progress that were unique to each student. The intervention focused on continuous improvement based on each student's learning needs and response to instruction, rather than expecting immediate mastery. Aside from the improvement in academics, the implementation of RTI highly contributed to the students' participation during learning in the classroom. Classroom observations revealed that students who had been reluctant to participate in learning activities became more willing to read aloud, answer teachers' questions, participate in small-group discussions and clarify when they encountered difficulties. The intervention's gradual and supportive nature seemed to reduce student anxiety about making mistakes and, subsequently, produce more opportunities for active engagement in classroom learning.

1. The students' self-confidence and learning motivation were significantly improved along with the increased participation in the classroom. Teachers always used positive reinforcement by acknowledging student progress and encouraging more effort, regardless of how big or small the gain was. Parents also noted significant shifts in their children's outlook on education, with students more willing to practice reading at home without frequent prompting or external encouragement. These results indicate that RTI had a positive impact not only on cognitive development but also on students' affective engagement with learning. The study also found that RTI helped the students to build their learning independence gradually. With students becoming more competent, the teachers gradually decreased instructional assistance and encouraged students to complete learning tasks independently before providing further assistance. In the classroom, observations indicated that students were more inclined to read written instructions on their own, to work on classroom assignments on their own and to ask for help only when they had really difficulties. This gradual shift of responsibility is a key tenet of effective intervention in which the instructional support is gradually adjusted to promote students' independence over time, rather than continued dependence upon teacher support.

One of the major outcomes that contributed to the successful implementation of RTI was increased collaboration between teachers and parents. Teachers regularly communicated students' academic progress and provided suggestions for reading activities at home and appropriate instructional adjustments to parents. Parents then reinforced these interventions through continued practice in reading and continued monitoring of their children's learning at home.

One parent described this experience as follows:

"Previously, we did not know how to help our child learn to read. After receiving guidance from the teacher, we better understood that our child needed gradual support and should never be forced. We also became more confident because we could discuss our child's progress directly with the teacher." (Parent 01, Interview, May 15, 2026).

Continual communication between the school and families created an opportunity for both parties to share information about students' development and allowed instructional strategies to be adjusted to meet students' changing educational

needs. This two-way partnership was beneficial in improving the consistency between school-based intervention and home-based learning support, and strengthening the overall impact of the RTI framework. Triangulation of interview, observation and documentary data showed that the implementation of the RTI framework at SMP Negeri 3 Teluk Pandan has had a positive effect academically and non-academically. Students showed measurable improvements in reading ability, reading comprehension, classroom participation, self-confidence, learning motivation, and independent learning behaviors. At the same time, closer cooperation between teachers and parents created a more consistent and nurturing learning environment between school and home. Together, these findings suggest that the systematic, individualized, and collaborative implementation of RTI is an effective approach to support students with dyslexia by promoting sustainable improvements in literacy development and broader learning engagement in inclusive educational settings.

Supporting and Inhibiting Factors in the Implementation of the Response to Intervention (RTI) Framework Through Teacher–Parent Collaboration at SMP Negeri 3 Teluk Pandan

The results of interviews, observations of learning activities, and document analysis showed that the implementation of the Response to Intervention (RTI) framework at SMP Negeri 3 Teluk Pandan was influenced by a combination of supporting and inhibiting factors. In addition to teachers' capacity to provide appropriate instructional interventions, the effectiveness of RTI was also contingent upon the school's institutional support, parental involvement, students' responsiveness to intervention, and availability of time and educational resources. Thematic analysis identified three key supporting factors, including school commitment, collaborative partnerships between teachers and parents, and students' positive attitudes towards intervention, and three key challenges, including teachers' workload and limited professional capacity, limited time for individualized intervention, and varying levels of parental involvement. One of the most important enabling factors was the school's commitment to inclusive educational practices. School leaders allowed teachers to adapt their teaching approaches to meet the individual learning needs of students rather than requiring teachers to use the same teaching approaches for all students. In addition, the school organized regular communication between subject teachers, and homeroom teachers and the school counselor to monitor the academic progress of the students together and make intervention decisions together. This organizational support helped to provide more systematic implementation of RTI across instructional settings.

Another important support was the development of open and ongoing communication between teachers and parents. Instead of concentrating only on students' academic performance, teachers often communicated information about students' learning progress, intervention results and suggested home-based learning strategies. In return, teachers provided parents with information about students' study habits, learning behaviors, and response to intervention at home. This two-way flow of information allowed both parties to plan intervention strategies and ensure consistency between school-based and home-based learning support.

As explained by the Indonesian language teacher:

"We do not simply report students' academic results. We also explain how they are progressing during the intervention process. Parents then share information about their children's learning habits at home, and together we determine the next steps that should be taken." (Indonesian Language Teacher, Interview, May 13, 2026).

In addition, classroom observations indicated greater student receptiveness to instructional support. Throughout the intervention, students were increasingly willing to participate in guided reading activities, increasingly positive towards corrective feedback, and less reluctant to receive individual assistance from teachers. The behavioral changes indicate that another important factor in the successful implementation of RTI was the positive attitudes of the students toward the intervention. However, the results also showed several challenges that hampered the effectiveness of RTI implementation, in spite of the existence of these strengths. Crucially, these barriers were not so much about individual teachers or parents but a reflection of the constraints of the current educational support system. Teachers had heavy workloads as they were responsible for delivering regular classroom instruction, conducting initial screening, planning differentiated interventions, monitoring student progress, documenting learning outcomes, and communicating with parents. These duties became more and more demanding, for there was no specialized learning support staff in the school to help students with dyslexia.

"Time constraints were another big challenge. RTI is so intensive that it requires ongoing observation, individual teaching, and frequent measurement of progress — things that eat up a lot of instructional time. But teachers had to balance these duties with their regular teaching responsibilities, making it hard to give intensive intervention to every student who needed extra help. There was also a lot of variation between families in the level of parental involvement. Many parents showed a high level of commitment to supporting their children's learning, but some encountered practical constraints, including occupational responsibilities, limited availability and insufficient knowledge of the nature of dyslexia and appropriate intervention strategies. Thus, the continuity of home-based intervention could not always be uniformly maintained among all participants. Like the work schedules, the effect on communication between teachers and parents limited the chances for face-to-face meetings. Thus, much of the coordination on the students' progress occurred via digital communication channels, especially WhatsApp, which became the main way of sharing information and discussing intervention strategies.

But the results indicate that the school and the parents work hard to solve these problems by means of adaptive collaborative practices. Within the school, teachers divided up tasks between subject teachers, homeroom teachers and the school counselor to ensure that students' academic development continued to be monitored despite limited personnel. Communication with parents was outwardly flexible. Text messaging, phone calls, and scheduled meetings at times convenient for parents were available.

One parent described this collaborative approach as follows:

"If I am unable to come to school, the teacher usually contacts me through WhatsApp. Even though we cannot always meet in person, I still receive regular updates about my child's progress and understand what activities should be continued at home." (Parent 01, Interview, May 17, 2026).

Such adaptations are indicative of a shared determination on the part of teachers, parents and school staff to ensure continuity of intervention amid institutional and pragmatic constraints. Instead of letting these barriers get in the way of the intervention process, stakeholders created flexible communication mechanisms to maintain collaborative support across school and home environments. The triangulation of interview, observation and documentary evidence shows that strong institutional commitment, collaborative teacher-parent partnerships and positive engagement of students with intervention in general made it possible to implement RTI at SMP Negeri 3 Teluk Pandan. At the same time, its implementation remained challenged by limited educational resources, teachers' workload, limited instructional time, and differences in parents' capacity to support learning at home. These findings suggest a need for more systematic institutional support to better implement RTI, including the development of standardized operational procedures, more comprehensive progress-monitoring documentation, dedicated time for teacher-parent collaboration, ongoing professional development for teachers, and greater access to specialized educational professionals. These improvements would make RTI more sustainable and effective in helping dyslexic students in an inclusive setting.

Discussion

The findings of this research suggest that the implementation of the Response to Intervention (RTI) framework planning stage in SMP Negeri 3 Teluk Pandan has been carried out systematically through initial screening, diagnostic assessment, collaborative consultation between teachers, parental involvement, and the formulation of individualized intervention plans. These results suggest that RTI planning was not only preparation for instruction, but was actually about making decisions based on data about students' learning characteristics and educational needs. This process aligns with the RTI framework, which emphasizes universal screening, continuous assessment, and evidence-based instructional decisions as vital elements in providing timely and appropriate intervention (Fuchs & Fuchs, 2006; Darrington, 2022; Holmes, 2021). Instead of waiting until students had serious academic difficulties, teachers used early identification procedures which allowed them to intervene preventively at an earlier stage. A major contribution of the present study was that parents were actively involved in the planning phase. Information about the students' learning behaviors and study habits at home was integrated in the planning of the intervention, thereby extending the traditional RTI model beyond the assessment within a school context only. This finding underlines the significance of family perspectives in educational decision-making for RTI, especially in inclusive education settings.

The utilization of RTI across Tier 1, Tier 2, and Tier 3 shows the flexibility of the framework in addressing the diverse learning needs of students. As universal supports, teachers implemented differentiated instructional practices including visual learning materials, simplified instructions, teacher modeling, and extended learning time at Tier 1. Students who did not show enough growth received small group help (Tier 2) or one-on-one teaching (Tier 3). These practices reflect the multi-tiered model of intervention proposed by Fuchs and Fuchs (2006) in which the intensity of instruction is increased depending on students' response to intervention. Another example of Vygotsky's scaffolding principle is the incremental delivery of instructional support by teachers, where support is systematically tailored to students' Zone of Proximal Development until they can perform learning tasks independently. Another important observation is the collaborative involvement of classroom teachers, school counselors, school leaders, and parents throughout the process of intervention. This collaborative model builds on traditional RTI implementation by highlighting shared responsibility across educational stakeholders and is consistent with Epstein's School-Family Partnership Theory (Epstein, 2011) which argues effective educational support for students with special educational needs is dependent on strong partnerships between schools and families.

The present study also shows that the learning difficulties of students with dyslexia go far beyond deficits in reading accuracy. Students struggled with reading fluency, comprehension of written information, completion of academic tasks, participation in the classroom, and self-confidence. These findings are in line with the Phonological Deficit Theory, which explains dyslexia as primarily related to problems in processing phonological information and forming efficient connections between graphemes and phonemes (Snowling, 2013). Finally, the ability of students to understand oral explanations, despite ongoing problems with written texts, is consistent with the Simple View of Reading proposed by Gough and Tunmer, which defines reading comprehension as a product of decoding ability and language comprehension. Besides academic performance, these learning difficulties also affected the emotional well-being of students, mostly because of reduced confidence and reading-related anxiety. However, the results show that the continued instructional support in an inclusive learning environment encouraged students gradually to participate more, read aloud with more confidence and participate more willingly in discussions in the classroom. This finding is consistent with Dweck's Growth Mindset Theory (2006) that positive learning experiences, constructive feedback and appropriate instructional support can enhance students' beliefs in their capacity for continuous improvement.

The rationale for the use of an RTI approach in this study was based on teachers' understanding of students with dyslexia having very different learning profiles and that there is no one-size-fits-all approach to classroom instruction that will meet their needs. Teachers reported that RTI provided the flexibility to create interventions that fit the learning needs of individual students and to monitor students' response to instruction over time. These results are in line with the principles of Differentiated Instruction (Tomlinson, 2017) and Universal Design for Learning (UDL) (CAST, 2018) which advocate for the adaptation of instructional methods to provide equitable learning opportunities for all students. "Also parents' involvement

meant that the implementation of RTI extended beyond the classroom and continued the learning support at the home environment. Therefore, RTI was not only a system of academic intervention but also a model of shared education, which combined the responsibilities of school and family in the support of students with dyslexia.

The results of implementing RTI further support its effectiveness in promoting both academic and nonacademic growth. Students improved in reading skills, reading comprehension, classroom participation, self-confidence, motivation to learn, and independent learning behaviors. These results add to the evidence supporting the effectiveness of tiered interventions in meeting the individual learning needs of students to increase academic responsiveness (Fuchs & Fuchs, 2006). Psychologically, students' greater willingness to read aloud, ask questions, and attempt difficult learning tasks indicates the development of self-efficacy, which Bandura (1997) defines as individuals' beliefs in their ability to succeed at particular tasks. And the principle of fading scaffolding, where the learners take on more responsibility for their own learning, is the gradual withdrawal of instructional support by teachers. Therefore, the effects of RTI should be considered in terms of changes in students' motivation, confidence, engagement in learning, and self-regulated learning as well as in academic achievement.

Finally, the results show that the successful implementation of RTI needs a balance between enabling and constraining contextual factors. The key facilitators were institutional support for inclusive education, communication between teachers and parents, and positive student responses to intervention. By contrast, the major implementation challenges continued to be the under-resourcing of education systems, teacher workload, lack of instructional time, and differences in parents' capacity to provide home-based support. The results suggest that effective implementation of RTI depends not only on teacher competence but also on organizational capacity and system support. Therefore, schools need to improve the professional competence of teachers with ongoing training on the identification of dyslexia and RTI practices, create standard operational procedures for providing intervention, enhance documentation of processes for progress monitoring, allocate time for collaboration between teachers and parents, and provide access to multidisciplinary professionals who can support students with learning disabilities. Such institutional improvements would enable RTI to develop into a more sustainable, systematic and comprehensive support system for students with dyslexia in inclusive educational settings.

CONCLUSION

Finally, the results imply that the successful implementation of RTI requires a balance of enabling and constraining contextual factors. Institutional support for inclusive education, communication between teachers and parents, and positive responses of students to intervention were key facilitators. By contrast, key implementation challenges remained the under-resourcing of education systems, teacher workload, lack of instructional time and differences in parents' capacity to provide home-based support. Results indicate that successful implementation of RTI is contingent upon not only teacher competence but organizational capacity and system support as well. Thus, schools need to improve teachers' professional competence by providing consistent training on the identification of dyslexia and RTI practices, create standard operational procedures for the provision of intervention, better document processes for progress monitoring, provide time for collaboration between teachers and parents, and provide access to multidisciplinary professionals who can support students with learning disabilities. Such institutional improvements would allow RTI to develop into a more sustainable, systematic and holistic support system for students with dyslexia in inclusive educational settings. The results suggest that schools should improve their implementation of the Response to Intervention (RTI) framework by designing more systematic institutional policies, allocating specific time for intervention activities, improving teachers' professional competencies through training on dyslexia identification and RTI-based instructional practices, and designing standardized progress-monitoring systems. Teachers are encouraged to continue differentiated instruction and improve collaboration with school counselors and parents to ensure intervention is consistent between school and home. Parents are encouraged to support their children's learning by ensuring that their children read regularly and by maintaining an ongoing dialogue with teachers. Future research should investigate RTI effectiveness across different education levels and among different student populations. Besides, the use of multisensory instructional media and innovative learning resources in the RTI model is an area that requires further studies. Such studies would also help build evidence-based inclusive educational practices that respond effectively to the diverse learning needs of students with dyslexia.

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