

# Chapter 3



## Response to Intervention

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## FOCUS Questions

As you read the chapter, watch for these questions to help you focus your learning:

1. What past challenges does RTI address?
2. What are the key components of RTI and how are they implemented?
3. How do screening and progress monitoring of students facilitate RTI?
4. What is the role of the special educator in an RTI model?

Katie Kelly has been a special education teacher at Morning Glory Elementary School for six years. She primarily works with students with learning disabilities, but her caseload also includes some students with behavior problems. Part of the Westside School District, Morning Glory is a semi-urban school located within a large metropolitan area. The school's demographics have been shifting over the last several years, from a predominately white middle-class student body to one that is generally working-class and culturally and linguistically diverse. The ethnic makeup of the school's 700 students is now 40 percent White, 40 percent hispanic, 15 percent African American, 3 percent Asian, and 2 percent other. Morning Glory just became a Title I school for the first time, with 70 percent of the students receiving free or reduced-price lunches. About 18 percent of the students are designated as English language learners (ELLs), meaning that they are not yet fully proficient in English. Almost all of the ELLs speak Spanish as their first language, though a few speak Eastern European languages.

In keeping with recommendations from the state department of education, Westside School District is in the process of transitioning to a response to intervention (RTI) model. The district's two primary goals are: (1) to provide students with early support when they first show signs of struggling, and (2) to determine which students should be considered for special education by assessing their response to research-based interventions. Westside has selected Morning Glory as one of the first schools to implement RTI for several reasons. First, the principal is enthusiastic about the new model and would like to try it; she is hopeful that the additional professional development and resources the district has promised will benefit the school. Second, the school has had low test scores on the state's accountability test. Third, the school has a disproportionate number of culturally and linguistically diverse students in its special education programs.

Katie is excited about the potential of RTI to make a real difference for children. She has always worried about those students who did not qualify for special education and seemed to fall through the cracks, as well as about those students who were placed in special education but did not really seem to have disabilities. Yet she is also apprehensive about what her changing roles and responsibilities will be. She attended a summer workshop on RTI sponsored by her district, and she has also been reading books, articles, and online resources about the model to increase her understanding of what is involved.

In this chapter, you will learn more about the challenges Katie and her colleagues will face as they embark on this new journey. But first, let us find out more about response to intervention.

**FOCUS  
Question** 1. What past challenges does RTI address?

## Past Challenges and Legislation

The field of learning disabilities is in the middle of a transformation. The term *learning disability* was first coined by Samuel Kirk in 1962. In 1965, Barbara Bateman defined students with learning disabilities as manifesting “an educationally significant discrepancy between their estimated potential and actual level of performance related to basic disorders in the learning process” (p. 220). Since then, learning disabilities have been identified primarily by determining a student’s potential or ability, usually with an intelligence test, and comparing that with the student’s achievement, as measured by reading or math tests. Students who were assessed as being low in both ability and achievement could not qualify for special education services unless they were so low they were determined to have mental retardation. Thus, many students who did not qualify for special education seemed to languish in general education without extra help.

Now, the federal government, professional organizations, and experts in the field are recommending that educators drop the use of discrepancy criteria and instead determine eligibility through a process that focuses on a student’s response to research-based instruction and interventions. In the Individuals with Disabilities Improvement Education Act (IDEA; 2004 reauthorization), eligibility and identification criteria for learning disability are described as follows [614(b)(6)(A)-(B)]:

When determining whether a child has a specific learning disability:

- The LEA [local education agency] is not required to consider a severe discrepancy between achievement and intellectual ability.
- The LEA may use a process that determines if a child responds to scientific, research-based intervention as part of the evaluation.

*Response to intervention*, or RTI, is the new model for identifying students who need special education services. In addition to replacing discrepancy criteria, RTI diverges from previous practice in another significant way. In the past, when students first showed signs of struggling,

the prevailing approach was to wait and see how they did over time. The idea was that students might simply be slow to achieve academically because of normal developmental or experiential differences, and that it would be a disservice to assess them prematurely and place them in special education. Yet when students struggled, there were few avenues for providing them with extra support. Also, when young students were evaluated for possible special education placement, they sometimes did not yet exhibit enough of a discrepancy between their ability and their achievement to qualify for special education services. For these reasons, this approach was often referred to as the “wait to fail” model.

RTI is different. All students are screened in kindergarten and their progress is assessed frequently so that those students who do not seem to be making adequate progress are provided with timely interventions, before they have a chance to fall further behind. Thus, RTI is a *prevention and intervention model*. As you read this chapter, think about what these changes mean for special educators—and for students.

## Challenges Related to Previous Identification Procedures

Over the past 30 years, the field of learning disabilities has struggled with numerous challenges related to its definition and identification procedures. Vaughn and Klingner (2007) note that these challenges include:

- An increase of more than 200 percent since the category was established
- Questionable procedures for determining learning disabilities through emphasis on an IQ–achievement discrepancy and processing disorders
- Students identified using a “wait to fail” model rather than a prevention–early intervention model
- Subjectivity in student referral for services with teachers’ and others’ perceptions sometimes weighing too heavily in the process
- Students’ opportunities to learn not adequately considered during the referral and identification process
- Considerable variation from state to state concerning identification procedures and prevalence rates for learning disabilities
- An identification process that provides little information to guide instructional decision making

- Problematic assessment practices, particularly for culturally and linguistically diverse students
- Disproportionate numbers of culturally and linguistically diverse students inappropriately identified for and served in special education

The overview in Table 3.1 compares identification of students with learning disabilities before IDEA 2004 to the identification process with RTI.

## Contemporary Initiatives

Recently, three contemporary major initiatives set the stage for changes in how we think about learning disabilities. First, the President's Commission on Excellence in Special Education held public hearings throughout the United States and received hundreds of written comments (President's Commission, 2002) about the state of special education in the nation's education system. They concluded that special educators were spending too much time on paperwork and not

**TABLE 3.1**  
**Identifying Students with Learning Disabilities Prior to IDEA 2004 and with RTI**

Prior to IDEA 2004	RTI
No universal academic screening.	All students are screened.
Little progress monitoring.	Progress monitoring assesses whether students are reaching benchmarks—multiple data points are collected over an extended period of time across different tiers of intervention.
“Wait to fail” model—students not provided with interventions until they have qualified for special education.	Students are provided with interventions at the first sign they are struggling; there is an increased focus on proactive responses to students' difficulties.
Focus on within-child problems or deficits.	Ecological focus. Systems approach to problem solving, focused on instruction and interventions varied in time, intensity, and focus.
Clear eligibility criteria (i.e., a child either did or did not qualify for special education services). Categorical approach—targeted, intensive interventions typically not provided unless a student was found eligible for special education.	Tiered model of service delivery with interventions provided to all students who demonstrate a need for support, regardless of whether they have a disability label.
Multidisciplinary team mostly made up of special education professionals; individual students typically referred by classroom teachers with academic and/or behavioral concerns.	Problem-solving (or intervention) teams include general and special educators; teams consider progress monitoring data and all students who are not reaching benchmarks.
Reliance on assessments, particularly standardized tests.	Collaborative educational decisions based on ongoing school, classroom, and individual student data; adjustments to instruction/intervention based on data.
Assessment data collected during a limited number of sessions.	Multiple data points collected over time and in direct relationship to the intervention provided.
“Comprehensive evaluation” consisting mainly of formal assessments conducted by individual members of the multidisciplinary team, often the same battery of tests administered to all referred children.	“Full and individualized evaluation” relies heavily on existing data collected throughout the RTI process; evaluation includes a student's response to specific validated interventions and other data gathered through observations, teacher and parent checklists, and diagnostic assessments.
LD construct of “unexpected underachievement” indicated by low achievement as compared to a measure of the child's ability (i.e., IQ–achievement discrepancy)	LD construct of “unexpected underachievement” indicated by low achievement and insufficient response to validated interventions that work with most students (“true peers”), even struggling ones.

enough time teaching. The commission also noted that general education and special education seemed to be operating as two separate systems rather than a coherent whole. In their report, they recommended shifting to a prevention model that takes into account the fact that students with disabilities are also part of general education and that requires special and general educators to work together more closely.

Second, in August 2001, the Office of Special Education Programs brought together leading researchers to discuss numerous issues related to learning disabilities identification (Bradley, Danielson, and Hallahan, 2002). The team reached consensus on eight principles related to learning disabilities and the eventual use of RTI to facilitate more appropriate identification of students with learning disabilities (Vaughn and Klingner, 2007):

1. The concept of learning disabilities is a valid construct.
2. Students with learning disabilities require a special education.
3. Individuals with LD have a disorder that is experienced across the life span.
4. The exact prevalence of learning disabilities is unknown. The rate may be as high as 6 percent.
5. IQ–achievement discrepancy is not adequate for identifying students with learning disabilities.
6. Linking processing disabilities to learning disabilities has not been adequately established; also, most processing disabilities are difficult to measure and link to treatment.
7. RTI is the most promising method of identifying individuals with learning disabilities.
8. We know much about effective interventions for students with learning disabilities and yet ineffective interventions continue to be used.

Third, the National Research Council report on the disproportionate representation of culturally and linguistically diverse students in special education provided similar recommendations (Donovan and Cross, 2002). The council promoted widespread use of early screening and intervention practices and RTI models. Their premise was that if schoolwide behavior and early reading programs help culturally and linguistically diverse students receive the support they need and improve their opportunities to learn, then the number of students who exhibit ongoing problems will decrease and the students who continue to struggle will more likely be those who require a special education.

With these three initiatives serving as a backdrop, Congress passed the Individuals with

Disabilities Education Improvement Act (IDEA 2004). The new law promoted RTI as a way to identify students with LD, as well as *early intervening services* (EIS) to provide students with support as soon as they show signs of struggling. IDEA 2004:

- Recommends but does not require abandoning use of the IQ–achievement discrepancy criterion
- Urges early screening and intervention so that students who show signs of struggling do not fall further behind
- Recommends a multitiered intervention strategy
- Asks districts to review practices to accelerate learning so that students make adequate progress in special education
- Recommends ongoing systematic progress monitoring of students' responses to high-quality, research-based interventions
- Requires better integration of services between general and special education
- Emphasizes the role of context when referring, identifying, and serving students in special education

IDEA 2004 represents a dramatic shift in how we think about supporting student learning. RTI requires collaboration among general educators, special educators, and, where relevant, Title 1 support personnel. As such it is quite different from previous models in which each group tended to carry out its work separately. Greater emphasis is placed on providing students with improved instruction and supplemental supports within general education rather than on finding within-child deficits. According to Alexa Posny, director of the U.S. Department of Education's Office of Special Education Programs, "RTI and EIS are absolutely the future of education—not the future of special education, but of education" (cited in Burdette, 2007, p. 3).

**FOCUS**  
**Question 2.** What are the key components of RTI and how are they implemented?

## Components of RTI

Response to intervention is a way to help all students who show signs of struggling and also to

determine who may have learning disabilities. RTI is a schoolwide model that starts with students in kindergarten. No single model of RTI is currently accepted as the “gold standard” (Bradley, Danielson, and Doolittle, 2005). Nevertheless, RTI programs commonly include four key components (National Association of State Directors of Special Education, 2006; Vaughn and Fuchs, 2003):

1. *They implement high-quality, research-based instruction matched to the needs of students.* Only instructional practices that generally produce high learning rates for students, as demonstrated by scientific research, are used. The implementation of high-quality instructional practices and interventions is intended to increase the probability of positive student responses.
2. *They monitor students' learning over time to determine their level and rate of performance (for ongoing decision making).* Educators assess all students' learning to determine if they are making progress toward meeting expected benchmarks at a rate commensurate with that of similar peers. Students who do not seem to be progressing are provided with extra assistance in the form of interventions targeted to their needs.
3. *They provide interventions of increasing intensity when students continue to struggle.* The intensity of instruction can be enhanced by reducing group size, increasing time, and/or making sure that interventions are even more carefully tailored to the students' instructional needs.
4. *They make important educational decisions based on data.* Decisions about which interventions to use, the intensity of the interventions, and the duration of the interventions are based on students' responses to the interventions. Results may inform educators about a possible learning disability.

See Tech Tips 3.1 for software, assessment tools, and a list of Websites to help you better understand and implement a response to intervention model.

### Layers of Intervention

RTI models include various tiers or layers of intervention (see Figure 3.1). As students move through the tiers, the intensity of the interventions they receive increases. Some models include three tiers, while others include a fourth tier. Estimates in the area of reading are that approximately

80 percent of all learners make adequate progress in Tier 1; 15 percent to 20 percent may require some supplemental instruction in Tier 2, while about 5 percent to 6 percent need intensive intervention implemented in Tier 3.

#### Tier 1

Tier 1 involves all students. In Tier 1, general education teachers provide evidence-based instruction. Classroom teachers or support personnel screen students and regularly monitor their progress using assessments designed for that purpose. Teachers differentiate instruction as needed and strive to provide appropriate, effective instruction for their students.



#### Tier 2

Tier 2 is only for those students who are not making adequate progress in Tier 1—in other words, those who are not responding to instruction. Tier 2 interventions are provided in small groups, and therefore are more intensive than Tier 1 instruction. Tier 2 interventions *supplement* rather than supplant the core curriculum taught in Tier 1 general education classrooms and are intended to reinforce the concepts and skills taught there. Yet the support that students receive in Tier 2 is still under the domain of general education. It is *not* special education. All children who appear to be struggling, as evidenced by their slow rate of progress and low assessment scores, are entitled to this support. Researchers refer to this consideration of both the rate of progress and absolute levels of learning as a *dual discrepancy model* (Fuchs, Fuchs, and Speece, 2002).

Interventionists continue to monitor the progress of students while they are receiving Tier 2 support. Tier 2 interventions are provided for a fixed duration (e.g., 10 weeks). After this time, educators examine progress monitoring and other data to decide whether the student is making good progress and should return to Tier 1—only instruction, is making some but not sufficient progress and should receive another dose of Tier 2 intervention, or is making very little progress and should be moved to Tier 3.

#### Tier 3

In Tier 3, those students who continue to experience difficulties and show minimal progress with Tier 2 interventions are provided with more intensive support. Depending on the number of tiers in



### 3.1 Using Technology to Implement RTI

A key objective of RTI is to select an instructional strategy to match a student's specific needs. Universal design, authoring software, and assessment software are aspects of technology that might facilitate RTI.

Universal design is a growing movement toward designing products and environments to accommodate the diverse needs and abilities of all people. Here is an example: Imagine the curb along the sidewalk edge of a busy street. To make the intersection navigable by persons in wheelchairs, ramped concrete replaces the curb. Not only can persons in wheelchairs easily navigate the intersection, but people pushing strollers, riding bicycles, walking with bulky packages, or people with poor balance or limited vision also have easier access.

The concept of universal design can be applied to instructional materials to meet the varied needs of all learners. Instead of making "curb cuts" in traditionally designed curricula materials, we need materials that increase the usability for everyone, appealing to different learning styles, methods of input, learner backgrounds, and abilities and disabilities. Such classroom materials may have varying levels of difficulty, multiple means of input, various modes of presentation, and features to customize pace and feedback.

A program that exemplifies the concept of universal design is the Early Learning Series from Marblesoft ([www.marblesoft.com](http://www.marblesoft.com)). The programs feature multiple difficulty levels; support of all popular input and scanning devices; a built-in record-keeping system; and teacher control of the problems being practiced, prompting, and reinforcement. Teachers can customize the learning environment to meet the specific needs of each individual child. For more about universal design for learning see the CAST Website ([www.cast.org](http://www.cast.org)).

There is computer software called *authoring* that offers teachers ways to customize curriculum content to maximize the success of every student. *BuildAbility* from Don Johnston Incorporated ([www.donjohnston.com](http://www.donjohnston.com)) enables teachers to make curriculum and stories accessible to all students and is easy enough for young learners to create their own multimedia reports. IntelliTools, Inc. ([www.intellitools.com](http://www.intellitools.com)), has marketed three of its most effective classroom programs with a single interface, *Classroom Suite*. The new suite contains *IntelliTalk 3*—a talking word processor and authoring program, *IntelliMathics 3*—an arithmetic authoring program, and *IntelliPics Studio*—a multimedia authoring program. Recommended for Grades PreK–8,

these programs offer tremendous possibilities for customizing the curriculum for all learners. For a terrific collection of free teacher-made activities, locate the Activities Exchange area of the IntelliTools Website. From this site, you can also download the entire *Classroom Suite* program free for 90 days.

Beyond the traditional assessment software, several assessment packages may be beneficial to teachers practicing RTI. The *Language Arts Objective Sequence* (LOSR), available from Research Press ([www.researchpress.com](http://www.researchpress.com)), helps teachers evaluate current language arts performance levels and identify specific goals and objectives. *Spell 2* by Learning by Design, Inc., available from Don Johnston Incorporated ([www.donjohnston.com](http://www.donjohnston.com)), is a spelling assessment tool that can recommend the type of spelling instruction needed to improve spelling and decoding skills.

The following Web links offer useful resources for various aspects of RTI:

#### Scientifically Based Research

[http://jimwrightonline.com/php/rTI/rTI\\_wire.php](http://jimwrightonline.com/php/rTI/rTI_wire.php)  
Specific research-based interventions for reading, math, and writing in addition to assessment, screening, and progress monitoring.

#### Intervention Central

<http://interventioncentral.org>  
Academic and behavioral intervention strategies, publications on effective teaching practices, and tools that streamline classroom assessment and intervention.

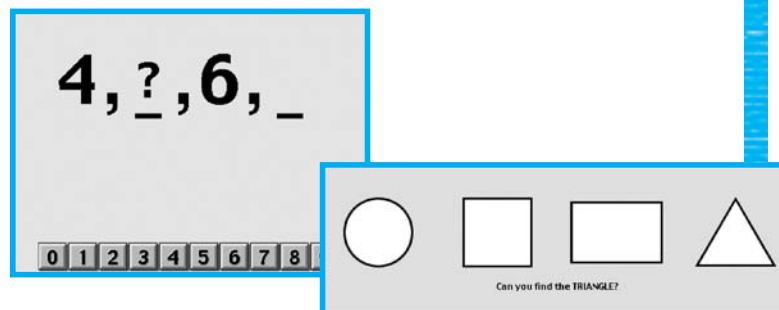
#### Least Restrictive Behavioral Interventions

[www.usu.edu/teachall/text/behavior/LRBI.htm](http://www.usu.edu/teachall/text/behavior/LRBI.htm)  
Utah rules for selection of behavioral interventions for use with students with disabilities; checklists and videos.

#### Florida Center for Reading Research

[www.fcrr.org/curriculum/curriculum.htm](http://www.fcrr.org/curriculum/curriculum.htm)  
Disseminates information about research-based practices related to literacy instruction and assessment for children in preschool through 12th grade.

Sample Screens from Marblesoft's Early Learning Series



the RTI model, this tier may or may not be special education. Tier 3 students receive explicit instruction individually or in small groups of two or three students. Reading instruction typically focuses on word study, vocabulary, application of word study and vocabulary to text reading, fluency, and comprehension.

### Implementing Interventions

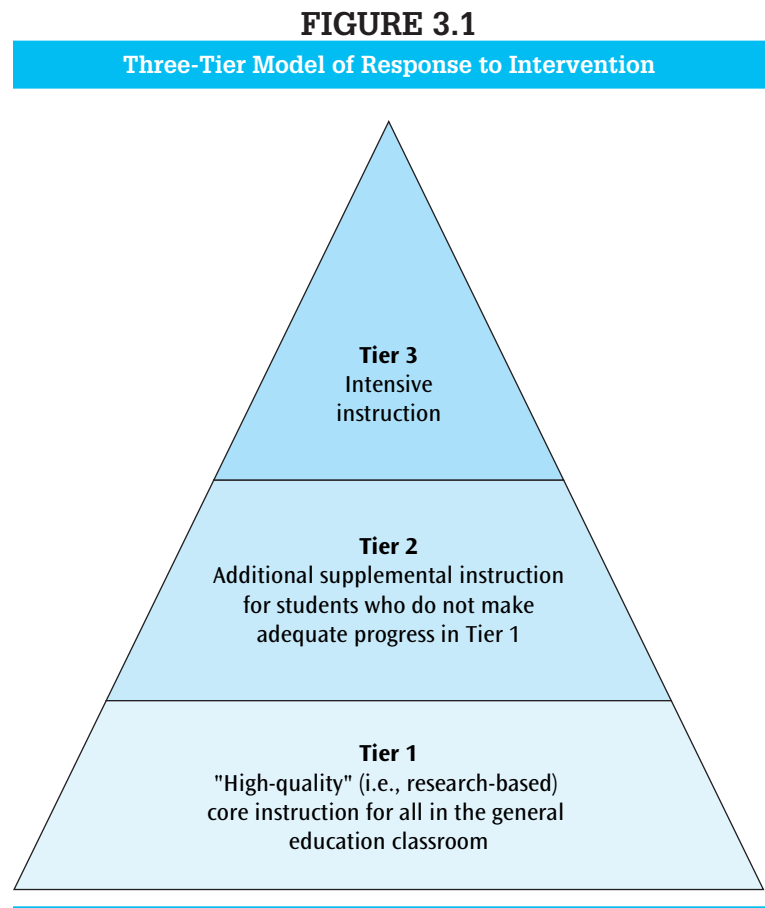
Not everyone agrees on who should decide which interventions to implement in an RTI model, or how these decisions should be made. Some researchers recommend a standard treatment protocol model (Fuchs and Fuchs, 2006). Others prefer a problem-solving model (Marston, Muyskens, Lau, and Canter, 2003). Still others favor a hybrid model that is a combination of these two approaches (Vaughn, Linan-Thompson, and Hickman, 2003). As the National Association of State Directors of Special Education noted, "Some . . . have suggested that multi-tier systems might use *either* a problem-solving method . . . or a standard treatment protocol approach. This is an artificial distinction. All RTI systems must consider implementing the best features of both approaches" (Batsche et al., 2005).

#### Standard Treatment Protocol

With the standard treatment protocol model, the same empirically validated treatments are used for all children with similar problems (Batsche et al., 2005). The standard treatment protocol does not differ from child to child. The interventions are chosen from an approved list, and instructional decisions follow a standard protocol. Possible approaches might include explicit instruction in phonological awareness or in phonics skills, peer-assisted learning strategies, or computer programs (Case, Speece, and Molloy, 2003). Specific research-based interventions for students with similar difficulties are provided in a standardized format to ensure fidelity of implementation. Proponents argue that this is the most research-based of the approaches to RTI, and leaves less room for error in professional judgment (Fuchs and Fuchs, 2006).

#### Problem-Solving Model

The problem-solving model is a more individualized or personalized approach. For each child who is not progressing, a problem-solving team meets to consider all of the data available so that they can come up with an intervention plan for the child. Interventions are planned specifically for



the targeted student and are provided over a reasonable period of time. The process typically follows these steps:

1. Define the problem
2. Analyze the problem
3. Develop a plan
4. Implement the plan
5. Evaluate the plan

This approach maximizes problem-solving opportunities by allowing teams to be flexible. Professional expertise is valued.

#### Differences between the Two Models

Christ, Burns, and Ysseldyke (2005) note that the fundamental difference between the standard treatment protocol and the problem-solving model is the extent to which decision-making teams engage in analyzing individual student data before selecting and implementing interventions. With a standard treatment protocol, there is little examination of the reasons for a child's struggles. In contrast, the problem-solving model is more flexible. The emphasis is on individualized, targeted interventions based on an analysis of the

learning context, environmental conditions, and instructional variables as well as on a student's progress monitoring and other assessment data (Tilly, Reschly, and Grimes, 1999).

### Decision-Making Teams

There are different names for the decision-making teams in RTI models. They might be called "intervention teams," "problem-solving teams," or "RTI teams." Schools might have one or more teams, and membership might be flexible, depending on the expertise needed for a given situation. Teams can have different purposes. One purpose at the Tier 1 level might involve reviewing progress monitoring data and observing classroom instruction. If several students in a class do not seem to be progressing, the first step should be to help the teacher modify his or her instruction to be more appropriate for all students. Observing in classrooms is an important responsibility of the team.

When the majority of a class is progressing and about 20 percent or fewer of the students differ from their peers in rate of progress and the extent to which they are reaching benchmarks (Compton, Fuchs, Fuchs, and Bryant, 2006), then the role of the team is to determine which Tier 2 interventions to implement with students who are slower to respond. This process is more elaborate and focused on individual student needs when the school is using a problem-solving model, and less involved when the school is implementing a standard treatment protocol model.

When students who are receiving Tier 2 interventions continue to experience difficulty, the decision-making team convenes to determine which steps to take next. The team might decide to try different Tier 2 interventions, or perhaps more intensive Tier 3 interventions. The team might decide to initiate a more comprehensive evaluation for possible special education identification. When this is the case, due process safeguards apply. Families must provide permission for an evaluation to take place. As before the passage of IDEA 2004, families may request an evaluation for their child.

Decision-making teams should include members with relevant expertise. One team member must have expertise in learning disabilities. Another should be an expert in the targeted area of concern (e.g., reading, mathematics, behavior). If the student is an English language learner, it is critical that someone on the team have expertise in language acquisition, and if relevant, bilingual education. In addition, families should be included, as

well as general education teacher(s) and special education teacher(s).

### "Non-Responders" in an RTI Model

Students who make expected gains are said to "respond" to instruction and are projected to continue to make progress when evidence-based instruction is provided in their general education classrooms. An example of a good response is when the gap narrows between a student's rate and level of progress and that of her or his peers. In other words, the student seems to be catching up. An example of a questionable response is when the rate at which the gap is widening slows down, but the gap is still increasing (Batsche et al., 2005).

On the other hand, students who make minimal or no gains after being taught with high-quality, validated interventions are considered to be inadequately responding to intervention; in other words, they are "non-responders." The gap keeps growing without a change in rate. According to researchers (e.g., Fuchs, Mock, Morgan, and Young, 2003), these students may need more intensive long-term interventions, most likely through special education services.

Non-responders do not seem to progress even when instructed with a research-based approach. However, it is important to remember that not all students learn in the same way. Thus, one student may respond well to a given research-based intervention and another student may not. Research can only help us make educated guesses about which instructional practices are most likely to benefit the greatest number of children. But even in the best research studies, some students might actually respond better to an alternative approach. Therefore, when a child does not seem to be responding to an instructional method, it is important to try a different approach. RTI researcher Amanda VanDerHayden defines non-responders as "students for whom we have not yet found the right intervention" (personal communication, February 2006). Before educators conclude that a child is a non-responder who needs more intensive services, they should consider that there are many reasons the child may not be responding to instruction, such as:

- The method is not an effective one with this child, and a different approach would yield better results.
- The level of instruction might not be a good match for the child.
- The environment might not be conducive to learning.

Similarly, we know that teachers vary a great deal in how they apply different instructional approaches. How well a teacher implements a practice affects how well students learn (Al Otaiba and Fuchs, 2006). This common sense finding has important implications for anyone implementing RTI. Before deciding that a student is not responding to an intervention, it is essential to observe instruction to get a sense for how well it is being implemented. Another way to think about this is that the very notion that a child's "non-response" is meaningful and indicative that she or he needs more intensive intervention is based on the idea that *most* of the child's peers receiving the same instruction are thriving. If the majority of the students in the class are struggling, then the first step must be to improve instruction.

In other words, classroom observations must be part of every RTI model (Vellutino, Scanlon, Small, Fanuele, and Sweeney 2007; Fuchs et al., 2003; Vaughn and Fuchs, 2003). Vellutino and colleagues (2007) note that, "Intervention at this level is based on the assumption that many if not most struggling readers will be able to profit from relevant modifications in classroom literacy instruction, despite the fact that they were (apparently) less well equipped than their normally achieving classmates to compensate for inadequacies in reading instruction" (p. 186). This recognition that many students struggle when their instruction is inadequate is an important one, with significant implications for culturally and linguistically diverse students who often are educated in high-poverty, high-needs schools in which teachers are sometimes not as qualified as in more affluent schools (Darling Hammond, 1995; Harry and Klingner, 2006; Oakes, Franke, Quartz, and Rogers, 2002).



## Spotlight on Diversity

### RTI and Students Who Are Culturally and Linguistically Diverse

RTI has the potential to improve outcomes for students who are culturally and linguistically diverse and to more accurately determine which students need special education services (Klingner and Edwards, 2006). Yet it will take a great deal of professional development and support to help those implementing RTI move away from the deficit-based model of the past. Many practitioners assume that children must have an

internal deficit of some kind if they are not progressing, or perhaps they come from a supposedly "disadvantaged" background and their underachievement cannot be improved (Harry and Klingner, 2006). According to previous learning disabilities identification criteria, students presumably could not be identified as having a disability if their difficulties could be attributed to environmental factors. In reality, though, it can be quite challenging to determine the reasons for a student's struggles. The RTI model addresses this challenge by focusing on students' needs for support, regardless of the reason, rather than on whether they have a disability.

Similarly, a significant assumption underlying RTI models is that a stronger focus on classroom instruction, progress monitoring, and early intervention services will suffice to properly address the problem of students being inappropriately referred to and placed in special education. Yet the quality of RTI depends on the quality of preparation of the individuals involved. Without sufficient knowledge about cultural and linguistic diversity, for example, educators implementing RTI may presume that a child who does not make progress at a certain pace must have a disability rather than recognize that the child may need additional time and support while learning English. Although the process of learning to read in one's second language is similar to learning to read in one's first language, there also are important differences of which teachers may not be aware (August and Shanahan, 2006). Or teachers may equate cultural differences with cultural deficits, which may influence their interpretations of their diverse students' behaviors (Klingner and Solano-Flores, 2007). Second language acquisition, best practices for English language learners, and cultural variations should be considered when assessing student progress, designing interventions, and interpreting English language learners' responses to interventions.

Problem-solving RTI approaches appear to be more appropriate for use with culturally and linguistically diverse students because the focus is on understanding external or environmental factors that affect their opportunity to learn in addition to personal factors. For RTI to work, team members must have expertise in cultural and linguistic diversity and be knowledgeable about interventions that have been effective with culturally and linguistically diverse students with different needs.

## Working with Families

As with previous versions of the Individuals with Disabilities Education Act, families *must* be involved when a school is considering whether to conduct comprehension evaluations of children to determine whether they have a disability. Just as before, families can request a formal evaluation for a disability at any time. A family should also be notified early in the RTI process that a child seems to be struggling and that the school plans to try specific interventions to help. The Council for Exceptional Children (2006–2007) suggests that schools let families know about their child’s participation in the RTI process at least by Tier 2. Schools should describe the RTI process, provide families with written intervention plans that are clearly explained, obtain families’ consent, and provide families with regular updates about their child’s progress. The National Center for Learning Disabilities (Cortiella, 2006) advises including the following information in written intervention plans:



- A description of the specific intervention;
- The length of time (such as the number of weeks) that will be allowed for the intervention to have a positive effect;
- The number of minutes per day the intervention will be implemented (such as 30 to 45 minutes);
- The persons responsible for providing the intervention;
- The location where the intervention will be provided;
- The factors for judging whether the student is experiencing success;
- A description of the progress monitoring strategy or approach, such as CBM, that will be used;
- A progress monitoring schedule;
- How frequently (the parents) will receive reports about (their) child’s response to the intervention. (p. 5)

**FOCUS Question 3.** How do screening and progress monitoring of students facilitate RTI?

## Universal Screening

Universal screening in reading, and sometimes in math, is an essential component of RTI models at the Tier 1 level. This process involves administering the same test to all students to determine who is

likely to be at risk for academic difficulties, in the same way that schools have checked children’s vision for years to screen students for potential problems. In many schools, screening is carried out three times a year: in the fall, winter, and spring. Screening instruments usually have few items and are short in duration. Screening is used to determine if additional testing is needed. Schoolwide academic screening was rarely implemented with previous models. Instead, it was typically the classroom teacher who first noticed that students were struggling and referred them for an evaluation. Invariably some students were overlooked. With universal screening, however, everyone is tested.

Universal screening is a quick way to identify general performance levels and determine whether students are on track to developing proficiency in the fundamental skills of reading and math. We know much more than we used to about how to predict future reading levels, for example, using phonological awareness and rapid naming tasks. Thus, we can determine with some accuracy which students are at risk and require additional intervention (Vellutino et al., 2007). Foorman and Ciancio make the point that “the purpose of early screening could be identifying students *not* at risk so that instructional objectives can be established for students potentially at risk” (2005, p. 494). Screening also provides valuable information about class performance and identifies teachers who might need further professional development. Once students have been identified as needing additional assistance using a screening measure, interventions are provided.

Numerous assessments can be used as screening instruments (see Table 3.2 for a list of possible reading measures). Some tests assess only one or two elements of reading (such as the C-TOPP, which only tests phonological processing), while others tap into several reading components. Some are quite quick to administer, such as the TOWRE, while others take much longer, such as the QRI-4 (Rathvon, 2004).

## Using Screening to Make Educational Decisions

Screening is useful for providing quick information at the classroom or group level as well as at the student level (Ikeda, Rahn-Blakeslee, Niebling, Allison, and Stumme, 2006). When all of the students in a school are screened, school administrators can examine assessment results for patterns across as well as within classrooms. When problems are widespread across classrooms, schoolwide interventions are called for. Or it could be that most of the students

**TABLE 3.2**  
Possible Screening Measures for Reading

Assessment	Publisher and Website	Grades or Ages	Oral Lang.	PA	Phon.	Word ID	Flu.	Voc.	Comp.	Comments
AIMSweb Curriculum-Based Measurement (CBM)	Edformation www.aimsweb.com	K–12	No	Yes	Yes	No	Yes	No	Yes	Offers Web-based data management
Basic Early Assessment of Reading (BEAR)	Riverside www.riverpub.com	K–3	No	Yes	Yes	Yes	Yes	Yes	Yes	Pencil-paper and computerized versions
Comprehensive Test of Phonological Processing (CTOPP)	PRO-ED www.proedinc.com	K–3	No	Yes	No	No	No	No	No	Phonological processing only
Dynamic Indicators of Basic Early Literacy Skills (DIBELS)	Sopris West/Cambium www.dibelsassessment.com	K–3, 4–6	No	Yes	Yes	No	Yes	No	Yes (4–6 only)	Grade 4–6 students assessed only in fluency and comprehension
Fox in a Box-2	CTB McGraw-Hill www.ctb.com	PreK–3	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Includes PreK
Qualitative Reading Inventory-4 (QRI-4)	Allyn & Bacon/ Longman www.ablongman.com	K–12	No	Yes	No	Yes	Yes	No	Yes	Informal Assessment Instrument
Slosson Oral Reading Test (SORT-R3)	Slosson www.slosson.com	K–12	No	No	No	Yes	No	No	No	Word ID only
Scholastic Reading Inventory (SRI)	Scholastic teacher .scholastic.com	K–12	No	No	No	No	No	No	Yes	Computer Adaptive; Includes Data Management System
Test of Early Reading Ability (TERA-3)	Pearson <a href="http://ags.pearsonassessments.com">http://ags.pearsonassessments.com</a> PRO-ED <a href="http://www.proedinc.com">www.proedinc.com</a>	Ages 3.6–8.6	No	No	No <sup>1</sup>	Yes <sup>2</sup>	No	Yes	Yes	Assesses letter knowledge and environmental print
Texas Primary Reading Inventory (TPRI)	Texas Education Agency <a href="http://www.tpri.org">www.tpri.org</a>	K–2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Includes screening section and inventory section
Test of Word Reading Efficiency (TOWRE)	Pearson <a href="http://ags.pearsonassessments.com">http://ags.pearsonassessments.com</a>	Ages 6.0–24.11	No	No	Yes	Yes	No	No	No	Pseudo-word reading and Word ID only

*Note:* Lang. = language; PA = phonological awareness; Phon. = phonics; ID = identification; Flu. = fluency; Voc. = vocabulary; Comp. = comprehension.  
<sup>1</sup> Letter knowledge only.  
<sup>2</sup> Environmental print only.

in the majority of classrooms do well, whereas in one or two classrooms a lot of students seem to be struggling. When this is the case, data indicate a classwide problem in which it may be most appropriate to provide interventions at the class level. When only a few students are struggling relative to their peers, then problems seem to be at an individual level, and individual interventions are warranted.

### Progress Monitoring

Whereas screening is used to assess *all* students to determine who might need additional support, progress monitoring is applied with individual students to assess their response to interventions. Like screening measures, progress monitoring instruments are quick to administer and focus on targeted skills in the

## Apply the Concept 3.1

### Steps in Conducting Progress Monitoring

There are a number of steps to follow when screening students and conducting progress monitoring. Deno, Lembke, and Reschly Anderson (no date) describe one way to apply these concepts:

1. Screen all students in the fall.
2. Rank students by grade level and by classroom. In other words, compile assessment results so that patterns of achievement within classrooms and across classrooms at every grade level can be examined.
3. Identify lower-achieving students in each grade or classroom.
4. Set goals for individual students.
5. Use frequent progress monitoring with students identified as low achievers. Progress monitoring might occur monthly or as often as every week, particularly with the lowest students, on targeted skills (e.g., oral reading fluency).
6. Students who score at adequate levels or higher on the screening instrument can be assessed less frequently, for example, three times a year (i.e., in the fall, winter, and spring).
7. Create graphs that provide visual displays of students' progress.
8. Evaluate progress monitoring data regularly using a systematic set of decision rules to determine whether interventions seem to be effective for individual students.
9. Revise interventions as necessary in response to the data.

core curriculum. The purposes of progress monitoring are to closely monitor students' progress, to develop profiles of students' learning, and to assess the effectiveness of interventions so that changes can be made if necessary. These data can be quite useful if children continue to struggle and the decision is made to conduct a comprehensive evaluation of their strengths and needs. Progress monitoring measures are administered frequently, perhaps once a month, or as often as once a week in some cases. For more information on progress monitoring measures and procedures specific to reading and mathematics, see Chapters 7, 8 and 11 in this book. For a list of steps to follow in completing progress monitoring, see Apply the Concept 3.1.

**FOCUS Question** 4. What is the role of the special educator in an RTI model?

### Role of Special Education Teachers

The special education teacher plays several important roles in a multitiered RTI model: collaborating with general education and providing consultation services, helping to identify children with disabilities, offering intensive interventions to

Tier 3 students, and helping Tier 3 students access the general education curriculum. Special educators may work with struggling students who have not been labeled as having disabilities. In some ways these are similar to the roles special education teachers assumed in the past, and in other ways they are quite different. These shifting roles will require some fundamental changes in the way general education and special education personnel do their work (National Association of School Psychologists, 2006).

### Collaborating and Consulting with General Educators

As with previous models, particularly coteaching and inclusion, one role of the special education teacher in an RTI model is to collaborate with general education teachers and other teachers (e.g., English language development teacher, reading specialist) to provide students who have special needs with a seamless set of services. Special education teachers may still spend part of their day coteaching or meeting with general education teachers as part of a collaborative-consultation model (see Chapter 5 for a full explanation of collaborative models). The purpose of these efforts is to make sure students with disabilities receive accommodations and adaptations so that they have access to the general education curriculum and can participate in

the general education program to the extent they are able.

Another way that special education teachers collaborate is by serving on RTI problem-solving (or intervention) teams that consider progress monitoring and other data and make decisions about teacher and student needs. Special education teachers provide their expertise when planning interventions or assessments. They are most likely the team member with the greatest expertise about learning disabilities and can offer insights about individual cases.

### Identifying Students with Disabilities

When students have participated in targeted interventions at the Tier 2 level and still do not seem to progress, the problem-solving team may conclude that a comprehensive evaluation is needed to determine if the students have learning disabilities. Not all researchers agree about how much and what kind of additional data are needed to make this determination. The National Association of School Psychologists emphasizes that RTI requires a “shift from a within-child deficit paradigm to an eco-behavioral perspective” (Canter, 2006). In other words, the data collected should include information about the instructional environment as well as within-child factors.

Most experts agree that RTI data by themselves are not sufficient to identify learning disabilities, but that RTI data should serve as the core of a comprehensive evaluation. Most likely the special education teacher would administer formal and informal measures of the child’s academic skills (in addition to the screening measures, progress monitoring, and other assessment data already collected). The focus should be to develop a profile that includes information about the student’s strengths as well as areas of need. The special education teacher and/or other members of the team would observe the child in different contexts to better understand the instructional environment and how appropriate it seems, as well as under what conditions the student seems to thrive or struggle. Observations should include a focus on how well the child is doing in comparison with similar peers.

A psychologist may or may not conduct an evaluation of the student’s intellectual ability and cognitive functioning. Just how this is done depends on the state’s and district’s policies and what the problem-solving team decides is useful data. If the team has concerns about the child’s mental and emotional health, the psychologist also conducts

assessments in this area. A social worker interviews the parents about the child’s background and developmental milestones. The team collects additional information, such as about the child’s attendance patterns. The family members are involved in the process as valued team members.

The special education teacher then works with the team to review and analyze all relevant data to make decisions about the best course of action for the child. They develop an intervention plan and set learning and, if appropriate, behavioral goals. If the team determines that the student has a disability, then they develop an individualized educational plan (see Chapter 1 to review the IEP process).

### Providing Intensive Interventions

Much of a special education teacher’s time should be devoted to providing intensive individualized instruction to students identified as having learning disabilities. Many consider this “the hallmark of special education” (Division for Learning Disabilities, 2006). Yet as the numbers of students identified as having disabilities has increased over the last few decades and instructional group sizes have grown, in many schools the special education teacher has lost this role. Experts believe that many of the students placed in special education in the learning disabilities category probably did not truly have a disability, but instead had not received sufficient opportunities to learn through effective, appropriate instruction. With RTI, the hope is that teams will accurately identify students with learning disabilities, and these will be the students who receive intensive, individualized support.

Special education teachers work one-on-one or with small groups of students in reading, math, or other content areas (Vaughn and Linan-Thompson, 2003), using techniques described in Chapters 6 through 11 of this text. Instruction is intense, frequent, and of a longer duration than at previous tiers in the RTI model. The special education teacher controls task difficulty and provides ongoing systematic and corrective feedback; progress monitoring continues. See Apply the Concept 3.2 for an example of how Katie Kelly conducts intensive interventions with her reading class.

### Helping Students Access the General Education Curriculum

Another critical role of special education teachers is helping students with learning disabilities access the general education curriculum, as stipulated by

## Apply the Concept 3.2

### Intensive Interventions in Reading

Katie is teaching a 30-minute lesson to a group of 4 fourth- and fifth-grade students who are all reading at an upper-first or a second-grade level. This instruction is considered special education, at the third tier of the school's RTI model. Progress monitoring data indicate that all four students need to build their word study skills. Class begins and students immediately get to work. Their first task is one they know well, and enjoy. They have one minute to think of and write down all of the words that have the -ide or -ike rime, or, in other words, are in the same word families. Katie lets them know when time is up, and they count up all of the words they have listed. The student with the most words reads them aloud, while other students check their lists to see if they have written down any words not stated by the first student, and read these aloud. This is a quick warm-up activity that also serves as a review of previously learned material.

Next Katie introduces two syllable words that have an open, vowel-silent *e* pattern: be-side, a-like, lo-cate, fe-male, e-rase, do-nate, re-tire, ro-tate, pro-vide, and mi-grate. The last two are "challenge" words because they include blends. Before the lesson began, Katie had written the words on the whiteboard at the front of the classroom, each with a hyphen between syllables. Each student also has a list of the words at his or her desk, one row with the hyphens in each word and another without them. Katie directs students to count how many syllables they see in each word. Next she has them mark vowels and consonants. She asks them what they notice about the first syllable in each word, and then what they notice about the second syllable in each word (i.e., that all have the vowel-silent *e* pattern). She points out that they have learned the syllables before, and probably recognize most of them. She asks them to look for syllables

they know. Then together Katie and the students read the words.

Katie explains and demonstrates what the words mean. For example, for the word *erase*, she erases a word on the board, and for *retire*, she reminds the students that one of their previous teachers has retired. Students practice reading the words, first with the entire group, and then taking turns with a partner. Katie and the students next play a game of Concentration, using the same words. Before students arrived, she had set the cards out on a table, ready to go for the game. Some cards have a first syllable on them, and others a second syllable. The goal is for students to match the syllables to make the target words. Finally, for the last six minutes of the lesson, students read connected text with the target words. Before students leave, Katie asks them to look for and bring in any books or magazine or newspaper articles that have one or more of the target words.

IDEA 2004. Special education teachers rely on data collected by the problem-solving or intervention team and work with general educators to develop accommodations, modifications, and/or learning supports to help students experience success in general education classrooms. Special education teachers may also work with students with disabilities and others who are struggling with similar skills and concepts on learning strategies and study skills, or on reinforcing key concepts through preteaching or review.

### Specialized Knowledge

Teachers who work with students who have learning disabilities need specialized knowledge so that they can match students' needs with the most appropriate interventions and recommend

modifications, adaptations, and accommodations that support students' success with the general education curriculum. Thus, according to the Division for Learning Disabilities (2006) special educators should:

- Understand and be able to apply pedagogy related to cognition, learning theory, language development, behavior management, and applied behavioral analysis
- Be knowledgeable about criteria for identifying and selecting research-based instructional programs to use with students who have learning disabilities
- Be able to individualize instruction by conducting a task analysis and determining what a child already knows and can do and needs to learn next

- Be able to provide explicit instruction in reading, writing, spelling, math, and listening and learning strategies
- Be able to adjust instruction and learning supports based on student progress, observation, and clinical judgment
- Be able to conduct comprehensive evaluations that include standardized assessment measures, informal assessment, and behavioral observations, and be able to develop meaningful educational recommendations
- Be able to explain test results to help parents and teachers understand students' needs and the recommendations the special educator has generated during the assessment process
- Possess strong communication and collaboration skills so that they can function as effective members of problem-solving teams
- Understand and apply the legal requirements of IDEA 2004 and federal and state regulations

See Apply the Concept 3.3 to reflect on RTI and how teachers at Morning Glory Elementary address challenges with RTI.

## Apply the Concept 3.3

### Addressing Challenges with RTI

The teachers at Morning Glory Elementary School are confused about different aspects of RTI and uncertain how to deal with some of the challenges they are facing. What would you recommend to help them address each of these challenges?

*Challenge #1:* According to progress monitoring data, more than half of the students in some classes are not reaching benchmarks. What should they do?

*Possible Response:* When many students are not progressing with a particular instructional program or in certain classrooms, the first step is to look for ways to improve instruction. Perhaps the teachers need more professional development on how to use designated research-based instructional practices. Or perhaps the teachers should try different approaches. It is important: (1) to examine the program to determine if it has been validated with students like those in the class, (2) to determine whether instruction is at an appropriate level for students and the program is well-implemented, and (3) to establish whether teachers are sufficiently differentiating instruction to meet diverse student needs.

Determining whether a program is well implemented and appropriate

for students requires observing in classrooms. The program might be an appropriate one, but the teacher could be having trouble applying it with fidelity. Maybe the teacher is struggling with classroom management and needs assistance in this area before being able to focus more on instruction. Or perhaps the teacher lacks the knowledge and skills to differentiate instruction (Klingner, Méndez Barletta, and Hoover, in press). In any case, it is important to explore what can be done to improve instruction and to provide group interventions before providing individual interventions.

*Challenge #2:* RTI problem-solving meetings look very much like the Child Study Team Meetings of previous years, focused on possible reasons for a child's struggles from a deficit perspective. For example, teachers talk of "referring students to RTI" (Orosco, 2007). The teachers and other school personnel are not clear how the RTI process is similar to and different from the Pre-Referral Process. What would you recommend?

*Possible Response:* RTI differs significantly from previous models in thinking about supporting struggling students. It is to be expected that it will take some time for school

personnel to shift from focusing on figuring out what is wrong with a student to looking more broadly at the instructional context and ways to make it better, as well as at how to provide support for all students who need help, regardless of label (Klingner et al., in press). One option during this transition period is to focus on making sure Tier 1 instruction and Tier 2 interventions are as strong as possible.

*Challenge #3:* School personnel are unclear about what it means to provide "evidence-based" or "research-based" instruction and the extent to which instruction should be differentiated to meet students' needs in the first tier. How would you explain this?

*Possible Response:* "Research-based" means that an instructional practice has been validated by testing it in comparison with different practices and finding it to be the most effective. Research can help us make an educated guess about which practice is most likely to work well with the majority of our students, but it does not tell us which practice will work with everyone. In fact, we know that not all students learn the same way and students' learning needs vary.

(continued)

## Apply the Concept 3.3

### Addressing Challenges with RTI *(continued)*

“Research-based” implies that we can generalize from the findings of original research studies to our own teaching situations. Yet it is important to remember that it is only possible to generalize to other student populations and contexts like those in these studies. This is not always the case, as with English language learners who are often left out of studies because they are not yet fully proficient in English. Numerous instructional approaches recommended as being research-based have not actually been validated or tried out with English language learners or in school contexts similar to those in which many English language learners are educated (Klingner and Edwards, 2006). Vaughn and Fuchs (2003) have noted that research on interventions with culturally and linguistically diverse students is very limited. Nevertheless, district and school personnel should make every effort to select research-based interventions

that actually have been tried and found to be effective with students similar to those with whom they will be used.

*Challenge #4:* School personnel are confused about Tier 2 interventions. They wonder what should “count” as a secondary intervention and whether the special education teacher can provide Tier 2 interventions. They also are not sure what to do about those students who seem to need secondary interventions for an indefinite period of time. How would you respond?

*Possible Response:* Only those small group interventions that are supplemental to the core curriculum and based on students’ needs as assessed by universal screening and progress monitoring can be considered Tier 2 interventions. Some practitioners struggle with the idea that secondary interventions are provided as part of general education. Yet this notion is fundamental to RTI.

Although special education teachers can serve as consultants regarding Tier 2 interventions, and may even provide Tier 2 interventions from time to time, this should not be their primary role, and they should not be a school’s main Tier 2 intervention providers.

Some students progress enough with the interventions in Tier 2 that they return to Tier 1, but then their progress slows down, and they once again need Tier 2 support. When they receive Tier 2 interventions they once more do well. Our position is that these students should consider participating in Tier 2 as needed, and when needed, based on ongoing progress monitoring data. Tier 2 interventions are always of a fixed duration, but if it should appear that a student requires this level of support again, it should be offered. The important point is that Tier 2 interventions seem to be meeting the student’s needs.

## SUMMARY for Chapter 3

RTI must be a schoolwide approach, one that is designed and implemented as part of a complex process of school improvement. This entails coordinating curriculum and assessment considerations, addressing teachers’ professional development needs, attending to school climate issues that might constrain change efforts, and enhancing leaders’ capacities to orchestrate and respond to multiple (often contradictory) reforms. Adelman and Taylor (no date) caution that if RTI is treated simply as a way to provide more and better instruction, it is not likely to be effective for many students. Instead, RTI must be understood as part a comprehensive system of classroom and schoolwide

learning supports. With broad-based schoolwide models, schools are in a better position not only to address problems successfully when they are first detected, but also to prevent many problems from occurring. Adelman and Taylor note that an effective RTI model reduces the numbers of students who are inappropriately referred for special education and also enhances attendance, reduces misbehavior, closes the achievement gap, and increases graduation rates. Sustained implementation of RTI will require strong leadership, collaboration among special educators and general educators, and a well-established infrastructure (Burdette, 2007).

## FOCUS Answers

### FOCUS Question 1. What past challenges does RTI address?

**Answer:** RTI addresses numerous challenges associated with past procedures for supporting student learning and identifying students with learning disabilities. Previous identification criteria focused on establishing a discrepancy between achievement and potential as measured with an IQ test. Yet this way of determining who qualified for special education turned out to be problematic for multiple reasons. Not all students who struggle and need special education demonstrate an IQ–achievement discrepancy. Also, it can be difficult to assess accurately the potential of students, particularly culturally and linguistically diverse students. The identification process was quite subjective, and varied a great deal across schools, districts, and states. Not enough attention was given to making sure students had received an adequate opportunity to learn. In addition, by the time students demonstrated enough of a discrepancy to qualify for special education services, they were already quite far behind, and years had passed in which they could have been receiving intensive assistance.

### FOCUS Question 2. What are the key components of RTI and how are they implemented?

**Answer:** RTI includes several key components. The first is high-quality, research-based instruction that is well-matched to students' needs and implemented with fidelity by skilled, caring teachers. Additional components include schoolwide screening to assess the learning levels of all students, and progress monitoring designed to assess individual students' learning over time. Thus, an important aspect of RTI is data-based decision making. Data are used to make decisions about

which interventions to use, the intensity of interventions, and the duration of the interventions.

### FOCUS Question 3. How do screening and progress monitoring of students facilitate RTI?

**Answer:** Universal screening and progress monitoring are essential components of RTI. It is through these assessment procedures that data-based decisions can be made about which research-based instructional practices should be used to teach students. Screening is done as part of the first tier of an RTI model. All students are screened. Progress monitoring can also be part of the first tier, but it is an essential component of Tiers 2 and 3. The progress of all students who receive interventions targeted to their instructional needs is monitored frequently. The purposes of progress monitoring are to assess the effectiveness of the interventions so that changes can be made if necessary and also to develop a profile of the student's learning. These data can be quite useful when determining whether a student has a learning disability.

### FOCUS Question 4. What is the role of the special educator in an RTI model?

**Answer:** Special education teachers play several important roles in an RTI model. They collaborate with general education teachers and other service providers, offering consultation services and helping to identify children with disabilities. They also provide intensive interventions to special education students to help them reach learning objectives in targeted areas, such as in reading and/or math. In addition, they help special education students access the general education curriculum. Special educators might also work with struggling students who have not been labeled as having disabilities.

## THINK and APPLY

- How are RTI models different from previous prereferral and special education models?
- What are the benefits of universal screening?
- What are the benefits of progress monitoring?
- Observe a problem-solving (or intervention) team meeting at a local school. What kinds of data do team members consider? What do you notice about the decision-making process?
- Why might RTI models be more appropriate for and useful with culturally and linguistically diverse students than previous models?
- What considerations are important when using RTI with culturally and linguistically diverse populations?
- What kinds of specialized knowledge should special education teachers have?

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- What challenges might schools face when they are implementing RTI?
- Observe Tier 2 and Tier 3 instruction in a nearby school. What do you notice about the similarities and differences between the two? Who provides the interventions in each case?
- How should families be involved in an RTI model?

## APPLY the STANDARDS



Use the information presented in this chapter and your knowledge of the CEC standards (LD1K5, LD4K2, LD7K1, LD8K2, LD8K3, CC10K1) to describe the strengths of an RTI model in meeting the needs of struggling readers in elementary school.

**Standard LD1K5:** Current definitions and issues related to the identification of individuals with learning disabilities.

**Standard LD4K2:** Methods for ensuring individual academic success in one-to-one, small group, and large group settings.

**Standard LD7K1:** Relationships among reading instruction methods and learning disabilities.

**Standard LD8K2:** Factors that could lead to misidentification of individuals with learning disabilities.

**Standard LD8K3:** Procedures to identify young children who may be at risk for learning disabilities.

**Standard CC10K1:** Models and strategies of consultation and collaboration.

## WEBSITES as RESOURCES for Response to Intervention

The following Websites provide extensive resources to expand your understanding of response to intervention:

- Center on Instruction [www.centeroninstruction.org](http://www.centeroninstruction.org)
- Council for Exceptional Children (CEC) [www.cec.sped.org](http://www.cec.sped.org)
- Council for Exceptional Children (CEC), Division for Learning Disabilities [www.teachingld.org](http://www.teachingld.org)
- Focus on Response to Intervention: RTI Resource Library [www.reading.org/resources/issues/focus\\_rti\\_library.html](http://www.reading.org/resources/issues/focus_rti_library.html)
- National Association of School Psychologists [www.nasponline.org](http://www.nasponline.org)
- National Association of State Directors of Special Education (NASDSE) [www.nasdse.org](http://www.nasdse.org)
- National Center for Culturally Responsive Educational Systems [www.nccrest.org](http://www.nccrest.org)
- National Center for Learning Disabilities [www.nclld.org](http://www.nclld.org)
- National Research Center on Learning Disabilities [www.nrclld.org](http://www.nrclld.org)
- Regional Resource and Federal Center (RRFC) Network [www.rrfcnwork.org](http://www.rrfcnwork.org)
- RTI Resource Center [www.autoskill.com/intervention/rti.php](http://www.autoskill.com/intervention/rti.php)
- U.S. Department of Education, Office of Special Education and Rehabilitative Services [www.ed.gov/about/offices/list/osers/index.html](http://www.ed.gov/about/offices/list/osers/index.html)



**Module Homework Exercise** Go to MyEducationLab and select the topic “LEGAL AND POLICY ISSUES,” then read the module “RTI (Part I): An Overview” and complete the activity questions below.

This module outlines the differences between the IQ–achievement discrepancy model and the response-to-intervention (RTI) model. It also offers a brief overview of each tier in the RTI model and explains its benefits.

1. How might the identification process influence which students might be identified with a learning disability in classrooms similar to Katie Kelly’s from the opening case study in Chapter 3?
2. Which components of RTI appear to be the most challenging to implement? Review the chapter and the module and brainstorm solutions to the challenges you identified.

**Module Homework Exercise** Go to MyEducationLab and select the topic “ASSESSMENT,” then read the module “RTI (Part II): Assessment” and complete the activity questions below.

This module explores in detail the assessment procedures integral to RTI. It also outlines how to use progress monitoring data to determine if a student is meeting the established performance criteria or if more intensive intervention is needed.

1. Based on the chapter and the information provided in the module, how can teachers initially identify struggling readers?
2. How will teachers determine which students need more intensive instruction?