

NASET LD Report #5

The Importance of Response to Intervention (RTI) in the Understanding, Assessment, Diagnosis, and Teaching of Students with Learning Disabilities

Overview of Response to Intervention (RTI)

The Response to Intervention (RTI) process is a multi-tiered approach to providing services and interventions to struggling learners at increasing levels of intensity. RTI can be used for making decisions about general, compensatory, and special education, creating a well-integrated and seamless system of instruction and intervention guided by child outcome data. RTI calls for early identification of learning and behavioral needs, close collaboration among teachers and special education personnel and parents, and a systemic commitment to locating and employing the necessary resources to ensure that students make progress in the general education curriculum. RTI is an initiative that takes place in the general education environment.

The National Research Center on Learning Disabilities (NRCLD, 2006) defines RTI as: an assessment and intervention process for systematically monitoring student progress and making decisions about the need for instructional modifications or increasingly intensified services using progress monitoring data.

RTI is an integrated approach to service delivery that encompasses general, remedial and special education through a multi-tiered service delivery model. It utilizes a problem solving framework to identify and address academic and behavioral difficulties for all students using scientific, research-based instruction. Essentially, RTI is the practice of: (a) providing high-quality instruction/intervention matched to all students needs and (b) using learning rate over time and level of performance to (c) make important educational decisions to guide instruction (National Association of State Directors of Special Education, 2005). RTI practices are proactive, incorporating both prevention and intervention and is effective at all levels from early childhood through high school.

Purpose of RTI

RTI is intended to reduce the incidence of instructional casualties by ensuring that students are provided high quality instruction with fidelity. By using RTI, districts can provide interventions to students as soon as a need arises. This is very different, for example, from the methods associated with the aptitude achievement discrepancy models traditionally utilized for SLD identification which have been criticized as a wait to fail approach.

IDEA 2004 allows the use of a student's response to scientific, research-based intervention (20 U.S.C 1414 (B)(6)(A)) as part of an evaluation. Response to intervention (RTI) functions as an alternative for learning disability (LD) evaluations within the general evaluation requirements of IDEA 2004. The statute continues to include requirements that apply to all disability categories, such as the use of validated, non biased methods, and evaluation in all suspected areas of difficulty. IDEA 2004 adds a new concept in eligibility that prohibits children from being found eligible for special education if they have not received instruction in reading that includes the five essential components of reading instruction identified by the Reading First Program. These requirements are those recognized by the National Reading Panel: phonemic awareness, phonics, reading fluency (including oral reading skills), vocabulary development, and reading comprehension strategies. RTI is included under this general umbrella. By using RTI, it is possible to identify students early, reduce referral bias, and test various theories for why a child is failing. It was included in the law specifically to offer an alternative to discrepancy models.

A key element of an RTI approach is the provision of early intervention when students first experience academic difficulties, with the goal of improving the achievement of all students, including those who may have LD. In addition to the preventive and remedial services this approach may provide to at-risk students, it shows promise for contributing data useful for identifying LD. Thus, a student exhibiting (1) significantly low achievement and (2) insufficient RTI may be regarded as being at risk for LD and, in turn, as possibly in need of special education and related services. The assumption behind this paradigm, which has been referred to as a dual discrepancy (L. S. Fuchs, Fuchs, & Speece, 2002), is that when provided with quality instruction and remedial services, a student without disabilities will make satisfactory progress.

The concept of RTI has always been the focus of the teaching/learning process and a basic component of accountability in general education: In other words, does instruction (i.e., strategies, methods, interventions, or curriculum) lead to increased learning and appropriate progress? In the past few years, RTI has taken on a more specific connotation, especially in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004),² as an approach to remedial intervention that also generates data to inform instruction and identify students who may require special education and related services. Today, many educators, researchers, and other professionals are exploring the usefulness of an RTI approach as an alternative that can provide (1) data for more effective and earlier identification of students with LD and (2) a systematic way to ensure that students experiencing educational difficulties receive more timely and effective support (Gresham, 2002; Learning Disabilities Roundtable, 2002, 2005; National Research Council, 2002; President's Commission on Excellence in Special Education, 2002).

Importance of RTI

According to current early reading research, all except a very few children can become competent readers by the end of the third grade. RTI is a process that provides immediate intervention to struggling students at the first indication of failure to learn. Through systematic screening of all students in the early grades, classroom teachers identify those who are not mastering critical reading skills and provide differentiated intervention to small groups of students. Continuous progress monitoring of students responses to those interventions allows teachers to identify students in need of additional intervention and to adjust instruction accordingly.

Response to Intervention is about building better readers in the early grades and consists of multi-tiered reading instruction in the general education classroom. In an RTI model, ALL students receive high quality reading instruction and struggling readers receive additional and increasingly more intense intervention. Early intervention and prevention of reading difficulties are fundamental to the process. However, if a student's learning history and classroom performance warrant, a multidisciplinary team may determine the student has a disability and needs special education services to ensure continued and appropriate academic progress.

Three major developments concerning the education of students with learning problems have coalesced to establish RTI as a promising approach. First, long-standing concerns about the inadequacies of the ability achievement discrepancy criterion which was a component of the Individuals with Disabilities Education Act of 1997 for identifying LD have accentuated the need to develop alternative mechanisms for the identification of LD. At the LD Summit of August 2001, sponsored by the Office of Special Education Programs, RTI was the alternative proposed by several researchers (e.g., Gresham, 2002; Marston, 2001).

Second, special education has been used to serve struggling learners who do not have LD or other disabilities. An RTI approach has been suggested as a way to reduce referrals to special education by providing well-designed instruction and intensified interventions in general education, thereby distinguishing between students who perform poorly in school due to factors such as inadequate prior instruction from students with LD who need more intensive and specialized instruction.

A third major reason for the increased interest in an RTI approach has been the abundance of recent research on reading difficulties, in particular, the national network of research studies coordinated by the National Institute of Child Health and Human Development (NICHD). A number of NICHD research studies have demonstrated that well-designed instructional programs or approaches result in significant improvements for the majority of students with early reading.

Is RTI a New Approach ?

RTI is not a new approach. It is recognizable under other names such as dynamic assessment, diagnostic teaching, and precision teaching. Those terms, however, have been applied to approaches used to maximize student progress through sensitive measurement of the effects of instruction. RTI applies similar methods to draw conclusions and make LD classification decisions about students. The underlying assumption is that using RTI will identify children whose intrinsic difficulties make them the most difficult to teach. Engaging a student in a dynamic process like RTI provides an opportunity to assess various hypotheses about the causes of a child's difficulties, such as motivation or constitutional factors like attention.

Core Principles of RTI

RTI is comprised of seven core principles that represent recommended RTI practices (Mellard, 2003). These principles represent systems that must be in place to ensure effective implementation of RTI systems and establish a framework to guide and define the practice.

1. Use all available resources to teach all students. RTI practices are built on the belief that all students can learn. One of the biggest changes associated with RTI is that it requires educators to

shift their thinking: from the student--- to the intervention. This means that the initial evaluation no longer focuses on what is wrong with the student.

Instead, there is a shift to an examination of the curricular, instructional, and environmental variables that change inadequate learning progress. Once the correct set of intervention variables have been identified, schools must then provide the means and systems for delivering resources so that effective teaching and learning can occur. In doing so, schools must provide resources in a manner that is directly proportional to students needs. This will require districts and schools to reconsider current resource allocation systems so that financial and other support structures for RTI practices can be established and sustained.

2. Use scientific, research-based interventions/instruction. The critical element of RTI systems is the delivery of scientific, research-based interventions with fidelity in general, remedial and special education. This means that the curriculum and instructional approaches must have a high probability of success for the majority of students. By using research-based practices schools efficiently use time and resources and protect students from ineffective instructional and evaluative practices. Since instructional practices vary in efficacy, ensuring that the practices and curriculum have demonstrated validity is an important consideration in the selection of interventions. With the absence of definitive research, schools should implement promising practices, monitor the effectiveness and modify implementation based on the results.

3. Monitor classroom performance. General education teachers play a vital role in designing and providing high quality instruction. Furthermore they are in the best position to assess students' performance and progress against grade level standards in the general education curriculum. This principle emphasizes the importance of general education teachers in monitoring student progress rather than waiting to determine how students are learning in relation to their same-aged peers based on results of state-wide or district-wide assessments.

4. Conduct universal screening/benchmarking. School staff conduct universal screening in all core academic areas and behavior. Screening data on all students can provide an indication of an individual student s performance and progress compared to the peer group s performance and progress. These data form the basis for an initial examination of individual and group patterns on specific academic skills (e.g., identifying letters of the alphabet or reading a list of high frequency words) as well as behavior skills (e.g., attendance, cooperation, tardiness, truancy, suspensions, and/or disciplinary actions). Universal screening is the least intensive level of assessment completed within a RTI system and helps educators and parents identify students early who might be at risk. Since screening data may not be as reliable as other assessments, it is important to use multiple sources of evidence in reaching inferences regarding students at risk.

5. Use a multi-tier model of service delivery. A RTI approach incorporates a multitiered model of service delivery in which each tier represents an increasingly intense level of services associated with increasing levels of learner needs. The system described here reflects a three-tiered design. All multi-tiered systems, regardless of the number of levels chosen, should yield the same practical effects and outcomes.

In a RTI system, all students receive instruction in the core curriculum supported by strategic and intensive interventions when needed. Therefore, all students, including those with disabilities, are found in Tiers I, II, and III. Important features, such as universal screening, progress monitoring, fidelity of implementation and problem solving occur within each tier. The basic

tiered model reflects what we know about students in school: their instructional needs will vary. Thus, the nature of the academic or behavioral intervention changes at each tier, becoming more rigorous as the student moves through the tiers.

Tier I represents the largest group of students, approximately 80-90%, who are performing adequately within the core curriculum. Tier II comprises a smaller group of students, typically 5-10% of the student population. These students will need strategic interventions to raise their achievement to proficiency or above based on a lack of response to interventions at Tier I. Tier III contains the fewest number of students, usually 1-5%. These students will need intensive interventions if their learning is to be appropriately supported (Tilly, 2006).

6. Make data-based decisions. Decisions within a RTI system are made by teams using problem solving and/or standard treatment protocol techniques. The purpose of these teams is to find the best instructional approach for a student with an academic or behavioral problem. Problem solving and standard treatment protocol decision making provide a structure for using data to monitor student learning so that good decisions can be made at each tier with a high probability of success. When using the problem solving method teams answer four interrelated questions: (1) Is there a problem and what is it? (2) Why is it happening? (3) What are we going to do about it? (4) Did our interventions work? (NASDSE, 2005) Problem solving and standard treatment protocol techniques ensure that decisions about a student's needs are driven by the student's response to high quality interventions.

7. Monitor progress frequently. In order to determine if the intervention is working for a student, the decision making team must establish and implement progress monitoring. Progress monitoring is the use of assessments that can be collected frequently and are sensitive to small changes in student behavior. Data collected through progress monitoring will inform the decision making team whether changes in the instruction or goals are needed. Informed decisions about students' needs require frequent data collection to provide reliable measures of progress. Various curriculum-based measurements are useful tools for monitoring students' progress.

Events That Led to Changes in LD Identification in IDEA 2004

Through decades of educational practice, it has become generally accepted that a severe discrepancy is in fact a learning disability and/or a proxy for a learning disability and its underlying processing disorders. It is now widely acknowledged that there is not a scientific basis for the use of a measured IQ achievement discrepancy as either a defining characteristic of or a marker for LD. Though numerous authorities (Fletcher et al., 1998; Lyon et al., 2001; Stanovich, 2005) have identified problems with discrepancy models, it has persisted as the most widely used diagnostic concept. In the 1997 reauthorization process, the concern with discrepancy approaches reached a head and the U.S. Office of Special Education Programs (OSEP) committed to a vigorous program of examining and summarizing evidence around LD identification. That effort resulted in the Learning Disabilities Summit, as well as subsequent roundtable meetings involving representatives of major professional organizations. While preparing for the 2004 IDEA reauthorization, OSEP conducted the 2002 Learning Disabilities Roundtable to generate a series of consensus statements about the field of learning disabilities. With respect to the use of discrepancy formulas, the members stated: Roundtable participants agree there is no evidence that ability-achievement discrepancy formulas can be applied in a

consistent and educationally meaningful (i.e., reliable and valid) manner. They believe SLD eligibility should not be operationalized using ability-achievement discrepancy formulas.

Rationale for Replacing the Discrepancy Model with RTI

Response to Intervention offers the promise of building better readers through the provision of differentiated instruction based on data from ongoing assessments for all students in the early grades. That is, all students receive scientifically research based reading instruction and, most importantly, struggling readers receive additional instructional time and research based reading interventions within the structure and context of the general education classroom. In essence, RTI replaces the practice of waiting to fail with deliberate early intervention and prevention.

Major Issues Related to the Use of the Concept of Achievement-Ability Discrepancy

Issue #1: Discrepancy models fail to differentiate between children who have LD and those who have academic achievement problems related to poor instruction, lack of experience, or other problems.

It is generally agreed that the model of achievement-ability discrepancy that has been employed was influenced by research conducted by Rutter and Yule (1975) (Reschly, 2003). This research found two groups of low achieving readers, one with discrepancies and one without. It was this finding that formed the basis for the idea that a discrepancy was meaningful for both classification and treatment purposes. Later analyses of this research, and attempts to replicate it, have failed to produce support for the two group model for either purpose. In fact, it is now accepted that reading occurs in a normal distribution and that students with dyslexia or severe reading problems represent the lower end of that distribution (Fletcher et al., 2002).

Issue #2: Discrepancy models discriminate against certain groups of students: students outside of mainstream culture and students who are in the upper and lower ranges of IQ. Due to psychometric problems, discrepancy approaches tend to under-identify children at the lower end of the IQ range, and over-identify children at the upper end. This problem has been addressed by various formulas that correct for the regression to the mean that occurs when two correlated measures are used. However, using regression formulas does not address issues such as language and cultural bias in IQ tests, nor does it improve the classification function of a discrepancy model (Stuebing et al., 2002).

Issue #3: Discrepancy models do not effectively predict which students will benefit from or respond differentially to instruction. The research around this issue has examined both progress and absolute outcomes for children with and without discrepancy, and has not supported the notion the two groups will respond differentially to instruction. (Stanovich, 2005) Poor readers with discrepancies and poor readers without discrepancies perform similarly on skills considered to be important to the development of reading skills (Gresham, 2002).

Issue #4: The use of discrepancy models requires children to fail for a substantial period of time usually years before they are far enough behind to exhibit a discrepancy. In order for children to exhibit a discrepancy, two tests need to be administered an IQ test, such as the

Wechsler Intelligence Scale for Children, and an achievement test, such as a Woodcock Johnson Tests of Achievement. Because of limitations of achievement and IQ testing, discrepancies often do not appear until late second, third, or even fourth grade. Educators and parents have experienced the frustration of knowing a child's skills are not adequate and not typical of the child's overall functioning, and being told to wait a year to re-refer the child. While waiting for a discrepancy to appear, other persistent problems associated with school failure develop such as poor self concept, compromised motivation, vocabulary deficits, and deficits associated with limited access to written content.

Why RTI was Considered in the Process of SLD Determination?

RTI is being strongly considered as part of the SLD identification process because it has the potential to address areas of the SLD definition and construct that are not adequately assessed with current approaches. If the features of RTI are implemented correctly:

- There is some assurance that students are being exposed to high quality instruction in the general education classroom by stipulating that schools use evidence-based instructional practices and routinely monitor the progress of all students.
- There is an emphasis on underachievement through its focus on discrepancy models that examine whether a student is failing to respond to instruction through both low overall achievement and inability to make adequate progress.
- They encourage access to early intervention because, with the regular monitoring of progress, at-risk students are identified early, and an infrastructure for the appropriate delivery of services already is established.
- They are designed to address many students with achievement problems, so the label of learning disability is applied only for those students who fail to respond to multiple levels of intervention efforts.
- They are meant to be applied as multiple measures of child performance rather than limiting determination to a single point in time.

What Role Should RTI Play in the Identification of Children with Specific Learning Disabilities

When considering adopting a RTI approach for identifying students with specific learning disabilities (SLD), school districts should keep in mind a number of provisions of IDEA 2004. Under IDEA 2004 schools districts may, but are no longer required to consider whether a student has a severe discrepancy between achievement and intellectual ability. At the same time, IDEA 2004 gives school districts the flexibility to determine that a student has SLD using RTI data. Proponents point out that identifying SLD through RTI shifts the focus of the evaluation process from emphasizing the documentation of the student's disability to emphasizing the student's instructional needs. RTI emphasizes this shift of focus through documentation of a student's persistent failure to progress even after receiving intense and sound scientific-research based interventions in the general education curriculum.

IDEA 2004 is silent about the exact criteria school districts may use in establishing a SLD. It is expected that when final federal regulations are published, specific criteria will be established and states will be provided clarifying guidance regarding these procedures. Until that time,

districts implementing RTI are strongly encouraged to use established approaches for using RTI data to identify SLD. The following is recommended:

After appropriate CBM probes have been applied, and after attempts have been made to implement at least two Tier III interventions with fidelity, a student should be considered non-responsive when the student's level of academic achievement has: (a) been determined to be significantly lower than that of his or her peers and (b) the gap between the student's achievement and that of his or her peers increases (or does not significantly decrease). Absent other information to explain the lack of achievement, students who are non-responsive at Tier III should be suspected of having a disability.

Once a referral for 504 or special education is initiated the school district must determine whether or not an initial comprehensive evaluation is required to determine the presence of a disability. Unless mitigating information exists to explain why the student was nonresponsive at Tier III, it is anticipated that an initial evaluation will be completed.

Before conducting an initial evaluation, the school district must obtain written consent from a parent or guardian. A comprehensive evaluation may or may not require additional testing. A comprehensive evaluation should include a formal observation of the student by a team member unless a recent observation was completed by a team member prior to the evaluation. If the student's evaluation team is able to determine that the existing data developed through the RTI process is sufficient to complete the evaluation report in all suspected areas of disability, additional information does not need to be obtained. If the existing data does not establish the need for special education services, further assessment may be needed to rule out the possibility of a qualifying disability, including a disability in a category other than SLD.

Can RTI Be Used as the Sole Determinant for SLD Classification?

While RTI addresses some significant shortcomings in current approaches to SLD identification and other concerns about early identification of students at risk for reading problems, RTI should be considered as merely one important element within the larger context of the SLD determination process. Implementing RTI allows schools to have more confidence that they are providing appropriate learning experiences to all students while identifying and targeting early those students who may be at risk for reading or math problems but who do not necessarily have a learning disability. Although IDEA 2004 provides flexibility to LEAs in determining SLD identification procedures, the following recommendations by the National Joint Committee on Learning Disabilities should help guide the development of these procedures (NJCLD, 2005):

- Decisions regarding eligibility for special education services must draw from information collected from a comprehensive individual evaluation using multiple methods including clinical judgment and other sources of relevant information.
- Students must be evaluated on an individual basis and assessed for intra-individual differences in the seven domains that comprise the definition of SLD in the law listening, thinking, speaking, reading, writing, spelling, and mathematical calculation.
- Eligibility decisions must be made through an interdisciplinary team, must be student-centered and informed by appropriate data, and must be based on student needs and strengths.

As schools begin to execute a process of decision-making that is more clinical than statistical in nature, ensuring through regulations that this team of qualified professionals represents all competencies necessary for accurate review of comprehensive assessment data will be critical.

One of the advantages of RTI is the timely identification of children who struggle with learning. While RTI is not intended as a stand-alone approach to determining specific learning disabilities, it can be a key component of a comprehensive approach to disability determination. In an RTI model, if a student does not respond to robust high-quality instruction and intervention that is progress monitored over time, he or she may indeed be determined to have a learning disability.

The benefit of RTI for these at-risk students is that it provides a wealth of meaningful instructional data that can be used in creating well-targeted individualized instructional programs and evidence-based instructional interventions. In addition RTI sets in place a student progress monitoring process that facilitates communication and promotes ongoing meaningful dialogue between home and school.

In the Big Picture, How Does RTI Fit Into the Determination of LD Process?

Although RTI addresses some significant shortcomings in current approaches to SLD identification and other concerns about early identification of students at risk for reading problems, RTI should be considered to be one important element within the larger context of the SLD determination process. RTI as one component of SLD determination is insufficient as a sole criterion for accurately determining SLD. RTI provides the following information about a student:

- 1. Indication of the student's skill level relative to peers or a criterion benchmark**
- 2. Success or lack of success of particular interventions**
- 3. Sense of the intensity of instructional supports that will be necessary for the student to achieve**

Incorporating this information into SLD determination procedures has the potential to make important contributions to identifying students with SLD in schools. In addition to an RTI process that helps ensure appropriate learning experiences and early intervention, identification of SLD should include a student-centered, comprehensive evaluation that ensures students who have a learning disability are accurately identified.

Although IDEA 2004 provides flexibility to LEAs in determining SLD identification procedures, the following recommendations by the National Joint Committee on Learning Disabilities (NJCLD) should help guide the development of these procedures (NJCLD, 2005):

- Decisions regarding eligibility for special education services must draw from information collected from a comprehensive individual evaluation using multiple methods, including clinical judgment and other sources of relevant information.
- Students must be evaluated on an individual basis and assessed for intraindividual differences in the seven domains that comprise the definition of SLD in the law: listening, thinking, speaking, reading, writing, spelling, and mathematical calculation.
- Eligibility decisions must be made through an interdisciplinary team, must be student centered and informed by appropriate data, and must be based on student needs and strengths.

As schools begin to execute a process of decision making that is more clinical than statistical in nature, ensuring through regulations that this team of qualified professionals represents all competencies necessary for accurate review of comprehensive assessment data will be critical.

Processes for SLD identification have changed and will continue to do so. Within that context, remembering that RTI is but one resource for use in the SLD determination process is important. More broadly speaking, RTI procedures have the distinction that when implemented with fidelity, they can identify and intervene for students early in the educational process, thereby reducing academic failure among students.

Multitiered Service Delivery Model

Responsiveness to intervention (RTI) is a multitiered service-delivery model. An RTI approach incorporates a multitiered model of educational service delivery in which each tier represents increasingly intense services that are associated with increasing levels of learner needs. The various tier interventions are designed to provide a set of curricular/instructional processes aimed at improving student response to instruction and student outcomes.

Much discussion continues surrounding the issues of how many tiers constitute an adequate intervention (O'Connor, Tilly, Vaughn & Marston, 2003). Most frequently, RTI is viewed as a three-tiered model, similar to those used for other service delivery practices, such as positive behavioral support. The three-tiered model is the structure we will discuss here.

Figure 1 depicts a three-tiered model as conceived in an RTI framework. Like other models, RTI is meant to be applied on a school-wide basis, in which the majority of students receive instruction in Tier One (the general classroom), students who are at risk for reading and other learning disabilities are identified (such as through school-wide screening) for more intense support in Tier Two, and students who fail to respond to the interventions provided in Tier Two may then be considered for specialized instruction in Tier Three.

Continuum of Intervention Support for At-Risk Students

The application of RTI is typically understood within the context of a multitiered model or framework that delineates a continuum of programs and services for students with academic difficulties. Although no universally accepted model or approach currently exists, the many possible variations can be conceptualized as elaborations on or modifications of the following three-tiered model:

- 1.) **Tier 1:** High quality instructional and behavioral supports are provided for all students in general education.
 - School personnel conduct universal screening of literacy skills, academics, and behavior.
 - Teachers implement a variety of research-supported teaching strategies and approaches.
 - Ongoing, curriculum-based assessment and continuous progress monitoring are used to guide high-quality instruction.
 - Students receive differentiated instruction based on data from ongoing assessments.

2.) Tier 2: Students whose performance and rate of progress lag behind those of peers in their classroom, school, or district receive more specialized prevention or remediation within general education.

- Curriculum-based measures are used to identify which students continue to need assistance, and with what specific kinds of skills.
- Collaborative problem solving is used to design and implement instructional support for students that may consist of a standard protocol or more individualized strategies and interventions.
- Identified students receive more intensive scientific, research-based instruction targeted to their individual needs.
- Student progress is monitored frequently to determine intervention effectiveness and needed modifications.
- Systematic assessment is conducted to determine the fidelity or integrity with which instruction and interventions are implemented.
- Parents are informed and included in the planning and monitoring of their child's progress in Tier 2 specialized interventions.
- General education teachers receive support (e.g., training, consultation, direct services for students), as needed, from other qualified educators in implementing interventions and monitoring student progress.

3.) Tier 3: Comprehensive evaluation is conducted by a multidisciplinary team to determine eligibility for special education and related services.

- Parents are informed of their due process rights and consent is obtained for the comprehensive evaluation needed to determine whether the student has a disability and is eligible for special education and related services.
- Evaluation uses multiple sources of assessment data, which may include data from standardized and norm-referenced measures; observations made by parents, students, and teachers; and data collected in Tiers 1 and 2.
- Intensive, systematic, specialized instruction is provided and additional RTI data are collected, as needed, in accordance with special education timelines and other mandates.
- Procedural safeguards concerning evaluations and eligibility determinations apply, as required by IDEA 2004 mandates.

D. Fuchs et al. (2003) used the term standard protocol to refer to an approach in which students with similar difficulties (e.g., problems with reading fluency) are given a research-based intervention that has been standardized and shown to be effective for students with similar difficulties and uses a standard protocol to ensure implementation integrity. The term is used in this sense in this report.

Variations on this basic framework may be illustrated by options often found within Tier 2.

For example, Tier 2 might consist of two hierarchical steps, or sub-tiers (e.g., a teacher first collaborates with a single colleague, then, if needed, problem-solves with a multidisciplinary team, creating in effect a four-tiered model). Alternatively, more than one type of intervention might be provided within Tier 2 (e.g., both a standard protocol and individualized planning, based on the student's apparent needs).

RTI is a critical component of a multitiered service delivery system. The goal of such a system is to ensure that quality instruction, good teaching practices, differentiated instruction, and remedial opportunities are available in general education, and that special education is provided for students with disabilities who require more specialized services than what can be provided in general education. The continuous monitoring of the adequacy of student response to instruction is particularly relevant to an RTI approach as a means of determining whether a student should move from one tier to the next by documenting that existing instruction and support is not sufficient. For example, in moving from Tier 2 to Tier 3, insufficient responsiveness to high quality, scientific, research-based intervention may be cause to suspect that a student has a disability and should be referred for a special education evaluation. In addition, however, the right of a parent, state education agency, or a local education agency to initiate a request for an evaluation at any time is maintained in IDEA 2004.

Focus of Tier 1

Tier 1 is designed to meet the needs of a majority of the school population and has three critical elements:

- (1) a research-based core curriculum
- (2) short-cycle assessments for all students at least three times a year to determine their instructional needs
- (3) sustained professional development to equip teachers with tools necessary for teaching content area effectively. In Tier 1, the goal is to prevent failure and optimize learning by offering the most effective instruction possible to the greatest number of students. Instruction takes place in a regular education setting and is, for the most part, whole class (scientifically-based) instruction that produces good results for most students.

Based on data, classroom teachers monitor student progress and differentiate instruction for students who do not meet grade-level expectations.

Focus of Tier II

Tier II is for students who are falling behind same-age peers and need additional, targeted interventions to meet grade-level expectations. In Tier II, the goal is to accelerate learning for students who need more intensive support. In Tier II, the interventions typically take place in a regular setting and may include instruction to small groups of students, targeted interventions, and frequent progress monitoring.

Focus of Tier III

Tier III is designed for students who still have considerable difficulty in mastering necessary academic and/or behavioral skills, even after Tier I and Tier II instruction and interventions. Tier III addresses students' needs through intensive individualized services.

In Tier III, students receive intensive and highly focused, intentional, research-based instruction, possibly over a long period of time. Tier III involves students who did not respond to Tier II intervention. These students undergo more a formal diagnostic evaluation.

Parent Involvement and Important Component for Successful RTI Programs

Involving parents at all phases is a key aspect of a successful RTI program. As members of the decision making team, parents can provide a critical perspective on students thus, increasing the likelihood that RTI interventions will be effective. For this reason, schools must make a concerted effort to involve parents as early as possible, beginning with instruction in the core curriculum. This can be done through traditional methods such as parent-teacher conferences, regularly scheduled meetings, or by other methods. This must be done by notifying parents of student progress within the RTI system on a regular basis.

Districts and schools should provide parents with written information about its RTI program and be prepared to answer questions about RTI processes. The written information should explain how the system is different from a traditional education system and about the vital and collaborative role that parents play within a RTI system. The more parents are involved as players, the greater the opportunity for successful RTI outcomes.

Because RTI is a method of delivering the general education curriculum for all students, written consent is not required before administering universal screenings, CBMs, and targeted assessments within a multi-tiered RTI system when these tools are used to determine instructional need. However, when a student fails to respond to interventions and the decision is made to evaluate a student for special education eligibility, written consent must be obtained in accordance with special education procedures. When developing screening measures districts should also consider the parallel measures that may be used for evaluation.

Failure to communicate and reach out to parents will lead to confusion, especially among parents who believe their children have a learning disability. Schools may also want to provide other means for keeping parents engaged and informed, such as:

- Involving them in state and local planning for RTI adoption
- Providing them written material informing parents of their right to refer their child at any time for special education evaluation as stipulated in IDEA 2004
- Providing written material that outlines the criteria for determining eligibility under IDEA 2004 and the role of RTI data in making LD determinations
- Taking measures to build strong productive relationships with parents can only increase the likelihood that students will benefit greatly from a RTI model.

Fidelity

Fidelity refers to the degree to which RTI components are implemented as designed, intended, and planned. Fidelity is achieved through sufficient time allocation, adequate intervention intensity, qualified and trained staff, and sufficient materials and resources. Fidelity is vital in universal screening, instructional delivery and progress monitoring.

The RTI Process for Teachers

An RTI outcome vital to the effectiveness of a school system, is that all teachers, both general and special educators, will feel an increased accountability for student learning as well as strengthened confidence in their own skills and knowledge related to teaching reading. The goal of all students learning to read will be a unifying force that includes all staff and all students. All teachers will see themselves as part of a system that delivers high quality instruction that continually assesses student progress and that provides extra help and extra time to meet the needs of students. If we are to close the achievement gap in schools, roles of school personnel will change.

Collaboration among teachers will increase in order to determine students needs, designate resources and maximize student learning. Genuine access to and participation in the general curriculum for students with disabilities may require a shift in the way we think about and ultimately provide special education and related services. Building better readers must become the collective responsibility of all teachers so that all students achieve.

Although RTI presents a promising way of addressing many issues associated with SLD identification, unanswered implementation questions remain. We must ask how many issues relevant to SLD determination are due to the specific assessment components as well as the limited fidelity with which those components were implemented (e.g., appropriate learning experiences, pre-referral intervention, application of exclusion clause, and aptitude- achievement discrepancy). Further, we must consider how well states/districts/schools could implement an assessment process that incorporates significant changes in staff roles and responsibilities (i.e., most dramatically for general education staff), while lengthening the duration of disability determination assessment and possibly lengthening service time.

Another significant consideration is that current research literature provides scant scientific evidence on how RTI applies in curricular areas other than reading and beyond primary or elementary school age children. In conjunction with the standards that have been developed (NCSESA, 1996 and NCTM, 2000), science-based research needs to be conducted using the RTI construct in the areas of science and mathematics. Utilizing a RTI framework across educational disciplines as well as grade levels is synergistic with the No Child Left Behind Act of 2001 and promotes the idea that schools have an obligation to ensure that all students participate in strong instructional programs that support multi-faceted learning.

Although RTI represents a promising way of addressing many issues associated with SLD identification, unanswered implementation questions remain. We must ask how many issues relevant to SLD determination are due to the specific assessment components as well as the limited fidelity with which those components have been implemented. Further, we must consider how well schools could implement an assessment process that incorporates significant changes in staff roles and responsibilities while lengthening the duration of disability determination assessment.

Another significant consideration is that current research literature provides scant scientific evidence for how RTI applies in curricular areas other than early reading and beyond primary or elementary school-age children. In conjunction with the standards that have been developed (National Committee on Science Education Standards and Assessment [NCSESA], 1996, and

National Council of Teachers of Mathematics [NCTM], 2000), science-based research needs to be conducted using the RTI construct in the areas of later reading (e.g., reading comprehension) as well as science and mathematics. Using an RTI framework across educational disciplines as well as grade levels is consonant with the No Child Left Behind Act of 2001 (P.L. 107-110) (NCLB 2001) and promotes the values that schools have an obligation to ensure that all students participate in strong instructional programs that support multifaceted learning.

What Teachers Need in Terms of Professional Development and RTI

Teachers of students with learning disabilities will need to acquire specialized knowledge to individualize instruction, to build skills and recommend modifications and accommodations needed for students with Learning Disabilities to be successful in the general curriculum.

Within the RTI framework, professional development will be needed to prepare these teachers to be able to (Division for Learning Disabilities, 2006) understand and apply pedagogy related to cognition, learning theory, language development, behavior management and applied behavioral analysis, possess a substantial base of knowledge about criteria for identifying scientific research-based methodology, instructional programs/methodology available for use with students with Learning Disabilities and individualization of instruction, be proficient in providing direct skill instruction in reading, writing, spelling, math, listening and learning strategies, be able to adjust instruction and learning supports based on student progress, observation and clinical judgment, conduct comprehensive evaluations that include standardized assessment measures, informal assessment and behavioral observations as well as translate the data into meaningful educational recommendations, explain test results to help parents and teachers understand the student's needs and the recommendations generated during the assessment process, possess strong communication skills to function as collaborative partners and members of problem solving teams, be knowledgeable about the legal requirements of IDEA 2004, Federal and state regulations, and the history of learning disabilities.