



Q&A Helping Educators Discuss Responsiveness to Intervention with Parents and Students

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NRCLD developed this question-and-answer paper to help you understand the many issues related to responsiveness to intervention. We hope this will help you respond to common questions posed by parents and students.

How have students traditionally been identified as having a learning disability?

Reading experts and special educators used the concept of “unexpected reading failure” to develop the aptitude-achievement discrepancy approach (underachievement in a specific area and strong abilities and skills in other areas) as part of the Individuals with Disabilities Education Act of 1977 (P.L. 94-142) (IDEA 1977). At the time, it was considered simple, efficient, and precise. However, both researchers and educators have come to realize that the discrepancy approach to specific learning disability (SLD) identification has many significant limitations. For instance, discrepancies can usually only be identified after a child has experienced significant academic failure; thus, the discrepancy approach has been characterized as a “wait to fail” model. Additionally, children who read poorly have similar characteristics, regardless of whether they have a discrepancy between IQ and achievement. Also, the size of discrepancy does not indicate the severity of the specific learning disabilities. Moreover, the data obtained through an assessment of the IQ-achievement discrepancy do not inform instruction in important ways.

From a parent’s and teacher’s perspective, discrepancy scores do not explain the child’s underachievement and can be influenced by many factors, such as limited aptitudes for reading acquisition, short attention span, difficulties with pattern rec-

ognition, poor working memory, or low self-monitoring performance. Other factors that can explain underachievement can include home or instructional opportunities, including lack of exposure and practice with pre-academic skills such

as rhyming words, inconsistent or insufficient practice with academic skills, lack of a sufficiently organized instructional environment, or changing curriculum due to family relocations. Unless one has a thorough understanding of a discrepancy’s cause, no one knows how to best help a child learn.

With the reauthorization of the Individuals with Disabilities Education Improvement Act (P.L. 108-446) (IDEA 2004), states now have the option of discontinuing use of IQ-achievement discrepancy procedures as part of the SLD identification process and adopting a responsiveness-to-intervention (RTI) approach. The statute states that “In determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific, research-based intervention as part of the evaluation procedures. . . .” In the special education research literature, this language generally is considered to be referring to RTI. Advocates suggest the following advantages of an RTI model for reading disability (RD) identification: (a) an earlier identification of RD to avoid a “wait to fail” model, (b) a strong focus on providing effective instruction and improving student outcomes, and (c) a decision-making process supported by continuous progress monitoring of skills closely aligned with desired instructional outcomes.

How can responsiveness to intervention (RTI) be conceptualized?

RTI is proposed as a valuable construct for schools because of its potential utility in providing appropriate learning experiences for all students as well as the early identification of students as being at risk for academic failure. RTI can be conceptualized as providing a framework for systemic reform directed at improving all learners' outcomes as intended by the No Child Left Behind Act of 2001. There are three commonly described uses of RTI:

- prediction of at-risk students
- intervention for students with academic or behavioral difficulties
- determination of SLD along with a variety of assessment tools and strategies.

In the first use, students in their early school experiences (pre-kindergarten, kindergarten, and early first grade) are screened for potential indicators of academic or behavioral difficulties. Rather than waiting for the students to fail, scientifically based interventions are provided. The emphasis is on general education procedures and practices to provide accurate prediction and effective interventions.

The second use is a secondary level of intervention for those general education students who are not progressing at an achievement rate or level commensurate with their peers. These students are selected for more intense interventions. Progress monitoring methods are used for judging students' responsiveness to their general education experiences and the more intensive interventions. In some classrooms, students might continue with this supplemental instruction for an extended period of time.

In the third use, RTI is a component of SLD determination and can follow a variety of models: predictor-criterion models that best predict reading competency; dual-discrepancy models that address

failure at general education interventions; and functional assessment models that manipulate environmental events (Bradley, Danielson, & Hallahan, 2002).

In all uses of RTI, students need and benefit from instructional settings in which their skills and abilities are aligned with instructional and curricular choices. When a mismatch occurs, their learning and outcomes are lowered. For some students, typical classroom instruction is appropriate and meets their needs, but for others, success is not easy. The hypothesis is that the earlier these floundering students can be identified and provided appropriate instruction, the higher the likelihood they can be successful and maintain their class placement.

RTI as a Component of SLD Determination

Predictor-Criterion Models

Predictor-criterion models focus on skills or processes, such as phonemic awareness or word recognition, that are considered the best predictors of reading competency.

Dual-Discrepancy Models

Dual-discrepancy model focuses on discrepancies in two areas:

- between a student's *performance level* and that of peers
- between a student's *rate of learning* and that of peers

A discrepancy must exist in both areas. If a student's performance level is low but he or she shows growth rates similar to others in the class, the student is considered to be benefiting from instruction.

Functional Assessment Models

Functional assessment models attempt to relate a student's performance to such factors as opportunities to respond or modeling and feedback. In these models, factors that may explain poor performance are identified and instructional interventions are modified accordingly.

(Gresham, 2002)

Progress monitoring is a scientifically based practice of assessing students' performance on a regular basis. Progress monitoring helps school teams make decisions about instruction. An NRCLD brief related to this topic is "What is Progress Monitoring?"

What is RTI?

Responsiveness to intervention (RTI) is addressed through federal law and refers to a tiered approach to instruction. Students who do not make adequate academic progress and who are at risk for reading and other learning disabilities receive increasingly intensive instructional services. The number of instructional tiers required for effective RTI services may vary from school to school. NRCLD uses the following terms:

- **Tier 1** refers to primary supports for students in the general education classroom.
- **Tier 2 and beyond** refers to increasingly intense instruction and intervention, including small-group instruction. Schools may have more than one tier of these secondary supports that are distinct from special education.
- **Special education** refers to specialized, individualized interventions for students with intensive disabilities.

One of the promising uses of RTI is as a method for orienting SLD identification in terms of a failure to respond to validated intervention. The basic assumption behind this RTI method of SLD identification is that a lack of responsiveness to a scientifically based intervention, both at Tier 1 and at Tier 2 and Beyond, eliminates instructional quality as a viable explanation for poor academic growth and, instead, provides evidence of a disability.

Various ways to operationalize RTI have been proposed. Here is what one RTI process might look like.

Step 1

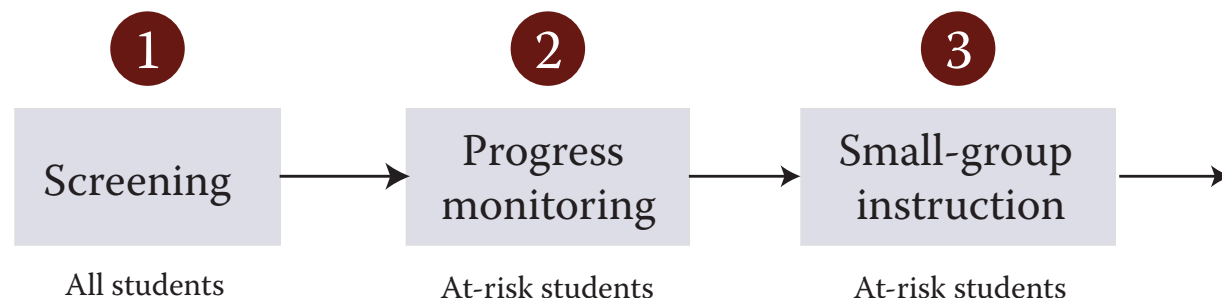
All students in a school are given brief tests that are deemed reliable and valid. A subset of students whose scores are sufficiently low that the students look as if they are at risk of developing an SLD are identified.

Step 2

The progress of the at-risk students is monitored for five to eight weeks, with a brief test administered each week. Students whose progress is low in response to scientific research-based (Tier 1) instruction are identified.

Step 3

These students receive small-group instruction (Tier 2 and beyond intervention) for 10 to 20 weeks, typically three to four times per week for 30 to 40 minutes per session. The student's progress is assessed each week with a brief test, and his or her performance at the end of the intervention also is tested. Students whose response to small-group instruction is strong (as reflected in the weekly rate of improvement during instruction and as reflected in the achievement score at the end of the session) return to only Tier 1 instruction, while progress continues to be monitored to catch any student who does not maintain a good rate of growth back in Tier 1.



Step 4

Students whose response to small-group instruction is poor (as reflected in the weekly rate of improvement during instruction and as reflected in the achievement score at the end of the session) then receive a comprehensive evaluation.

Step 5

The comprehensive evaluation is individually tailored to answer questions that arose during the Tier 2 and Beyond intervention and to determine whether the SLD label is appropriate (and if not, whether a more appropriate classification is mental retardation, speech/language impaired, or emotionally-behaviorally-disordered).

Step 6

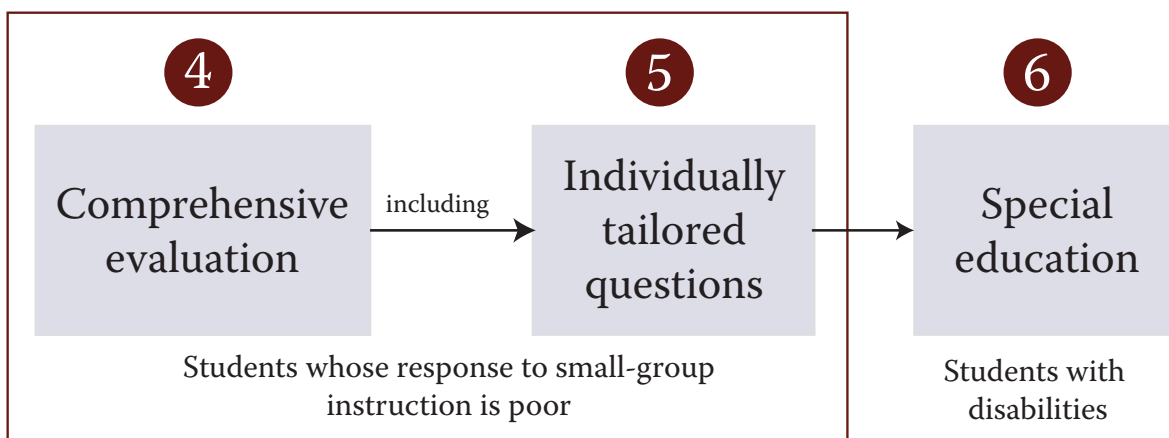
Special education (sometimes referred to as Tier 3) is delivered with a more intensive instructional program. Progress continues to be monitored each week so that the effectiveness of the instructional program can be formatively evaluated. If at any time the instructional program looks as if it is not producing adequate progress, the educational team modifies the program to effect better improvement. When a strong rate of growth has been established with the program and when the student's performance level indicates that Tier 1 instruction alone may yield good results, the student exits special education. Progress continues to be monitored in response to Tier 1 so that additional instructional modifications may be made as needed.

An RTI model may yield several promising

benefits. First, an RTI model for identifying students with SLD has the benefit of *early identification and intervention*. Screening students at risk for SLD, as early as January of kindergarten or September of first grade, decreases the likelihood that they will slip through the system with undetected learning problems.

A second potential benefit of an RTI model of SLD identification is *reduction in screening bias*. Systematic school-wide screening, which involves testing all students, decreases reliance on teacher-based referral, thereby potentially reducing bias and the variability in SLD identification practices. Variability in referral and identification for SLD occurs in part because teachers differ in their views about how students perform. The variability in teachers' views and attributes for poor learning results in misidentification of students and missed opportunities to serve students with SLD.

A final potential benefit of this use of RTI is *linking identification assessment with instructional planning*. Presently, the assessment process for documenting a discrepancy between IQ and achievement absorbs substantial resources, with little connection between the resulting test scores and the design of effective instruction. Many special and general education teachers find the results from traditional tests of little help for designing their instruction. Using RTI to identify students as having an SLD keeps the assessment focus on the student's learning. This switch in emphasis from assessment for identification to instructionally relevant assessment involves student progress monitoring and involves systematic testing of instructional adaptations.



Setting up an RTI approach to education requires a great deal of change in many schools. Schools first must adopt student assessments and scientifically based methods to use when initiating instructional tiers of varying intensity. Another change involves vision. School staff must accept RTI as part of their vision for educating students and be willing to make significant changes in their roles and responsibilities for this approach to work. For example, staff besides the school psychologist or special education teacher will assume more time commitments and responsibilities than they had before. School-wide screening—where all students are given a common test (for example, timed reading of a word list) to compare one to another—will require time for results review, individual student and class performance discussions, and decisions about further assistance needs. If students in one class lag behind students in other classes, questions

What kind of changes are required for a school to implement RTI?

will be raised about the quality of teaching in the class falling behind.

Another significant change will be integrating RTI into a school's existing structure or culture. When a child struggles with learning, well-intentioned staff and parents try to "get the student help," which traditionally has meant a referral and assessment for special education services to obtain additional resources (for instance, small group instruction and teachers with specific training). RTI, in contrast, provides help to a student by working with all students in a class, administering frequent assessments, and delivering interventions specific to an individual child's needs—all of which create additional responsibilities for staff beyond typical learning disability identification.

What are the challenges for schools considering an RTI implementation?

Despite the promise of an RTI model for SLD identification, key conceptual issues need to be sharpened, and RTI methodological approaches must be further specified and studied. One potential pitfall of RTI is *whether validated intervention models and measures exist to assure instructional validity*. To implement RTI, validated preventive instructional protocols are needed. In addition, measures are required to index learning over time. These tools are available for some, but not all academic areas, and they are better developed at the lower grade levels. For example, a fair amount of work has been accomplished in the beginning reading area to provide the groundwork for both RTI intervention and measurement procedures. By contrast, in mathematics,

spelling, and written expression, although measurement procedures for tracking growth are well established, validated intervention methods for testing responsive-

ness to instruction require further attention. With respect to age level, more information is available at the early grades than for older students.

A second potential pitfall concerns the availability of trained personnel. If an RTI model is to be used across the thousands of school districts in this country, then large numbers of appropriately trained personnel will be required. These professionals need the knowledge and skills to implement validated instruction protocols or to conduct research-based problem-solving processes. They also need the knowledge and skills to monitor student learning, to interpret the assessment results, and to formulate decisions about eligibility. Moreover, for many professionals, including school psycholo-

gists, special and general educators, and principals, such a reorientation in SLD identification requires a “paradigm shift” in thinking about assessment and instruction. To date, RTI models of SLD identification have been implemented only on a small scale, using highly trained personnel in research settings. Large-scale implementation, which is yet to be tested, requires the specification and implementation of an ambitious professional development agenda.

Finally, RTI practitioners need to determine when due process and parental involvement should be initiated. Does due process begin with problem-solving adaptations to general education or with the intensive short-term preventive instruction? Is

it delayed until unresponsiveness is demonstrated and a special education classification is imminent? On the one hand, due process early in the identification process may be essential to protect against students getting caught in a cycle where they linger between general education and some layer of services short of special education, without appropriate parental input or awareness. On the other hand, initiating due process early in identification is costly and adds considerable time and personnel requirements to identification. Clearly, discussions about due process in such a reconfigured identification system are needed.

What will assessment look like using RTI?

Schools may choose to use RTI as a means to prevent all children from falling behind academically. Information from the RTI assessment informs school staff and parents about the intensity of interventions needed for certain students to benefit from instruction. They know what curricular approach works, how often the curriculum needs to be provided, how many weeks are needed to see benefits, and who is capable of delivering that instruction—all helpful in planning for any student’s academic success.

For the student who does not respond or has limited response to an intervention, further assessments may reveal explanations for the learning problem. These assessments might pinpoint which skills (for example, phonics skills, vocabulary level, or fluency) and abilities (for example, attention, memory, strategy selection, or monitoring) on which to focus.

If schools and districts use RTI as part of learning disability determination, students scoring at the lowest levels on in-class tasks are most likely to receive interventions or a referral for a more comprehensive evaluation.

Under this type of system, gifted students who also have a learning disability present a different problem in that their performance scores may not raise red flags. Whether a school uses RTI or not, under IDEA 2004, parents have the right to request a comprehensive evaluation of their child. Parents may find initiating an evaluation more difficult if their child is gifted and has SLD, because the child may demonstrate superior intellectual ability in some areas, as well as significant differences between performance in one subject and performance level in an area affected by the learning disability, such as reading or math.

How does the discrepancy-approach classroom compare to the RTI-approach classroom?

IDEA 2004 is permissive about using the discrepancy and RTI approaches; a school may use one of these approaches or combine parts of both. Currently, some schools combine RTI with the traditional comprehensive evaluation. However, if a school uses the traditional comprehensive evaluation, but does not use RTI screening and assessment information in the learning disability determination process, the student may not receive customized assistance in the general

education classroom. When a student is having difficulties, the general education teacher likely will want to document these difficulties by collecting examples of the student's work or tests. In schools that use RTI, the teacher will have an additional document that shows how the student compares to other students on school-wide screening or progress monitoring measures and the results of how effectively previous targeted interventions have worked for the student.

How will the role of a parent change with the implementation of RTI?

In schools in which RTI is in place, parents will have the opportunity to be more involved and to become more knowledgeable about their child's educational progress. As school staff screen, select, and use targeted interventions and monitor progress frequently, parents can ask to be informed of their child's activities and of any discussions about their child's progress. Parents have a right to know what documentation is used in indicating their child's progress in the curriculum and interventions. They also should know what interventions were considered and used to improve their child's performance and who was the highly qualified staff member who provided those interventions.

School staff can conduct school-wide screenings without notifying parents, since the results of such screenings are not considered to be an evaluation for learning disabilities or a means to determine eligibility for special education services. However, when school staff suspects that a student has a disability, parents have to be notified and provide their

informed consent before the student is given any diagnostic assessment or intervention.

Schools likely will vary in their decisions about when to notify parents about assessment and intervention involving students. Clearly, some school staffs have excellent communication with parents and provide extensive feedback about student progress. For such staff who already keep parents involved and provide specific indicators of students' progress, screening and progress-monitoring methods prove helpful with their graphic displays of screening results and progress. Step-by-step additional instruction offers parents information such as the name of the scientifically based instructional intervention being used with the student; the length of time that will be allowed for the intervention to have a positive effect before moving to the next intervention tier (for example, 8, 10, or 12 weeks); the number of minutes per day the intervention will be implemented (for example, 30 to 45 minutes); who will deliver the intervention; instruction location; and, importantly, both assessments of progress and cut-offs for judging whether a student is experiencing success. Such information

will help parents and staff, on a continuing basis, evaluate the benefits of an intervention and determine the next steps for consideration.

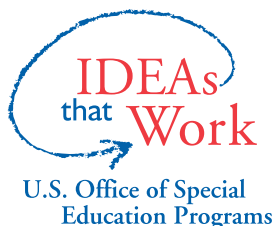
Another important consideration is that parents are not giving up their right to request a comprehensive evaluation. That option is always available. One can hope, however, that the instructional activities are producing a demonstrable benefit for the student. That is, that the progress-monitoring results are demonstrating that the student is making

an accelerated gain and closing the gap between the student's skill level and the level of his or her peers. Under those positive results, the urgency of a comprehensive evaluation is lessened. Also, nothing precludes a comprehensive evaluation being conducted at the same time as intensive instructional activities. Parents and the school staff will have to address the timelines for completing the evaluation since IDEA is very specific in that matter.

References

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