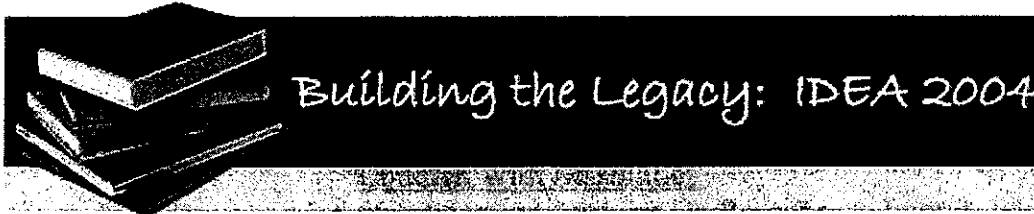


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(OSERS) in the U.S. Department of Education has received requests for clarification of some of these regulations. This is one in a series of question and answer documents prepared by OSERS to address some of the most important issues raised by requests for clarification on a variety of high-interest topics. Generally, the questions, and corresponding answers, presented in this Q&A document required interpretation of IDEA and the regulations and the answers are not simply a restatement of the statutory or regulatory requirements. The responses presented in this document generally are informal guidance representing the interpretation of the Department of the applicable statutory or regulatory requirements in the context of the specific facts presented and are not legally binding. The Q&As are not intended to be a replacement for careful study of IDEA and the regulations. The statute, regulations, and other important documents related to IDEA and the regulations are found at <http://idea.ed.gov>.

The final regulations incorporate new requirements regarding identifying children with specific learning disabilities (SLD) and early intervening services (EIS). With regard to identifying children with SLD, the regulations: (1) allow a local educational agency (LEA) to consider a child's response to scientific, research-based intervention as part of the SLD determination process; (2) allow States to use other alternative research-based procedures for determining whether a child has a SLD; (3) provide that States may not require the use of a severe discrepancy between intellectual ability and achievement to determine whether a child has a SLD; and (4) require a public agency to use the State criteria in determining whether a child has a SLD and discuss the role that response to scientific research-based interventions plays in a comprehensive evaluation process.

The regulations regarding EIS permit an LEA to use not more than 15% of its IDEA Part B funds to develop and implement EIS. The regulations also indicate how EIS funds can be expended; on whom the EIS funds can be spent; the reporting requirements for EIS; special provisions regarding disproportionality based on race and ethnicity and how that affects an LEA's use of EIS funds; and the relationship of EIS to maintenance of effort. The purpose of the questions and answers that follow is to provide additional guidance to States and LEAs in complying with the requirements regarding EIS and response to scientific research-based interventions to identify students with a SLD.

**Authority:** The requirements for using a process based on a child's response to scientific, research-based intervention when determining that the child is a child with a specific learning disability are found in the regulations at 34 CFR §§300.307, 300.309 and 300.311.

The requirements for early intervening services are found in the regulations at 34 CFR §§300.205(d), 300.208(a)(2), 300.226 and 300.646(b)(2).

### **A. General Education vs. Special Education**

**Question A-1:** Please clarify how a child with a disability who is already receiving special education and related services also would be eligible to receive services using response to intervention (RTI) strategies.

**Answer:** Response to intervention (RTI) strategies are tools that enable educators to target instructional interventions to children's areas of specific need as soon as those needs become apparent. There is nothing in IDEA that prohibits children with disabilities who are receiving special education and related services under IDEA from receiving instruction using RTI strategies unless the

use of such strategies is inconsistent with their individualized education programs (IEPs). Additionally, under IDEA, a public agency may use data gathered through RTI strategies in its evaluations and reevaluations of children with SLD. However, children with disabilities who are currently identified as needing special education and related services may not receive RTI services that are funded with IDEA funds used for EIS pursuant to 34 CFR §300.226. This is because EIS is "... for students in kindergarten through grade 12 (with a particular emphasis on students in kindergarten through grade three) who are not currently identified as needing special education or related services, but who need additional academic and behavioral support to succeed in a general education environment."

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**Question A-2:** Why was RTI included in IDEA?

**Answer:** The reports of both the House and Senate Committees accompanying the IDEA reauthorization bills reflect the Committees' concerns with models of identification of SLD that use IQ tests, and their recognition that a growing body of scientific research supports methods, such as RTI, that more accurately distinguish between children who truly have SLD from those whose learning difficulties could be resolved with more specific, scientifically based, general education interventions. Similarly, the President's Commission on Excellence in Special Education recommended that the identification process for SLD incorporate an RTI approach.

## **B. Funding**

**Question B-1:** Is the use of funds for EIS required or permitted?

**Answer:** Generally, the use of funds an LEA receives under Part B of the Act for EIS is discretionary on the part of the LEA, except when an LEA has significant disproportionality based on race and ethnicity. Under 34 CFR §300.226, an LEA may not use more than 15% of the amount the LEA receives under Part B of the Act for any fiscal year, less any amount reduced by the LEA pursuant to 34 CFR §300.205, if any, in combination with other amounts (which may include amounts other than education funds), to develop and implement coordinated EIS. If a State identifies an LEA as having significant disproportionality based on race and ethnicity with respect to the identification of children with disabilities, the placement of children with disabilities in particular educational settings, or the incidence, duration, and type of disciplinary actions taken against children with disabilities, including suspensions and expulsions, the SEA must require the LEA to reserve the maximum amount of funds available to the LEA to provide EIS to children in the LEA, particularly, but not exclusively, to children in those groups that were significantly overidentified.

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**Question B-2:** What does it mean to "reserve" funds for EIS?

**Answer:** The Department interprets "reserve" to mean that these funds can only be spent on EIS. The statute does not authorize LEAs to use the funds they must "reserve" for EIS for any other purpose.

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**Question B-3:** Must the maximum amount of special education funds allowed for EIS be reserved only if significant disproportionality is the result of inappropriate identification?

**Answer:** No. The reservation of funds must occur whether or not the significant disproportionality was the result of inappropriate identification. In addition to identification, funds also would have to be reserved if significant disproportionality was found with respect to discipline or placement in particular educational settings.

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**Question B-4:** If a State has identified significant disproportionality in an LEA can the IDEA funds the LEA must use to address the issue be used to provide services to students who have already been found eligible for special education and related services?

**Answer:** No. Section 300.226(a) states that EIS is “ ... for students in kindergarten through grade 12 (with a particular emphasis on students in kindergarten through grade three) who are not currently identified as needing special education or related services, but who need additional academic and behavioral support to succeed in a general education environment.”

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**Question B-5:** What is the relationship between EIS funds and maintenance of effort (MOE) funds?

**Answer:** LEAs that seek to reduce their local maintenance of effort in accordance with 34 CFR §300.205(d) and use some of their Part B funds for early intervening services under 34 CFR §300.226 must do so with caution because the local maintenance of effort reduction provision and the authority to use Part B funds for early intervening services are interconnected. The decisions that an LEA makes about the amount of funds it uses for one purpose affect the amount that it may use for the other. Appendix D of the Part B regulations [71 FR 46817] provides examples of how 34 CFR §300.205(d), regarding local maintenance of effort, and 34 CFR §300.226(a), regarding EIS funds, affect one another.

### **C. Evaluation and Eligibility Determinations**

**Question C-1:** Must an LEA evaluate a child upon the request of the parent at any time during the RTI process? May a parent request an initial special education evaluation at any time during the RTI process?

**Answer:** If the LEA agrees with the parent that the child may be a child who is eligible for special education services, the LEA must evaluate the child. The Federal regulations at 34 CFR §300.301(b) allow a parent to request an evaluation at any time. If an LEA declines the parent’s request for an evaluation, the LEA must issue a prior written notice as required under 34 CFR §300.503(a)(2) which states, “written notice that meets the requirements of paragraph (b) of this section must be given to the parents of a child with a disability a reasonable time before the public agency refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child.” The parent can challenge this decision by requesting a due process hearing to resolve the dispute regarding the child’s need for an evaluation.

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**Question C-2:** May an LEA require that all children suspected of having a SLD first be assessed using an RTI process before an eligibility determination may be made?

**Answer:** If an LEA is using RTI for all its students, it may require the group established under 34 CFR §300.306(a)(1) and 34 CFR §300.308 for the purpose of determining the eligibility (eligibility group) of students suspected of having a SLD to review data from an RTI process in making an eligibility determination. Models based on RTI typically evaluate the child’s response to instruction prior to the beginning of the evaluation time period described in 34 CFR §300.301(c)(1), and generally do not require as long a time to complete an evaluation because of the amount of information already collected on the child’s achievement, including observation data. If the eligibility group determines that additional data are needed and cannot be obtained within the evaluation time period described in 34 CFR §300.301(c)(1), the parent and eligibility group can agree to an extension

of the timeframe. However, as explained in Question C-1, parents can request an evaluation at any time, and the public agency must either obtain consent to evaluate and begin the evaluation, or, if the public agency declines the parent's request, issue a prior written notice as required by 34 CFR §300.503(a)(2).

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**Question C-3:** Section 300.309(a)(2)(i) states that the eligibility group may determine that a child has a specific learning disability if “the child does not make sufficient progress to meet age or State-approved grade-level standards in one or more” identified areas. Section 300.309(a)(2)(ii) states that the group may determine that a child has a specific learning disability if “the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade level standards, or intellectual development” that the group determines is relevant to making an eligibility determination. Please explain how these two criteria differ from one another.

**Answer:** Section 300.309(a)(2)(i) reflects the use of the criterion that the child has not made sufficient progress in at least one of the following areas when using response to intervention as an aspect of the SLD identification process: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation, and mathematics problem solving. Alternatively, based on 34 CFR §300.309(a)(2)(ii), the group could consider variation in a child's performance, achievement, or both relative to age, State-approved grade-level standards, or intellectual development that is determined by the eligibility group to be relevant to identification of a SLD using appropriate assessments. Under this criterion, a pattern of strengths and weaknesses in performance, achievement, or both relative to age, State-approved grade-level standards or intellectual development would be part of the evidence that a child has a learning disability.

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**Question C-4:** The regulations require an SEA to adopt criteria for determining if a child has a specific learning disability (34 CFR §300.307(a)). Does this preclude the SEA from mandating RTI as

**Answer:** The Federal regulations under 34 CFR §300.309(c) require that if a child has not made adequate progress after an appropriate period of time, a referral for an evaluation must be made. However, the regulations do not specify a timeline for using RTI or define “adequate progress.” As required in 34 CFR §300.301(c), an initial evaluation must be conducted within 60 days of receiving consent for an evaluation (or if the State establishes a timeframe within which the evaluation must be completed, within that timeframe). Models based on RTI typically evaluate a child’s response to instruction prior to the onset of the 60-day period, and generally do not require as long a time to complete an evaluation because of the amount of data already collected on the child’s achievement, including observation data. A State may choose to establish a specific timeline that would require an LEA to seek parental consent for an evaluation if a student has not made progress that the district deemed adequate.

We do not believe it is necessary to define the phrase “promptly” because the meaning will vary depending on the specific circumstances in each case. There may be legitimate reasons for varying timeframes for seeking parental consent to conduct an evaluation. However, the child find requirements in 34 CFR §300.111 and section 612(a)(3)(A) of the Act require that all children with disabilities in the State who are in need of special education and related services be identified, located, and evaluated. Therefore, it generally would not be acceptable for an LEA to wait several months to conduct an evaluation or to seek parental consent for an initial evaluation if the public agency suspects the child to be a child with a disability. If it is determined through the monitoring efforts of the Department or a State that there is a pattern or practice within a particular State or LEA of not conducting evaluations and making eligibility determinations in a timely manner, this could raise questions as to whether the State or LEA is in compliance with the Act.

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**Question C-6:** May an eligibility determination be made using only information that was collected through an RTI process?

**Answer:** Section 300.304 (b) states that in conducting an evaluation, a public agency must use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent, that may assist in determining eligibility and not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child.

The Department provided additional clarification regarding this issue in the *Analysis of Comments and Changes* section of the regulations, page 46648. This section states, “an RTI process does not replace the need for a comprehensive evaluation. A public agency must use a variety of data gathering tools and strategies even if an RTI process is used. The results of an RTI process may be one component of the information reviewed as part of the evaluation procedures required under 34 CFR §§300.304 and 300.305. As required in 34 CFR §300.304(b), consistent with section 614(b)(2) of the Act, an evaluation must include a variety of assessment tools and strategies and cannot rely on any single procedure as the sole criterion for determining eligibility for special education and related services.”

#### **D. 3-5 Year Olds**

**Question D-1:** Why don’t early intervening services apply to 3-5 year olds?

**Answer:** Section 300.226(a) tracks the statutory language in section 613(f)(1) of the Act, which states that early intervening services are for children in kindergarten through grade 12, with a particular emphasis on children in kindergarten through grade 3. Thus, LEAs may not use Part B funds to provide EIS to non-disabled preschool children.

### **E. Service Delivery Models**

**Question E-1:** Is the use of RTI required or just permitted?

**Answer:** Section 300.307(a)(2)-(3) requires that a State's criteria for identification of specific learning disabilities:

- Must permit the use of a process based on the child's response to scientific, research-based intervention; and
- May permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability.

Section 300.307(b) states that a public agency must use the State's criteria in identifying children with specific learning disabilities. Thus, the State's criteria must permit the use of RTI and may require its use, in addition to other assessment tools and strategies, for determining whether the child has a specific learning disability.

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**Question E-2:** Does each LEA have to select either RTI or a discrepancy model to determine if a child is a child with a specific learning disability?

**Answer:** No. The State agency must adopt criteria regarding the determination of SLD eligibility.

An SEA must include a variety of assessment tools and may not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability, as required under 34 CFR §300.304(b). An LEA must comply with the criteria adopted by its SEA. Section 300.307(a) requires a State to adopt criteria for determining whether a child has a specific learning disability.

The *Analysis of Comments and Changes* section accompanying the Federal regulations, page 46649, clarifies, "... the Department believes that eligibility criteria must be consistent across a State to avoid confusion among parents and school district personnel. The Department also believes that requiring LEAs to use State criteria for identifying children with disabilities is consistent with the State's responsibility under section 612(a)(3) of the Act to locate, identify, and evaluate all eligible children with disabilities in the State. We believe this provides the Department with the authority to require a public agency to use its State's criteria in determining whether a child has an SLD, consistent with §§300.307 through 300.311."

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**Question E-3:** What services can be defined as early intervening services? For example, are physical therapy, occupational therapy, and assistive technology considered early intervening services?

**Answer:** State and local officials are in the best position to make decisions regarding the provision of early intervening services, including the specific personnel to provide the services and the instructional materials and approaches to be used. Nothing in the Act or regulations prevents States and LEAs from including related services personnel in the development and delivery of educational

and behavioral evaluations, services, and supports for teachers and other school staff to enable them to deliver coordinated, early intervening services.

## **F. General**

**Question F-1:** Please define “significant disproportionality” in the context of EIS.

**Answer:** Each State has the discretion to define the term “significant disproportionality,” in the context of EIS, for the LEAs and for the State in general. In identifying significant disproportionality, a State may determine how much disproportionality is significant. However, the State’s definition of “significant” must be based only on a numerical analysis, and may not consider factors such as the extent to which an LEA’s policies and procedures comply with the IDEA or the compliance history of an LEA. Establishing a national standard for significant disproportionality is not appropriate because there are multiple factors at the State level to consider in making such determinations. For example, States need to consider the population size, the size of individual LEAs, and composition of the State’s population. States are in the best position to evaluate those factors. The Department has provided guidance to States on methods for assessing disproportionality. This guidance is found at: <http://www.ideadata.org/docs/Disproportionality%20Technical%20Assistance%20Guide.pdf>.

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**Question F-2:** Will early intervening services data be reported in State Performance Plans (SPP) or Annual Performance Reports (APRs)?

**Answer:** No. Section 300.226 directs LEAs to report EIS data to their SEA. It is not a part of the information that an SEA must report to the Department in its SPP or APRs.

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**Question F-3:** For discipline purposes, would a student’s participation in an RTI process be considered a “basis of knowledge” under 34 CFR §300.534(b)?

**Answer:** Generally, no. Participation in an RTI process, in and of itself, would not appear to meet the “basis of knowledge” standards in 34 CFR §300.534. The standards for whether a public agency has a “basis of knowledge” are laid out in the Federal regulations at 34 CFR §300.534.

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**Question F-4:** When an RTI model is implemented, can an incremental process be used to train individual schools so that over time the entire LEA is implementing the model or must all the schools in the entire LEA be trained simultaneously?

**Answer:** If the State or LEA requires the use of a process based on the child’s response to scientific, research-based intervention, in identifying children with SLD, then all children suspected of having a SLD, in all schools in the LEA, would be required to be involved in the process. However, research indicates that implementation of any process, across any system, is most effective when accomplished systematically in an incremental manner over time. If the LEA chose to “scale up” the implementation of the RTI model gradually over time, as would be reasonable, the LEA could not use RTI for purposes of identifying children with SLD until RTI was fully implemented in the LEA. Therefore, it is unwise for a State to require the use of a process based on the child’s response to scientific, research-based intervention before it has successfully scaled up implementation.

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**Question F-5:** How might EIS funds be used to support a process determining whether a child has a specific learning disability and to address the needs of students who need additional academic and behavioral support to succeed in a general education environment?

**Answer:** If EIS funds are used to support a process to determine whether a child has a specific learning disability there are three interacting identification/instructional dynamics that need to be considered: (1) identification of learning disabilities; (2) early intervening services; and (3) response to intervention (RTI). While the Department does not subscribe to a particular RTI model, the core characteristics that underpin all RTI models are: (1) students receive high quality research-based instruction in their general education setting; (2) continuous monitoring of student performance; (3) all students are screened for academic and behavioral problems; and (4) multiple levels (tiers) of instruction that are progressively more intense, based on the student's response to instruction.

For example, an RTI model with a three-tier continuum of school-wide support might include the following tiers and levels of support: (1) Tier one (Primary Intervention), for all students using high quality scientific research-based instruction in their general education setting. It would not be appropriate to use EIS funds for these activities since these students do not need additional academic and behavioral support to succeed in a general education environment. (2) Tier two (Secondary Intervention), for specialized small group instruction of students determined to be at risk for academic and behavioral problems. It would be appropriate to use EIS funds to support these activities. (3) Tier three (Tertiary Intervention) for specialized individualized instructional/behavioral support for students with intensive needs. EIS funds could not be used if these students were currently receiving special education or related services.

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**Question F-6:** Should services supported with EIS funds be scientifically based?

**Answer:** The No Child Left Behind Act and IDEA call on educational practitioners to use scientifically based research to guide their decisions about which interventions to implement. IDEA states that in implementing coordinated early intervening services an LEA may carry out activities that include--

- (1) Professional development (which may be provided by entities other than LEAs) for teachers and other school staff to enable such personnel to deliver scientifically based academic and behavioral interventions, including scientifically based literacy instruction, and, where appropriate, instruction on the use of adaptive and instructional software; and
- (2) Educational and behavioral evaluations, services, and supports, including scientifically based literacy instruction.

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## OSEP Research Institutes: Bridging Research and Practice



In this column, *Bridging Research and Practice*, three of the federally funded special education research institutes report to you, the practitioner, on their progress in areas that will be particularly helpful to you in working with your students. The U.S. Office of Special Education Programs (OSEP) has funded these three research institutes to study specific curricular and instructional interventions that will accelerate the learning of students with disabilities in curricular areas:

**Center on Accelerating Student Learning (CASL)** focuses on accelerating reading, math, and writing development in Grades K-3. The Directors of CASL are Lynn Fuchs and Doug Fuchs of Vanderbilt University.

Principal Investigators include Joanna Williams at Columbia University and Steve Graham and Karen Harris at Vanderbilt University.

**Research Institute to Accelerate Content Learning Through High Support for Students With Disabilities in Grades 4-8 (REACH)** is examining interventions that reflect high expectations, content, and support for students. The Director of REACH is Catherine Cobb Morocco at Education Development Center in Newton, MA. Research partners include the University of Michigan (Annemarie Palincsar and Shirley Magnusson), the University of Delaware (Ralph Ferretti, Charles MacArthur, and

Cynthia Okolo), and the University of Puget Sound (John Woodward).

**The Institute for Academic Access (IAA)** is conducting research to develop instructional methods and materials to provide students with authentic access to the high school general curriculum. The Institute Directors are Don Deshler and Jean Schumaker of the University of Kansas, Lawrence. Research partners include the University of Oregon and school districts in Kansas, California, Washington, and Oregon.

This issue features the CASL.

## Responsiveness-To-Intervention: A Blueprint for Practitioners, Policymakers, and Parents

Douglas Fuchs and Lynn S. Fuchs

*The Center on Accelerating Student Learning's (CASL's) general goal is to identify instructional practices that accelerate the learning of K-3 children with disabilities. A specific goal is to identify and understand the nature of nonresponsiveness to generally effective instruction. This column addresses identifying nonresponders—work supported by Office of Special Education Program's National Research Center on Learning Disabilities, but which had its origins in the CASL research program.*

Individuals With Disabilities Education Improvement Act of 2004 (IDEA; P.L. 108-446) permits educators to use responsiveness-to-intervention (RTI) as a substitute for, or supplement to, IQ-achievement discrepancy to identify students with learning disabilities (LD). Policymakers have high hopes that RTI (a) will encourage and guide practitioners to intervene earlier on behalf of a greater number of children at risk for school failure, and (b) will represent a more valid method of LD identification because early

intervention will decrease the number of "false positives," or students given a disability label who are low achievers because of poor instruction rather than an inherent disability. Partly because IDEA was reauthorized so recently, there is confusion about just what it is, and how schools, districts, and states might implement it. Following, we define RTI by specifying a 4-step process, and we distinguish between what we believe are "acceptable practices" from more desirable "best practices." We then illustrate how the process might work by presenting a series of four "case studies." We conclude by making explicit several of our preferences. We wish to emphasize that the following blueprint is but one way to define RTI.

### Blueprint

#### Step 1: Screening (Responsibility: General Education)

In the first month of the school year, students are screened to identify those "at risk" for school failure.

*Acceptable Practices.* To identify at-risk students: (1) the previous year's state assessment scores are reviewed to identify any student scoring below the 25th percentile in reading or math; OR (2) an achievement test is administered to all children in a given grade, with at-risk children designated as those scoring below the 25th percentile. (NOTE: At-risk students can also be identified by teachers or parents.)

*Best Practices.* To identify at-risk students (1) everyone is assessed using brief screening tools that demonstrate diagnostic utility for predicting performance on the reading and math state assessments (in the elementary grades) or on the local graduation requirements (at the secondary level); OR (2) only those students who perform below the 25th percentile on the previous year's state assessment, or who perform below the 25th percentile on a more current achievement test, are screened individually with tools that have diagnostic usefulness.

### **Step 2a: Implementing Classroom Instruction (Tier 1; Responsibility: General Education)**

Students receive instruction in general education, in conjunction with No Child Left Behind and the Adequate Yearly Progress provision.

*Acceptable Practice.* School districts implement classroom instruction that reflects sound instructional design principles.

*Best Practice.* School districts choose evidence-based curricula and instruction, and provide teachers with relevant and rigorous professional development. Teachers implement the curricula and instruction, and their fidelity of implementation is documented.

### **Step 2b: Monitoring Responsiveness to Classroom Instruction (Tier 1; Responsibility: General Education).**

At-risk students are monitored for 8 weeks to identify a subset that responds inadequately to general education.

*Acceptable Practice.* At the end of 8 weeks, at-risk students are administered a screening tool or brief standardized achievement test in the area of risk (e.g., reading or math). Adequate Tier 1 response is operationalized by a score above the 16th percentile.

*Best Practice.* At-risk students are assessed every week for 8 weeks in the area of risk using brief monitoring tools. Adequate Tier 1 response is operationalized using (a) local or national normative estimates for weekly improvement OR (b) criterion-referenced figures for weekly improvement. If (a) and (b) are unavailable, then adequate Tier 1 response is defined as "some improvement" (i.e., a slope greater than the standard error of estimate).

### **Step 3a: Implementing a Supplementary, Diagnostic Instructional Trial (Tier 2; Responsibility: General and Special Education)**

Tier 1 nonresponders receive an 8-week supplementary, diagnostic instructional trial. This trial is explained to parents in a letter or face-to-face meeting. Written parental consent is required for the trial to proceed.

*Acceptable practice.* The special educator and colleagues (e.g., school psychologist, speech/language clinician) collaboratively problem-solve to design a supplementary, diagnostic instructional trial tailored to the needs of the student. This instruction may be implemented by the classroom teacher, but would more likely be conducted by a specialist or an aide under the supervision of the teacher or a specialist.

*Best Practice.* The Tier 1 nonresponder participates in small-group instruction with no more than 2 additional students who share similar instructional strengths and weaknesses. The group is taught at least 3 times per week, 30 minutes per session, by a certified teacher or aide who can accurately implement a scientifically validated, standard tutoring protocol.

### **Step 3b: Monitoring Responsiveness to a Supplementary, Diagnostic Instructional Trial (Tier 2; Responsibility: General Education and Special Education)**

Response to the 8-week Tier 2 supplementary, diagnostic trial is monitored to identify the subset of students who respond inadequately (i.e., Tier 2 nonresponders). Parental feedback is provided in a written report, a telephone call, or a face-to-face meeting.

*Acceptable Practice.* At the end of 8 weeks, at-risk students are administered a screening tool or brief standardized achievement test in the area of risk. Adequate Tier 2 response is specified in terms of a score above the 16th percentile.

*Best Practice.* At-risk students are assessed every week for 8 weeks in the area of risk using brief monitoring tools. Adequate Tier 2 response is determined using (a) local or national normative estimates for weekly improvement OR (b) criterion-referenced figures for weekly improvement. If (a) and (b) are unavailable, then adequate Tier 1 response can be operationalized as "some improvement" (i.e., a slope greater than the standard error of estimate).

### **Step 4: Designation of LD, and Special Education Placement (Responsibility: General and Special Education)**

The Tier 2 nonresponders receive an individualized, comprehensive evaluation that addresses all eligibility determination, evaluation, and procedural safeguards specified in IDEA. Written parental consent is obtained. The evaluation team (including the special education teacher and other qualified professionals) designs an evaluation that rules out mental retardation as an alternative diagnosis using a brief intellectual assessment and eliminates other diagnostic possibilities such as emotional disturbance or visual disabilities.

### **Case Studies**

#### **Graceland Elementary**

To illustrate different decisions within an RTI framework, we present four case studies from first grade in (fictitious) Graceland Elementary. First, we briefly describe the progress monitoring measure used by Graceland's teachers, as well as the nature of the school's Tier 1 and Tier 2 instruction.

*Measure.* For screening and designating responsiveness to instruction at Tiers 1 and 2, Graceland's first-grade teachers use curriculum-based measurement word identification fluency (CBM-WIF). With CBM-WIF, students read a list of words for 1 minute. Performance is the number of words read correctly. Each alternate form randomly samples 50 words from a pool of 100 high-frequency preprimer, primer, and first-grade words. Two decades of research has demonstrated the concurrent and predictive validity of CBM-WIF level and slope (i.e., weekly improvement based on a least-squares regression between calendar days and scores).

For screening, Graceland Elementary assesses all first-grade students in September on two alternate forms of CBM-WIF, averaging each child's performance across the two forms. Graceland teachers use a CBM-WIF cut-score of 15 to designate risk for reading failure by year's end (i.e., any student scoring lower than 15 on CBM-WIF is judged likely to experience serious reading difficulty unless the

student receives intervention). For monitoring at-risk first-graders' responsiveness to instruction at Tier 1, the teachers measure students once each week on a different form of CBM-WIF; to measure responsiveness in Tier 2 instruction, twice each week. At Tiers 1 and 2, performance is graphed, and slopes are calculated at key decision points. Based on a normative framework for at-risk students who respond positively to instruction, Graceland School uses a CBM-WIF slope of at least 1 word increase per week to designate positive response to intervention.

*Tier 1 and Tier 2 Instruction.* First-grade Tier 1 instruction at Graceland can be described as "generally effective" because (a) every teacher uses a validated reading curriculum, Open Court; (b) Graceland's lead reading teacher observes each teacher's implementation of Open Court quarterly and has documented that the program is implemented with fidelity; and (c) during the previous year, only 3 of 60 (i.e., 5%) first graders failed to achieve the end-of-year CBM-WIF benchmark of 60 words read correctly in 1 minute.

Graceland's Tier 2 instruction is modeled after a research-backed, first-grade tutoring protocol. Students receive 45 minutes of instruction four times each week in groups of 1-3 students. Tutors are paraprofessionals who have completed formal training and are observed once each week by the reading teacher, who provides corrective feedback. Once each week, the reading teacher also meets with the tutors to examine students' CBM-WIF graphs and to problem solve about students whose progress is inadequate.

#### **Case A: Aretha Is Not At Risk (Not LD)**

On the September CBM-WIF screening, Aretha's average score across the two alternate forms was 22.5. This score exceeded the cut-point for designating reading-failure risk (i.e., 15). So, Aretha was deemed not at risk (see the "Case A" graph and decision tree).

#### **Case B: Gladys Is Initially At Risk, But Proves Responsive to Tier 1 Instruction (Not LD)**

On the September CBM-WIF screening, Gladys's average score across the two alternate forms was 10.5. This score fell

below the cut-point for designating risk for reading failure. She was viewed as at risk and her performance was monitored each week for 8 weeks during Tier 1 instruction. The data indicated that her CBM-WIF slope (i.e., weekly increase) was 1.8, which exceeded the minimum 1.0 criterion for positive response. So, she was deemed responsive to Tier 1 instruction. (See her graphed performance and accompanying decision tree in the "Case B" figure.)

#### **Case C: Tina Is At Risk and Unresponsive to Tier 1 Instruction, But Responsive to Instruction at Tier 2 (Not LD)**

On the September CBM-WIF screening, Tina's average score across the two alternate forms was 5.5. Because this score fell below the at-risk cut-point, her performance was monitored each week for 8 weeks in Tier 1 instruction. The data indicated that her CBM-WIF slope (i.e., weekly increase) was 0.4, which fell below the minimum 1.0 criterion for an acceptable response. So, Tina was judged unresponsive at Tier 1 and, after written parental consent was obtained, entered a Tier 2, 8-week trial, again with weekly monitoring. At Tier 2, Tina's slope increased to 1.7, exceeding the 1.0 criterion, and she was seen as *not* requiring special education. (Her graph and decision tree are shown in the "Case C" figure.)

#### **Case D: Etta Is At Risk and Unresponsive to Both Tier 1 and Tier 2**

On the September CBM-WIF screening, Etta's average score across the two alternate forms was 5.5, which fell below the cut-point designating risk. So, she was monitored each week for 8 weeks during Tier 1 instruction. During this period, her CBM-WIF slope (i.e., weekly increase) was 0.2, which fell below the 1.0 criterion. She was judged unresponsive to Tier 1 instruction and, with parents' written approval, entered Tier 2. Because her slope during Tier 2 instruction was 0.5, well below the 1.0 criterion, she was also deemed unresponsive to Tier 2 instruction. This triggered a referral for a comprehensive evaluation, which represents Step 4 in our process. Written parental consent was obtained. The 2-subtest Wechsler Abbreviated Scale of Intelligence ruled out mental retardation,

and rating scales and a teacher report eliminated the possibility of an emotional/behavioral disorder. After an appropriate review of all evidence, Etta was classified as LD. (Her graph and decision tree are shown in the "Case D" figure.)

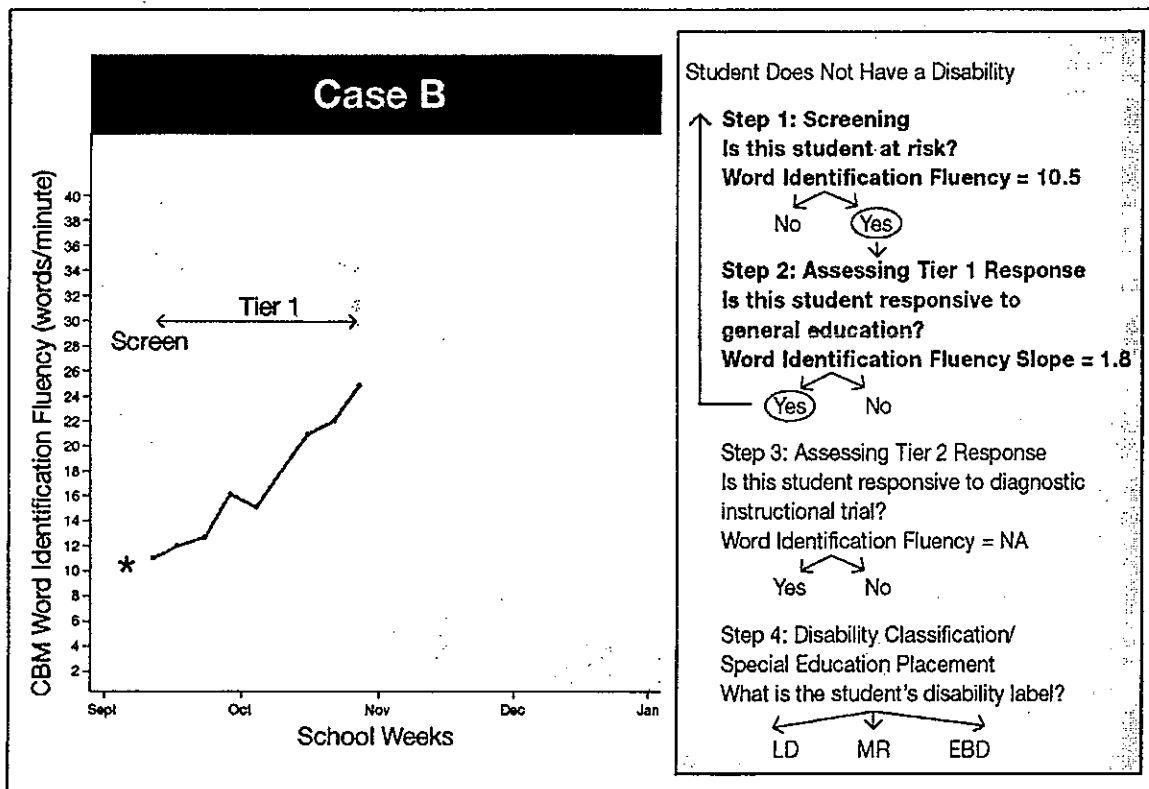
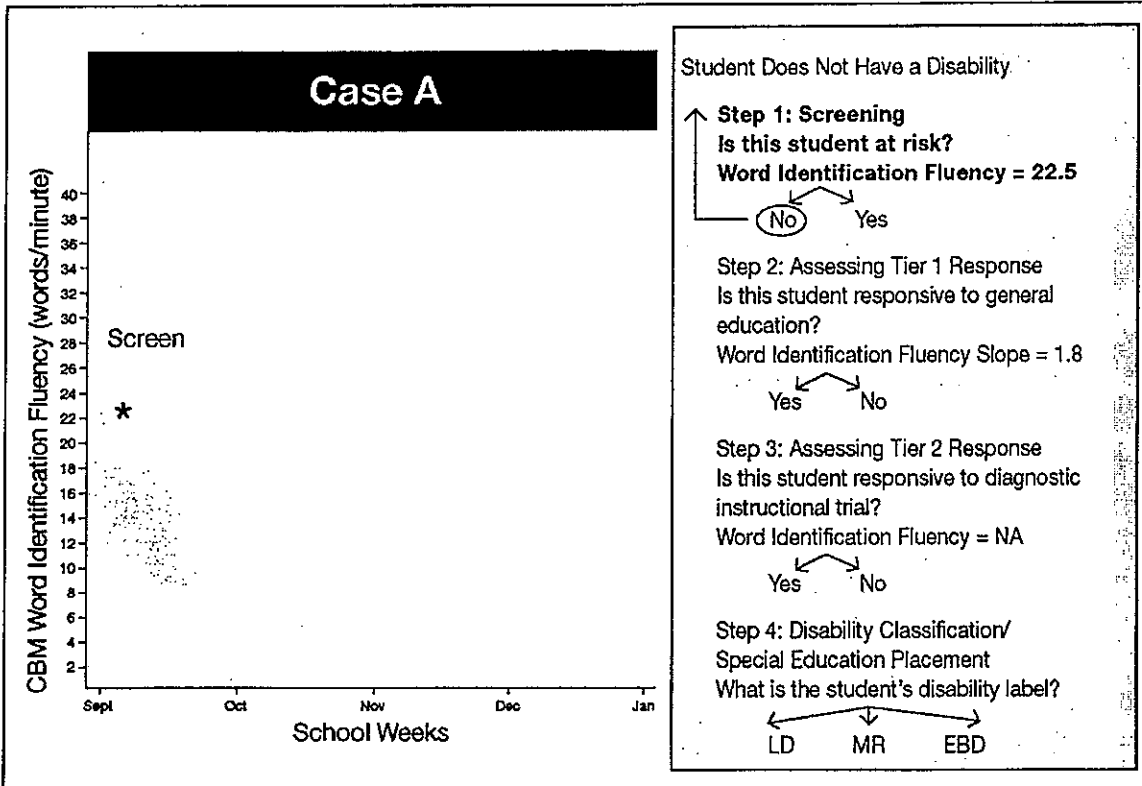
#### **Preferences**

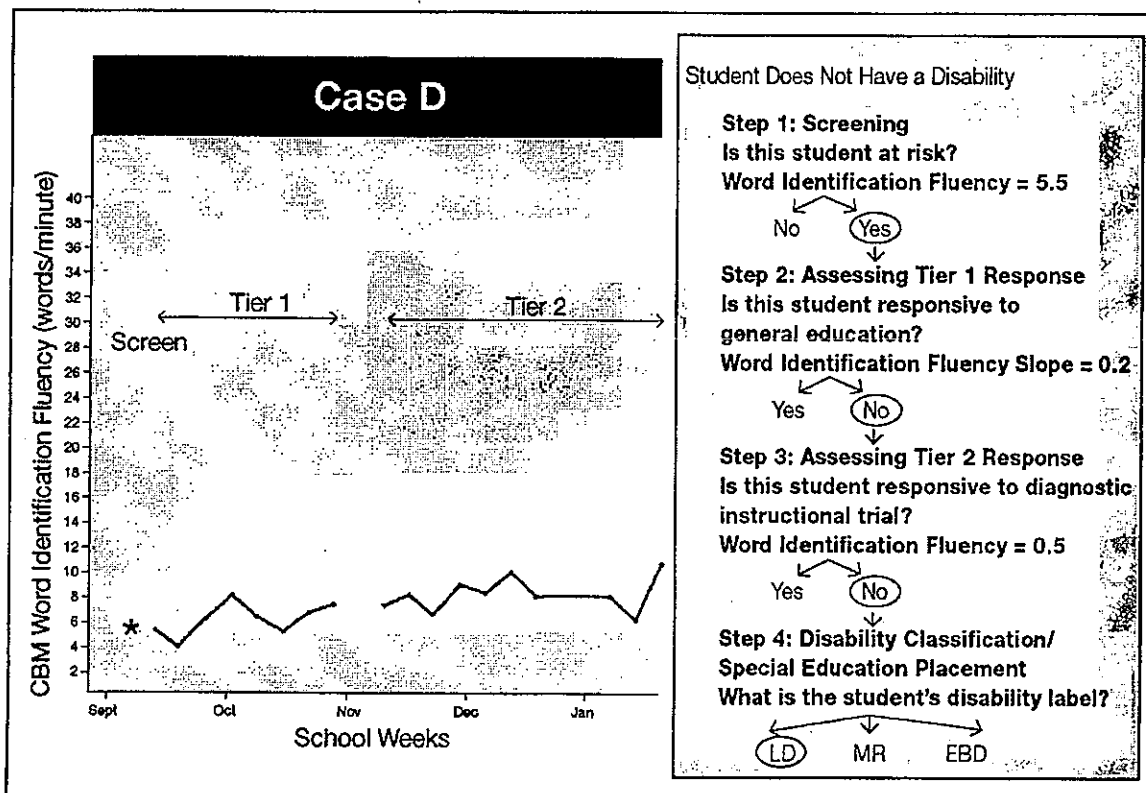
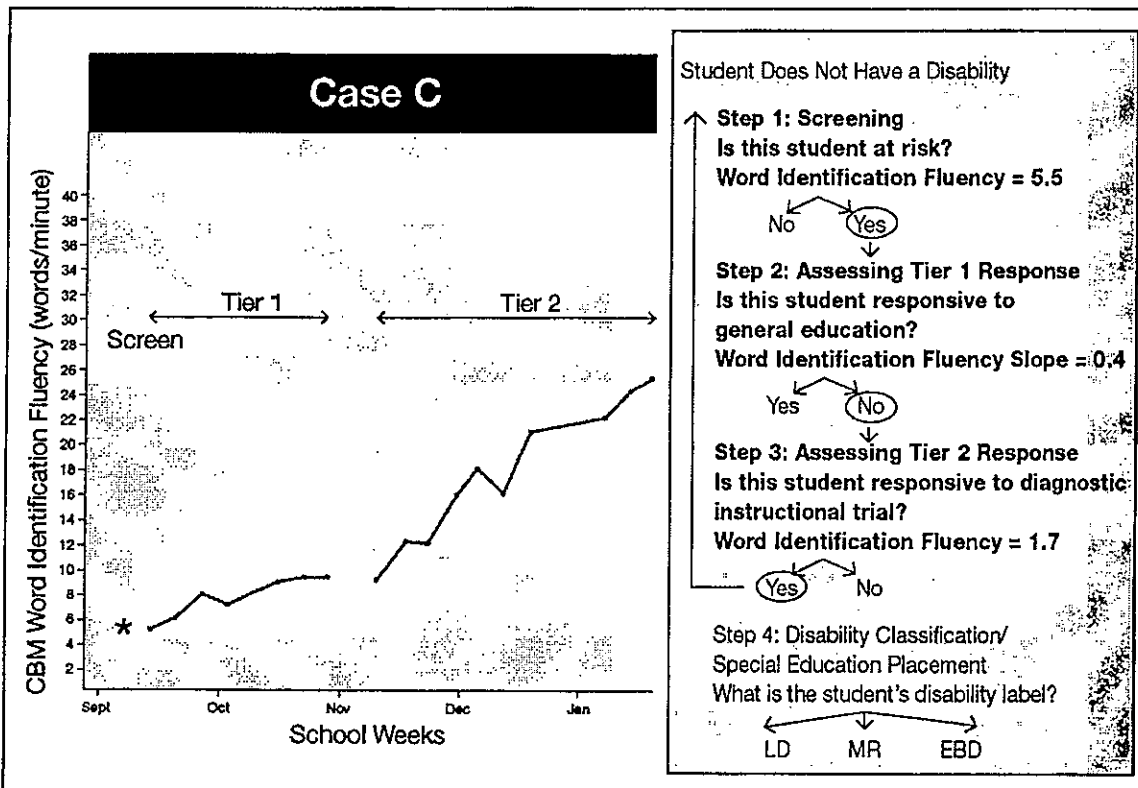
In specifying and illustrating an RTI process, we have expressed several preferences we wish to make explicit. First, our process comprises 3 tiers, with special education as the third tier. Whereas some recommend a greater number of tiers, we believe a 3-tier system best serves both early intervention and disability identification objectives of RTI. Second, we prefer standard tutoring protocols over a problem-solving approach because the available scientific evidence supports the former more strongly than the latter. Third, we conceptualize RTI to include a final comprehensive evaluation phase (Step 4) so that formal distinctions between LD, behavior disorders, and mental retardation may be preserved.

Portions of this article were presented at The Council for Exceptional Children's annual convention in 2005 (Baltimore).

Correspondence should be addressed to [doug.fuchs@vanderbilt.edu](mailto:doug.fuchs@vanderbilt.edu)

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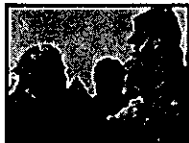
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**A Parent's Guide to Response to Intervention (RTI)**  
by Susan Bruce, Regional Education Coordinator

When IDEA was reauthorized in 2004 some new buzz words emerged. One term is Response to Intervention (RTI). Although response to intervention is not actually new, it is very new to IDEA, parents, and to many school districts.



RTI in IDEA and "scientifically research based instruction" in IDEA and NCLB emphasize the quality of instruction ALL children receive. NCLB and IDEA raise the bar in education by attempting to ensure that **ALL children** receive high quality instruction. The purpose of RTI is to catch struggling children early, provide appropriate instruction, and prevent the need to refer the child for special education. This concept offers hope and fear in advocates and parents.

In an attempt by the US Department of Education to eliminate the wall that separates regular and special education, school districts may use 15% of IDEA funding for early intervention services in regular education - RTI.

**RTI and Hope for Better Instruction**

RTI offers hope that all children will receive better and more adequate instruction in math and reading. RTI provides a new and different way to identify students with specific learning disabilities.

**But**, there are important issues that parents need to be aware of. If we, as parents, are not educated on the RTI process and what IDEA requires, our schools may fail to identify some children who do have specific learning disabilities.

I concur with the experts who say that many children have not received the type of instruction they need to be successful. The regular education core curriculum often leaves out one or more of the five essential components required for effective reading instruction by the National Reading Panel. When used as intended, RTI should eliminate this problem.

**What is RTI?**

RTI is a tiered process of instruction that allows schools to identify struggling students early and provide appropriate instructional interventions. Early intervention means more chances for success and less need for special education services. RTI would also address the needs of children who previously did not qualify for special education.

**RTI Should be a School Wide Model**

Although, a schools model may look different, there are several essential and necessary components that parents need be aware of:

- Scientifically Research Based Instruction - All children should receive research based reading instruction in the general education classroom.
- School Wide Screening - Schools should screen all children early to determine if they are "at risk."

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- Continuous Progress Monitoring - Schools should monitor the progress of all "at risk" children to determine if they are benefiting from instruction.
- Fidelity - Schools must use any program or curriculum correctly and as intended.
- Procedural Safeguards - Schools must ensure parents are aware of their rights.

### Tiers in RTI

RTI is delivered to students in tiers or levels. There is much discussion about how many tiers should be in RTI models. The three-tiered model is the most common. This means there are different levels of intervention, based on the needs of the student. The level of intervention increases in intensity if a child does not respond to instruction.

IDEA does not specify how many tiers an RTI model must contain. IDEA does not specify how long a child must remain in one tier before moving to the next level. The US Department of Education left this to the states to determine.

### What RTI is NOT

- Special seating in classroom
- Shortened assignments
- Parent-teacher conferences
- Suspension
- Retention
- "More of the same" general classroom instruction

### What IDEA Says about RTI and SLD

Section 300.307 of the federal Special Education Regulations says that states must adopt criteria for determining whether a child has a specific learning disability. States *must not require* the use of a severe discrepancy between intellectual ability and achievement model. States *must permit* the use of a process based on the child's response to scientific, research-based intervention.

When IDEA was reauthorized in 2004, RTI was added in an attempt to bring IDEA in line with NCLB and Reading First. In the Commentary to the Regulations, US DOE acknowledged that identification "*models that incorporate RTI represent a shift in special education toward goals of better achievement and improved behavioral outcomes for children with specific learning disability (SLD).*"

### Concerns about the RTI Process

I agree with the experts who say that many children are identified with specific learning disabilities because they do not receive adequate instruction in reading and math. In other words, these children are not making sufficient progress because they receive poor instruction, not because they have a learning disability.

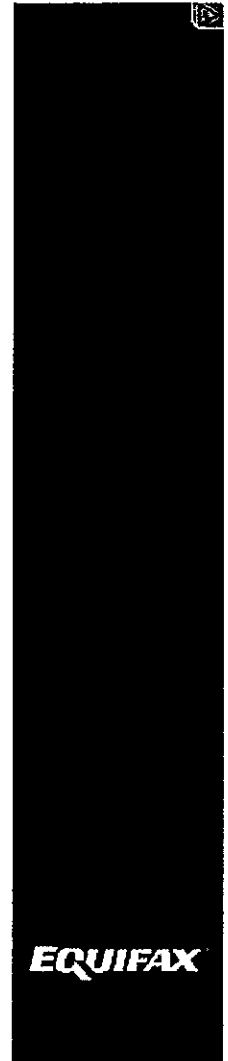
I also believe some children have specific learning disabilities.

My fear is that school districts may use RTI to delay, or worse, **to not evaluate** children who are suspected of having specific learning disabilities.

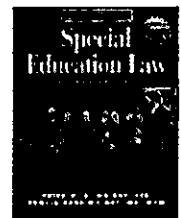
OSEP Memorandum - RTI process **cannot be used to delay-deny an evaluation** for eligibility under IDEA. Office of Special Education Programs to State Directors of Special Education, 01/21/11.

In the Commentary to the federal special education regulations, many people expressed these same concerns. Because of these comments, and to ensure that parents are notified of their right to request an evaluation at any time, the US Department of Education

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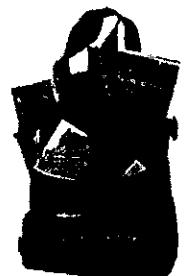


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added the following to the federal regulation Section 300.311 (Commentary in the Federal Register at p. 46658):

(a) For a child suspected of having a specific learning disability, the documentation of the determination of eligibility, as required in 300.306(a)(2), **must contain a statement of--**

...

(7) If the child has participated in a process that assesses the child's **response to scientific, research-based intervention--**

- (i) The **instructional strategies used** and the **student-centered data collected**; and
- (ii) The **documentation that the child's parents were notified** about--

- (A) The State's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;
- (B) Strategies for increasing the child's rate of learning; and
- (C) The parents' right to request an evaluation.

(b) Each group member **must certify in writing** whether the report reflects the member's conclusion. If it does not reflect the member's conclusion, the group member must submit a separate statement presenting the member's conclusions.

**What Does RTI Mean for our Kids?**

- States must put into place criteria for determining whether or not a child has a Specific Learning Disability (SLD).
- All children should receive appropriate and adequate instruction in the regular education classroom **before** being referred to special education.
- The RTI process **does not** replace the need for a comprehensive evaluation.
- When a child is participating in an RTI model, parents must be notified of the instructional strategies used, performance data collected, and the general education services that will be provided.
- Parent's have the right to request a comprehensive evaluation at any time during the RTI process.
- Schools must promptly request parental consent to evaluate when a child suspected of having an SLD has not made progress when provided with appropriate instruction.

**Questions for Parents and Educators**

The federal regulations specify that "States *must permit* the use of a process based on the child's response to scientific, research-based intervention." This is not a question of "if" a school district will be required to use RTI, but when. The Commentary to the federal regulations (p.46646-46647) describes the *Essential Components of Reading Instruction* and references what the ESEA (NCLB) says about appropriate reading instruction including: Phonemic Awareness, Phonics, Vocabulary Development, Reading Fluency, Reading Comprehension Skills.

**When should a parent be notified of their right to request an evaluation?**

In general, when the child moves from a tier 1 general education (class wide intervention) to a tier 2 (more targeted small group interventions), parents should be informed about what is happening and their rights.

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Parents should be advised that their child is not making expected academic progress, the services that will be provided and strategies used to increase their child's progress, and other options that are available to them i.e., the right to request an evaluation under IDEA at any time. (NICHCY's "Building the Legacy Training Curriculum on the IDEA 2004", Module 6 - Early Intervening Services and Response to Intervention.)

### **Questions Parents Should Ask about RTI**

There are specific questions parents should ask to ensure that their child will be accurately identified, and is receiving appropriate instruction to begin with.

- How many tiers are included the RTI model?
- How long will my child remain in a tier before moving to the next tier?
- What scientifically research based form of instruction will the teacher use?
- What documentation demonstrates the effectiveness of the program?
- What education journal documents this form of instruction as "peer reviewed"?
- Does the reading program include the elements defined as "essential components of an effective reading program" set forth by the National Reading Panel?
- How often will the school monitor my child's progress?
- What type of progress monitoring will the school use?
- When will the school report the progress monitoring results to us, the parents, and how often?
- Will the type of progress monitoring used show how the child is progressing when compared to his peers?
- What rate of progress should we parents expect?
- At what point will the school refer our child for an evaluation due to lack of response to instruction?
- What do your state regulations say about the RTI process?

### **The Bottom Line**

RTI, if used as intended, will be a significant advance in special education. If used incorrectly, RTI will prevent students who have true learning disabilities from receiving the specialized instruction they need.

As with any special educational issue that affects our children, we parents must become experts on RTI. We must educate ourselves, ask questions, and document what we are told.

---

### **Meet Susan Bruce**



Susan's most relevant experience is as the mother of four, three of which are students with disabilities. Susan's next most relevant experience is as a ten year parent advocate and trainer with South Carolina's former Parent Training and Information Center, PRO\*Parents of SC. Susan has trained over 5000 parents, attorneys and advocates

during her tenure with PRO\*Parents on virtually any topic that has to do with special education and civil rights law.

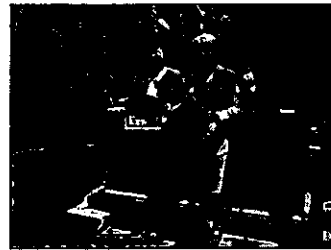
Susan's passion for assisting parents and extensive knowledge of the practical application of the Individuals with Disabilities Education Act along with other laws applying to children makes her a fierce advocate for students. The training she has received over the last ten years is second to none. Susan has trained under some of the nation's leading advocates and attorneys, such as Chris Ziegler Dendy, Rick Lavoie, Matt Cohen and Pete Wright of

A Board Member of COPAA (Council of Parent Attorneys and Advocates) for 4 years and a member for 7 years, she serves as the board secretary as well as serving on COPAA's executive committee. She also sits on the media relations, advocate and conference committees. Susan has honed her skills by attending COPAA's National Conference for the last 7 years, presenting sessions at the last 6 and was asked by COPAA to provide the two day advocate training at their preconference for the last 3 years. She has a certificate from the William and Mary School of Law Institute of Special Education Advocacy and holds certificates in non-profit management from Duke and Winthrop University. However, Susan believes that her expertise actually lies in a specialized field that in all actuality can only be obtained by hands on experience and is not taught in any university setting.

Susan continues to hone her skills by continually training, she believes that a vital part of advocacy lies in staying abreast of ever changing case law, scientific research and guidance from the US Department of Education and the Office of Civil Rights.

Susan is a published author, her articles on special education and Section 504 have been published by advocacy organizations all over the country.

**July 2012 - William and Mary Law School Institute of Special Education Advocacy**



Susan Bruce received her certificate from ISEA 2012 at the W&M Law School Institute of Special Education Advocacy for advanced advocates.

Contact information

864-305-9969  
susan@spedad.com or susan.spedad@gmail.com

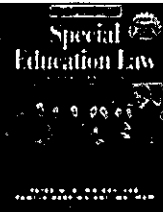

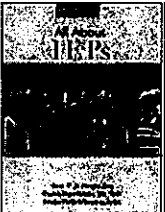
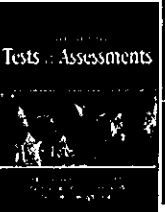

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## RESPONSE TO INTERVENTION

# Response to Intervention (RTI): A Primer for Parents



*Ensuring a healthy start. Promoting a bright future.*

By Mary Beth Klotz, PhD, NCSP, and Andrea Canter, PhD, NCSP  
National Association of School Psychologists

A major concern for parents as well as teachers is how to help children who experience difficulty in school. All parents want to see their child excel, and it can be very frustrating when a child falls behind in either learning to read, achieving as expected in math and other subjects, or getting along socially with peers and teachers. Response to Intervention (RTI) is a multi-step approach to providing services and interventions to struggling learners at increasing levels of intensity. RTI allows for early intervention by providing academic and behavioral supports rather than waiting for a child to fail before offering help.

Some new federal laws have directed schools to focus more on helping all children learn by addressing problems earlier, before the child is so far behind that a referral to special education services is warranted. These laws include the No Child Left Behind Act of 2001 and the Individuals with Disabilities Education Improvement Act (IDEA) of 2004. Both laws underscore the importance of providing high quality, scientifically-based instruction and interventions, and hold schools accountable for the progress of all students in terms of meeting state grade level standards. RTI is a process designed to help schools focus on these high quality interventions while carefully monitoring student progress. The information gained from an RTI process is used by school personnel and parents to adapt instruction and to determine the educational needs of the child.

## What Are the Essential Components of RTI?

“Response to Intervention” refers to a process that emphasizes how well students respond to changes in instruction. The essential elements of an RTI approach are: providing scientific, research-based instruction and interventions in general education; monitoring and measuring student progress in response to the instruction and interventions; and using these measures of student progress to shape instruction and make educational decisions. A number of leading national organizations and coalition groups, including the National Research Center on Learning Disabilities and the 14 organizations forming the 2004 Learning Disabilities (LD) Roundtable coalition, have outlined the core features of an RTI process as follows:

- High quality, research-based instruction and behavioral support in general education.
- Universal (school-wide or district-wide) screening of academics and behavior in order to determine which students need closer monitoring or additional interventions.
- Multiple tiers of increasingly intense scientific, research-based interventions that are matched to student need.
- Use of a collaborative approach by school staff for development, implementation, and monitoring of the intervention process.
- Continuous monitoring of student progress during the interventions, using objective information to determine if students are meeting goals.
- Follow-up measures providing information that the intervention was implemented as intended and with appropriate consistency.
- Documentation of parent involvement throughout the process.
- Documentation that any special education evaluation timelines specified in IDEA 2004 and in the state regulations are followed unless both the parents and the school team agree to an extension.

## What Are the Key Terms?

**Response to Intervention (RTI)** is an array of procedures that can be used to determine if and how students respond to specific changes in instruction. RTI provides an improved process and structure for school teams in designing, implementing, and evaluating educational interventions.

**Universal Screening** is a step taken by school personnel early in the school year to determine which students are “at risk” for not meeting grade level standards or those who have behavioral or emotional problems that may interfere with their learning. Universal screening can be accomplished by reviewing recent results of state tests, or by administering an academic or behavioral screening test to all students in a given grade level. Those students whose test scores or screening results fall below a certain cut-off are identified as needing more specialized academic or behavioral interventions.

**Student Progress Monitoring** is a scientifically based practice that is used to frequently assess students' academic performance and evaluate the effectiveness of instruction. Progress monitoring procedures can be used with individual students or an entire class.

**Scientific, Research-Based Instruction** refers to specific curricula and educational interventions that have been proven to be effective—that is, the research has been reported in scientific, peer-reviewed journals.

## What Role Does RTI Play in Special Education Eligibility?

IDEA 2004 offers greater flexibility to school teams by eliminating the requirement that students must exhibit a "severe discrepancy" between intellectual ability and achievement in order to be found eligible for special education and related services as a student with a learning disability. This increased flexibility has led to a growing interest in using RTI as part of an alternative method to traditional ability/achievement discrepancy comparisons. IDEA 2004 addresses RTI procedures within several contexts.

**Effective instruction and progress monitoring.** For students to be considered for special education services based on a learning disability they first must have been provided with effective instruction and their progress measured through "data-based documentation of repeated assessments of achievement." Furthermore, results of the student progress monitoring must be provided to the child's parents.

**Evaluation procedures.** The law gives districts the option of using RTI procedures as *part* of the evaluation procedures for special education eligibility. Comprehensive assessment is still required under the reauthorized law, however. That means that schools still need to carefully examine all relevant aspects of a student's performance and history before concluding that a disability does or does not exist. As before, schools must rule out learning problems that are primarily the result of factors such as poor vision, hearing, mental retardation, emotional disturbance, lack of appropriate instruction, or limited English proficiency.

**Early Intervening Services.** IDEA 2004 allows districts the option of using up to 15% of federal special education funds for "early intervening services" for students who have not been identified as needing special education, but who need additional academic and behavioral support to succeed in the general education setting. The types of services that can be included are central to the RTI process, and include professional development for teachers and school staff to enable them to deliver scientifically based academic and behavioral interventions, as well as educational evaluations, services, supports, and scientifically based literacy instruction.

## How Can Parents Be Involved in the RTI Process?

The hallmarks of effective home-school collaboration include open communication and involvement of parents in all stages of the learning process. Being informed about your school's RTI process is the first step to becoming an active

partner. Both the National Center for Learning Disabilities and the National Joint Committee on Learning Disabilities advise parents to ask the following questions:

- Does our school use an RTI process? If not, are there plans to adopt one? Be aware that your child's school may call their procedures a "problem solving process," or may have a unique title for their procedures, e.g., Instructional Support Team, and not use the specific RTI terminology.
- Are there written materials for parents explaining the RTI process? How can parents be involved in the various phases of the RTI process?
- What interventions are being used, and are these scientifically based as supported by research?
- What length of time is recommended for an intervention before determining if the student is making adequate progress?
- How do school personnel check to be sure that the interventions were carried out as planned?
- What techniques are being used to monitor student progress and the effectiveness of the interventions? Does the school provide parents with regular progress monitoring reports?
- At what point in the RTI process are parents informed of their due process rights under IDEA 2004, including the right to request an evaluation for special education eligibility?

## What Are the Potential Benefits of RTI?

Perhaps the most commonly cited benefit of an RTI approach is that it eliminates a "wait to fail" situation because students get help promptly within the general education setting. Secondly, an RTI approach has the potential to reduce the number of students referred for special education services while increasing the number of students who are successful within regular education. Since an RTI approach helps distinguish between those students whose achievement problems are due to a learning disability and those students whose achievement problems are due to other issues such as lack of prior instruction, referrals for special education evaluations are often reduced. RTI techniques have been favored for reducing the likelihood that students from diverse racial, cultural or linguistic backgrounds are incorrectly identified as having a disability. Finally, parents and school teams alike find that the student progress monitoring techniques utilized in an RTI approach provide more instructionally relevant information than traditional assessments.

## What Are Next Steps in Implementing RTI Approaches?

There are many issues that must be addressed in order to effectively implement RTI approaches. Strong leadership and effective collaboration are essential ingredients in implementing RTI. Schools must be prepared to offer a variety of proven instructional strategies; staff must be trained to measure student performance using methods that are sensitive to small increments of growth; parents must be kept informed of these new procedures and made partners in the

process. RTI is an educational approach that has the potential to help all students reach their full potential and to successfully meet the state grade level standards.

## References and Web Resources

- Building the Legacy: IDEA 2004 website—<http://idea.ed.gov>  
The U.S. Department of Education, Office of Special Education Programs website provides access to the IDEA 2004 statute, regulations, and helpful information.
- National Association of School Psychologists—  
[www.nasponline.org](http://www.nasponline.org)  
NASP's has a variety of resource materials and helpful factsheets for parents. See collection of papers addressing the role of parents and school teams in RTI models: *New Roles in Response to Intervention: Creating Success for Schools and Children*  
<http://www.nasponline.org/advocacy/rtifactsheets.aspx>
- National Center for Learning Disabilities—[www.ld.org](http://www.ld.org)  
NCLD offers parents helpful information and resources on RTI and other school-related topics and advocacy information.
- National Joint Committee on Learning Disabilities (NJCLD)—  
[www.ldonline.org/njclcd](http://www.ldonline.org/njclcd)  
The NJCLD is comprised of 13 organizations committed to the education and welfare of individuals with learning disabilities. See the paper: Responsiveness to Intervention and Learning Disabilities  
[http://www.ldonline.org/pdf/rti\\_final\\_august\\_2005.pdf](http://www.ldonline.org/pdf/rti_final_august_2005.pdf)
- National Research Center on Learning Disabilities—  
[www.nrclcd.org](http://www.nrclcd.org)  
The NRCLD engages in research, develops recommendations, and provides training. See the article: Understanding Responsiveness to Intervention in Learning Disabilities  
<http://www.nrclcd.org/publications/papers/mellard.pdf>
- National Center on Student Progress Monitoring—  
[www.studentprogress.org](http://www.studentprogress.org)  
The National Center on Student Progress Monitoring provides information and technical assistance to implement progress monitoring techniques.

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The National Association of School Psychologists (NASP) offers a wide variety of online resources to parents, teachers, and others working with children and youth that promote effective strategies, greater collaboration, and improved outcomes on a wide range of psychological, social/emotional, and academic issues. Visit the NASP website ([www.nasponline.org](http://www.nasponline.org)) or use the direct links below to access information that can help you improve outcomes for the children and youth in your care.

**About School Psychology**—Downloadable brochures, FAQs, and facts about training, practice, and career choices for the profession.  
[www.nasponline.org/about\\_sp/spsych.aspx](http://www.nasponline.org/about_sp/spsych.aspx)

**NASP Resource Library**—Online resources on a wide variety of topics.  
[www.nasponline.org/resources/index.aspx](http://www.nasponline.org/resources/index.aspx)

**Crisis Resources**—Handouts, fact sheets, and links regarding crisis prevention/intervention, coping with trauma, suicide prevention, and school safety.  
[www.nasponline.org/resources/crisis\\_safety](http://www.nasponline.org/resources/crisis_safety)

**Culturally Competent Practice**—Materials and resources promoting culturally competent school psychological services, recruitment of school psychologists from culturally and linguistically diverse backgrounds, and issues relating to English Language Learners and cultural diversity.  
[www.nasponline.org/resources/culturalcompetence](http://www.nasponline.org/resources/culturalcompetence)

**Mental Health**—Articles, handouts, and links related to children's and adolescent's mental health and school-based mental health services.  
[www.nasponline.org/resources/mentalhealth](http://www.nasponline.org/resources/mentalhealth)

**Advocacy**—Information, resources, and advocacy tools for promoting school mental health services and learning opportunities for all children and youth. Important legislative, policy, and practice information and resources relating to key legislation including the Elementary and Secondary Education Act/No Child Left Behind (ESEA/NCLB) and the Individuals with Disabilities Education Improvement Act (IDEA).  
[www.nasponline.org/advocacy](http://www.nasponline.org/advocacy)

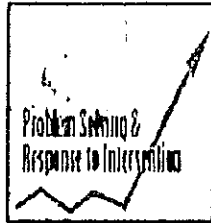
**Response to Intervention**—Information, resources, and tools related to Response to Intervention  
[www.nasponline.org/resources/rti](http://www.nasponline.org/resources/rti)

**Links to State Associations**—Easy access to state association websites.  
[www.nasponline.org/about\\_nasp/links\\_state\\_orgs.aspx](http://www.nasponline.org/about_nasp/links_state_orgs.aspx)

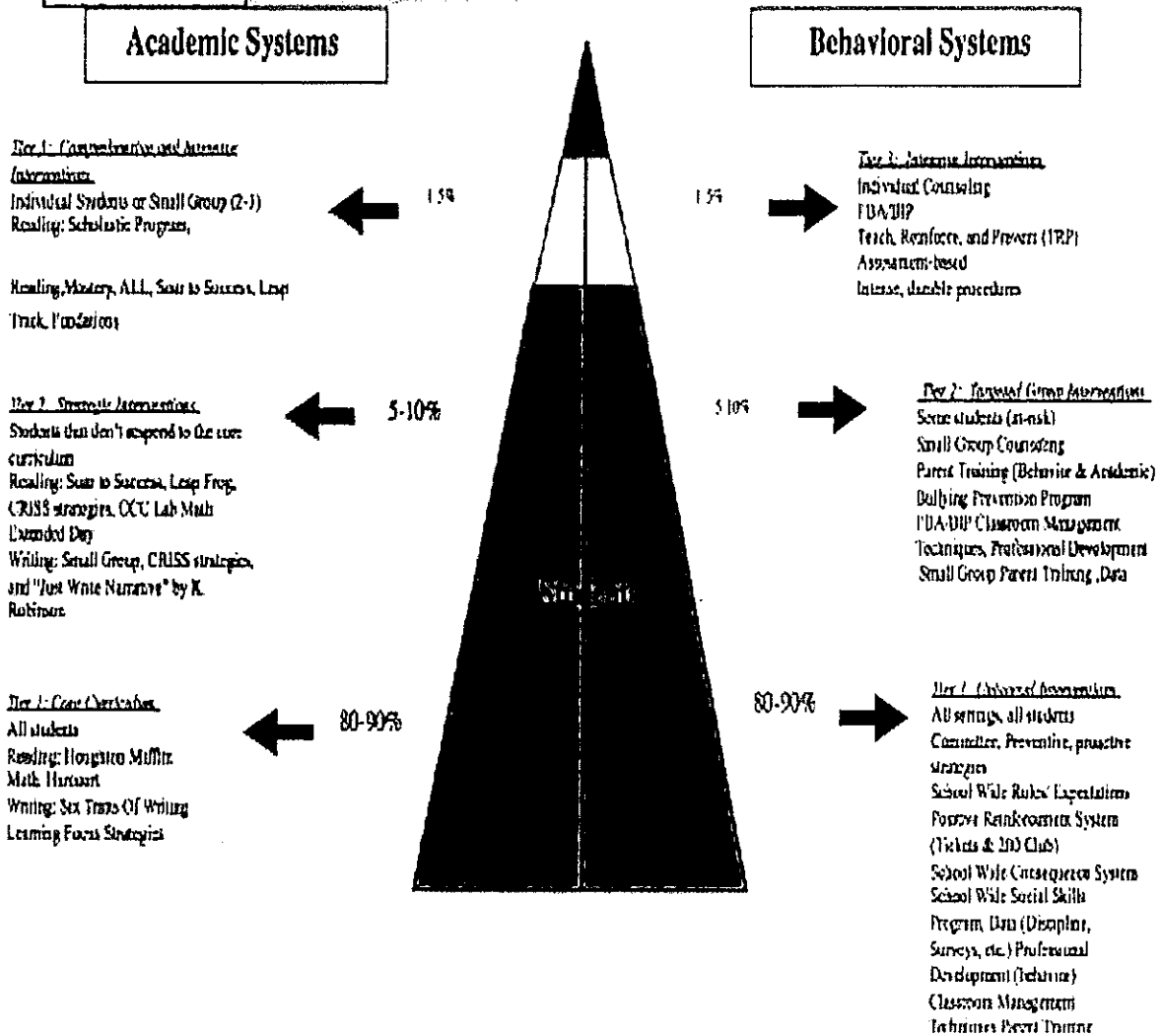
**NASP Books & Products**—Review tables of contents and chapters of NASP bestsellers and place orders.  
[www.nasponline.org/publications](http://www.nasponline.org/publications)

**Position Statements**—Official NASP policy positions on key issues.  
[www.nasponline.org/about\\_nasp/position\\_paper.aspx](http://www.nasponline.org/about_nasp/position_paper.aspx)

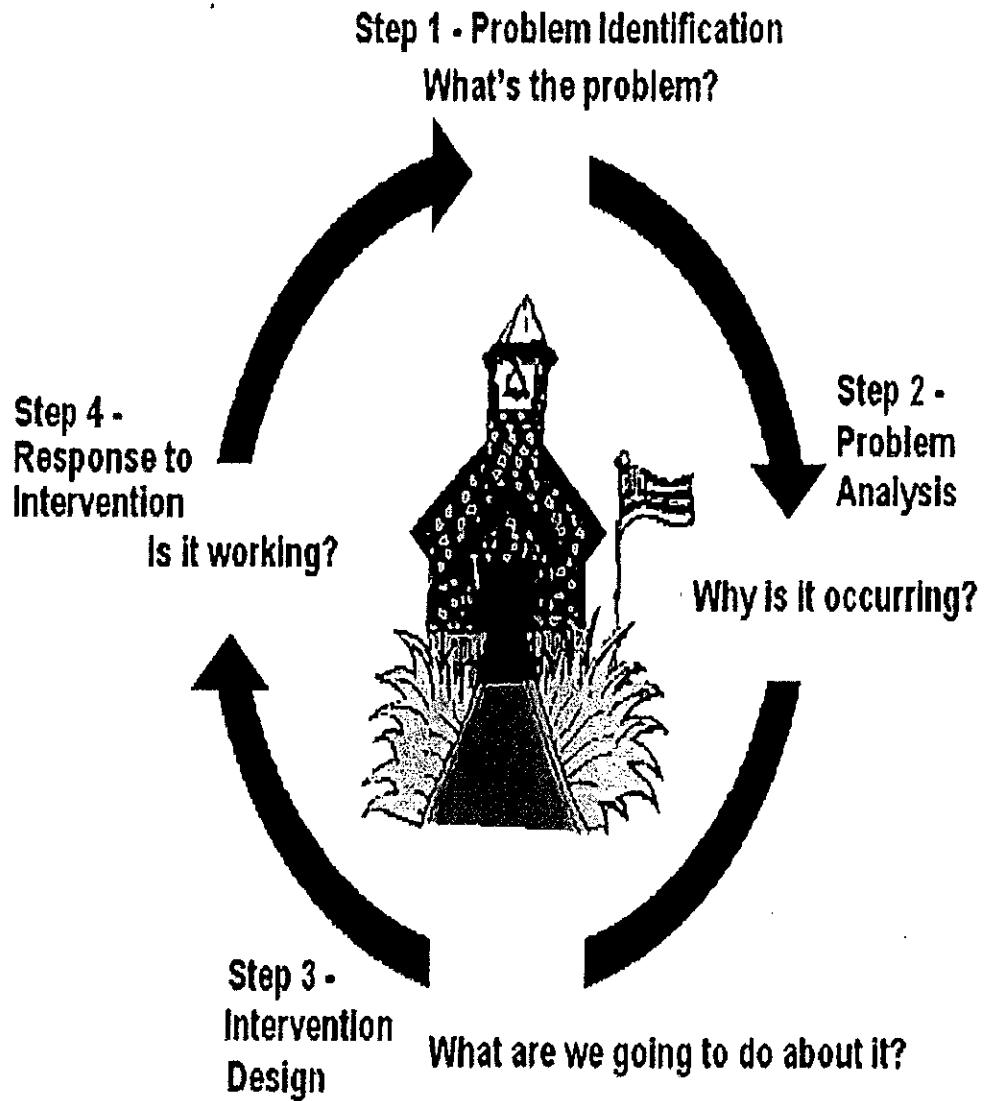
Three Tiered Model of School Supports



Three Tiered Model of School Supports:  
Example of an Infrastructure Resource Inventory



## Problem Solving Model



Decision Making Rubric

# Step 1 - What's the Problem?

## Decision Making Rubric for use with School-Wide Screening

Is this an individual student problem or a larger systemic problem?

Are over 20% of students struggling?

Are between 5% and 20% of students struggling?

Are 5% or fewer students struggling?

Examine instruction, curriculum, and environment for needed adaptations and develop group intervention

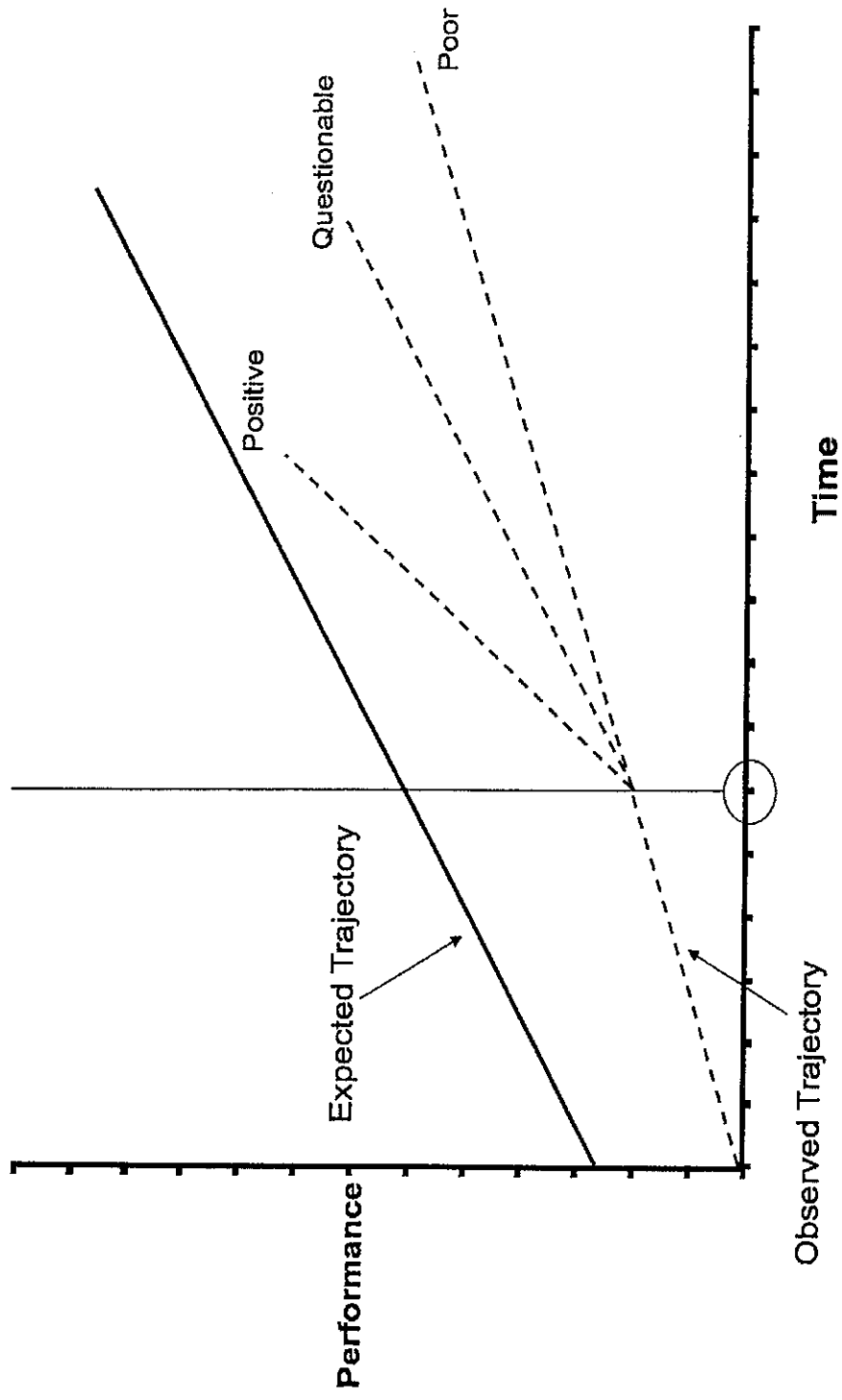
Develop small group intervention

Go to problem definition

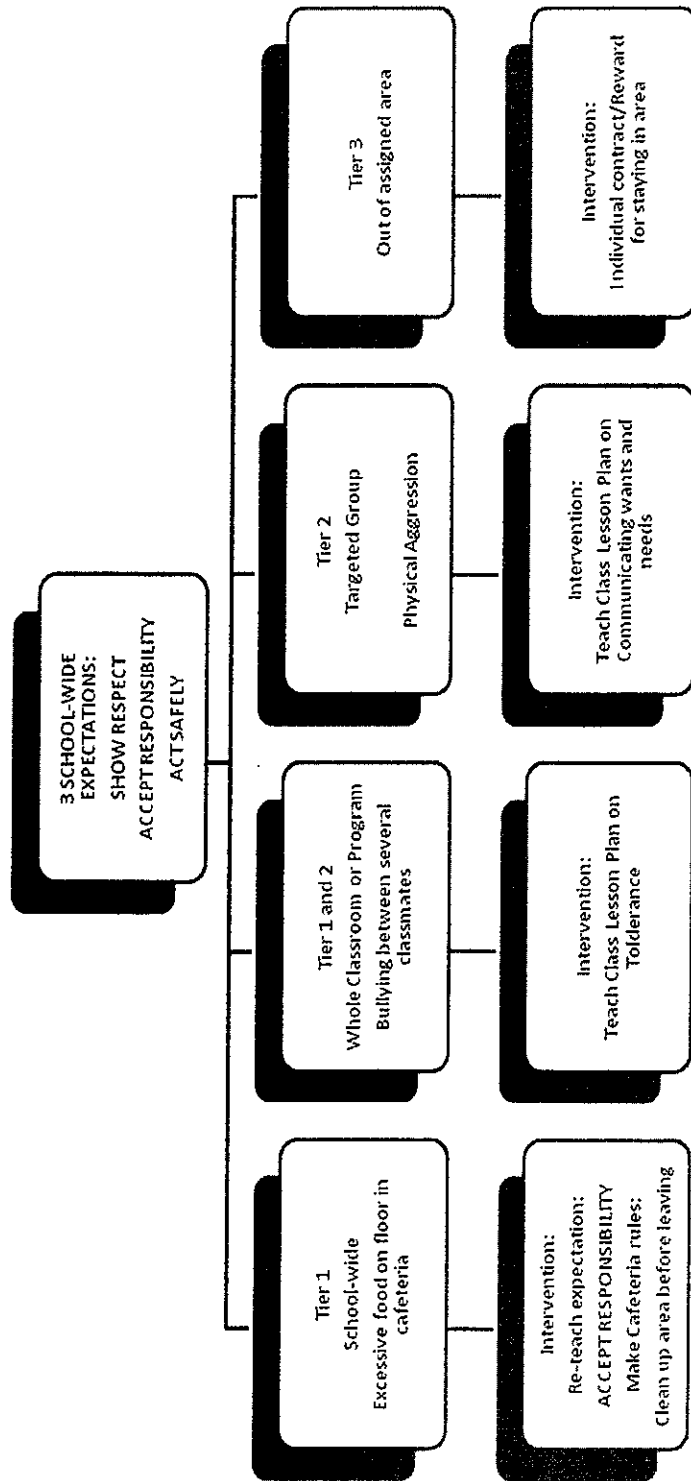
Go to intervention evaluation

adapted from:  
Heartland AEA 11,  
Improving Children's  
Educational Results

# Response to Intervention



# EXAMPLE BEHAVIORS AND INTERVENTIONS FOR EACH TIER









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**What You Need to Know about IDEA 2004  
Response to Intervention (RTI):  
New Ways to Identify Specific Learning Disabilities**  
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**Note:** We have a YouTube video about RTI. For that and other Wrightslaw YouTube videos, go to the "**Wrightslaw YouTube Channel**" at: [www.youtube.com/user/wrightslaw](http://www.youtube.com/user/wrightslaw). To see the RTI YouTube video, click on the link below and go "Full Screen."

Wrightslaw...

When Congress reauthorized IDEA, they changed the law about identifying children with specific learning disabilities. Schools will "not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability ..." (Section 1414(b)) (Wrightslaw: Special Education Law, 2nd Edition, page 97)



What is Response to Intervention (RTI) ? How will these new practices affect struggling children who have not yet been identified with specific learning disabilities? How will this affect the millions of children who have been identified with specific learning disabilities and who are receiving special education services?

The devil is in the details. The success of Response to Intervention (RTI) will depend on whether it is appropriately implemented by highly-trained professionals - and this is likely to be a problem.

To answer your questions about RTI, we collected articles and free publications from a variety of sources. We found that some experts endorse RTI, while others are less enthusiastic.

We encourage you to study these issues. This page includes articles, free publications, and recommended websites.

**Articles & Free Pubs About Response to Intervention (RTI)**

A Parent Guide to RTI was created by Susan Bruce, a fierce advocate for students, who has trained over 5000 parents, attorneys and advocates on virtually any topic that has to do with special education and civil rights law. The Guide explains the RTI process and what IDEA requires, parent concerns and important questions about RTI, and what RTI means for our kids. Pdf format

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 Letters & Paper Trails  
 LRE/Inclusion  
 Mediation  
 Military / DOD  
 No Child Left Behind  
 NCLB Directories  
 NCLB Law & Regs  
 Parental Protections  
 PE and Adapted PE

OSEP Memorandum - RTI process **cannot be used to delay-deny an evaluation** for eligibility under IDEA. Office of Special Education Programs to State Directors of Special Education, 01/21/11.

Response to Intervention: Guidelines for Parents and Practitioners. Hale, James B., Ph.D, Associate Professor, School Psychology Program, Philadelphia College of Osteopathic Medicine.

Response to Intervention (RTI): A Primer for Parents. Klotz, Mary Beth Ph.D, NCSP, Canter, Andrea, PhD, NCSP National Association of School Psychologist.

Response to Intervention: The Role of and Effect on School Psychology. Burns, Matthew K., Coolong-Chaffin, Melissa, University of Minnesota.

Alternative Approaches to the Definition and Identification of Learning Disabilities: Some Questions and Answers. Fletcher, Jack M., W. Alan Coulter, Daniel J. Reschly & Sharon Vaughn. Published in *Annals of Dyslexia*.

To ensure adequate instruction for students with LD, identification must focus on assessments that are directly related to instruction. Services for struggling students must focus on intervention, not eligibility. Special education needs to focus on results and outcomes, not eligibility and process. Identification models that include RTI will lead to better achievement and behavior outcomes for students with LD and those at risk for LD.

Fuchs, Douglas, Lynn Fuchs, Donald Compton, Joan Bryant, and National Research Center on Learning Disabilities. (2005) Responsiveness-to-Intervention: A New Method of Identifying Students with Disabilities - PowerPoint presentation from the Council for Exceptional Children Annual Convention.

Responsiveness to Intervention: A Blueprint for Practitioners, Policymakers, and Parents in *Teaching Exceptional Children*. Fuchs, Douglas, Lynn S. Fuchs. (2001) Describes a "three-tier" system (beginning in general education and ending in special education) that serves the early intervention and disability identification objectives of RBI. The focus is on standard tutoring protocols, not "problem solving model," because available scientific research supports this approach.

The Discrepancy Formula-How the Aptitude-Achievement Formula Keeps Educators from Doing Their Jobs. Horowitz, Sheldon H. (1999) (Adapted from a presentation by Dr. Horowitz at the 49th Annual Conference of The International Dyslexia Association.) "The standard that opens the gates to remedial and support services in schools, the 'discrepancy formula,' has undermined the ability of teachers to provide timely and effective assistance for students with learning disabilities. It virtually requires that students 'crash and burn' academically before they can gain access to special education services and it reinforces failure, ultimately making remediation much more difficult." (pdf format, p. 72)

Response to Instruction in the Identification of Learning Disabilities: A Guide for School Teams. Kovalski, Joseph & David P. Prasse. (2004) Published in *NASP Communique*, 32 (5). The authors explain why response to intervention is a promising alternative to the traditional IQ-achievement discrepancy model for identifying students with learning disabilities and improving classroom instruction in general education."

A Three-Tier Response to Intervention (RTI) Model. LDOnline Article describes a Three-Tier RTI Model as an alternative to the Discrepancy Model (the "Wait to Fail Model"). This article describes a three-tier reading model that monitors student progress with different levels of intervention intensity.

Rethinking Learning Disabilities. Lyon, G. R., Fletcher, J. M., Shaywitz, S. E., Shaywitz, B. A., Torgesen, J. K., Wood, F. B., et al.

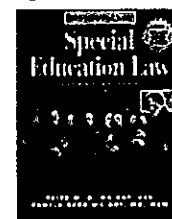
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(2001). Washington, DC: Thomas Fordham Foundation.  
 Describes reasons to reject the IQ-achievement discrepancy models. Discrepancy models delay classification until the child is in 3rd or 4th grade when academic achievement problems are more difficult to resolve. The IQ-achievement discrepancy is not related to decisions about intervention methods, goals, or results. Read article

Early Warning System. Lyon, G. Reid Lyon and Jack Fletcher. (2001)  
 The authors describe three factors that led to a dramatic increase in children identified with LD. (1) Remediation is rarely effective after 2nd grade. (2) Measurement practices work against identifying LD children before 2nd grade. (3) Federal policy and the sociology of public education allow ineffective policies to continue. The authors make a case for implementing effective early intervention programs. Read article.

Understanding Responsiveness to Intervention in Learning Disabilities Determination. Mellard, Daryl and the National Research Center on Learning Disabilities.

Excellent article describes core features of RTI including the use of assessment to match students with appropriate instruction. Other core features are high quality classroom instruction, research based instruction, classroom performance, universal screening of academics and behavior, continuous progress monitoring, research based interventions, progress monitoring during interventions, and fidelity measures (that the intervention was implemented as intended and with consistency). Since several versions of RTI have been implemented, this article describes common attributes including tiers of increasingly intense student interventions; differentiated curriculum; variations in duration, frequency, and time of interventions; placement decisions.

**New!** A Parent's Guide to Response to Intervention. (October 2011) National Center for Learning Disabilities. The Individuals with Disabilities Education Act of 2004 (IDEA 2004) includes a provision that allows states and school districts to use high quality, research-based instruction in general and special education to provide services and interventions to students who may be at risk of or suspected of having learning disabilities. This guide describes the RTI process and answers questions parents and teachers may have about it.

Responsiveness to Intervention & Learning Disabilities. National Joint Committee on Learning Disabilities. (2005)  
 Examines concepts, potential benefits, practical issues, and questions about responsiveness to intervention (RTI) and learning disabilities (LD). Includes questions about implementation, eligibility, parent participation, structure and components, professional roles and competencies, and needed research.

The Demise of IQ Testing for Children with Learning Disabilities. Pasternak, Robert. (2002)  
 In describing the "fallacies of the IQ-Achievement Discrepancy Model," the author explains that this is not a valid way to identify individuals with LD. He reports that eliminating IQ tests may shift the emphasis away from eligibility and toward interventions that children need.

On Babies and Bathwater: Addressing the Problems of Identification of Learning Disabilities. Scruggs, Thomas E. and Margo A. Mastropieri. (2002)  
 This article reviews problems in identifying learning disabilities and proposed alternatives to current procedures. The authors argue that the proposed alternatives do not meet all necessary criteria for identifying LD.

Preventing Early Reading Failure -- and Its Devastating Downward Spiral. Torgesen, Joseph K. Dr. Torgesen is a professor of psychology and education at Florida State University and the director of the Florida Center for Reading Research. He is author of roughly 100 research articles and several books, including *A Basic Guide to*

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## *Understanding, Assessing, and Teaching phonological Awareness.*

Response to Intervention Models, Identify, Evaluate & Scale. National Research Center on Learning Disabilities. (2003)

Describes core characteristics of Response to Intervention models: student-centered assessment and intervention models that identify and address student difficulties and use effective instruction, leading to improved achievement.

Specific Learning Disabilities, Discrepancy and Response to Intervention Models in IDEA 2004. Wright, Peter W. D. & Pamela Darr Wright. (2005)

Parent Page: What is Responsiveness to Intervention. NRCLD developed this brief to help parents understand responsiveness to intervention, an education model that promotes early identification of students who may be at risk for learning difficulties. (2007)

Waiting Too Late to Test? Washington Post Staff Writer, Michael Alison Chandler, December 31, 2007.

Using Title 1 Funds for RTI Will Be a Challenge. Posted by Travis Hicks, January 14, 2008.

The RTI Hurdle. RTI and an educational evaluation to determine eligibility for special education run concurrently. They are two different trains running on two different tracks at the same time.

Stuck in RTI Purgatory. "The school would not do a multi-factored evaluation for my son who has dyslexia. We are trapped in RTI. Is there anything we can do?" Your assumption that there "is no legality on our side" is incorrect. The law was not intended to allow schools to avoid evaluating kids or keep kids in RTI over a long period of time.

Stuck in RTI Purgatory - Part 2. Review Steps 1, 2, and 3 - What to do when stuck in RTI purgatory.

Is RTI Equivalent to Special Education? "Would a court view RTI as equivalent to Special Education?" RTI is **not** special education, so it is not equivalent to nor a substitute for special education.

## **Recommended Websites**



RTI National Summit December 2007.

The National Center on Response to Intervention. The American Institutes for Research and researchers from Vanderbilt University and the University of Kansas -- through funding from the U.S. Department of Education's Office of Special Education Programs (OSEP) -- have established the National Center on response to intervention. The Center's mission is to provide technical assistance to states and districts and building the capacity of states to assist districts in implementing proven models for RTI/EIS.



RTI State Database from the National Center on Response to Intervention. The Database provides a snapshot comparison of how states are implementing RTI and materials they have produced to assist school districts in the process.

RTI Responder - **Free** newsletter published monthly from the National Center for RTI Response to Intervention.

The National Research Center on Learning Disabilities (NRCLD) - Responsiveness to intervention (RTI) has gained momentum as a means of determining learning disabilities in school-age students. NRCLD has undertaken a number of activities examining RTI best practices and offer the results on their website.

DIBELS - The Dynamic Indicators of Basic Early Literacy Skills (DIBELS) are standardized, individually administered measures of early literacy development. They are designed to be short fluency measures used to monitor the development of pre-reading and early reading skills.

Florida Center for Reading Research (FCRR) - established a review process to analyze reading curricula and materials; website has reports about reading programs.

National Center for Learning Disabilities - provides information to parents, professionals and individuals with learning disabilities, promotes research and programs to foster effective learning, and advocates for policies to protect and strengthen educational rights and opportunities.



RTI Action Network. This website features informational resources as well as opportunities to interact with top researchers, experienced implementers, and colleagues. Content addresses implementation of RTI from preschool to secondary, with information for administrators, teachers, specialists, and families.

Response to Intervention in Primary Grade Reading. Response to Intervention (RTI) in Primary Grade Reading is one of four sections in the newly added Data-Driven Improvement area on the Doing What Works website.

National Reading Panel - The National Reading Panel published their findings on research based reading in two reports and a video, "Teaching Children to Read." They also identified effective instructional strategies for teaching students with reading difficulties. URL:

Reading Rockets - a national multimedia project offering information and resources on how young kids learn to read, why so many struggle, and how caring adults can help.

Dumont Willis: Response to Intervention

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Revised: 11/28/11

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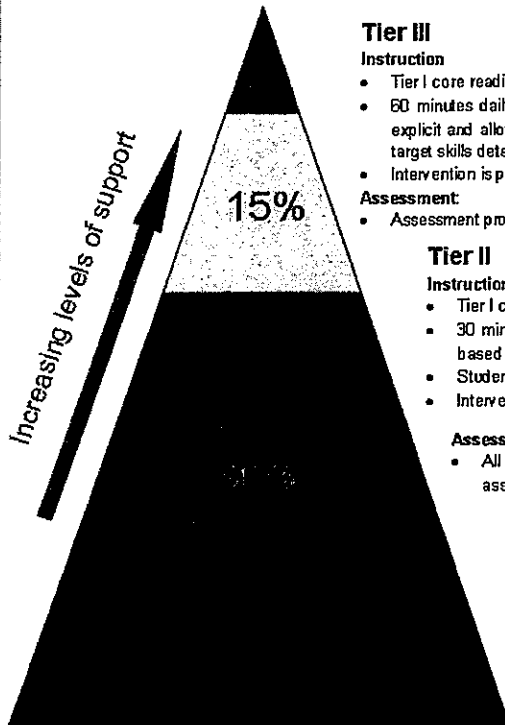
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# Response to Intervention– 3 Tiered Model



*Given high quality core instruction 80% of students should reach reading benchmark standards, 15% will require some additional support and 5% will require substantial intervention*

### Tier III

#### Instruction

- Tier I core reading instruction and
- 60 minutes daily of small group (e.g. 1:3) skill-based reading intervention. Intervention is highly systematic and explicit and allows for multiple opportunities for response. Provided or supervised by a highly skilled teacher and target skills determined and monitored by assessment data
- Intervention is provided in rounds of 9 weeks

#### Assessment

- Assessment provided with Tier II; however, progress monitoring assessments are administered weekly

### Tier II

#### Instruction

- Tier I core reading instruction and
- 30 minutes daily of small group skill-based intervention. Identification and monitoring of skill deficit is based on assessment data. Intervention is provided or supervised by a highly skilled teacher.
- Students are grouped homogeneously for small group intervention
- Intervention is provided in 14 week cycles and students may be provided multiple rounds of intervention.

#### Assessment

- All assessment provided within Tier I with the addition of bi-monthly progress monitoring assessments and "digging deeper" assessments to guide intervention

### Tier I

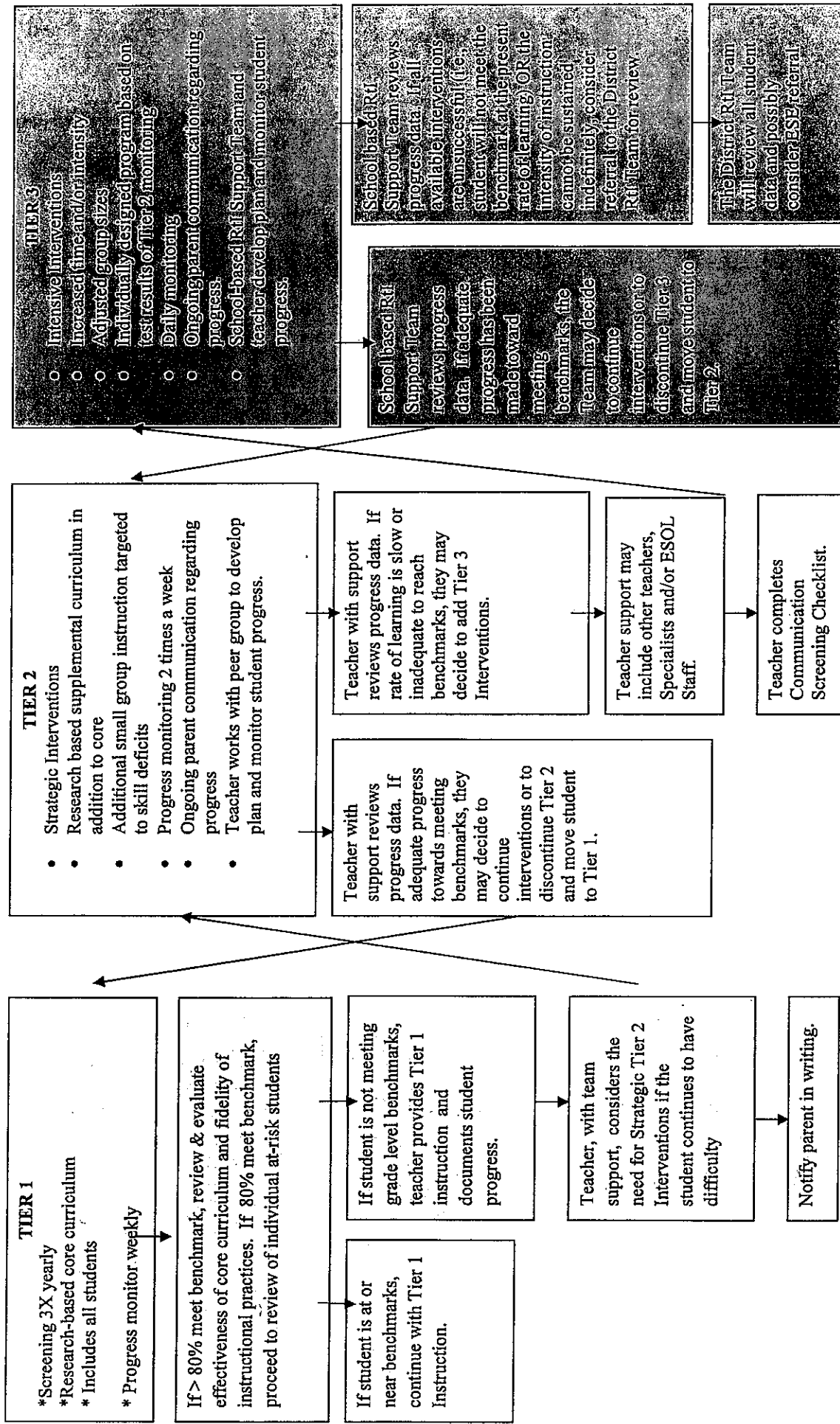
#### Instruction

- Core reading instruction using a reading curriculum which includes the 5 key components of reading instruction
- At least a 90 minute reading block which includes a variety of grouping formats
- Students are typically grouped heterogeneously for small group instruction

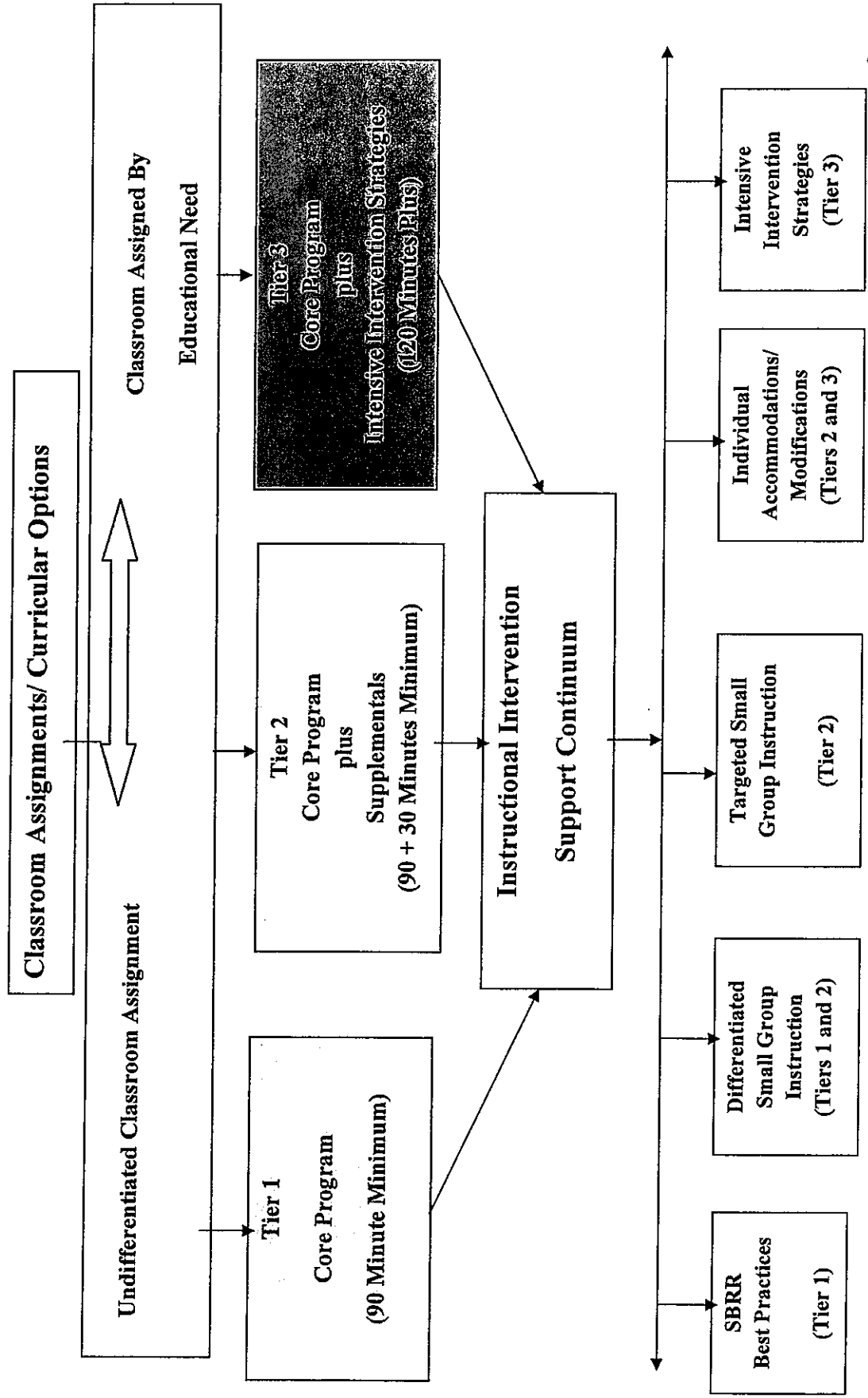
#### Assessment

- Universal screening assessment 3x/year
- Assessments contained within reading curriculum and school-wide outcomes based assessments

# RESPONSE TO INTERVENTION FLUID FLOW CHART



**RESPONSE TO INTERVENTION DELIVERY SYSTEM  
ELEMENTARY SCHOOL GUIDELINES FOR READING**



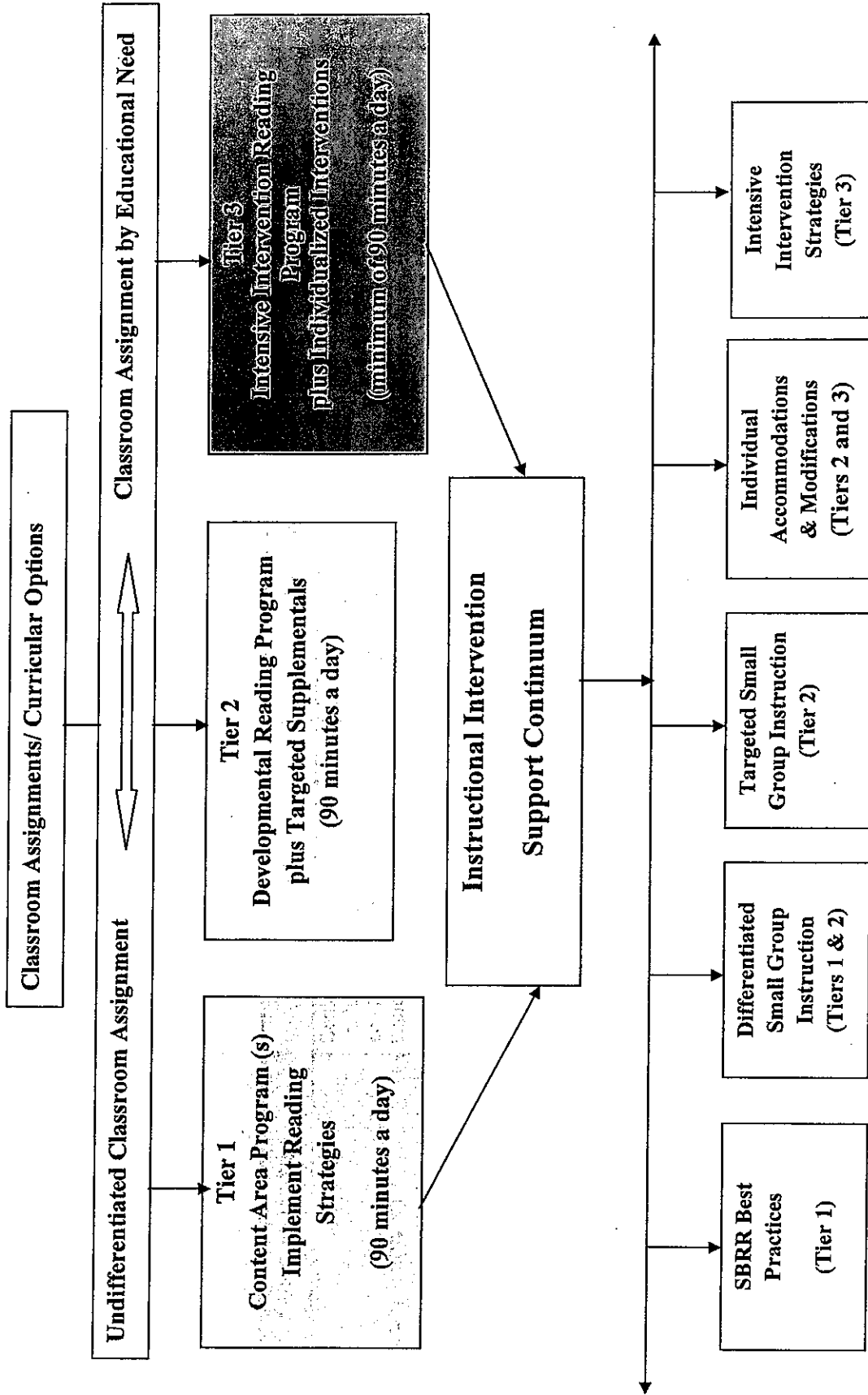
**RESPONSE TO INTERVENTION-READING PROGRAM  
ELEMENTARY TIER COMPONENT GUIDELINES**

TIER COMPONENTS	TIER ONE	TIER TWO	TIER THREE
Focus of Instruction	Comprehensive Core Reading Program (CCRP) an Florida Continuous Improvement Model (FCIM)	CCRP with Supplemental Programs/interventions Targeted to Student Needs	Comprehensive Intervention Reading Program (CIRP) with Intensive Intervention Strategies Targeted to Specific Individual Student Needs
Grouping/Student Assignment Numbers	Large Group with Differentiated Small Groups	Reduced numbers of Students in Both Large and Differentiated Small Groups with specifically targeted instruction	Differentiated Very Small Group(3 or less students) and Individual specifically targeted instruction
Academic Engaged Time (AET)	Ninety (90) Minute Block of Uninterrupted Reading Instruction (i)	Ninety (90) Minute Block, with an additional thirty (30) minutes of Intervention (iii), increased Systematic Explicit Instruction, and Practice	120 Minutes Plus – Additional Time Allocated in Relation to the Number and Severity of the Student's Needs Highly Increased Systematic Explicit Instruction and Practice.
Frequency of Assessment	Three to Four Screenings per Year to Monitor Student Progress (Florida Assessments in Reading )	Progress Monitoring Every Two Weeks Minimum (Group/Individual) [Cold Reads, Curriculum Based Measurement (CBM)]	Individual Assessment Schedule based on the Number and Severity of the Student's Needs (CBMs)

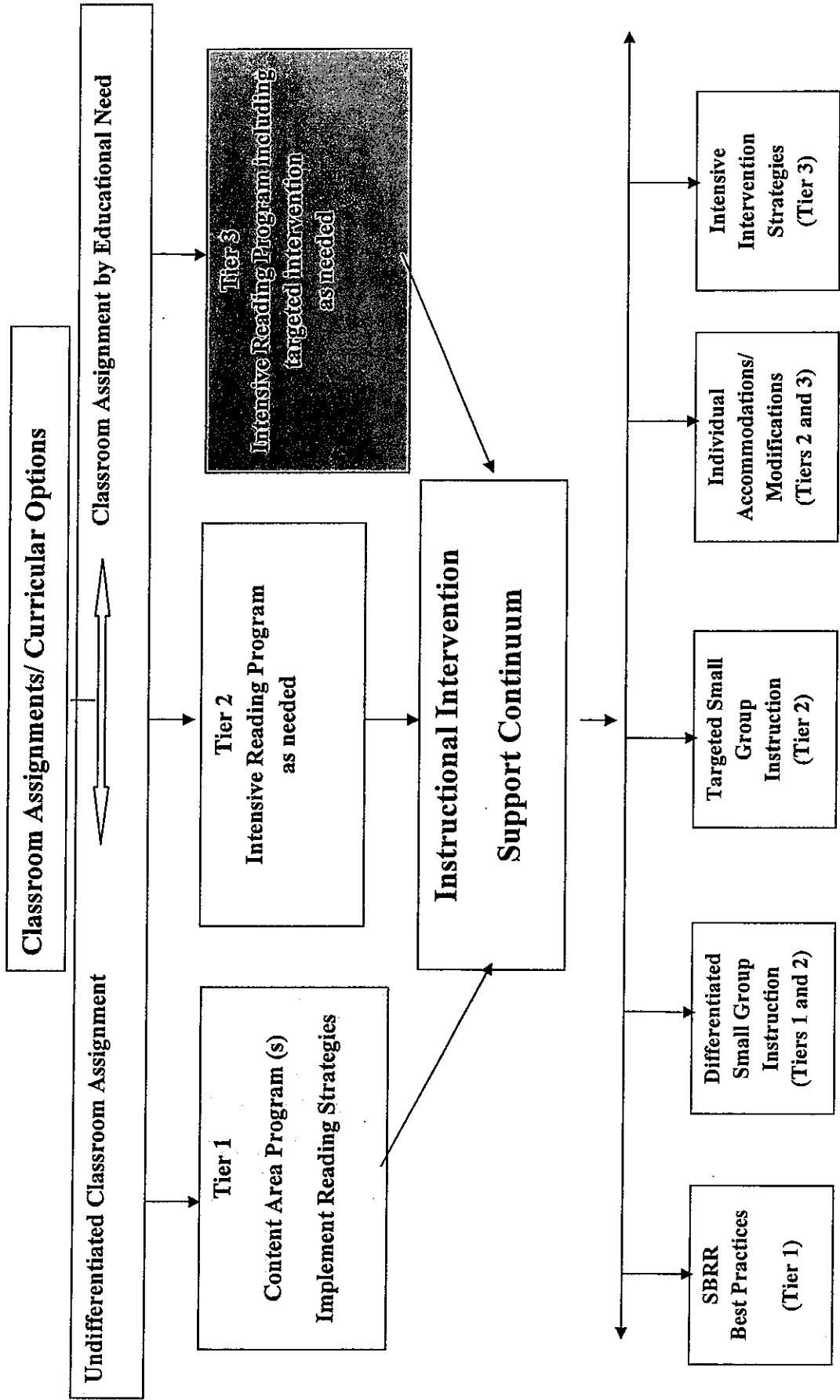
\* Students may experience multiple components across tiers.

\*\* Students may move from lower to higher tiers and from higher to lower tiers.

**RESPONSE TO INTERVENTION DELIVERY SYSTEM  
MIDDLE SCHOOL READING**



# RESPONSE TO INTERVENTION DELIVERY SYSTEM HIGH SCHOOL READING



# RESPONSE TO INTERVENTION—HIGH SCHOOL READING PROGRAM

## TIER COMPONENT GUIDELINES

TIER COMPONENTS	TIER ONE	TIER TWO	TIER THREE
Focus of Instruction	Content Area Programs implementing reading strategies and Florida Continuous Improvement Model (FCIM)	Supplemental Intensive Reading Program FCIM  Programs/Interventions targeted to Student Needs	Intensive Reading Program, Comprehensive Intervention Reading Program (CIRP) with Intensive Intervention Strategies Targeted to Specific Individual Student Needs FCIM
Grouping/Student Assignment Numbers	Large Group with Differentiated Small Groups	Reduced numbers of Students in Both Large and Differentiated Small Groups with specifically targeted instruction	Reduced numbers of Students in both Large and Differentiated Small Groups and Individual Instruction
Academic Engaged Time (AET)	Content Area classes One period each	Intensive Reading Class as needed  Increased Systematic Explicit Instruction and Practice	Intensive Reading Class as needed  Highly Increased Systematic, Explicit Instruction and Practice
Frequency of Assessment	Three Screenings per Year to Monitor Student Progress (Florida Assessments in Reading, ThinkLink)	Progress Monitoring Every Two Weeks Minimum (Group/Individual) [Cold Reads, Curriculum Based Measurement (CBM)]	Individual Assessment Schedule based on the Number and Severity of the Student's Needs (CBMs)

\*Students may experience multiple components across tiers.

\*\*Students may move from both lower to higher tiers and higher to lower tiers.

## RESPONSE TO INTERVENTION—MATHEMATICS PROGRAMS

### TIER COMPONENT GUIDELINES FOR ELEMENTARY, GRADES K-5

TIER COMPONENTS	TIER ONE	TIER TWO	TIER THREE
Focus of Instruction	CORE Math Program (CMP) with differentiated instruction	CMP with embedded Supplemental Program Interventions targeted to student needs.	CMP with embedded Supplemental Programs and Intensive Interventions targeted to student needs
Grouping/Student Assignment Numbers	Large Group with Differentiated Small Groups  Sixty minute class to include Florida Continuous Improvement Model (FCIM)	Large group with differentiated small group (5 or less) Supplemental Intervention  Sixty minute class, to include FCIM, with 30 minutes of intervention scheduled twice weekly	Differentiated small group (3 or less) and Individual Intensive Intervention  Sixty minute class, to include FCIM, with 30 minutes of intervention scheduled four times weekly.
Academic Engaged Time (AET)		Increased systematic explicit instruction and practice during intervention sessions	Highly Increased Systematic, Explicit Instruction and Practice
Frequency of Assessment	Three Screenings per Year to Monitor Student Progress [Curriculum Based Measurement (CBM), ThinkLink, or other assessment]	Once a month minimum progress monitoring of identified students with CBM, ThinkLink, or other.	Twice a month minimum progress monitoring of all participating students (CBM)

\*Students may experience multiple components across tiers.

\*\* Students may move from both lower to higher tiers and higher to lower tiers.

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Modified by M.Shattuck-Kecken

# RESPONSE TO INTERVENTION—MATHEMATICS PROGRAMS

## TIER COMPONENT GUIDELINES FOR MIDDLE SCHOOL

TIER COMPONENTS	TIER ONE	TIER TWO	TIER THREE
Focus of Instruction	Core Math Program (CMP) to include differentiated instruction within the regular math course	CMP with embedded Supplemental Program interventions are targeted to student needs ** Regular Math courses Some students will be enrolled in Intensive Math Class as an Exploratory class.	CMP with both embedded Supplemental Programs and Intensive Interventions targeted to student needs through regular Math Courses. Some students will be enrolled in Intensive Math Class as an Exploratory Class.
Grouping/Student Assignment Numbers	Large Group with Differentiated Small Groups  One class period	Large group with differentiated small group to include Supplemental Intervention  One class period. Some students will be enrolled in Intensive Math. Increased Systematic Explicit Instruction and Practice	Differentiated small group and individual Intensive Intervention  One class period. Some students will be enrolled in Intensive Math. Highly Increased Systematic, Explicit Instruction and Practice
Academic Engaged Time (AET)			
Frequency of Assessment	Three Screenings per Year to Monitor Student Progress [Curriculum Based Measurement (CBM), ThinkLink, District Assessments, and/or others]	Three screenings per year to monitor student progress as well as CBM as needed. (CBM, District Assessments)	Three screenings per year to monitor student progress as well as CBM as needed. (CBM, District Assessments)

\* Students may experience multiple components across tiers.

\*\* Students may move from both lower to higher tiers and higher to lower tiers.

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# RESPONSE TO INTERVENTION—MATHEMATICS PROGRAMS

## TIER COMPONENT GUIDELINES FOR HIGH SCHOOL

TIER COMPONENTS	TIER ONE	TIER TWO	TIER THREE
Focus of Instruction	Core Math Program (CMP) includes Florida Continuous Improvement Model (FCIM). Differentiated Instruction is provided through the regular program.	CMP includes FCIM with embedded Supplemental Program. Interventions are targeted to student needs.	CMP includes FCIM with embedded Supplemental programs and Intensive Interventions that are targeted to student needs.
Grouping/Student Assignment Numbers	Large Group with Differentiated Small Groups	Large group with differentiated small group instruction. This includes Supplemental Intervention	Large group with differentiated small group or individual intensive Intervention as indicated by individual student need.
Academic Engaged Time (AET)	Core Math Program class for most students	Core Math Program class for most students with increased Systematic Explicit Instruction and Practice	Core Math Program class for most students to include highly Increased Systematic, Explicit Instruction and Practice
Frequency of Assessment	Three Screenings per Year to Monitor Student Progress (ThinkLink and Curriculum Based Measurement (CBM))	Progress Monitoring monthly minimum (Group/Individual) (District Assessments, CBM)	Progress Monitoring twice a month minimum (Group/Individual) using District Assessments or CBM based on individual student need.

\*Students may experience multiple components across tiers.

\*\* Students may move from both lower to higher tiers and higher to lower tiers.

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## ROLES OF SCHOOL-BASED RTI SUPPORT MEMBERS

Classroom Teacher	Reading or Math Coach/Specialist	Speech-Language Pathologist
<ul style="list-style-type: none"> <li>*Keep ongoing progress monitoring notes in an RTI folder (FAIR, ThinkLink, curriculum assessments, SAT 10 or FCAT scores, work samples, anecdotal) to be filed in cumulative folder at the end of each school year or if transferring/withdrawing</li> <li>*Attend RTI Team meetings to collaborate on &amp; monitor students who are struggling</li> <li>*Implement interventions designed by RTI Team for students in Tier 2 &amp; 3</li> <li>*Deliver instructional interventions with fidelity</li> </ul>	<ul style="list-style-type: none"> <li>*Attend RTI Team meetings</li> <li>*Train teachers in interventions, progress monitoring, differentiated instruction</li> <li>*Model interventions and differentiated instruction for teachers</li> <li>*Guide teachers in the collection and interpretation of data</li> <li>*Collect school-wide data for team to use in determining at-risk students</li> </ul>	<ul style="list-style-type: none"> <li>*Attend RTI Team meetings for some Tier 2 &amp; 3 students</li> <li>*Complete Communication Skills screening for students unsuccessful with Tier 2 Interventions.</li> <li>*Assist with Tier 2 &amp; 3 interventions through collaboration, training, and/or direct student contact</li> <li>*Incorporate RtI data when guiding a possible Speech/Language referral &amp; when making eligibility decisions.</li> </ul>
<p style="text-align: center;"><u>Principal/Assistant Principal</u></p> <ul style="list-style-type: none"> <li>*Facilitate and support the implementation of RTI in your building</li> <li>*Provide, coordinate, and support valuable and continuous professional development</li> <li>*Assign paraprofessionals to support RTI implementation when possible</li> <li>*Attend RTI Team meetings to be active in the RTI change process</li> <li>*Conduct classroom Walk-Throughs to monitor fidelity</li> </ul>	<p style="text-align: center;"><u>Guidance counselor/Curriculum Specialist</u></p> <ul style="list-style-type: none"> <li>*Often RTI Team facilitators</li> <li>*Schedule and attend RTI Team meetings</li> <li>*Maintain log of all students involved in the RTI process</li> <li>*Send parent invitations</li> <li>*complete necessary RTI forms</li> <li>*Conduct social-developmental history interviews when requested</li> </ul>	<p style="text-align: center;"><u>School Psychologist</u></p> <ul style="list-style-type: none"> <li>*Attend RTI Team meetings on some students in Tier 2 &amp; on all students in Tier 3</li> <li>*Monitor data collection process for fidelity</li> <li>*Review &amp; interpret progress monitoring data</li> <li>*Collaborate with RTI Team on effective instruction &amp; specific interventions</li> <li>*Incorporate RtI data when guiding a possible ESE referral &amp; when making eligibility decisions</li> </ul>
<p style="text-align: center;"><u>ESE Teacher/Staffing Specialist</u></p> <ul style="list-style-type: none"> <li>*Consult with RTI Team regarding Tier 3 interventions</li> <li>*Incorporate RtI data when making eligibility decisions</li> </ul>	<p style="text-align: center;"><u>Specialist (Behavior, OT, PT, ASD)</u></p> <ul style="list-style-type: none"> <li>*Consult with RTI Team</li> <li>*Provide staff trainings</li> </ul>	<p style="text-align: center;"><u>ESOL/ELL Representative</u></p> <ul style="list-style-type: none"> <li>*Attend all RTI Team meetings for identified ELL students, advising and completing LEP paperwork</li> <li>*conduct language screenings and assessments</li> <li>*Provide ELL interventions at all tiers</li> </ul>
<p style="text-align: center;"><u>Parent/Guardian</u></p> <ul style="list-style-type: none"> <li>* Provide unique input about the student</li> <li>* Be an active partner in the team decision making process</li> <li>* Provide support/reinforcement at home if appropriate</li> </ul>	<p style="text-align: center;"><u>Social Worker</u></p> <ul style="list-style-type: none"> <li>*Attend RTI Team meetings when requested</li> <li>*Conduct social-developmental history interviews and share with RTI Team</li> </ul>	

## Behavior Problem-Solving Response to Intervention

<i>Tier 3:</i>	Identification	Assessment	Intervention/Action Plan	Outcomes
<b>Individual Student Plan / intensive interventions</b>	<ul style="list-style-type: none"> <li>**ODR's</li> <li>*Teacher rankings/ratings                             <ul style="list-style-type: none"> <li>-Teacher requests for support</li> </ul> </li> <li>*Number of teacher referrals to ESE</li> <li>*Data showing lack of responsiveness to targeted interventions over time</li> </ul>	<ul style="list-style-type: none"> <li>*Behavior rating scales</li> <li>*Behavior observations w/ forms</li> <li>*FBA</li> <li>*Social history</li> </ul>	<ul style="list-style-type: none"> <li>*Parent conference(s)</li> <li>*Rule out physical, socio-cultural, developmental and/or sensory issues as causal</li> <li>* Create BIP for (at least) two periods of intervention- must be of reasonable lengths of time for data collection and progress monitoring; use FBA results to generate BIP</li> <li>*Progress Monitor biweekly or more.</li> </ul>	<ul style="list-style-type: none"> <li>**ODR's</li> <li>*Teacher rankings and ratings</li> <li>*Behavioral observations and docs.</li> <li>*Findings from social history.</li> <li>*Results from behavior rating scales</li> <li>*BIP progress monitoring data</li> </ul>
<b>Tier 2: Targeted group / strategic interventions</b>	<ul style="list-style-type: none"> <li>**ODR's</li> <li>Teacher requests for consult</li> <li>*Teacher rankings and ratings of targeted students</li> <li>*Walkthroughs/classroom observations</li> <li>-Teacher referrals to ESE</li> </ul>	<ul style="list-style-type: none"> <li>**ODR's</li> <li>*Teacher ratings and rankings of behavior and academic areas</li> </ul>	<ul style="list-style-type: none"> <li>Parent Conference(s)</li> <li>*Small-group mentoring or coaching</li> <li>-Token economy and/or other types of scheduled reward techniques</li> <li>*Academic support plan if necessary                             <ul style="list-style-type: none"> <li>- Peer mentoring</li> </ul> </li> <li>*Regular (preferably weekly) progress monitoring</li> </ul>	<ul style="list-style-type: none"> <li>**ODR's</li> <li>*Teacher ratings and rankings</li> <li>*Behavior progress report</li> <li>-Classroom assessment tool</li> </ul>
<b>Tiers 1 and 2: Whole Classroom Strategies / Program</b>	<ul style="list-style-type: none"> <li>**ODR's (major and minor)</li> <li>Teacher requests for support</li> <li>*Teacher rankings and ratings over time</li> <li>*Walkthroughs/classroom observations</li> <li>-Teacher referrals to ESE</li> </ul>	<ul style="list-style-type: none"> <li>**ODR's</li> <li>* Classroom ratings and rankings over time</li> <li>*Formal observations of classroom</li> </ul>	<ul style="list-style-type: none"> <li>*Classroom-based core behavioral curriculum</li> <li>-Peer mentoring in cooperative learning groups</li> <li>*Re-teaching and reviewing of school-wide and/or classroom rules</li> </ul>	<ul style="list-style-type: none"> <li>**ODR's</li> <li>*Informal classroom Walkthroughs</li> <li>*Formal classroom observations</li> </ul>
<b>Tier 1: Universal School-wide Program / core interventions</b>	<ul style="list-style-type: none"> <li>*School profile</li> <li>**ODR's (office discipline referral)</li> <li>*OSS (out of school suspensions)</li> <li>*ISS</li> <li>-Referral rates for ESE</li> </ul>	<ul style="list-style-type: none"> <li>*School-wide action plan based on school profile. - Administer surveys to teachers if necessary</li> </ul>	<ul style="list-style-type: none"> <li>*PBS or a similar alternative that provides consistency of cause-effect and behavioral expectations across all settings and grade levels from within the school.</li> </ul>	<ul style="list-style-type: none"> <li>*Outcome Summary school-wide</li> <li>**ODR's, OSS, ISS, etc</li> <li>-Faculty surveys reviewed</li> </ul>

Please note: **Socially maladjusted** students are not eligible for an E/BD classification on an IEP. Therefore, students who are oppositional, aggressive or have poorly developed social skills should only be referred to ESE for a potential behavioral diagnosis if there are also symptoms of mood, anxiety, phobia(s), and/or thought disorder.