



The National Association of State Directors of Special Education (NASDSE)

Myths About Response to Intervention (RtI) Implementation

Myth # 1: The outcome and intent of RtI is identification, and therefore special education remains its own entity that "occurs" subsequent to "trying RTI."

There are two overarching goals of RtI. The first is to deliver evidence-based interventions and the second is to use students' response to those interventions as a basis for determining instructional needs and intensity. Special education eligibility decisions can be a product of these efforts, but is not the primary goal. Using RtI as the data base for making that decision, special education services (i.e., what does this student need?) are determined by the student's rate of response to intervention and the size of the gap that exists between the student and the benchmark. As a result, identification is not about the student's label, but rather about determining what interventions are most helpful in closing the gap in a timely manner. Special education services can be a means to providing effective intervention services for students, but are inherently linked to instructional efforts that occurred in general education. The delivery of special education programs is part of an integrated service delivery system that is pictured as a circle (recycling on itself until success is found), not as a straight line, where special education programs are the last thing on the line (and sometimes a goal, or end in itself). The major issues in RTI involve the need to enhance the range and diversity of academic and behavioral interventions in general education (Tier I) and to increase the impact of supplemental interventions in Tiers II and III, not how to make eligibility decisions that divorce special education from general education.

Myth # 2: Tier 3 (or the last tier in a tiered model) is only special education.

Tier 3 is the most intense level of intervention provided to students in general education. A student who does not respond to these intense interventions MAY qualify for special education services when it has been demonstrated that either the intensity or type of intervention required to improve student performance either exceeds the resources in general education or are not available in general education settings. Tier 3 in the conceptual model advocated by NASDSE and many other professionals is INTENSIVE INSTRUCTION, which may or may not include special education services. If Tier 3 is defined exclusively as special education, it is possible that additional intensive instructional programs would be set up OUTSIDE of the triangle model, which defeats the purpose of having the model for delivering services to all students.

Myth # 3: The major focus of RtI should be identifying students with Specific Learning Disabilities (LD). RtI can be used to "get rid of" those students who are not really LD, but who were simply not achieving for other reasons.

If the primary focus of RtI is simply eliminating students who are not deserving of special education, there is a risk of missing the huge benefit RtI provides in prevention of disability. IDEA 2004 is clear in indicating that no single criterion can be used for special education eligibility, and most definitions of LD view response to appropriate instruction

as necessary, but not sufficient. Data collected during RtI implementation can be used as one source of information when making eligibility decisions, but identification is an end product of RtI, not the primary purpose. In some states, RtI is viewed as part of the identification criteria for all students considered for special education, not just LD, which is consistent with the IDEA 2004 statute.

Myth # 4: RtI is only prereferral.

RtI is more than prereferral services; it is a comprehensive service delivery system that requires significant changes in how a school serves all students. When thought of as a prereferral system, it remains the province of special education and the desired integration of general education and special education services around the goal of enhanced outcomes for all students will not be achieved.

Myth # 5: Comprehensive evaluations do not change with RTI, so districts should continue to do traditional assessments.

RtI changes in the nature of the comprehensive evaluation away from testing for eligibility to an organization of data already collected on the student's instructional progress for planning increasingly intense interventions. The draft regulations indicated that districts could choose RtI or a discrepancy model, but there is no point in a discrepancy model if RTI is in place.

Myth # 6: The research base for RtI is limited to beginning reading. There are no research studies comparing RtI to traditional special education services.

A substantial body of research exists to demonstrate the impact of an RtI model on the current system (e.g., referral rates, risk indices) as well as student variables (e.g., achievement). Fewer studies exist on the long-term outcomes for students from both "models." Regardless, there will probably never be research comparing different ways of reforming service delivery systems in schools because the question is not of great interest. The research base on beginning reading is substantial, but the research base on the use of problem solving models for students at risk for or with behavior problems is just as substantial. Analyses of outcomes in RtI implementations have improved outcomes in all students and shown reductions in referrals for special education. Although there is less research in math and in secondary schools, it is not correct to indicate that there is no research. There are large-scale implementations of RtI in real schools that involve multiple grade levels and reading, math, and behavior. The problem is one of scaling, which is a different research question than one invoked when we ask whether practices like RtI are effective or implementable.

Myth # 7: No contemporary research including student outcome data are available.

In fact, there is research with student outcome data from a variety of models and the real question is why resources have not been devoted to organizing these data.

Myth # 8: The over-riding RtI model is the 3-tier, general ed/remedial ed/special ed model, so states should adopt it.

This model exists, but is one of several frameworks for Rtl. States should work with their stakeholders to decide what is best for them.

Myth # 9: Tier 2 is short-term, not the 10-30 weeks that exists in many Rtl models.

There is no formula for how long any intervention should last, especially if the student is making progress. The idea that the problem must be significantly impacted in 4-6 weeks, or special education is the route to go, implies that current implementations of special education are associated with improved outcomes, which may not be correct.

Myth # 10: Because of “time to disposition” issues with longer Tier 2 interventions, the special education identification process will not fit into the Rtl framework.

The evaluation timeline does not start until the referral is made and/or consent is obtained—depending on the state and consistent with the statute.

Myth # 11: Move slowly because the status quo is not that bad. Some tweaking is needed, but Rtl can support the “traditional but tweaked” model.

Rtl is a dramatic redesign of general and special education; both need to change and the entire system needs reform if schools are going to make AYP targets and meet the needs of all students. Tweaking will not be sufficient.