Response to Intervention

NASDSE and CASE White Paper on RtI

Introduction

This paper is a joint product by the National Association of State Directors of Special Education (NASDSE) and the Council of Administrators of Special Education (CASE) at the Council for Exceptional Children. Our two organizations have joined together to prepare this overview of Response to Intervention (RtI) to share with both general and special educators. It is our goal to engage the general education community in conversations and strategies to provide knowledge and technical assistance to help implement this successful approach to teaching all children, including students with disabilities.

The Importance of Response to Intervention

The reauthorization of the Individuals with Disabilities Education Act in 2004 (IDEA 2004) focused national attention on a growing successful practice in the general education classroom – RtI as a tool for assessing and working with struggling learners. IDEA 2004 brings new interest to the use of RtI because of major changes made in the law:

(1) “…when determining whether a child has a specific learning disability as defined in section 602, a local educational agency shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability…” [P.L. 108-446, §614(b)(6)(A)]

(2) “In determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures…” [P.L. 108-446, §614(b)(6)(B)]; and

(3) a local education agency may use up to 15% of its federal funding “…to develop and implement coordinated, early intervening services…for students in kindergarten through grade 12 (with a particular emphasis on students in kindergarten through grade 3) who have not been identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment” [P.L. 108-446, §613(f)(1)].
Taken together, these three changes provide an exceptional opportunity for general and special educators to work together closely to implement RtI -- the practice of (1) providing high-quality instruction/intervention matched to student needs and (2) using learning rates over time and level of performance to (3) make important educational decisions.

While the acceptance of RtI as a way of working with struggling learners has been given a boost by IDEA 2004, the purpose of this paper is to stress the importance of RtI for use by general educators. It is, first and foremost, a strategy to be used in the general education classroom. This paper is a call from the special education community to the general education community to join together to commit to a uniform system of education, where RtI plays a key role in identifying and working with struggling learners in any setting and ultimately helps educators make better decisions about which children should be referred for additional targeted supports.

This approach builds on two recommendations made by the President’s Commission on Excellence in Special Education report, A New Era: Revitalizing Special Education for Children and Their Families:

- “Consider children with disabilities as general education children first…In instruction, the systems must work together to provide effective teaching.”
- “Embrace a model of prevention not a model of failure. The current model guiding special education focuses on waiting for a child to fail, not on early intervention to prevent failure. Reforms must move the system toward early identification and swift intervention, using scientifically based instruction and teaching methods” (Commission Report, p. 9).

The Commission also specifically recommended the use of an RtI model. The Commission’s recommendation goes on to say: “Implement models during the identification and assessment process that are based on response to intervention and progress monitoring. Use data from these processes to assess progress in children who receive special education services (Commission Report, p. 21).

Just as the No Child Left Behind Act of 2001 (NCLB) has had a profound impact on the inclusion of students with disabilities in the general education curriculum, IDEA 2004 has the potential to have a major impact on how children’s progress is monitored in the general education environment and the use of special education as a strategy after other strategies have been used with struggling learners. The intent of RtI is not to layer yet another process on top of existing processes, but rather to utilize RtI to address the challenges and potential of NCLB for improving outcomes for all students, including students with disabilities.

It is also important to note that many school districts have implemented strategies that include the components of an RtI process but call them by some other name. These include student progress monitoring and data-based decisionmaking within a problem-solving framework. Throughout this paper, the term RtI is used to encompass all of these programs.

**Components of Response to Intervention**

RtI is the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals and applying child response data to important educational decisions.
RtI should be used for making decisions about general, compensatory and special education, creating a well-integrated system of instruction/intervention guided by child outcome data.

RtI is based on the following core principles:

- We can effectively teach all children.
- Intervene early.
- Use a multi-tier model of service delivery.
- Use a problem-solving method to make decisions within a multi-tier model.
- Use research-based, scientifically validated interventions/instruction to the extent available.
- Monitor student progress to inform instruction.
- Use data to make decisions.
- Use assessments for three different purposes: (1) screening applied to all children to identify those who are not making progress at expected rates; (2) diagnostics to determine what children can and cannot do in important academic and behavioral domains; and (3) progress monitoring to determine if academic or behavioral interventions are producing desired effects.

Three key components of RtI are:

- **High-quality instruction/intervention**, which is defined as instruction or intervention matched to student need that has been demonstrated through scientific research and practice to produce high learning rates for most students. Individual response is assessed in RtI and modifications to instruction/intervention or goals are made depending on results with individual students.

- **Learning rate and level of performance** are the primary sources of information used in ongoing decisionmaking. Learning rate refers to a student’s growth in achievement or behavior competencies over time compared to prior levels of performance and peer growth rates. Level of performance refers to a student’s relative standing on some dimension of achievement/performance compared to expected performance (either criterion- or norm-referenced). Decisions about the use of more or less intense interventions are made using information on learning rate and level. More intense interventions may occur in general education classrooms or pull-out programs supported by general, compensatory or special education funding.

- **Important educational decisions** about intensity and likely duration of interventions are based on individual student response to instruction across multiple tiers of intervention. Decisions about the necessity of more intense interventions, including eligibility for special education, exit from special education or other services, are informed by data on learning rate and level.

In addition, when considering RtI, general and special education administrators need to place RtI in a larger context. When thinking of the larger context, several constructs become readily apparent. These constructs are examined in the sections that follow.
A Unified System of Education

One of the inherent problems with current special education programming as identified by the President’s Commission and by Congress in IDEA 2004 is that the current system uses a wait to fail model before interventions and services are provided. Not surprisingly, both the President’s Commission and Congress called for early intervention that addresses learning and behavioral issues rather than waiting for children to fail before intervention occurs. If early intervening is to become a reality, a unified system of education is required.

A unified system of education places primary importance on meeting the needs of all students. To do so, the educational system must use its collective resources to intervene early and provide appropriate interventions and supports to prevent learning and behavioral problems from becoming larger issues. That is, a unified system serves students rather than creating “silos” where students go to receive interventions and support based on a disability label or other risk factors.

A unified system of education makes several assumptions in relation to RtI. First, it assumes that RtI and a structured, systematic model of problem-solving are based in general education and that they are not special education initiatives. Second, it challenges the assumption that separate, often disconnected “silos” are the best method to address the learning needs of students. Third, it challenges the assumption that labels are necessary to meet the learning needs of all students. A unified system of education assumes that the general education curriculum is effective in meeting the learning needs of a vast majority of the students it serves. Finally, a unified system of education provides a framework within which to employ models of continuous improvement at the district and building levels.

Assessment

Assessment in an RtI model is essential. In an RtI problem-solving model, assessment is directly linked to several strategic purposes – screening; diagnostics; and progress monitoring.

Screening in RtI is an assessment that is provided to all students several times per year with the express purpose of identifying (as early as possible) students who are not making expected progress and to assess the effectiveness of the core curriculum. Those students identified through screening are provided with diagnostic assessments to ascertain specific skill strengths and deficits. After targeted intervention is provided, progress monitoring is employed with students to evaluate the effectiveness of interventions and to determine the intensity of interventions and resources needed to support student learning.

In short, the function of assessment in RtI is to identify at-risk students as early as possible, to gather relevant data to support educational decisionmaking and to impact what the teacher is doing to improve achievement. The framework of assessment tools must be increasingly sensitive to detect subtle changes in achievement in student performance as assessments move from screening to diagnostics to progress monitoring. Research on Curriculum Based Measurement (CBM) is very applicable to RtI and a problem-solving model.
Structured Problem-Solving Process

The use of a structured, problem-solving process is a requisite component of RtI. A structured, systematic problem-solving process assists in the identification of student learning needs and has some basic components. These components include problem identification, analysis of the problem to hypothesize why it is occurring, developing a plan to address the problem and evaluating the student’s response to the intervention/plan selected.

Additionally, a structured, systematic problem-solving process assists in identification of groups of students with similar learning needs and concerns. It assumes that the resources of the entire educational system (at both the district and building levels) are needed to function as an integrated system to support and address student learning needs and increase student achievement.

Flexibility and Fluidity

Services to students in an RtI problem-solving model are flexible and fluid based on student need and are not premised on a particular label, program or place. In short, services flow to and from students based on the effectiveness of interventions and the level of resources needed to support learning based on data.

Tiered Levels of Intervention

Implementation of RtI requires the use of a tiered model of intervention. Tier I is the foundation and contains the core curriculum (both academic and behavioral). The core curriculum should be effective for approximately 80% -85% of the students. If a significant number of students are not successful in the core curriculum, RtI suggests that instructional variables, curricular variables and structural variables (e.g., building schedules) should be examined to determine where instruction needs to be strengthened, while at the same time addressing the learning needs of the students not being successful. Tier I interventions focus on group interventions for all students and are characterized as preventive and proactive. It is important to note that the core curriculum in one school or district may be different from that in another school or district in order to ensure that 80-85 percent of the students are successful. Student performance and needs is quite variable across schools and a responsive core curriculum will reflect that variability.

Tier II interventions serve approximately 15% of students. Interventions are targeted group interventions. Students at Tier II continue to receive Tier I instruction in addition to Tier II interventions. Based on performance data, students move fluidly between Tier I and Tier II.

Tier III serves approximately 5% of students. Students at this tier receive intensive, individual interventions. Once students reach target skills levels, the intensity and/or level of support is adjusted. These students also move fluidly among and between the tiers. Figure 1 is a graphic depiction of this model.
Responsibility

Everyone is responsible for student learning in RTI. Attitudinal and belief systems must embrace the philosophy that all children can learn. Achieving consensus about this belief at a building level is a prerequisite to implementing the professional development activities that support the implementation of RTI. This belief must be embedded in day-to-day practice and not serve as simple rhetoric or lip service. The belief that all children can learn requires a commitment to the belief that we are responsible for creating the conditions that support student learning. That commitment requires that we transform current practice in order to create the conditions that support student learning and abandon those practices that inhibit student learning. Like the problem-solving model, we must continuously progress through cycles of planning, implementing, assessing and acting.

Professional Development

Responsibility also means that professional development needs are examined so that administrators, teachers, related services personnel and paraprofessionals possess the requisite skills and attitudes to implement RTI. Successful implementation of RTI depends on the ability of general and special educators to use RTI reliably and validly. The reliability and validity with which RTI is implemented will be determined, to a great extent, by the quality of both the pre-service and in-service professional development models used to translate research into practice. In-service professional development needs to occur both within and across administrative structures at the state, district and building levels. Successful professional development must include all three components of skill development: beliefs and attitudes; knowledge; and skill.
Resources

How can states and local school districts pay for the implementation of an RtI model? Those states and local school districts that do not currently have an RtI or problem-solving approach in place are encouraged to identify, consolidate, supplement and integrate resources from diverse funding sources to produce the infrastructure necessary to support RtI implementation. For example, school districts can use early intervening funds available through IDEA and/or their Title I funds. States can set aside funds from their IDEA discretionary funds or Title V, State Grants for Innovation. Resources available go beyond funding. Realigning or restructuring of existing resources and personnel, including staff and time, are other potential resources. Successful implementation of RtI may require changes in roles and role clarification – another resource allocation.

Concluding Comments

NASDSE and CASE are committed to working together to overcome some of the barriers that currently exist for the successful implementation of RtI. Just as NCLB has had a profound impact on special education and educational practices to improve outcomes for students with disabilities, RtI – initially identified as a strategy through IDEA – has the potential to have a similar impact on NCLB and the education of all students. Remember that RtI is a strategy for meeting the goals of NCLB. NCLB is a promise – it sets high goals for all students and school districts, but does not tell them precisely how to achieve those goals. RtI can help states and school districts meet those goals by identifying struggling learners early in order to improve their educational outcomes. NASDSE and CASE hope that this document will serve as a tool to help the collaborative process begin. We look forward to working with you as we start on this journey together.

References


P.L. 108-446. The Individuals with Disabilities Education Improvement Act of 2004.