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AN EXPLORATORY STUDY TO DETERMINE BEST PRACTICES IN  
IMPLEMENTING RESPONSE TO INTERVENTION

by  
Nikki Allison Renella

A Thesis

Submitted in partial fulfillment of the requirements of the  
Master of Arts Degree  
of  
The Graduate School  
at  
Rowan University  
March 29, 2007

Approved by

Date Approved March 29, 2007

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## ABSTRACT

Nikki Allison Renella  
AN EXPLORATORY STUDY TO DETERMINE BEST PRACTICES IN  
IMPLEMENTING RESPONSE TO INTERVENTION

2006/07

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Prior to the reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA) in 2004, the only operational definition for determining eligibility as a child having a Specific Learning Disability (SLD) was to determine if a severe discrepancy existed between a child's achievement and intellectual ability. Concerns with the IQ discrepancy model have led to changes in the special education code to also include a child's response to scientific, researched-based interventions as adequate criteria to determine a Learning Disability. This process is called Response to Intervention (RTI).

The purposes of this exploratory investigation were to (a) determine the elements that constitute best practices as stated in literature for Response to Intervention, (b) identify some of the benefits in implementing a Response to Intervention approach, and (c) identify some of the caveats for the implementation of Response to Intervention. This investigation revealed that school districts have many questions to consider when deciding on whether or not to employ an RTI model. The research has only recently begun in the field as to the long-term affects of RTI interventions on students' success. While RTI appears to have many benefits, the complexity of implementation and the lack of scientific research in the field warrant careful consideration of school districts.

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## Chapter I

### Introduction

Prior to the reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA) in 2004, the only way to classify a child as having a Specific Learning Disability (SLD) was to determine if there was a severe discrepancy between a child's achievement and intellectual ability. This method of classification is often referred to as the IQ discrepancy model. Over the years, concerns about the rising number of children labeled SLD have caused much discussion and debate among leading researchers in the field of education. These concerns have led to changes in the federal rules and regulations related to special education.

One of the major changes in the most recent reauthorization of IDEA dealt with classification of students with SLD. Congress recently included an additional method to determine eligibility of these students. Rather than basing the decision solely on the IQ discrepancy model, the law now allows the "use of a process based on the child's response to scientific, research-based intervention" (U.S. Office of Education, 2006). Researchers in the field of education refer to this type of classification model as Response to Intervention or RTI.

Although the use of a Response to Intervention approach would help identify students with specific learning disabilities, the approach would also focus more attention on providing successful intervention strategies to all students in the general education population rather than simply identifying students. In addition, some proponents of RTI

feel that ideally this method could help eliminate the increased over identification of students with SLD that has occurred in the last few years.

#### Need and Value for the Study

Response to Intervention is not a new concept in the field of education. Prominent researchers, such as Fuchs (*Identifying Learning Disabilities With RTI*) and Torgesen (*Catch Them Before They Fall: Identification and Assessment to Prevent Reading Failure In Young Children*), have studied the potential benefits and pitfalls of intervention programs for many years. However, the concept of using a series of intervention strategies to determine, or help determine, a learning disability is a relatively novel idea.

Few guidelines are given in the Individuals with Disabilities Education Improvement Act (IDEA) 2004 on how RTI should be implemented. Many administrators, teachers, and parent groups are concerned about the unanswered questions that result from eliminating the IQ achievement discrepancies from the process of identification. Differences in implementation from state to state and even district to district within individual states may cause more controversy. Furthermore, the law does not prohibit the use of the IQ discrepancy model. This means that some districts may choose to continue with this type of identification model. With the potential of so much variance in the process and uncertainty surrounding what Response to Intervention even is, it is not surprising that RTI is an important topic of debate in education.

#### Purpose of the Study

The purpose of this study is to survey the literature regarding the implementation of RTI, and identify current principles that represent best practice. These principles will

be formulated into a series of recommendations that should be incorporated into any implementation of RTI.

### Research Questions

In order to accomplish the purpose of this study, the following research questions will be answered:

#### Research Question 1:

What are the elements that constitute best practices as stated in literature for Response to Intervention?

#### Research Question 2:

What are some of the benefits in implementing a Response to Intervention approach?

#### Research Question 3:

What are some of the caveats for the implementation of Response to Intervention?

### Limitations

In reviewing the research on Response to Intervention, there are two components that affect this study. The first is that a true RTI approach would consider both the academic and behavioral status of the children being monitored. For the purposes of this thesis, only the academic side of RTI will be addressed. Potentially, the amount of paperwork and time spent monitoring both academics and behavior could make implementing RTI more difficult.

The second factor affecting this thesis is that there are few, if any, longitudinal research studies on how RTI influences a child over an extended period of time. Most studies using a similar approach have followed the participants in the study for only a few

years. More research must be completed in order to determine how students in RTI programs achieve over their educational careers.

### Definition of Terms

The following terms have a specialized definition within the context of this study.

Criterion referenced test: an informal assessment device that assesses skill mastery; compares the student's performance to curricular standards (McLouglin & Lewis, 2005)

Curriculum based measurement (CBM): a type of curriculum-based assessment characterized by frequent and direct measurement of critical school behaviors; often includes one minute timed samples of reading, math, and writing skills (McLouglin & Lewis, 2005)

IQ discrepancy model: academic performance markedly lower than would be expected on the basis of a student's intellectual ability (Hallahan & Kauffman, 2006)

Norm referenced test: a test that compares a student's performance to that of the student in the norm group (McLouglin & Lewis, 2005)

Response to Intervention (RTI): a way of determining whether a student has a learning disability; increasingly intensive levels of instructional interventions are delivered, and if the student does not achieve, at some point, he or she is determined to have a learning disability or is referred for special education evaluation (Hallahan & Kauffman, 2006)



## Chapter II

### Review of Literature

The reauthorization of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) brought changes that affect how to determine eligibility for students with learning disabilities. Currently, the federal law defines “specific learning disability” as a:

“disorder in one or more of the basic psychological processes involved in the understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.”

(U.S. Office of Education, p. 12422)

In IDEA 1997, the federal code stated that in order to determine that a student has a specific learning disability, a severe discrepancy between current achievement and intellectual ability must be found in one or more of the areas of basic reading skills, reading comprehension, oral expression, listening comprehension, mathematical calculation, mathematical reasoning, and written expression. The student must be “provided with learning experiences appropriate for the child’s age and ability levels.” Furthermore, the exclusionary clause in the code states that discrepancy cannot be “primarily the result of visual, hearing, or motor impairment, of mental retardation, of emotional disturbance, or environmental, cultural, or economic disadvantage” (U.S. Office of Education, 1999).

Historically, the use of the IQ discrepancy model came into effect in 1977 when regulations were created for PL 94-142 or the Education of All Handicapped Children Act of 1975 (EAHCA). States had begun to have problems with the definition of a learning disability. They felt that the criteria for determining eligibility were inadequate. Thus, the Office of Education worked to develop more specific criteria. Following their research, the Office of Education published reports that included the criterion that a learning disability could be determined by a severe discrepancy between achievement and intellectual ability. (Lyon et al., 2001). The federal government did not dictate how this discrepancy was to be calculated. However, most states used IQ discrepancy as the predictor. Each state made its own mandate on the statistical formula to be applied. Some formulas used are flawed and can lead to mistakes in classification (Hallahan & Kauffman, 2006; Lyon et al., 2001). The Council for Exceptional Children (CEC) states that there is inconsistency in the results of classification when the IQ discrepancy model is used. They go on to say that “one state, and even districts, may have a high number of students with LD while another has few. Some research has even shown that the same team using the discrepancy model will not identify the same students as having LD” (*Identifying Learning Disabilities*, 2006). Other sources note that often times IQ tests are biased towards certain racial groups due to language and cultural issues depicted in the test (*Identifying Learning Disabilities*, 2006; Denton, 2006). Despite all of these problems, the IQ discrepancy model still became the chief method of identifying learning disabilities (Kovaleski & Prasse, 2004).

The federal regulations reauthorized in 2004 did not change the definition of a learning disability. However, the code now indicates that each state must adopt criteria to

determine specific learning disabilities. The discrepancy model is not the only way this can be accomplished. According to the Federal Register, §300.307 (2) upholds that the state “must permit the use of a process based on the child’s response to scientific, research-based intervention” (U.S. Office of Education, 2006). This approach to monitor a child’s individual response to intervention focuses on prevention and early intervention strategies.

Supporters of RTI feel that an approach focusing on prevention and early intervention is much needed in the field. The IQ discrepancy model has been called into question because many researchers see it as a “wait-to-fail” model. It is often not possible to determine discrepancies between IQ and achievement test scores until at least third or fourth grade (*Identifying Learning Disabilities*, 2006). At this point in a student’s education, remediation becomes very difficult (Denton, 2006). Lyon et al. (2001) state that in waiting for a discrepancy to manifest “the student has suffered the academic and emotional strains of failure for two to three years before potentially effective instruction can be brought to bear. This order of events has devastating, lifelong consequences.”

Accordingly, response to intervention allows a systematic attempt to remediate students with academic difficulties and potential learning disabilities before it becomes too detrimental. In 2002, the President’s Commission on Excellence in Special Education (PCESE) published their final report entitled *A New Era: Revitalizing Special Education for Children and Their Families*. This publication supports moving to a response to intervention approach. It states:

“Eliminating IQ tests from the identification process would help shift the emphasis in special education away from the current focus, which is on determining whether students are

eligible for special services, towards providing students with the interventions they need to successfully learn.”

(PCESE, p.25)

The PCESE’s (2002) report goes on to state that they are “concerned that federal implementing regulations waste valuable special education resources in determining which category a child fits into rather than providing the instructional interventions a child requires. The priority should always be to deliver services, with assessment secondary to this aim” (PCESE, 2002). Lyon et al.(2001) concur with this idea. They assert that special education spends too much time focusing on “compliance with federal regulations rather than positive educational outcomes.”

The use of the IQ discrepancy model has the underlying assumption that IQ scores are indicative of “unexpected underachievement.” Fletcher (2006) finds that “this hypothesis has not been supported because poor readers with and without a discrepancy do not differ significantly in the cognitive correlates of reading, long-term prognosis, response to intervention, or in other key domains.” In other words, it is impossible to determine the causes of underachievement by using the IQ discrepancy model. Response to Intervention rules out the possibility that underachievement is caused by poor instruction (NJCLD, 2005). “In contrast to traditional models, we haven’t waited for the students to fail or delayed intervention while the student was tested for diagnosis. Rather, the diagnosis emerges out of the efforts at intervention” (Fletcher, 2006).

By using a response to intervention approach, all students would have the opportunity to get additional help in the regular classroom. Many researchers feel that RTI is a general education initiative. This means that all screening and support services begin in the regular classroom. Most advocates feel that screening should begin as early

as kindergarten or first grade. Students would be screened for possible difficulties in academic and behavioral areas. All students who are “at risk” would be given additional, high quality instruction in those areas. In this way, every child is included and can receive additional services as needed (Vaughn & Fuchs, 2003).

One potential problem that opponents of RTI note is that by screening at such an early age, many evaluations are psychometrically unreliable. Therefore, students who are not actually at risk may show false positives. This overidentification can be financially costly because in order to treat those who do need the interventions, a large number of students who do not need it will also be given instruction (Vaughn & Fuchs, 2003). If we wait to administer testing, our scores will be more reliable, but we may miss the window of opportunity to address early reading problems (Gersten & Dimino, 2006). Many studies show that early intervention is the key to preventing later academic problems; especially in reading. Torgesen (1998) finds that “the best solution to the problem of reading failure is to allocate resources for early identification and prevention.”

Since the overwhelming majority of students classified as LD have deficits in reading, this evidence is very pertinent to the RTI discussion. Denton (2006) finds that “most students at risk for or experiencing difficulties learning to read in the early grades can become competent readers when they are provided with high-quality classroom instruction in the important reading domains of phonological awareness, phonics, fluency, vocabulary, and comprehension, sometimes in combination with supplemental small-group intervention.” A response to intervention approach would ideally target these areas during interventions.

## Components of RTI

The federal government has not specified the required use of one specific model of RTI. Currently, there are many studies in progress to test different models of implementation. These models vary slightly depending on who is conducting the study. The National Research Center on Learning Disabilities (NRCLD) published a report called *Understanding Responsiveness to Intervention in Learning Disabilities Determination* in September 2004. The following is a list of what they define as the features of RTI (Mellard, 2004):

1. High quality classroom instruction

Every student should receive high quality instruction in the general education setting. A learning disability can not be the cause of poor instruction. In order to determine that the teacher is providing high quality instruction, one can compare the achievement of students in different classes in the same grade level.

2. Research-based instruction

All instruction should be based on current research of what is proven to work. If all teachers instruct children with scientifically proven methods, then one can eliminate the possibility that the teacher's instruction had low efficacy. If a child receives research-based instruction and still shows little progress, then one can assume that the child's problems are not due to inadequate teaching.

3. Classroom performance

General education teachers and staff need to consistently base instructional practices on the students' progress in the curriculum. Less emphasis needs to be placed on state and nationally developed assessments and more on curriculum based measurements (CBM).

4. Universal screening

Universal screening of all students in the areas of academics and behavior determines who receives additional monitoring and instruction. Behavior screening includes areas such as class attendance, tardiness, truancy, suspensions, and disciplinary actions.

5. Continuous progress monitoring

Teachers should use CBM to identify those students who are not meeting the anticipated standards. These CBM are administered frequently in order to constantly reassess the efficacy of attempted strategies.

6. Research-based interventions

Once curriculum based measures show that a child is having difficulties, school staff must put into practice a research-based intervention to address the deficit. This intervention can be either an individualized (created specifically for that student) or a standardized intervention. If it is standardized, the intervention must be research-based. One possible intervention can be a "double-dose" of classroom instruction. The accommodations would not be an adaptation of the current curriculum because this should have already been in place. All interventions should be

in duration for 8 to 12 weeks and should be more intensive than typical classroom instruction.

#### 7. Progress monitoring during interventions

Data should frequently be collected on students' progress using CBM.

This data should show the students' response or lack of response to intervention.

#### 8. Fidelity measures

All staff providing instruction must also be monitored. Fidelity measures should prove that all instruction was implemented as it was intended and with reliability. Often someone other than a classroom teacher will evaluate the fidelity measures of the teacher by using an observational checklist of essential teaching behaviors.

Critics of RTI have problems with the criteria that all interventions must be scientifically based. Although research in the area of beginning reading has determined that scientifically proven methods improve early literacy, the areas of mathematics, reading comprehension, and written expression have not been studied as thoroughly. The National Joint Committee on Learning Disabilities (NJCLD) acknowledges this issue. NJCLD (2005) states that in these areas "few scientific, research based interventions exist at the elementary or secondary level." The CEC also concurs with this idea (*Identifying Learning Disabilities*, 2006).



## Models of RTI

What does Response to Intervention actually look like? The NJCLD published a report entitled *Responsiveness to Intervention and Learning Disabilities* in June 2005. Their report reviewed the concept of RTI including benefits, issues, and questions surrounding the approach. They define Response to Intervention as a “multitiered model or framework that delineates a continuum of programs and services for students with academic difficulties.” The report also outlined a potential model for RTI. The model is outlined as follows:

**TIER 1:** High quality instructional and behavioral supports are provided for all students in general education.

In this tier, students will be universally screened for academic and behavioral problems. After screening, teachers apply research-based instructional strategies. Those students who are at risk will receive differentiated instruction, and progress will be monitored through CBM.

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

From the results of the CBM, the school staff decides which students are in need of continued support. These students are either given individual interventions or a standard protocol is used. These identified students have more intensive interventions as their progress is continuously being monitored. Fidelity measures are

assessed to ensure competent teaching strategies are being implemented. At this stage, parents are informed and are made a part of the planning and monitoring process of their child. General education teachers receive support including training, consultation, and assistance in implementing and monitoring the progress made using the interventions.

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

At this stage, parents are informed of their due process rights. Consent must be obtained for any eligibility evaluation for special education and related services. The evaluation must include varied data sources such as standardized and norm-referenced assessments, observations, and data from CBM in the previous two tiers. All IDEA 2004 mandates must be enforced during this process.

Although the previously described method is a comprehensive model of Response to Intervention, it is not the only model. Some variations on the model include breaking down Tier 2 into sub-tiers. After a child completes the 8 to 12 weeks of intervention in Tier 2, a decision must be made. If the child does not show considerable improvement, another set of interventions could be implemented for 8 to 12 weeks. However, if the child does show improvement as proven by the curriculum based measurements administered, they may be ready to

return to Tier 1 with continual progress monitoring or the child can remain in Tier 2 receiving the same interventions.

Questions arise as to when and why a student should move to a new tier. The CEC says that data from the progress monitoring should be used to make the decision. They feel that a team made up of school personnel should “represent a range of expertise and may include the principal, counselor, special education teacher, general education grade level teacher(s), reading specialist, Title I specialist, psychologist, speech language therapist, and others” (*Response-to-Intervention—The Promise and the Peril*, 2007). This group should meet at least once a month to discuss student progress.

#### Two Approaches to Determining Interventions in RTI

There are two ways to implement interventions in an RTI model. The first approach is called a “problem solving” approach. In this method, each student is given interventions that are made specifically for that child. Fuchs and Fuchs (2006) found that children who are receiving the problem solving approach are having difficulties in academic areas because of lack of motivation. The emphasis of these interventions is on improving skills the student has already learned instead of developing strategies to acquire new skills.

The second approach to intervention is called a “standard protocol” approach. In this method, the interventions used are not individually designed; the same interventions are used for a small group of students. Unlike the “problem solving” approach where the focus is on strengthening skills already possessed, the focus of the “standard protocol” approach is to implement interventions to

acquire new skills. Behavior and attention issues are also addressed in this model.

Students receive interventions in a small group setting. Fuchs and Fuchs (2006) feel that the interventions should be given by a teacher or trained/supervised paraprofessional. They should be given three to five times a week for ten to twenty weeks. They find that this type of intensive instruction will promote mastery for most students because it lessens transitions and supports a good pace. The use of self-regulation strategies in the small group will also help encourage more on-task behavior from the students receiving the interventions. Many of these protocols are scripted which helps to ensure fidelity measures are being taken (Fuchs & Fuchs, 2006).

The National Association of State Directors of Special Education (NASDSE) published a book entitled *Response to Intervention: Policy Considerations and Implementation*. The NASDSE states that the “problem solving” and the “standard protocol” approaches should not be considered two distinct approaches but should instead be used together. They state, “Standard treatment protocols provide efficient research-based vehicles for addressing the needs of a large number of students at a secondary tier. Individual problem-solving is necessary at tertiary levels within a multi-tier system. In both systems, however, a problem-solving logic set is used in data-based decision making” (Batsche et al., 2006).

## Assessment Procedures and Data Collection

Data collection is an integral part of the RTI process. The results of the data are used to determine the next course of action for at risk students. Batsche et al. (2006) state that assessment procedures must have nine characteristics. They:

- directly assess the specific skills embodied in state and local academic standards;
- assess “marker variables” that have been demonstrated to lead the ultimate instructional target (e.g., reading comprehension);
- are sensitive to small increments of growth over time;
- can be administered efficiently over short periods;
- may be administered repeatedly (using multiple forms);
- are readily summarized in teacher-friendly data displays;
- can be used to make comparisons across students;
- can be used to monitor an individual student’s progress over time; and
- have direct relevance to the development of instructional strategies that address the area of need.

The Batsche et al. (2006) state that the data collected during Tier 1 should happen at least three times per year. The assessments used must identify those students who are proficient in a skill, those who are developing the skill, and those who are “significantly deficient” in the skill. This data should help RTI teams decide how to alter instruction in order to allow all students become proficient. It should also help determine which students need to move to Tier 2 interventions.

Assessment procedures in Tier 2 have different purposes. These procedures need to show whether or not the student is making progress towards proficiency in the skill given the interventions. Batsche et al. (2006) cite Fuchs (1986) stating that students make the most progress when “(1) assessments were conducted twice per week; (2) ambitious goals were set; (3) data were displayed on graphs; (4) teams used preset data utilization rules in analyzing data.” The characteristics should be incorporated into a Tier 2 assessment procedure.

Tier 3 procedures “must be capable of reliably distinguishing which students are significantly deficient in the target skills as well as determining an individual student’s rate of progress” (Batsche et al., 2006). Eligibility decisions are made based on results of assessments in Tiers 1, 2, and 3.

#### Eligibility Determination in RTI

One of the major questions in the RTI approach is “What are the components that will determine eligibility of special services?” Some researchers feel that after completing interventions in RTI, there may be enough data to make eligibility decisions. They do not feel that psychometric evaluations are always necessary (Fletcher, 2006). However, most researchers will agree that a student’s response to intervention should not be the only criteria for determining eligibility for learning disabilities. IDEA 2004 requires a multidisciplinary evaluation be completed in order to determine eligibility for any special services. Therefore, the results of intervention cannot be use independently because that would infringe on the rights established in IDEA (Tilly III, 2006).

The use of RTI data can be very useful as part of the evaluation process. CBM give more specific information on why a student is having difficulties in the classroom than do diagnostic assessments. Tilley III (2006) states, “Thus, the measurement strategies used in RTI systems are far more specific, and require students to directly demonstrate important reading behaviors for the examiner than have been assessed in the past.”

The CEC agrees that the data collected during RTI should be used to determine what additional measures need to be taken during the evaluation process. The child study team may review a student’s permanent records, look at their attendance and ability to sustain attention in the classroom, perform a classroom observation, and interview the student’s parents. The team could also use criterion referenced assessments such as the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) to determine skill levels (*Response-to-Intervention—The Promise and the Peril*, 2007).

Some argue that norm-referenced assessments have little value when an RTI model is used because enough data has been gathered from the RTI interventions (Kovaleski & Prasse, 2004). Others believe that parts norm-referenced assessments such as Wechsler Individual Achievement Test II (WIAT-II) may be useful to gather additional information about the student (*Response-to-Intervention—The Promise and the Peril*, 2007). Most researchers agree that there is no need to give an IQ test, unless it is to rule out the possibility of mental retardation (Kovaleski & Prasse, 2004; *Response-to-Intervention—The Promise and the Peril*, 2007).

Another potential problem with the classification process in RTI is that although some students will get the early interventions they need to return to the general education classroom without additional support, others will always need more support than the general education classroom can offer. The difficulty is in deciding if these children should be referred for special education services or if they should remain where they are in the RTI process. The CEC states, “These students continue to progress when receiving interventions but can’t succeed without them. While some say those students will be referred to special education, others say the students may simply continue to receive the extra help” (*Response-to-Intervention—The Promise and the Peril*, 2007). This is where RTI models can differ from district to district since the federal government has not made any definitive requirements on this issue.

NASDSE recommends four eligibility criteria to be used when implementing an RTI model:

1. Level Difference

Assessment teams must determine that student’s present levels of performance are substantially below the levels of their peers or below other “relevant standards.” Batsche et al. (2006) list these relevant standards as “national, district or area normative data, grade level benchmarks for student performance and/or developmental norms.”

2. Rate of Learning Difference

A student must have considerable deficits in their rate of learning based on progress monitoring data from interventions.



### 3. Documented Adverse Impact

Assessment teams must find that a student needs special education services in order to “make or maintain meaningful progress.”

### 4. Exclusion Factors

Assessment teams must determine that the problem is not a result of other disabilities according to IDEA 2004 criteria. In addition, the disability cannot be caused by lack of appropriate instruction or “limited English Proficiency” as also stated in IDEA 2004.

Some students will not be eligible for special services, but will continue to need intensive support in the general education classroom. The NASDSE suggests that Tier 2 should have varied types of intervention programs. Tier 3 interventions should utilize special and general education options.

Many researchers feel that RTI will reduce the number of students referred to child study teams for evaluation. They feel that the tiers of interventions and fidelity measures associated with RTI models will give students the foundations they need to succeed. More students will receive the additional support that they are lacking in the current systems (NJCLD, 2005). The CEC debates this issue. The CEC states, “Though it is too early to have definitive answers regarding how RTI will affect the number of students referred for special education, some schools have used it to show no change in the overall number of students receiving services” (*Response-to-Intervention—The Promise and the Peril*, 2007). They go on to say that instead there is a considerable change in the grades where students are found eligible for special services. There has been an increase in the

number of students referred in grades one and two while there has been a decrease in upper elementary grades referrals. It is also important to note that federal regulations state that students do not have to go through the entire RTI process before an evaluation is given. The NJCLD (2005) asserts that “the right of the parent, state education agency, or local education agency to initiate a request for an evaluation at any time is maintained in IDEA 2004.”

#### Potential Problems in Implementation

One problem that may come from implementing an RTI approach is the increased amount of paperwork. The NJCLD (2005) states that “data collection and documentation demands for progress monitoring, classification criteria, movement between levels, intervention documentation, and other record keeping are critical for following the progress of individual students in an RTI approach.”

Another issue is the need for continued professional development.

Teachers will need to be trained on how to implement these research-based interventions, administer curriculum based measurements, and use data from these measures to determine placement options (Vaughn & Fuchs, 2003). Vaughn & Fuchs go on to say, “Large-scale implementation, which is yet to be tested, requires the specification and implementation of an ambitious professional development agenda.” Batsche et al. (2006) feel that in order for RTI to be successful, administrators such as superintendents and principals, related services personnel such school psychologists, social workers, and counselors, and teachers need to be given intensive professional development. They suggest mentoring and/or coaching as a viable option for continued development of good practices.

They also indicate that the educators involved in RTI must understand why RTI is necessary, and they must have efficacy in their abilities to implement their part of the approach for RTI to be successful.

## Chapter III

### Findings and Recommendations

By compiling information from leading researchers on Response to Intervention, an overview of the RTI process has been reported. Although IDEA 2004 approved the use of an RTI model as a legitimate method of determining eligibility of students with specific learning disabilities, the federal government has not established the method in which RTI should be implemented. The process is a complex one; school districts have a much to consider when deciding on how and if an RTI model would meet their needs.

As more studies are completed, researchers in the field are expressing their opinions on the RTI process. Vaughn & Chard (2006) have reviewed some of the leading research studies on RTI. In their article *Three-Tier Intervention Research Studies: Descriptions of Two Related Projects*, they created a list of questions that school districts should ask themselves before they begin RTI. Their questions focused on using RTI to determine a learning disability in the area of reading. The term “Primary instruction” refers to instruction given in the general education class. “Secondary interventions” refer to interventions made in Tier 2 while “tertiary interventions” are interventions made in Tier 3. The following questions are taken from their list and should be answered by any district that is considering the implementation of an RTI model:

1. Is the comprehensive reading program aligned with scientifically based reading research (SBRR)?
2. Are supplemental and intervention reading programs aligned with SBRR?

3. How is the assessment data used to inform instructional decision-making?
4. Are teachers adequately trained in the comprehensive, supplemental, and intervention reading programs?
5. Is adequate time allocated for the comprehensive reading instruction? Is instructional time protected against disruption?
6. Does Primary instruction focus on the grade-appropriate essential reading components?
7. How will student progress be assessed three times per year?
8. Is a plan for ongoing professional development in place? Is assessment used to inform professional development needs?
9. Who will provide Secondary and Tertiary interventions (e.g., classroom teacher or specialized reading teacher)?
10. Is additional time scheduled for Secondary and Tertiary intervention?
11. Where will Secondary and Tertiary intervention be delivered?
12. Is a system in place for frequently monitoring progress of students in Secondary interventions?
13. How will assessment data be used to group and regroup students (small same-ability groups; one-on-one tutoring), to plan targeted instruction, and to make adaptations to ensure students meet grade-level benchmarks/objectives?
14. Are criteria established for entry into and exit from Secondary and Tertiary interventions?

These are just some of the questions that districts should consider. The following is a list of additional questions:

1. Who will administer the assessments for universal screening three times a year?
2. Who will make up the team of school personnel to determine which students should be included in Tier 2 and Tier 3 interventions?
3. How will RTI be used to determine learning disabilities in the areas of reading comprehension, mathematics, or written language where little formal research has been completed on interventions?
4. Who will oversee professional development for all staff members on research-based interventions?
5. Who will oversee professional development for all staff members on how to implement RTI?
6. Which administrators will monitor the fidelity measures of the staff implementing RTI interventions?
7. What are the criteria for monitoring staff on the fidelity of their implementation?
8. What will the model of RTI look like in the school district?
9. Will a problem solving or standard protocol approach be used to determine intervention strategies?
10. What is the duration of time that Tier 2 and Tier 3 interventions will be carried out?
11. How much time should students receive in the intervention per day/week?
12. How much emphasis will be placed on RTI interventions when deciding on further assessments by the child study team if a referral is made?
13. When will staff have time to complete all paperwork generated by RTI?

## Summary

These findings show that a sequence of carefully constructed steps must be placed in operation if RTI is to be implemented in an appropriate manner.

## Chapter IV

### Summary

Prior to the reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA) in 2004, the only operational definition for determining eligibility as a child having a Specific Learning Disability (SLD) was to determine if a severe discrepancy existed between a child's achievement and intellectual ability. Concerns with the IQ discrepancy model have led to changes in the special education code to also include a child's response to scientific, researched-based interventions as adequate criteria to determine a Learning Disability. This process is called Response to Intervention (RTI).

The purposes of this exploratory investigation were to (a) determine the elements that constitute best practices as stated in literature for Response to Intervention, (b) identify some of the benefits in implementing a Response to Intervention approach, and (c) identify some of the caveats for the implementation of Response to Intervention. This investigation revealed that school districts have many questions to consider when deciding on whether or not to employ an RTI model. The research has only recently begun in the field as to the long-term affects of RTI interventions on students' success. While RTI appears to have many benefits, the complexity of implementation and the lack of scientific research in the field warrant careful consideration of school districts.

### Discussion

When school districts choose to use an RTI model, there are many benefits.



1. RTI provides a systematic method of remediation for students with academic difficulties and potential learning disabilities by providing early interventions to all students.
2. RTI uses scientific, researched-based interventions which rules out the possibility that underachievement is caused by poor instruction.
3. Students' progress is consistently monitored to ensure the efficacy of interventions. When interventions are not helping a student to make adequate progress, then changes in the program are made.
4. RTI includes measures to ensure that instruction is implemented as it was intended.
5. All program modifications are made using data collected from an RTI process.
6. The data from RTI should be used in the eligibility process. This data provides specific information on why a student is having difficulties in the classroom.

There are also certain caveats that should be regarded when using an RTI model.

1. RTI requires universal screening at an early age when many evaluations are psychometrically unreliable. Therefore, students who are not actually at risk may show false positives. This overidentification of at-risk students can be expensive for school districts.
2. All interventions are required to be scientifically-based; however there are few research-based interventions in the areas of mathematics, reading comprehension, and written expression. How these content areas can be instructed with efficacy has not been determined.

3. All staff will need to feel that RTI is beneficial in order to it to be successful. Typical roles of regular and special education teachers as well as other school personnel could change dramatically when RTI is in place.
4. Implementing RTI takes time and effort in order to decide which model is best for each district. In some cases this may necessitate additional staff, and in times of tight budgets, this can mean an additional obstacle.
5. Some students may make progress but will need constant support to sustain progress. Those students may be “stuck” in an RTI Tier permanently.
6. There is a great deal of paperwork associated with RTI and finding time to complete it may be difficult.
7. Districts need to commit adequate time and funding to support teachers and administrators with professional development during the RTI process.

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