

RESPONSE TO INTERVENTION (RtI)

Overview

The reauthorized IDEA of 2004 includes provisions that could lead to significant changes in the way in which students with specific learning disabilities (SLD) are identified. Of particular relevance to the process of SLD determination is the provision that LEAs may consider a student's response to scientific-based instruction.

What is RtI?

RtI is an assessment and intervention process for systematically monitoring student progress and making decisions about the need for instructional modifications or increasingly intensified services using progress monitoring data. The following is the fundamental question of RtI procedures: Under what conditions will a student successfully demonstrate a response to the curriculum? Thus, interventions are selected and implemented under rigorous conditions to determine what will work for the student.

Necessary Components of RtI

Component 1 – Screening/Benchmarking

- Academic screening procedures should be implemented in all grade levels.
- Screening procedures should target basic skills in reading, math, and written expression.
- Screening procedures are likely to vary when considering elementary, middle and high school.
 - Grade K-8 - screening will occur universally to identify students who are at-risk and who may be in need of assistance. Teacher and parent referral for assistance will continue to be available.
 - Grades 9-12 – a systematic procedure will be used to screen referrals which may include record review, interviews, and some form of academic assessment (including Curriculum Based Assessment). Screening of basic academic skills may not be universal at these grade levels.
- Screening devices will also be used for benchmarking purposes. Benchmarking should occur at least 3-4 times per year.
- Screening and benchmarking data will be used to establish local norms of student skill level and student growth rates.

Component 2 – Implementation of Interventions

- Interventions must be scientifically valid.
- Interventions must have a likelihood of succeeding; therefore, interventions should incorporate a number of quality components including:
 - Behavioral definition of the problem;
 - Collection of baseline data;
 - Defining goal level of performance;
 - Problem analysis data;
 - Development of a step-by-step intervention plan;
 - Collection of progress monitoring data;
 - Collection of treatment integrity data;
 - Comparison of baseline levels of performance to treatment levels of performance;

and

- Comparison of treatment performance to established goals.
- Interventions should occur at multiple levels or tiers.
- Interventions at Tier I are intended to occur within the general education classroom or with general education resources. At Tier I, it is expected that students will receive appropriate instruction to meet their needs.
- Interventions at Tier II are also intended to occur within the general education classroom or with general education resources. Interventions at Tier II should be “scientifically valid.”
- Interventions at Tier III are likely to include special education resources and should also be “scientifically valid.”
- Qualified personnel will be involved at all Tiers in intervention development and progress monitoring.
- The period of time in which interventions will be sustained will be defined in terms of minimum time frames:
 - Tier I – minimally 4-6 weeks;
 - Tier II – minimally 9-12 weeks; and
 - Tier III – maximally 8 weeks.
- A copy of the intervention plan must be provided to the student’s parent(s).
- Parent consent for evaluation/determination of need for special education will occur at the onset of Tier III.

Component 3 – Progress Monitoring

- Student response to intervention must be monitored in an ongoing fashion.
- Tools that are sensitive to detecting change in student performance over small periods of time should be used.
- Tools should have adequate psychometric properties.
- Both general outcome measures and specific target behavior measures should be employed to evaluate response to intervention.
- When Tier I interventions/supports are implemented, progress monitoring should occur at least once per week resulting in a minimum of 4 data points over 4 consecutive weeks.
- When Tier II interventions are implemented progress monitoring should occur at least once per week resulting in a minimum of 9 data points over 9 consecutive weeks.

Component 4 – Decision Making

- If the intervention effects meet or exceed the identified goal or benchmark, but cannot be maintained without ongoing intensive support, then the need for special education may be required. Thus, one critical aspect in determining eligibility for special education due to SLD is whether the student is in need of intensive supports to progress in the general education curriculum. Need should be viewed in relation to intensity of the intervention and maintenance of the intervention.
- A second component necessary to qualify for services is the presence of a disability (in this case SLD). Minimal responsiveness to multiple levels of intervention should be considered when making this decision. Responsiveness should be viewed relative to normative data such as local school norms and/or national normative data when appropriate.

- Qualified personnel should have latitude in recommending additional formal assessment, especially when the suspected disability is something other than SLD.

Conclusion

RtI has the potential to help a school make better use of its resources for increasing overall student achievement and for serving students with learning disabilities by:

- Allowing for early identification of at-risk students;
- Aligning assessment procedures with instruction;
- Providing multiple data points on which decisions are based;
- Ensuring access to appropriate instruction through the use of progress monitoring; and
- Using scientifically based instruction.

When RtI is used to determine SLD it functions as an intervention-based assessment. The data generated from the RtI assessment is critical in determining the existence of SLD and the need for special education services. However, data generated from RtI should be used in conjunction with other assessment procedures such as behavioral observations, interviews with teachers and parents, review of pertinent student records, direct assessment of related academic skills, and from other sources when necessary. In the event that a disability other than a specific learning disability is suspected of contributing to the student's difficulties, including the student's lack of response to intervention, then the multidisciplinary team should use this information to recommend additional diagnostic evaluation procedures.

Parent(s) have a right to request an evaluation of their child to determine eligibility for special education programs and services if the parent(s) suspects their child has a disability. Upon such a request, the school district or public agency is required to provide parent(s) with a copy of the procedural safeguards available to them under the Individuals with Disabilities Education Act. In addition, federal and State law require that the school district or public agency respond to the parent's request for an evaluation with written notice of any proposals or refusals to conduct the evaluation requested by the parent.