

# Responsiveness to Intervention: 1997 to 2007

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## The OSEP Learning Disabilities Initiative

In 1997, during the process of reauthorizing the Individuals with Disabilities Education Act (IDEA), the National Joint Committee on Learning Disabilities (NJCLD) wrote a letter to the U.S. Office of Special Education Programs (OSEP) expressing concern that neither early nor accurate identification of specific learning disabilities (SLD) was occurring (NJCLD, 1997). The activities that followed the response from OSEP to the NJCLD letter have become known as the Learning Disabilities, or LD, Initiative (Bradley & Danielson, 2004). The LD Initiative began as a comprehensive attempt to bring researchers, professional organizations, advocacy groups, educators, and other stakeholders to a consensus regarding the identification and implementation of improved procedures for SLD identification. The goal of the LD Initiative was to improve the process and ensure accurate and efficient identification of students with SLD. Reliance on the use of the discrepancy approach to determine eligibility for special education services had resulted in students with SLD not being identified until they had experienced multiple years of failure. Additionally, this approach provid-



ed teachers little information on which they could base instructional decisions.

The purpose of this article is to provide: (a) a brief description of the conclusions of the LD Initiative and the impact these conclusions have had, (b) an overview of the new regulations regarding response to intervention (RTI) and the identification of children with SLD, and (c) information about current technical-assistance activities.

Early in the work of the LD Initiative, RTI emerged as a concept worthy of investigation. One of the original consensus statements from the collaborative work on the LD Initiative stated:

There should be alternate ways to identify individuals with SLD in addition to achievement testing, history, and observations of the child. Response to quality inter-

vention is the most promising method of alternate identification and can both promote effective practices in schools and help to close the gap between identification and treatment (Bradley, Danielson, & Hallahan, 2002).

One reason that RTI was a welcome alternative to the traditional discrepancy approach is that teachers no longer would have to wait for students to fail before the students could receive services. RTI begins with the implementation of scientifically based, schoolwide instructional interventions and promotes intervention at the first indication of nonresponse to traditional classroom instruction. In addition, RTI is consistent with a shift of emphasis from process to outcomes for students with disabilities. This shift is viewed as

important both practically and theoretically for the field of SLD—which historically has concentrated more on the search for the specific condition of SLD and its cause than on intervention effectiveness (Bradley, Danielson, & Doolittle, 2005; Ysseldyke, 2002).

The early collaborative work associated with the OSEP LD Initiative made it possible for all stakeholders—including parents, researchers, and other professionals—to move forward and focus on operationalizing the implementation of RTI. In 2001, recognizing the increasing need for RTI-related research, information, and technical assistance, OSEP funded the National Research Center on Learning Disabilities (NRCLD). NRCLD was given the challenging tasks of investigating the effects and impact of a variety of proposed SLD identification methods, identifying potential models of RTI, and developing technical assistance documents to assist states and local entities with the anticipated change in SLD identification procedures. The work of NRCLD was taken into consideration in the process of creating the amendments to the Individuals With Disabilities Education Act (IDEA) in 2004.

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The 2004 reauthorization of IDEA effectively removed the longstanding federal requirement to use the aptitude/achievement discrepancy for identification of SLD, and it now permits RTI to be used as an approach for identification. The amendments to IDEA specifically state that “a local educational agency (LEA) may use a process that determines if the child responds to sci-

entific, research-based intervention as a part of the evaluation procedures.” [§ 614(b)(6)(A-B, IDEA 2004)]. This language, combined with other work of the OSEP LD Initiative, led many states to investigate RTI as an approach for SLD identification.

### **A Framework for RTI**

There are many RTI models being implemented in schools and districts across the country. No one model has emerged as the model of choice, and the U.S. Department of Education (the Department) does not recommend or endorse any one specific model. In the analysis of comments for the IDEA regulations, the Department reinforced the flexibility provided in the regulations regarding RTI stating:

New §300.307(a)(3) [(proposed §300.307(a)(4)] recognizes that there are alternative models to identify children with SLD that are based on sound scientific research and gives States flexibility to use these models. For example, a State could choose to identify children based on absolute low achievement and consideration of exclusionary factors as one criterion for eligibility. Other alternatives might combine features of different models for identification. We believe the evaluation procedures in section 614(b)(2) and (b)(3) of the Act give the Department the flexibility to allow States to use alternative, research-based procedures for determining whether a child has an SLD and is eligible for special education and related services. (USED 2006, 46648)

Although the Department has not endorsed a single model, there is a basic framework of RTI emerging in research and practice that is common to the most prevalent models. RTI has been conceptualized as a multi-tiered prevention model that has at least three tiers. The first tier, referred to as primary intervention, consists of high-quality, research-based instruction in the general education setting, universal screening to identify at-risk students, and progress monitoring to detect those students who might not be responding to this primary

intervention as expected. Within this multi-tiered framework, decisions regarding movement from one level to the next are based on the quality of student responses to research-based interventions. Subsequent levels differ in intensity (i.e., duration, frequency, and time) of the research-based interventions being delivered, the size of the student groupings, and the skill level of the service provider. These secondary interventions typically are 8 to 12 weeks in duration. Findings from NRCLD indicate that the length of time needed for the second tier can vary, but generally it should not exceed 8 weeks. Eight weeks is an adequate amount of time to realize the response or lack of response of a student to a well-matched evidence-based intervention (Cortiella, 2006).

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The final—or tertiary—level consists of individualized and intensive interventions and services, which might or might not be similar to traditional special education services. In most models, the lack of appropriate response to the more intensive and more individualized research-based instruction at this tertiary tier results in referral for a full and individual evaluation under IDEA. The quality and amount of information collected through progress monitoring of a student’s response to interventions through the previous tiers can provide extremely useful data for the team charged with determining eligibility of a student for special education services.

In 2002, NRCLD initiated a process to identify and record the work and outcomes of a group of potential model RTI sites around the country. Although no one site emerged as a complete “model” that addressed all critical elements identified by NRCLD, there were a group of sites that distinguished themselves by

exhibiting many of the critical elements, such as: (a) implementation of a research-based core reading program, (b) universal screening for at-risk students, (c) continuous progress monitoring at the secondary and subsequent tiers, and (d) a combination of a problem-solving model and the use of a standard protocol. All of the sites, however, lacked specific data on fidelity of implementation of the interventions and specific details regarding decision making on responsiveness to the interventions.

One outcome derived from analyzing these sites' RTI models was the ability to characterize the features of an RTI model that is successfully implemented in a school setting. In a school with a well-functioning RTI model: (a) students receive high-quality, research-based instruction from qualified staff in their general education setting; (b) general education staff members assume an active role in students' assessment in the curriculum; (c) school staff conducts universal screening of academics and behavior; (d) school staff implements specific, research-based interventions to address the students' difficulties; (e) school staff conducts continuous progress monitoring of student performance (i.e., weekly or biweekly) for secondary and tertiary interventions and less frequently in general education; (f) school staff uses progress monitoring data and explicit decision rules to determine interventions' effectiveness and necessary modifications; (g) systematic assessment is made regarding the fidelity or integrity with which instruction and interventions are implemented; and (h) the RTI model includes, as required, provisions for referral for comprehensive evaluation, free appropriate public education, and due process protections (National Research Center on Learning Disabilities, 2006).

### **IDEA Regulatory Guidance**

As noted, the statutory reference to RTI is brief. In comments responding to the Notice for Proposed Rule Making for the IDEA federal regulations (USED, 2005), RTI ranked among the top-three issues in the number of comments received

(USED, 2006). The majority of comments spoke to the need for more direction regarding the identification of children with SLD, the implementation of RTI, and clarification as to how RTI fits within the existing evaluation and procedural safeguards (USED, 2006). In August 2006, the IDEA regulatory guidance was published. The following section describes the key issues addressed in the regulations including evaluation for SLD, RTI definition, parental notice, and LEA request for evaluation. This information is intended to supplement and not to replace careful study and application of IDEA and its regulations.

In evaluating a child with SLD, the state criteria must not require the use of a severe discrepancy between intellectual ability and achievement and the criteria must permit the use of a process based on the child's response to scientific, research-based intervention. These state criteria must be used by public agencies in determining whether a child has an SLD. Certain standards for evaluation using RTI are presented in the regulations. One aspect that must be examined when determining the existence of SLD is whether the child is making sufficient progress for the child's age or to meet state-approved grade-level standards. Another facet is ensuring that underachievement in a child suspected of having a SLD is not due to the lack of appropriate instruction in reading or math.

Additionally, the regulations do not define RTI but instead state that there are many RTI models. Accordingly, the regulations are written to accommodate the many different models that are currently in use. Although the Department does not mandate or endorse any particular model, the regulations mandate that states permit the use of a process, based on the child's response to scientific, research-based intervention [USED, 2006 § 300.307(a)(2)]. Although many of the specific procedures to be used are not defined in either IDEA or its regulatory guidance, the importance of timelines and structured communication with parents is emphasized.

Regarding parental notice, the regulations state that the public agency must promptly request parental consent to

evaluate the child to determine if the child needs special education and related services and must adhere to the timeframes described in §§300.301 and 300.303. Parent consent must be requested if, prior to a referral, a child has not made adequate progress after an appropriate period of time when provided instruction as described in the regulations, or when the child is referred for evaluation [USED, 2006 § 300.307(c)]. The regulations recognize that instructional models vary in terms of the frequency and number of repeated assessments that are required to determine a child's progress; accordingly, states may create criteria that take local variation into consideration.

Regarding the comprehensive evaluation, the regulations are clear that RTI is not a substitute for a comprehensive evaluation. A variety of data-gathering and assessment tools and strategies must be used even if an RTI model has been implemented. No single procedure can be relied on as the sole criterion for determining eligibility for special education services. Each state must develop criteria to determine whether a child has a disability and RTI can be one component of the information reviewed (USED, 2006, 46648).

### **Moving Towards Large-Scale Implementation**

As schools, districts, and states move toward more wide-scale implementation of RTI, multiple challenges remain. The greatest challenge in implementing RTI is the limited experience of doing so on a large scale, across all academic areas and age levels. Even with these gaps in knowledge, however, there is evidence supporting RTI as an improvement over past identification models. The Analysis of Comments addresses this issue:

There is an evidence base to support the use of RTI models to identify children with SLD on a wide scale, including young children and children from minority backgrounds. These include several large-scale implementations in Iowa (the Heartland model; Tilly, 2002); the Minneapolis public schools (Marston, 2003); applications of the Screening to Enhance Equitable Placement

(STEEP) model in Mississippi, Louisiana, and Arizona (VanDerHeyden, Witt, & Gilbertson, in press); and other examples (NASDE, 2005). While it is true that much of the research on RTI models has been conducted in the area of reading, 80 to 90 percent of children with SLD experience reading problems. The implementation of RTI in practice, however, has included other domains. (USED, 2005 46647)

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Ideally, large-scale implementation of any new innovation would be preceded by significant research and development efforts. The reality, however, is that policy often precedes and drives research and development. In addition to RTI, policy has preceded a large body of evidence in the areas of assessment, access to the general curriculum, and discipline issues (Danielson, Doolittle, & Bradley, 2005).

Given that most students with disabilities (93.6%) spend at least part of each school day in a general education classroom—an average of 4.8 hours per day (Wagner & Blackorby, 2002)—the greatest challenge of scaling-up RTI could rest largely in the general education arena. The preparation of all educators to assist all students, including those with disabilities, in meaningfully accessing the general curriculum becomes a critical component of successful large-scale implementation. Further discussion is also needed regarding implementation of the model in middle school and high school, the use of RTI in content areas other than early reading, and the role of parents in the process. Currently, the momentum around the potential benefits of RTI has

created a critical mass of professionals willing to forge ahead despite the unanswered questions surrounding the details of implementation.

OSEP is committed to the provision of technical assistance to assist states in the implementation of RTI. NRCLD continues to provide information to enhance implementation strategies and soon will release a resource kit with information for implementers and families. OSEP is also collaborating with (and co-funded) the Comprehensive Center on Instruction—overseen by the U.S. Office of Elementary and Secondary Education—to embed RTI information and developments within the general education framework. OSEP also has a variety of information available on RTI as part of the recent IDEA Part B regulation rollout activities that can be accessed at <http://idea.ed.gov>. As further implementation strategies and outcome data accrue, OSEP continues to work with the technical assistance centers, parent training centers, state educational agencies, and other governmental offices to ensure that educators, administrators, and parents are well informed about RTI.

Nearly 10 years ago, the professional organizations involved in improving services for children with SLD elevated the discussion of the need to develop more accurate and efficient processes for the identification of these students to a national level. The 2004 reauthorized IDEA and guidance in the subsequent regulations, as well as the wealth of information being generated from NRCLD and other centers on how to proceed in implementing RTI, have helped create a great opportunity to improve the identification of, and services for, children with SLD. Even more exciting is the current chance to infuse strategies and interventions that traditionally are used only in special education—such as progress monitoring—into the day-to-day practice of general education. Success in this venture could improve instruction and learning for many children, those with and without disabilities.

For more information on RTI and the IDEA federal regulations, please visit The National Research Center on Learning Disabilities Web site at <http://www.NRCLD.org>, and the Department's IDEA regulation Web site at <http://idea.ed.gov>.

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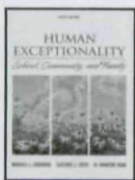
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*TEACHING Exceptional Children, Vol. 39, No. 5, pp. 8-12.*

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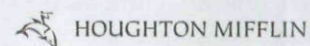
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