

Responsiveness to Intervention: Implementation in Schools

By: [Daryl Mellard, Ph.D.](#)

With the 2004 reauthorization of the federal Individuals with Disabilities Education Act (IDEA), states and school districts were given more options for how to evaluate public school students for specific learning disabilities (SLD). One new approach to evaluation that has gained increasing interest is “responsiveness to intervention,” or RTI. In this article, SchwabLearning.org asks Daryl Mellard, Ph.D., a principal investigator at the Center for Research on Learning Disabilities at the University of Kansas, Lawrence, to describe important features of RTI and how this approach might affect school practices, including parent involvement. This is the second of two articles on this topic; the first article focuses on why and how RTI emerged as an alternative to traditional methods of evaluation for SLD.

Could you describe the practices that must be in place in order for a school to effectively implement the “responsiveness-to-intervention” (RTI) approach to evaluating students for learning difficulties and learning disabilities?

A number of essential RTI components are associated with successful RTI implementation, and parents will want to find out how those components are being implemented in their schools. Essential components for which the school is responsible are:

1. Monitor students' progress in the curriculum with technically adequate assessments.
2. Choose and implement a scientifically proven intervention to address students' deficits.
3. Follow explicit rules to decide which students are not making sufficient progress or responding to the intervention.
4. Monitor the student's outcomes in the intervention with at least weekly or biweekly assessments.
5. Ensure that the intervention is delivered with accuracy and consistency.
6. Determine the intensity of the support that a student needs in order to be successful.
7. Provide parents notice of referral and request for a comprehensive evaluation if a disability is suspected. (Note: The question of **when** this evaluation should be initiated is somewhat controversial; parents should ask the school to explain its procedure.)

These seven components are essential to rigorous implementation of RTI at the school level — and to scientifically supported practice and high-quality instruction in general education classrooms. In fact, in order for RTI implementation to work

well, the general education environment must provide high-quality assessment, curriculum, and instruction for all students, as a foundation on which RTI is added. If these components are implemented with integrity and in a rigorous manner, the parents and school staff will have a good idea of the type and intensity of intervention needed for each student to succeed.

For the purposes of identifying a specific learning disability (SLD), the seven RTI components address a critical question: Is a child's low achievement due to instructional or curricular factors? When RTI is implemented with rigor, a parent can assume that the child is receiving high-quality instruction and that any persisting achievement or performance problem that arises will be addressed with specific interventions.

From your perspective as a researcher, what are the biggest challenges teachers and schools will face if they decide to adopt the RTI approach to identifying kids with SLD?

School staff face multiple challenges in implementing components of Responsiveness to Intervention (RTI). One critical task is implementing the technologies of RTI--student assessment (e.g., academic and behavior screening, and progress monitoring) and interventions (e.g., scientifically based interventions that involve multiple tiers, and are of varying intensity). Especially if we are using this assessment information as a basis to determine if a child has a specific learning disability (SLD), we want to be certain that the information is accurate and answers the critical question: Does the student's academic performance lag behind the performance of other students, in spite of the fact that he has received high-quality instruction? To use RTI for determination of SLD, we must be certain that the instruction was of high quality and that it was delivered consistently and accurately.

While technology is important, implementation of RTI will only work when school staff integrate RTI as part of their vision for educating children, and for their roles and responsibilities as professionals. As part of that process, RTI requires changes in personal and social interaction among administrators, teachers, parents, and other professional staff. These participants in the RTI process must make significant changes in their roles and responsibilities. For example, school staff other than the school psychologist or special education teacher will have a much larger role in terms of time commitments and responsibilities than they have had previously. School-wide screening, as an example, means that all students will be given a common test (e.g., timed reading of a word list) and students' performance will be compared to one another. This is a big change because, typically, the only common school-wide screening measure is a school nurse's health screening for vision problems or scoliosis, not an academic measure. Then staff must review the results, begin discussions about individual students' and classes' performance, and make decisions about which individual students or classes might need further assistance. You can imagine that if students in one class tend to lag behind students in other classes that some questions will be raised about the quality of teaching in the class that's behind;

and then someone will have to figure out how to improve those students' performance.

Another significant challenge of RTI is integrating the approach into the existing structure and/or culture of a school. When a child is struggling with learning, the common goal among well-intentioned staff and parents' is to "get the kid help" so he can achieve on a par with his peers. For the past 25-plus years, "getting the kid help" has meant a referral and assessment for special education services. The presumed advantage of this approach was that the students would receive the help that they needed through special education's additional resources (e.g., small group instruction and teachers with specific training). RTI is a different system that provides help to a student by working with all students in a class, administering frequent assessments, and delivering interventions that are specific to an individual child's needs. These components of the RTI model are additional responsibilities for staff, beyond those of the SLD identification model that schools have used since the 1977 IDEA regulations were adopted.

To date, a number of schools, with both large and small enrollments, have successfully focused their RTI efforts in a prevention model, and a much smaller number have implemented the approach as a component of their SLD eligibility decision process.

How would individual assessment change under an RTI approach?

This question is such a wonderful opportunity to address some of the benefits of an RTI approach. First, I should make clear that schools using RTI may choose **not** to change the way they assess an individual child for SLD. Rather, they may choose to use RTI as a means to prevent all children from falling behind academically. If the RTI process helps a student who is struggling, that is, if the student is responsive to the instructional intervention, the information from RTI assessment informs school staff and parents about the intensity of interventions needed for that child to benefit from instruction. That's a positive outcome because we then know what curricular approach works, how often the curriculum needs to be provided, how many weeks are needed to see benefits, and who is capable of delivering that instruction. That information should be very helpful in planning for any student's academic success.

For the student who is not responsive to the intervention, we will want further assessments to examine alternative explanations for the learning problem. If the student is not responsive to a specific intervention, staff should have available the assessment results of the unsuccessful interventions so that they can analyze those results. In an ideal situation, such information and analysis might help them figure out which skills (e.g., phonics, vocabulary, and fluency) and abilities (e.g., attention, memory, strategy selection and monitoring) should be more specifically focused on in further assessment.

One of the consequences of schools and districts using RTI as an early component of SLD determination is that the defining characteristics of a student

considered to have SLD will likely change. For example, under the RTI approach, most of the common, school-wide screenings and progress monitoring focus on students' **in-class** achievement. The students who are scoring at the lowest levels on **in-class tasks** are most likely to receive interventions or a referral for a more comprehensive evaluation. So those students will come to staff's attention, but kids with other constellations of abilities and needs may not. For example, since a student's ability level (most often measured by an I.Q. test) is not part of the SLD determination under RTI, a student who is gifted and also has an SLD, is more likely to have his SLD missed with an RTI approach.

Even if a school is implementing the RTI approach, parents, of course, still have the right under IDEA to request a comprehensive evaluation of their child. But that puts the burden on the parent to initiate the assessment, and perhaps to argue that a student who is considered gifted and also has an SLD requires interventions. This change will be of interest to many parents and school personnel. Although few in number, students considered gifted with SLD are, nonetheless, excellent examples of the learning disabilities condition and the challenges that students with SLD confront. These gifted students with SLD demonstrate superior intellectual ability in some areas, as well as a significant discrepancy between that high level of performance, and their low performance in an area affected by the SLD, such as reading or math.^{1,2} They can thus be distinguished from the students who demonstrate general low intellectual ability and achievement, across academic areas.

How might the daily classroom experiences of an individual child with SLD differ between a school with a discrepancy approach to SLD identification and a school with an RTI approach?

I can imagine a great deal of variation among schools as one considers possible alternatives for implementation. On the one hand, IDEA is permissive about the discrepancy approach and the RTI approach; a school may use one of these approaches, or combine parts of both. Currently some schools combine RTI with the traditional comprehensive evaluation, which may include intellectual and achievement measures for calculating various individual learner profiles. That's an approach that makes sense to me. However, if a school uses the traditional comprehensive evaluation, but does not use RTI screening and assessment information in the SLD determination process, the child would not receive individually tailored interventions in his general education classroom. In a school where RTI is not implemented, the general education teacher will likely want to document the student's difficulties by collecting examples of the student's class work or tests. Without RTI, however, the teacher will most likely have neither a document that shows how the student compares to other students on screening or progress monitoring measures, nor the results of how effectively previous targeted interventions have worked for the student.

How might RTI change the way parents are involved in their child's educational progress?

Parents, in general, should feel good about changes that RTI provides for parent involvement. In schools where RTI is implemented, parents should expect to be more involved and more knowledgeable about their child's educational progress. As school staff implement the RTI major components (e.g., academic and behavioral screening, selecting and implementing targeted interventions to address individual students' problem areas, and frequent progress monitoring), parents can certainly ask to be made aware of their child's activities and of any discussions among school staff about their child's progress. As I understand IDEA 2004 (especially sections 614 and 615), school staff can conduct school-wide screenings without notifying parents, since the results of such screenings are not considered to be an evaluation for SLD or a means to determine eligibility for special education services. However, when school staff suspect that a child has a disability, parents have to be notified and provide their informed consent for any assessment or intervention. At that point the due process and parent notification responsibilities come into play.

Schools will likely vary in their decisions about when to notify parents about assessment and intervention involving their child. Clearly some school staff have excellent communication with parents and provide extensive feedback about students' progress. RTI will be a good fit for such staff because their orientation is to keep parents involved and provide specific indicators of students' progress. Results of screening and progress monitoring lend themselves to graphic displays of a student's performance over time, which makes it possible for a teacher to easily communicate a student's progress to parents. Tier-level interventions also produce a great deal of specific information about a child's academic performance that parents will find useful. That information might include:

- the name of the scientifically-based instructional intervention being used with the student,
- the length of time (weeks) that will be allowed for the intervention to have a positive effect before moving to the next tier of intervention (e.g., 8, 10, 12, or 20 weeks),
- the number of minutes per day the intervention will be implemented (e.g., 30 to 45 minutes),
- who will deliver the tier intervention,
- the location of the instruction, and,
- very importantly, both the assessments of progress and the cutoff or criterion for judging whether a student is experiencing success with the intervention.

Such information will help parents and staff, on an ongoing basis, to evaluate the benefits of an intervention and figure out next steps.

References

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