

# Response to Intervention (RTI)

# 1

## *The Major Shift in Education*

*RTI has the potential to revolutionize education so that no child really ever falls behind.*

—Maryln Appelbaum

---

**T**hroughout the years there have been many innovations in education; however, I believe none can compare to Response to Intervention (RTI). RTI has the potential to totally transform the face of education. When I do seminars all over the country, I hear over and over again statements like, “Students can’t sit still anymore,” “I have to play the part of policeman,” “I have more students than ever before who are defiant and disinterested,” and “Students today just don’t learn like they used to.” Educators are complaining. They tell me they want to be able to reach students so they can learn. RTI is the process that will help this happen.

RTI started with the reauthorization of the Individuals with Disabilities Education Act (IDEA) in 2004 (Bradley, Danielson, & Doolittle, 2007). Up until this law was passed, students with learning disabilities were generally first identified using the “discrepancy model.” If there was a discrepancy between a student’s IQ and the student’s achievement, this was cause for alarm. Often this discrepancy was not found until the student had been in school for several grades.

This discrepancy model for learning disabilities (LD) evaluation led to misidentifying students with LD (Harry & Klingner, 2007). A student with a higher IQ who had insufficient knowledge of English would often score lower on achievement tests. Students who had a hard time focusing,

## **2 • The One-Stop Guide to Implementing RTI**

students who were unmotivated, and students with limited vocabularies were also at risk of being identified as learning disabled because of their low achievement scores.

The reauthorized IDEA changed all of this. The discrepancy model was not forgotten, but now there was new wording—wording that spoke about using a process to help students through scientific research-based interventions as part of an evaluation procedure (Wedl, 2005). The reauthorized act now said that to determine a Learning Disability the local education agency did not need to take into consideration a discrepancy between achievement and intellectual ability (IDEA, 2004). Now local education agencies (LEAs) could adopt alternative models of identification (Wedl, 2005).

### **OUT WITH THE OLD—THE DISCREPANCY MODEL**

Can you remember starting kindergarten? There was probably some fear, and yet there was a feeling of being grown up and a hope for the future. Students with learning disabilities start school alongside their peers with that same fear and hope. But then something happens along the way. The students with learning disabilities begin to struggle. Their teachers in kindergarten and the early grades may notice something is wrong, but usually nothing is done until third or fourth grade (Fletcher, Coulter, Reschly, & Vaughn, 2004). That is when students take tests. Their scores from IQ tests do not match up with achievement test scores. Now these students are noticed and referred for testing. After extensive and expensive testing, many of these students are often diagnosed as having learning disabilities and are referred for special education. This was the process and is still the process in many schools.

It is a “wait to fail” model because it relies on academic failure to trigger the need for help. Valuable years in which students could have been helped earlier have been lost. The saddest part is that because it took so long to get help, many students have established patterns of thinking they cannot learn. They develop learned hopelessness (Firmin, Hwang, & Copella, 2004). It takes a lot of hard work by faculty members to convince these students that there are ways to succeed. Some students have gone on like this even longer. They completed elementary school, middle school, and high school undetected. Their teachers thought they were lazy, unmotivated, and disinterested. They often developed negative behaviors to cover up their fear of failure. They would rather have their teachers and peers think of them as “bad” than as “dumb.”

RTI changes all of this. The RTI process is designed to help all children succeed, to catch students early if they have problems, and to teach in a scientifically research-based method to ensure success for all learners.

### **IN WITH THE NEW—THE RTI PROCESS**

RTI is a step-by-step tiered process that includes systematic, research-based instruction and interventions for struggling learners. It starts in kindergarten (and in some cases, preschool) and continues through the grade levels to ensure that no child falls behind. The first tiers of the process all take place in the general education classroom with the general education teacher (Fuchs & Fuchs, 2007). It is a safe and familiar setting for students.

It is a process of providing testing to determine if students need help, the intervention, and then further testing to ensure the interventions are working (Fuchs & Fuchs, 2007). The instruction and interventions are matched to the needs of students. It is designed to be an early intervention process to prevent long-term academic failure and to help children adapt to the general education classroom.

The RTI process has two completely different aspects. There is Academic RTI, which is designed to help students with academic difficulties succeed, and there is also Behavioral RTI, sometimes called Behavioral PBIS (Positive Behavior Intervention Supports) (Fairbanks, Sugai, & Gardino, 2007).

**Figure 1.1 Response to Intervention**

<b>Response to Intervention</b>	
<b>Academic RTI</b>	<b>Behavioral PBIS</b>

### **UNIVERSAL SCREENING**

The RTI process begins with universal screening of all students (Mellard & Johnson, 2008). The purpose of universal screening is to determine which students need help. RTI cannot begin without this screening. It lays the groundwork for the entire process. It is recommended that it take place at the beginning of the school year, and be repeated again in the winter and spring.

#### 4 • The One-Stop Guide to Implementing RTI

All students in the district are assessed. Each district chooses its own screening instruments for measuring both academics and behavior. There are screening tools that are for entire groups of students, and there are other screening instruments that are administered to individual students. The testing needs to be brief, easy to administer, reliable, and valid. The ideal universal screening is research-based. Many districts use Curriculum-Based Measurement (CBM) for academic screening (Shinn, 2007). Using CBM, the teacher gives students timed short probes of academic material in reading, writing, or math taken from the school curriculum. CBM has the advantage of being tied into the individual district's curriculum. Behavioral RTI requires different universal screening. One research-based instrument schools have used is Systematic Screening for Behavior Disorders (SSBD).

Universal screening instruments need to satisfy several important criteria. As stated before, it needs to be efficient, which means it cannot be too time consuming or expensive. Administering and scoring the instrument needs to be short and accurate. This requires that the data is not difficult to interpret.

Another important criteria is that it needs to be a good instrument for classifying students at risk or not at risk in whatever area is being screened. It must also determine cut scores to be used. Cut scores are cut points that represent the dividing line between students who are not at risk and students who are potentially at risk (Mellard & Johnson, 2008).

Screening instruments may be criterion-based or norm-based (Aviles, 2001). Criterion-based instruments show a level of proficiency on the skill being measured, such as reading. The criterion referenced is to a standard rather than to the achievement of other students. Normative referenced screening compares results to other similar peer groups. For example, students in a class in a grade level may be compared to peers in the same grade level. Criterion-based screening instruments are generally preferred because they are thought to give more comprehensive and accurate information about specific skills.

Ideally there would be more than one instrument used for screening. A battery of screening instruments would enhance the accuracy of the screening (Jenkins & O'Connor, 2002). When teachers rate the behavior and attentiveness of students, this too enhances accuracy (Davis, Lindo, & Compton, 2007). In addition, the instrument used would match the instruments used for monitoring progress of students.

I would like very much to tell you about a specific Web site that organizes all of the universal screening instruments, describing the research that has been done on them. However, at the time of this writing, there

was no specific Web site available. The main reason for this is that research is still in progress. This is especially true in secondary schools. Many secondary schools have opted to use the state standardized test scores for the basis of their academic universal screening. Some combine this with attendance, previous grades, and teacher rating scales. There are several excellent sources listed in the back of this book, including the National Research Center on Learning Disabilities, the National Center on Response to Intervention, and the RTI Action Network, that will hopefully soon have information for referrals. More information and new Web sites are continually added to keep up to date with research to meet the needs of implementing RTI.

Universal screening is an important part of the RTI process. It is a comprehensive method for knowing where students stand. Once you know where they stand, you can help them. Now you can tier instruction.

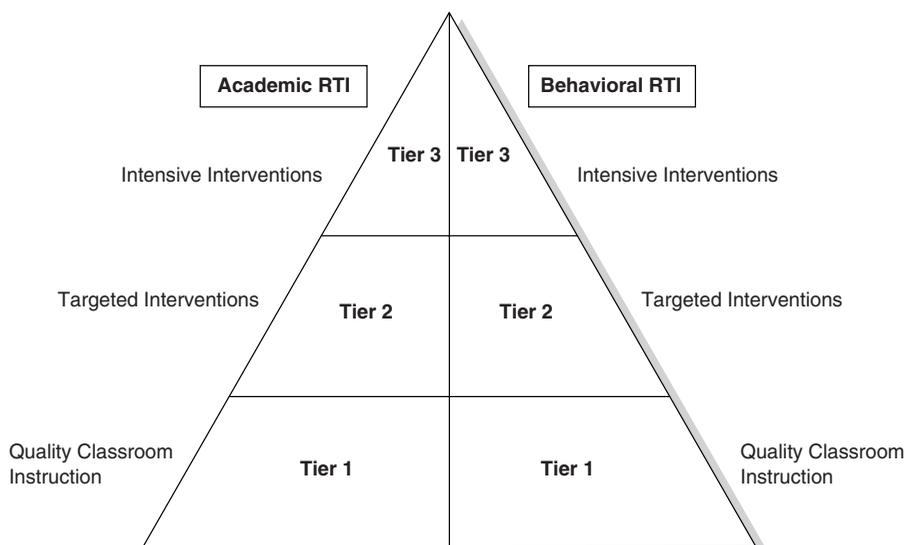
## **TIER 1**

RTI is usually described using a triangle that has three layers (Batsche, 2005). The bottom layer is Tier 1 for both academics and behavior management. This is where students are identified as needing help after the universal screening. Typically, eighty to ninety percent of students are learning fine and can continue to be taught in the regular prescribed manner. The other ten to twenty percent of students are identified as being at risk and need academic or behavioral interventions or both. These numbers can vary within school districts with some numbers being larger and some numbers being smaller. The students who need extra help (interventions) are all taught within the general education classroom using research-based interventions (Batsche, 2005). Research-based interventions are those interventions that have been validated through scientific studies.

The interventions need to be targeted to the areas that students need help with. For example, if a student needs help with reading, writing, or math fluency, the intervention needs to be designed to help the student. If the student needs help with behavior management, the intervention needs to be designed to help.

Each school has an RTI team that collaborates on interventions (Wright, 2007). The team meets and looks at data from universal screening as well as other data from the classroom teacher. After studying the data, the team, together with the general education teacher, decides on interventions for the general education teacher to make within the classroom.

**Figure 1.2 RTI Tiers**



### **The General Education Teacher**

One of the most important team members is the general education teacher (Daly, Martens, Barnett, Witt, & Olson, 2007). The general education teacher has a huge responsibility. It is the general education teacher who will be implementing the Tier 1 interventions and, in some cases, the Tier 2 interventions too (Johnson, Mellard, Fuchs, & McKnight, 2006). In order to do this, instruction for students needs to be in small groups. This is more easily accomplished through differentiated instruction. (Chapter 7 has information on how to differentiate instruction.)

It is the general education teacher that identifies students who need attention to the RTI team, establishes relationships with students, and then monitors and tracks data to determine if individual progress is being made. This is all accomplished at the same time while providing quality instruction to the rest of the class. The general education teacher is on the forefront for implementing RTI.

### **The Special Education Teacher**

Special education teachers play an important part in the implementation of RTI as well. They have the rich experience and information needed to help design the interventions necessary for the student, and in many states, this is part of their responsibility (Johnson et al., 2006). In some districts they also help decide and/or develop measurement instruments

and help collect assessment data. It is the job of special education teachers and specialists to collaborate with general education teachers to ensure the interventions are implemented correctly and with fidelity. The special education teacher is very much involved in helping students and serves as a valuable resource for general education teachers. In cases where students have not progressed satisfactorily in the first tiers, the special education teacher is generally very involved in writing and helping to implement Individualized Education Programs (IEPs) for students.

### **Progress Monitoring**

In order to know if the interventions are effective, the progress of the students needs to be continuously monitored (Johnson et al., 2006). Interventions are only as good as the progress that is seen in students. An intervention that works for one student is not necessarily the best one for another student. Progress monitoring involves using scientifically based assessments to determine efficacy of the interventions. It begins in Tier 1 and occurs in all tiers of instruction (Mellard & Johnson, 2008).

There are two components of RTI: academic and behavior. For academic RTI, it is best if progress monitoring assesses the specific skills that are found in state and local academic standards that are therefore part of the academic content (Johnson et al., 2006). Behavioral RTI also needs to meet the behavioral objectives of the school and district. Both academic and behavioral progress monitoring needs to be relevant to the creation and use of instructional strategies that students need (National Association of State Directors of Special Education, 2005). The end result for both academic and behavioral RTI needs to be teacher-friendly so that it is easy to interpret. All progress monitoring needs to be predictive and demonstrate longitudinally what will happen in the future. It needs to be applicable to the instructional strategies that are being used to correct deficits and able to be administered repeatedly and efficiently to students over a period of time.

Ideally the instrument used for progress monitoring should match the instrument used for universal screening; however, this is not always the case. At the back of this book is a list of resources. One of those resources is a government-sponsored agency called What Works Clearinghouse. The task of What Works Clearinghouse is to provide reviews of the effectiveness of research-based products and practices. Still another resource is the National Center for Progress Monitoring, which reviews programs for progress monitoring and offers information about the programs reviewed. There are many other excellent resources for finding the best programs for

## 8 • The One-Stop Guide to Implementing RTI

progress monitoring, academic and behavioral interventions, and universal screening instruments also listed at the back of this book.

At the time of the writing of this book, there were not as many research-based academic progress monitoring programs available for secondary schools, most especially high schools; however, the list is growing all the time, and the research will soon catch up with what is needed.

Just as more than one instrument for universal screening is important, so too is more than one instrument for progress monitoring. Multiple assessment methods lead to more comprehensive assessments to determine the strengths and needs of students. Curriculum-based measurement (CBM) is often used in both universal screening and in progress monitoring for academics. The advantage of using CBM for both is that it makes it easier to determine student progress in a particular subject (Mellard & Johnson, 2008). It is tied into the school's curriculum and what students need to know. Curriculum-based measures focus on target skills. Additional teacher-developed classroom assessments can be used to target not only those content areas but across content areas to other subjects.

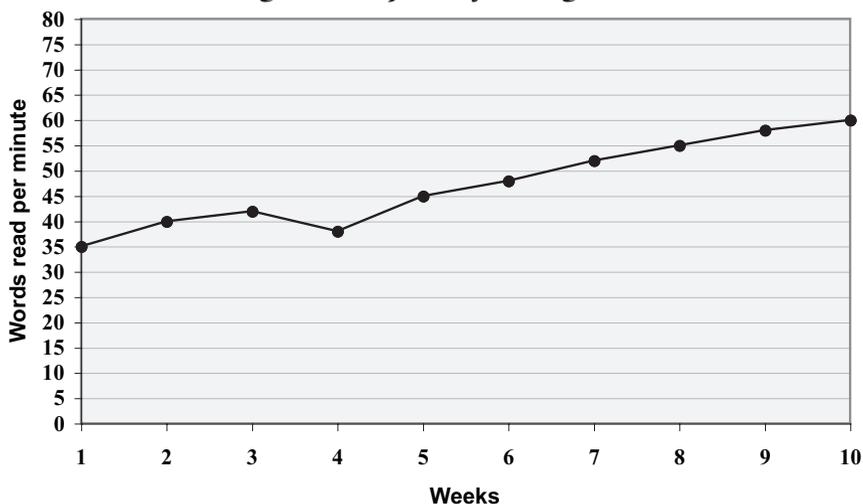
One of the major advantages of CBM is the simple scoring. Other types of assessments are often time-consuming and can be subjective. For example, when teachers do a one-minute reading probe to determine the number of words read correctly, the score is easily determined. The graphing provides a clear picture of baseline to target scores (Pemberton, 2003). If teachers do this once a week over a period of ten weeks, they can plot the scores on a line graph to determine progress. Figure 1.3 clearly illustrates Johnny's progress over the course of ten weeks. The target goal was sixty words per minute read correctly. Johnny reached the goal. Data like this allows a clear picture of progress or lack of progress.

A major component of implementing progress monitoring and all of RTI is professional development. It is especially important that teachers receive training in how to track data accurately (Sargent, 2001). Without this key piece, progress monitoring would be in vain.

Students are progress monitored ranging from daily to every two weeks, depending on the tier of instruction and the program. If students do not improve after a designated time period, they are moved to the next tier of instruction for more targeted or intensive interventions. If students do improve, they may return to a lower tier or remain in the same tier for more supplemental instruction.

### Summary of Tier 1

- Students are taught in the general education classroom.
- At-risk students are usually identified in the first month of the school year.

**Figure 1.3 Johnny's Progress**

- Once a student is identified as an at-risk performer, interventions begin and student's progress is monitored through the collection and tracking of data.
- All students are given general instruction, using evidence-based instructional strategies.
- Intervention strategies are designed to be both preventative and proactive.

## TIER 2

In the middle layer of the triangle described earlier is Tier 2 (Batsche, 2005). If students are not progressing in comparison to their peers and their expected ability, they need more intensive instruction and interventions. Approximately five to ten percent of students, depending on the school, generally fall into this category. Once it is determined through progress monitoring over a period of time that these students are not succeeding in Tier 1, new interventions are specifically designed for them so that they can succeed.

Their instruction in Tier 2 is usually done individually or in small groups (Batsche, 2005). Students receive their regular general instruction with the rest of the class and also supplemental instruction in any areas that are identified as being weak for them. The supplemental instruction, depending on the district and school, occurs for between thirty and ninety minutes, two to five times a week.

It is possible for students to receive Tier 1 instruction for some academic subject areas, and Tier 2 instruction for other subject areas (Cruey,

2006). For example, when Jonathon's teacher did academic progress monitoring, she found that Jonathon excelled in most aspects of reading, but he needed supplemental instruction to increase reading fluency. She consulted with the RTI intervention team, and together they designed a series of research-based interventions and supports. He was in Tier 2 several times a week for thirty minutes each session. After only one month, progress monitoring showed that he no longer needed Tier 2 supplemental instruction. It is also possible for students to be in different tiers for behavior interventions as well. The primary purpose of Tier 2 instruction is always to help students adapt to the general education classroom (Ardoin, Witt, Connel, & Koenig, 2005).

Finding the time to do the interventions can be a problem. Some schools have a special "tier time" in their schools. It is a block of time set aside daily for the different tiers. The general education teacher provides Tier 1 instruction; a specialist such as a reading or math interventionist provides Tier 2 instruction; and a special education teacher provides Tier 3 instruction. The time for Tier 3 instruction needs to be longer because it is more intensive. The different tiers can be given different names so that students do not feel like they are better or less than other students in the class.

Different schools have different models for handling the tiers and the instructors for the tiers. Some districts have extra help and send in a faculty member such as a special education instructor, an interventionist, or a trained paraprofessional to help. Still other districts hire retired teachers on a part-time basis to help the general education teacher. However, in many schools there may not be funding for special help, and the general education teacher is responsible for implementation. This requires the general education teacher to thoroughly understand and know how to implement the intervention and differentiated instruction. Differentiated instruction is a research-based process for meeting the needs of all learners (Sullivan, 1993).

### **Summary of Tier 2**

- If students are not progressing in comparison to peers and expected ability, instruction is supplemented with academic interventions.
- If students are not progressing behaviorally, additional behavioral interventions are administered.
- Students move in and out of Tier 2 as needed.
- Students receive instruction individually or in small groups.

- Students may be in Tier 1 for some subjects or behaviors and in Tier 2 for others. Once the subject matter or behavior is mastered, students return to Tier 1.
- Students receive general instruction plus supplemental instruction in the identified weak areas for thirty to ninety minutes, two or five times a week for a period of five to eight weeks.

### **TIER 3**

If students do not make progress in Tier 2, they move to the top of the triangle, or Tier 3. Approximately one to five percent of students need the intensive interventions that are required at this level (Batsche, 2005). These students need more individualized instruction and learning supports. Tier 3 interventions are much more individualized and generally involve very small groups or one-on-one time with a specialist who is often a special education instructor (Cruey, 2006).

The goal is to help students get out of Tier 3 and back into one of the lower tiers. Students in Tier 3 are progress monitored on a more frequent regular basis. If they are not making progress, they are generally referred for testing at this point. For districts that have more tiers, students simply keep getting more and more intensive interventions with each progressive tier of instruction (Mellard & Johnson, 2008).

If students do not succeed at the highest tier of instruction, then students may have a disability. An IEP meeting is called to get permission to evaluate the student (Stecker, 2007). The IEP team may find when reviewing all the data and documentation that there was some type of error. There may have been lack of fidelity in the interventions, meaning they were not administered appropriately. They may even find errors in scoring for progress monitoring. If they do find any errors, the student is referred back to previous tiers for further interventions. If everything was done correctly, then the IEP team will get permission to evaluate the student to determine eligibility for special education (McCook, 2006).

It is at this point that the role of the special education teacher becomes even more important. It is generally the special education teacher's responsibility to identify students who need more intensive interventions and progress monitoring, and it is therefore the special education teacher who coordinates the next steps with parents or guardians (Johnson et al., 2006). Often, the special education teacher becomes an advocate for students to ensure they are all given important consideration prior to any decisions about placements, further evaluation, and interventions and strategies.

### Summary of Tier 3

- If students are not progressing as expected after Tier 2 intervention, they are moved to Tier 3.
- Tier 3 interventions are typically more individualized and involve very small group or one-on-one time with a specialist.
- Most students will receive special education services.
- Individualized interventions are assessment-based and are called intensive.
- The instruction is highly intensive and may last thirty to 180 minutes for a designated period of time.
- Students are referred for special education eligibility.

### FIDELITY AND PROFESSIONAL DEVELOPMENT

There are two other key ingredients in the RTI process: fidelity and professional development. Fidelity refers to the accuracy in carrying through implementation. If universal screening, progress monitoring, and interventions are not carried through with accuracy, there is no way of verifying the effectiveness. To ensure fidelity, there needs to be professional development. This ensures that each aspect of RTI is carried out accurately. Professional development includes not only assessment and monitoring, but also effective intervention plans and ensuring that those plans are delivered as they were written in the times that they were intended. Many schools not only need the basics of RTI but training in differentiating instruction to meet the needs of all learners in the early tiers of instruction in an effective and accurate manner. RTI is a process. It does not happen overnight. It takes training, training, and more training.

### HOW RTI WILL REVOLUTIONIZE EDUCATION

Make no mistake about it, RTI *will* revolutionize education. This is not just a whim, but an entire model of teaching based on solid research done by some of the leading educators and researchers in the United States (Wedl, 2005). For the first time there are clear methods for educating all children to ensure that truly no child is left behind. Although it was originally designed to help children with learning disabilities, RTI has already begun to help all children. The process of universal screening is for all children. The process of using research-based instruction and strategies is for all children who need help. The frequent collection of data to ensure learning

will help all children. The act of collaboration between general education teachers, special education teachers, the administration, and other specialists will help all children who need help. All students will have regular and systematic assessment of instructional strategies to ensure that they are on target to meet local, state, and federal standards. Students will no longer remain in learning programs in which they cannot learn. There will be fewer children with IEPs. Instead, students will get help early (Cruey, 2006). Their voices will be heard. Their voices will be heard in the data and in the tiered levels of instruction. Their voices will be heard in their improved learning (Wedl, 2005).