

Chapter 2 – Research on Response To Intervention

RTI is an evidence-based approach to early intervention for students struggling with learning or behavior in general education and special education settings. Its core principles are that **Tier 1 evidence-based instruction is provided with fidelity, student progress is monitored frequently, students' responsiveness to intervention is evaluated, and instruction is adapted as needed** (National Association of State Directors of Special Education, 2005; Vaughn & Fuchs, 2003). It has come to the forefront of education reform efforts in recent years, with a different twist—it came from the bottom up. Now both federal legislation and state initiatives have endorsed the effectiveness of RTI and similar initiatives. RTI addresses NCLB and IDEA 2004 mandates, concerns about traditional special education identification procedures, the disproportionate representation of minorities in special education, the integration of general and special education, and the delivery of evidence-based programs to students.

Integration of Program Areas

RTI emphasizes integration of program areas, application of a problem solving approach, and use of evidence-based instruction with progress monitoring data because they have consistently improved educational outcomes in achievement, behavior, and graduation rates. Indeed, RTI has programmatic collaboration built into its design since it requires coordinated decision-making and resource sharing among general education, special education, and related services personnel. Similarly, the statewide standards-based curriculum in Georgia, applied to all program areas, is expected to be facilitated, in part, through the state's tiered intervention model. Georgia is an example of how an RTI approach is used to improve school services—the School Improvement program area uses it to help schools in the AYP Needs Improvement category; Curriculum and Instruction uses it to provide differentiated instruction; and Special Education uses it as one option in the student eligibility decision process.

Basis for informing instructional decision-making

Some researchers have long asserted that there is a lack of evidence of the cost effectiveness and validity of aligning instruction to diagnostic classifications (Canter, 2004; Fletcher et al., 2002; Reschly & Tilly, 1999; Ysseldyke & Marston, 1999). Recent RTI-related literature suggests that a central advantage of RTI over the IQ-achievement discrepancy model is RTI's provision of information directly relevant to the design, delivery, and monitoring of student progress via more appropriate instruction (Bradley, Danielson & Doolittle, 2007). Currently, states are shifting from categorizing-labeling students to focusing more on the instructional needs of students—meeting them where they are—with the goal of basing instructional decisions on how students are progressing. It is anticipated that this shift will help integrate general and special education, streamline resources, and promote greater inclusion of students with special needs.

Disproportionality

RTI may help reduce the disproportionate representation of minorities in special education. All states and schools in the U.S. are accountable for disproportionality in special education through State Performance Plan reporting to the Office of Special Education Programs. The Georgia Department of Education concurs that disproportionality is a serious concern in the state and Georgia is under consent decrees requiring the elimination of this disproportionality.

RTI can be used as a strategy to account for cultural and linguistic considerations and differences among students when designing interventions, thereby possibly reducing the disproportionate identification of minority students. Research evidence on the potential of RTI to reduce the disproportionate number of minority students is promising. Marston (2002) cites significant decreases in placement rates of minority students in special education with RTI. In the Minneapolis Public Schools, Marston, Muyskens, Lau, and

Cantor (2003) found that the RTI process reduced disproportionality for African-American students, and similarly, VanDerHeyden and Witt (2005) found a significant increase in the rate of response of minority students to early intensive instruction.

Special Education Identification

Finally, RTI has been discussed in the literature as an alternative method to the traditional IQ-achievement discrepancy model for identifying and intervening with students' learning problems or disabilities. With the discrepancy model, a student must evidence a severe discrepancy between general intelligence and academic achievement before being identified as having a specific learning disability (SLD) in order to receive special education services. Such a discrepancy is typically not evident until a student has completed two or more years of schooling. This represents a "wait to fail" approach that is considered by many to work against early intervention. Indeed, researchers have cited the advantages of early identification and remediation of students with SLD (Gresham 2002; Jenkins & O'Connor, 2002). Delaying identification of SLD until a child falls below a predicted level of performance can result in at least two years of academic failure (Donovan & Cross, 2002).

RTI and its Relationship to Other State and Federal Programs

NCLB's focus on evidence-based practice, data-driven decision-making and multi-tiered intervention reflects the fundamental elements of RTI and similar tiered-interventions. NCLB's focus on preventing learning problems, reducing achievement gaps among minority students, and intervening early with struggling learners is further specified in IDEA 2004; it allows an RTI approach as a means to determine student eligibility for special education. IDEA 2004 promotes instructional practice and decision-making designed to ensure that inadequate instruction or cultural bias do not lead to the academic or behavioral misidentification of minority students in special education. At its core, IDEA 2004 encourages reforms that better integrate special and general education systems. The law's corresponding emphasis on improving outcomes for both at-risk students and those with learning disabilities is very much in line with the aims of RTI.

Decision makers have been working for many years to improve school practices and classroom instruction with approaches and features—such as teacher support teams, a problem solving process, data-based decision making—that characterize RTI.

In the planning and development stages for RTI or tiered approach initiatives, informational resources may provide assistance in becoming familiar with the components of RTI and the research base behind it, exploring particular models, and gathering information on elements to consider in implementing RTI:

- National Center on Response to Intervention (NCRTI)
- National Resource Center on Learning Disabilities (NRCLD)
- National Association of State Directors of Special Education (NASDSE)
- National Center on Educational Outcomes
- National Technical Assistance Center on Student Progress Monitoring
- The IRIS Center at Peabody
- *Whatever It Takes: How Professional Learning Communities Respond When Kids Don't Learn*, by Richard DuFour, Rebecca DuFour, Robert Eaker and Gayle Karhanek
- Response to Intervention: Training for California Educators (California Department of Education five-part video series)
- Florida Center for Reading Research
- Iowa Heartland Model

Two RTI models have emerged as options for implementation: the **problem-solving model** and the **standard protocol model**, with variations and hybrids emerging based on the two (Hollenbeck, 2007; Fuchs et al., 2003). The problem-solving model (PSM) evolved out of school problem-solving teams (Graner et al., 2005) and behavioral consultation (Fuchs et al., 2003). The approach relies on groups of teachers and specialists to design and monitor interventions with students identified as having academic challenges (Fuchs & Fuchs, 2007). In contrast to PSM, the standard protocol model (STP) uses school or class-wide screening to identify student learning problems, which are then addressed using predetermined instructional techniques and interventions. In practice, the features of the problem-solving and standard protocol approaches can be merged (Hollenbeck, 2007). For example, Iowa's Heartland AEA Problem-Solving model, initiated in 1988, has evolved over time from allowing maximum flexibility for LEAs within the parameters of the model's design principles to incorporating more standardized protocols and commercially available interventions (Jankowski, 2003; Grimes & Kurns, 2003).

While states are at varying stages of the development and support of the RTI model, experts generally recommend a phased introduction over a handful of years that allows sufficient time for educators and administrators to accommodate new practices (Fuchs & Deschler, 2007). The National Research Center on Learning Disabilities (NRCLD) defines the following RTI core implementation features, such as:

- Universal screening of academics and behavior
- High-quality research-based classroom instruction
- Implementation of appropriate research-based interventions
- Continuous progress monitoring of students' response to interventions

NRCLD also identifies several common attributes of RTI implementation:

- The concept of multiple tiers of increasingly intense student interventions
- Implementation of a differentiated curriculum
- Instructional delivery includes staff other than the classroom teacher
- Categorical or non-categorical placement decisions

The most mature examples of wide-scale adoption of RTI are Iowa's Heartland AEA model, Minneapolis's PSM model, and Florida's Problem Solving and Response to Intervention project.

Iowa: <http://www.aea11.k12.ia.us/>

Minneapolis: http://speced.mpls.k12.mn.us/special_education_resource_programs.html

Florida: <http://floridarti.usf.edu/>