Indiana Institute on Disability and Community

CEEP Center for Evaluation & Education Policy

Education Policy Brief

Closing the Achievement Gap Series: Part II
Response to Intervention (RTI) — Basic Elements, Practical Applications, and Policy Recommendations

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VOLUME 4, NUMBER 8, FALL 2006

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CEEP EDUCATION POLICY BRIEF SERIES ON CLOSING THE ACHIEVEMENT GAP

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INTRODUCTION AND DEFINITION

Response to Intervention (RTI) refers to an integrated, schoolwide method of service delivery across general and special education that promotes successful school outcomes for all students. In essence, RTI is a twofold system of reliable high-quality instruction and frequent formative assessment of student progress (Mellard, Byrd, Johnson, Tollefson, & Boesche, 2004). Hence, RTI involves systematically evaluating the cause-effect relationship between an academic or behavioral intervention and a student's response to the intervention (Brown-Chidsey & Steege, 2005). RTI activities are rooted in well-documented special education practices and early reading intervention research (Graner, Faggella-Luby, & Fritschmann, 2005).

While language in the 2004 Individuals with Disabilities Education Improvement Act (IDEA 2004) does not explicitly cite the Response to Intervention model, the federal regulations allow for changes in specific learning disability (SLD) identification procedures that utilize RTI methods. Specifically, federal regulations require that states adopt criteria for determining the presence of an SLD that "must permit the use of a process based on the child's response to scientific, research-based interventions as a part of the evaluation procedures" (IDEA 2004, § 300.307 (a)(2)). Because of this language, RTI has drawn significant attention as a means of fulfilling the call for scientific, research-based intervention, especially within the field of special education. However, considerable variability in the interpretation and implementation of RTI has resulted in widespread misunderstanding (Graner, Faggella-Luby, & Fritschmann, 2005) about what RTI is and what RTI is not. Many districts around the country are currently implementing, or moving towards implementing, aspects of the RTI model. In Indiana, many exciting RTI initiatives are also being implemented locally and statewide. Indeed, information posted on the website of the Division of Exceptional Learners states that the "Division is developing a statewide project utilizing three existing Local Education Agency (LEA) pilots and a team of experts to establish best practices for Response to Intervention (RTI) throughout the state…" (IDOE, 2006, p. 14).

This Education Policy Brief will provide readers a broad overview of RTI. We begin by discussing the impetus behind RTI, which stems from flaws in the current special education system and specifically in the ability-achievement model for identifying learning disabilities. Next, we describe the principal components of RTI and highlight several model RTI programs around the country. Finally, we provide policy recommendations for the implementation of RTI in Indiana.[1]

BACKGROUND AND HISTORY OF RTI

The impetus behind the surge of current RTI initiatives stems from (a) needed improvements in the traditional general and special education systems and (b) the widespread accessibility of instructional methods with proven effectiveness (National Association of State Directors of Special Education [NASDSE], 2005). Researchers in the mid-1990's began writing about the problems inherent in the general and special education systems, including the following: (a) sharp contrast between general and special education service delivery; (b) lack of emphasis on prevention and early intervention; (c) limited weight given to the importance of research-based instruction and intervention; and (d) poor relationship between SLD identification and eligibility procedures and the interventions offered in special education (NASDSE, 2005).

The lack of fit between identification and eligibility and the types of interventions given to students in special education has fueled an especially intense debate. The debate has cast doubt on the effectiveness of the primary method used to identify students with an SLD—the IQ-achievement discrepancy model—and has prompted researchers and educators to develop alternative methods. An understanding of the IQ-achievement discrepancy model and the debate that has stirred around the model is essential to understanding the momentum that RTI has gained lately.

IQ-ACHIEVEMENT DISCREPANCY MODEL

Although there has been longstanding debate regarding the definition of a specific learning disability, federal language defining SLD as an underlying processing deficit in understanding or using language has not changed since the category was established in federal law over 30 years ago. A statutory definition of SLD first appeared in the federal Education for all Handicapped Children Act of 1975 (PL 94-142) requiring as part of the identification procedures that a student exhibit "…a severe discrepancy between achievement and intellectual ability" in one or more of seven achievement areas (e.g., reading comprehension and mathematics calculation). The Indiana Department of Education Division of Exceptional Learners has published an interpretation of the federal IDEA regulations. In Rule 26 (Eligibility Criteria) of Article 7, it states that "identification as a student with a learning disability and eligibility for special education shall be determined by the case conference committee upon finding that a severe discrepancy exists between the student's academic achievement and normal or near normal potential…" (Indiana State Board of Education, 2002, p. 46). However, at the federal level, procedures for determining such a "discrepancy" were not delineated and guiding principles for operationalizing "severe" were never articulated. Subsequently, there has been a lack of consensus across and within the states over the most reliable way of identifying students with learning disabilities.

As stipulated in the federal regulations, each state was given jurisdiction to operationalize (or allow the LEAs to operationalize) procedures for determining a severe discrepancy between achievement and intellectual ability. Most states, including Indiana, chose to represent this discrepancy as a numerical difference between a standard score on a standardized IQ test and a norm-referenced measure of academic achievement. The assumption underlying the IQ-achievement discrepancy model was that achievement levels could be predicted by IQ. Thus, as one determining factor, a student could be identified as having a learning disability if his or her achievement score in a particular area was significantly lower than would be expected given his or her IQ.

Consequently, but not surprisingly, significant inconsistencies in the process (e.g., use of various instruments that may inflate or depress an achievement score) and the magnitude required for determining a severe discrepancy resulted across and within states. While 48 out of 50 states have required a severe IQ-achievement discrepancy in their SLD eligibility criteria, there has been considerable variability in the magnitude of discrepancy required. The discrepancies range from a 15 to a 30 point difference between expected and actual student performance on the assessment measures (Reschly, Hosp, & Schmeid, 2003). Table 1 shows the discrepancy magnitudes in 27 states where the required discrepancy is specified at the state level. Not surprisingly, the differences have resulted in uneven SLD prevalence rates across the country. Prevalence rates across the states range from nine percent in Rhode Island to less than three percent in Kentucky (Hosp & Reschly, 2002).

FLAWS IN THE IQ-ACHIEVEMENT DISCREPANCY MODEL

In addition to inconsistencies in the use of IQ-achievement models, flaws inherent in the model itself make it an unreliable source of information for SLD determinations. Flaws inherent in the IQ-achievement discrepancy model for determining SLD have been presented comprehensively in multiple places (e.g., Gresham, 2002; Reschly, 2003) and will only be summarized here. Reschly (2003) succinctly noted that reliance on the IQ-achievement discrepancy model for identifying children with learning disabilities is (a) unreliable and unstable, (b) invalid, (c) a way to undermine best practices, and (d) harmful. Each of these points is described next.

First, because the IQ-achievement discrepancy model involves gathering assessment data from one point in time, it may lack reliability and stability. Achievement scores change over time and different assessment instruments may yield different scores in the same area. Further, there are variations in the magnitude required for a "severe discrepancy" across and within state lines. This means that a child who is identified with a learning disability in one region may no longer be eligible for special education if she crosses state or district lines.

Second, the IQ-achievement discrepancy model was founded on the supposition that a student's IQ score can estimate achievement, However, some researchers have questioned the degree to which IQ predicts achievement. Generally, groups of poor readers do not significantly differ from each other on tasks that

TABLE 1. Variability in IQ-Achievement Discrepancy across States

Severe Discrepancy	State
15	ID, MS, NC, TX
17	TN, UT
18	CT, DE, SC, WA
19	FL, WI
20	GA, NE
21	NV
23	CA, HI, KY, MD, MO, OH, SD, VT, WY
25	MN, WV
30	MT

Source: http://www.doe.state.in.us/exceptional/speced/pdf/IDEIAFAQ.pdf

measure reading, spelling, phonological processing, or other language and memory tasks, regardless of their IQ (Siegel, 1992). In general, minimal group differences exist between students with commensurate IQ-achievement scores and discrepant IQ-achievement scores (Ysseldyke, Algozzine, Shinn, & McGue, 1982).

Third, the IQ-achievement model may undermine best practice because traditional standardized testing procedures are not related to any aspect of designing, implementing, or evaluating classroom instruction. There simply is not a direct link between traditional assessment procedures and the resulting interventions that are given to students in special education (Gresham, 2002).

Finally, the IQ-achievement discrepancy model has been dubbed a "wait-to-fail model" that is harmful to students. This is because students have to be far enough along in the elementary years to demonstrate a severe discrepancy between ability and achievement. Thus, students have to experience significant and persistent failure across the early elementary years before they can be identified as having an SLD based on the IQ-achievement model. Unfortunately, waiting to serve children until later in the elementary years (e.g., Grade 1 to Grade 4) increases their odds of being identified as having a learning disability by 450 percent (Gresham, VanDerHeyden, & Witt, 2005).

SUPPORT FOR RTI OVER IQ-ACHIEVEMENT DISCREPANCY

Problems in the traditional special education system in general, and with the IQ-achievement model specifically, have resulted in a series of national meetings and policy reports. These initiatives have provided recommendations for improving the traditional general and special education systems. In particular, they have provided information supporting RTI as a viable model for improvement of the overall education system and as an alternative to traditional identification procedures for SLD. Two such initiatives, the Learning Disabilities Summit and the President's Commission on Excellence in Special Education, are described next, followed by a description of current federal language in support of RTI.

In the summer of 2001, the U.S. Department of Education (USDOE) Office of Special Education Programs (OSEP) sponsored The Learning Disabilities Summit: Building a Foundation for the Future in Washington, DC, bringing together a national panel of experts to discuss practices in the identification of students with specific learning disabilities. The LD Summit marked a national effort in response to mounting concerns over the increased identification of SLDs and the limitations in traditional SLD identification practices. A series of nine white papers germane to the topic were produced including a paper entitled *Responsiveness to Intervention: An Alternative Approach to the Identification of Learning Disabilities* (Gresham, 2002), specifically discussing RTI. This proved to be RTI's introduction to the national dialogue on education reform.

Following the LD Summit, President George Bush convened the Commission on Excellence in Special Education to propose policies for special education law. In the summer of 2002, the Commission published its report, *A New Era: Revitalizing Special Education for Children and their Families*. In their report, the Commission emphasized three focal points for special education reform: (a) focus on results, not just process; (b) embrace a model of prevention, not a model of failure; and (c) consider children with disabilities as general education children first. The three foci correspond to the RTI philosophy and support its viability over the predominantly used IQ-achievement discrepancy model for identifying an SLD.

On December 3, 2004, President George W. Bush signed into law the reauthorized Individuals with Disabilities Education Act of 1997, as the Individuals with Disabilities Education Improvement Act (IDEA 2004). The provisions of IDEA 2004 pertaining to highly qualified teachers took effect when the law was signed, while the remaining provisions of the act became effective on July 1, 2005. IDEA 2004 Part B final regulations were released August 4, 2006, and appeared in the Federal Register on August 14. The final regulations articulate that in determining SLD identification and eligibility, states (but not LEAs) must not mandate the use of a severe discrepancy between intellectual ability and achievement criterion. The states must also permit "use of a process based on the child's response to scientific, research-based intervention," which has become known as RTI. While a call for more direction from the federal level was expressed during the comment period while the regulations were being proposed, OSEP did not offer specific guidance regarding implementation of an RTI model, leaving procedural details to state and local level determination.

BASIC PRINCIPLES AND COMPONENTS OF RTI

This section describes the basic components of RTI, including the assessment and intervention activities that occur across all tiers, or levels, of the RTI process. The RTI philosophy centers on prevention at the first sign of academic or behavioral risk, before it is too late and too costly or difficult to remediate. RTI is meant to be an integrated, schoolwide method of service delivery across general and special education to promote both academic and behavioral wellness. At the core of RTI models is a continuum of services, often referred to as tiers or levels that are available to all students based on individual needs, regardless of whether a student has been identified as eligible for specific services.

Tier 1: Schoolwide Instruction and Student Assessment

In RTI, the continuum of services includes universal interventions at Tier 1, sometimes referred to as "primary prevention," which are in place for all students to support positive academic, behavioral, and mental health outcomes. Work in the positive behavior support field emphasizes strategies such as teaching all students schoolwide rules and expectations, and implementing procedures and disciplinary policies that create a positive, respectful school environment. In a similar fashion, Tier 1 in RTI involves a high-quality school and classroom environment, scientifically sound core curriculum and instruction, and intentional instructional practices. In Tier 1, school personnel must objectively and systematically evaluate whether their core curriculum materials are of sufficient quality and are backed by research. School staff must also evaluate teachers' instructional methods to make sure their teaching techniques adhere to sound instructional practice and are delivered as intended by the curriculum or intervention program.

To verify whether students are making adequate progress toward basic academic goals it is imperative to gather data on the population. In Tier 1, schoolwide assessments are conducted to gauge students' performance in the core academic areas (e.g., reading and mathematics). All students are typically assessed three times per year (e.g., fall, winter, and spring) beginning in kindergarten. The purpose of conducting schoolwide assessments is to gather critical data about all students and

to identify individuals and groups who are not making satisfactory progress and are at risk for academic or behavioral problems. Students who are not mastering basic academic skills may require additional or different forms of instruction. Systematic reviews of assessment data are often carried out by collaborative instructional support teams (Kovaleski & Glew, 2006), which usually consist of a multidisciplinary team of school personnel such as general and special education teachers, principal, school counselor, school psychologist, and other related services personnel.

Tier 2: Supplementary Instruction and Progress Monitoring

Tier 2, referred to as "secondary prevention," includes targeted academic and behavioral services for students who are considered at-risk and for whom universal instruction was not sufficient. These students were flagged as being at-risk through the assessment process. Services at Tier 2 are more intense and are focused on the specific needs of a student or group of students. Examples of services at this second tier might include small group instruction for either academic or behavioral needs, additional support, and involvement in remediation programs such as Title I.

Tier 2 interventions are provided to students in addition to the core curriculum. Reading interventions might be delivered for a minimum of 30 minutes a day, 3-4 days a week (McCook, 2006). Tier 2 interventions can be applied through one of two methods: (a) standard protocol/researcher approach and/or (b) problem solving/school practitioner approach (Fuchs, Mock, Morgan, & Young, 2003). Optimally, a combination of standard protocol approaches and problem-solving methods can be integrated in RTI (Barnett, Daly, Jones, & Lentz, 2004). In standard protocol approaches, all children whose data indicated difficulty in a certain academic area (e.g., reading fluency) are given the same intervention that has been empirically validated to promote progress in that academic area. Several examples of standard protocol interventions are provided in the literature (e.g., Torgesen, Alexander, Wagner, Rashotte, Voeller, & Conway, 2001; Vaughn, Linan-Thompson, & Hickman, 2003).

The second approach to the selection and delivery of appropriate Tier 2 interventions involves the problem-solving model, which was borrowed from behavioral problem-solving and collaborative consultation (Fuchs et al., 2003). The problem-solving model involves building- or grade-level problem-solving teams who systematically review student data (i.e., Curriculum-Based Measurement profiles) to select appropriate intervention strategies and determine (through data-driven decision making) if the strategies need to be modified, maintained, or terminated to ensure success. Implicit in the problem-solving approach is the notion that solutions to students' academic and behavioral difficulties are identified through the systematic review of data.

In addition to the implementation of more targeted, systematic interventions at Tier 2, student progress at Tier 2 is monitored more frequently than it is at Tier 1 (often weekly) to determine student responsiveness to the interventions provided. Typically, those students who respond well to Tier 2 interventions and whose data demonstrate that they are progressing at an acceptable rate (e.g., above the 16th percentile) return to the general education curriculum or intervention offered to all students, or Tier 1. These students continue to participate in the assessment process.

Tier 3: Intensive Instruction and Continued Progress Monitoring

Despite best efforts in the activities and assessments given at Tiers 1 and 2, some students will continue to struggle. More intensive services may be warranted. The intervention-assessment sequence in Tier 3 is markedly more intensive and individualized, and progress is monitored more frequently than it is in Tier 2. Current best practice in the field suggests that students who do not make adequate progress at Tiers 2-3 be further evaluated to rule out conditions such mental retardation and emotional disturbance (Fuchs & Fuchs, 2005). Persistent failure to make academic gains at Tiers 2-3 may substantiate the presence of a learning disability (Fuchs et al., 2003). Table 2 demonstrates a hypothetical model of the assessment processes and activities that might occur for an individual student transitioning through the tiered system for reading.

MODEL RTI SITES

There are currently many school districts and special education service providers across the nation operating under an RTI model or shifting towards the use of an RTI model. If Indiana does indeed begin to shift towards the use of RTI, knowledge of how it is being implemented elsewhere will be a valuable resource. Although every school and every district is unique and will need to adapt the model to meet its own needs, it will be useful to learn from the experiences of others who have walked the same path. Table 3 summarizes the implementation and outcomes of RTI in five model sites.

TABLE 2. Example of a Student's Movement Through the Three-Tiered System for Reading

Tier	Service/Activity	Assessment Information
1	Sylvia is in Ms. Reid's kindergarten class where she receives whole-class instruction in the Voyager Universal Literacy System®, a research-based core reading curriculum.	All kindergartners at Sylvia's school are assessed in September, January, and May. Sylvia scores in the 10th percentile, compared to her peers, on a letter sound identification CBM (Curriculum-Based Measurement) task. Research tells us this is a significant indicator of risk for future reading failure. Sylvia moves to Tier 2.
2	Sylvia continues in the whole-class Tier I intervention in addition to small-group instruction (up to five students) with Voyager Passport™, a research-based intervention addressing letter sound correspondence and phonemic awareness for 30 minutes per day, 3-4 days a week.	Sylvia's progress and response to the intervention is monitored weekly using CBM letter sound identification probes. Progress is charted. After 8-10 weeks in the Tier 2 intervention, Sylvia makes very limited progress. She is moved on to Tier 3.
3	The Voyager Passport™ intervention (or some other research-supported program) is delivered to Sylvia in smaller groups, for longer periods of time each day and for 5 days a week.	Progress is observed more frequently with CBM. If Sylvia still does not make significant gains after 8-10 weeks, further testing to rule out MD (Mental Disability), ED (Emotional Disability) is conducted. Special education eligibility for SLD (Specific Learning Disability) is considered.

TABLE 3. Model RTI Sites

State/LEA	RTI Components	Outcomes
Minnesota: 1992-present	• Use of a problem-solving model (PSM). • Students labeled as SNAPs (student in need of alternative programming) instead of learning disabled or mildly mentally impaired. • PSM phased in across entire district from five schools in 1993 to all in 2002.	• Evaluation of PSM by outside review team: - pre-referral interventions at PSM schools more effective than those at discrepancy model schools. - students needing assistance identified at an earlier age at PSM schools. - PSM students spent less time in special ed settings than discrepancy students. - PSM allowed students to receive special ed services without an LD or mentally impaired label. - PSM is an effective alternative to discrepancy model in evaluating students of color.
High Plains Educational Cooperative (KS): Early 1990s-present	• Students experiencing academic or behavioral problems referred to school intervention teams (SITs). • SITs engage in problem-solving process. • If students are non-responsive to intervention, further evaluation takes place (e.g., error analysis of work samples, CBM, criterion-referenced tests, and observations). • SIT makes special education eligibility determination based on synthesis of information.	Not available
Horry County Schools (SC): 2000-present	• Students experiencing academic or behavioral problems referred to student study teams (SSTs). • SSTs engage in problem-solving process. • For academic problems, CBM is used to compare performance to classroom or local norms (established with the assistance of a consulting statistician). • Interventions must last a minimum of three weeks and can then be modified if not effective. • Students not responsive to intensive intervention are referred for traditional evaluation.	Not available
Grand Island Public Schools (NE): 2002-present	• Before implementation began, learning teams were established to gather knowledge on RTI and identify possible assessments and interventions. • Use of problem-solving model.	• Advice based on experiences in implementing RTI: - before setting up system, reflect on what is in place that could support efforts as well as barriers to implementation. - learn from other states/LEAs already implementing RTI. - identify "movers and shakers" within district. - consistent progress monitoring and treatment integrity of interventions are key to success. - provide quality training and professional development for staff. - adhere to RTI guidelines. - remain focused on student outcomes. - start small (i.e., begin implementation in one grade level or school).
Indiana University and Richmond Bean Blossom School Corporation: 2004-present	• The RTI initiative is based out of the School of Education's Institute for Child Study (ICS) and is called The Academic Well Check Program (AWCP). • The AWCP consists of didactic training in core RTI skills (e.g., CBM) and field-based experiences with four local partner schools. • The AWCP operates under a 2-Tier model of assessment and targeted interventions. • Graduate students in the AWCP conduct mini academic "well-checks" using Curriculum-Based Measurement technology. • Advanced students plan and implement data-driven, research-based academic interventions for select students in Tiers 2 and 3.	• Over 2,600 students have been evaluated and approximately 305 students (across almost 80 classrooms) have been served in Tier 2 and Tier 3 interventions. • Faculty and students in the AWCP have begun to make scholarly contributions through presentations at national conferences and peer and non-peer reviewed journals.

SUMMARY AND CONCLUSIONS

Response to Intervention (RTI) is a methodology that promotes successful school outcomes for all students through the systematic integration of services in general and special education. Although RTI holds significant implications for the provision of population-based services across general and special education, to a large extent discussions regarding RTI are happening in special education. This is not surprising given the fact that much of the writing about RTI has been in relation to its use as an alternative procedure for special education identification and that federal regulations supported such a practice.

Whereas the discrepancy model is a reactive approach that waits to serve children until they have experienced failure and significant achievement gaps result, RTI incorporates preventive efforts (i.e., ongoing assessments) with effective reactive efforts (i.e., using data to identify strugglers and to provide the appropriate type and intensity of intervention) to provide targeted instruction and assessment efforts (Brown-Chidsey, 2005) that ensure we help all children experience success in school. Implementation of RTI procedures is meant to accomplish three primary goals. The first goal is to identify individuals who may be in need of an intervention identified through observation and measurement. A second goal foundational to RTI is the selection and delivery of evidence-based interventions for students identified as needing additional help.

The third goal is measuring each student's response to the implementation of such interventions in order to make data-driven decisions about instructional needs, including possible eligibility for special education, as well as decisions regarding modification of the type or intensity of the intervention. Decisions about type, rate, and intensity of interventions are made according to a student's rate of response. Although identifying students with learning disabilities is not the primary purpose of RTI, it does provide a framework and data that make this possible.

RTI POLICY RECOMMENDATIONS

The effective implementation of RTI practices in Indiana will take a great deal of time and effort on the part of all educators. School personnel will need to work together, guided by strong and effective leadership at the building level in support of a paradigm shift

toward RTI. With the cost of educating a student in special education being approximately twice as much ($12,000) as educating the same student in general education ($6,500) (Chambers, Parrish, & Harr, 2002), RTI's implementation is a critical policy issue. Thus, the following recommendations are offered:

1. Define the role of RTI in Indiana's educational structure. This should be done at the state level with explicit parameters concerning the depth and breadth of RTI implementation across the state. It is imperative to define, for example, if in Indiana RTI will be implemented at a systems level for preventive purposes only, or will it also be used to gather data that will be used in the assessment procedures for eligibility determination.
2. Examine the current system and consider whether realignment is necessary to implement RTI. For example, current special education funding formulas may need to be adjusted to make RTI possible. This would provide LEAs with incentives to reduce the number of students identified and served in special education.
3. Identify and support RTI leadership. Because RTI initiatives are based on both NCLB and IDEA objectives, leadership at the state level will have to come from general and special education.
4. Evaluate the effectiveness of RTI implementation across the state. State and local program evaluation of the robustness and impact of RTI implementation models should be carried out. Model sites should be identified and additional information on the statewide project that is piloting RTI at three sites (see http://www.doe.state.in.us/exceptional/speced/pdf/IDEIAFAQ.pdf) should be made widely available.

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ENDNOTE

[1] Portions of this review were copied with permission by the authors from the forthcoming chapter: Martínez, R.S., & Nellis, L. (in preparation). Promoting academic competence: Response to intervention. In B. Doll & J. Cummings (Eds.), *Population-based services of school psychologists.*

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ACKNOWLEDGEMENTS

The first author would like to acknowledge Mr. James Rubush, former Associate Superintendent of the Richland-Bean Blossom Community School Corporation. Mr. Rubush passed away in July 2006 after a long battle with cancer. Mr. Rubush was a great supporter of response to intervention and facilitated the IU-RBB partnership through the Academic Well Check Program.

Policy Perspective

FRONTLINE PERSPECTIVE

Carol Gardiner

As a special education teacher with a Master's in Learning Disabilities and now a building administrator for the past ten years, it has been my experience that all teachers want all students to become proficient readers. For those children who do not progress typically, teachers have turned to "experts" to provide support. The search for the "expert" has resulted in delayed remedial services and increased both the child and teacher anxiety levels. As a result, a higher number of students have been referred for testing and many of those students have been identified with a learning disability without the direct assessment/intervention link. Consequently, children have been placed into programs that may or may not be successful for them, as monitoring their progress was not completed in a systematic format.

Our school began the RTI programming through the help and direction of our Assistant Superintendent, Jim Rubush, who promoted the school's philosophy that all children will learn to read. From his work with the general education curriculum, he obtained information about Dynamic Indicators of Basic Early Literacy Skills (DIBELS) and literacy to give to building principals. In addition to his work, we have had the benefit of support from the Academic Well Check Program, a project directed by Dr. Rebecca Martínez of Indiana University's School Psychology Program. An RTI model was implemented in our school two years ago in an attempt to address the reading needs of all students regardless of special education eligibil-

As the principal of a K-2 building and on the front line of this paradigm shift, I have observed the following: (1) a need to understand the training needs for all teachers in teaching basic literacy skills, (2) a need to know the teacher's level of understanding of Curriculum-Based Measurement (CBM), (3) time management strategies tips for teachers, (4) a need to know available remedial resources, (5) an ability to understand the concept of "fidelity" in teaching and testing, (6) how to move from the test/place to problem/solving/teaching, and (7) that special education is not "magic."

As with any institutional change, secondary issues often arise. As the discussion of teaching reading progressed, so did the phonics versus whole language debate re-emerge. Some teachers had training in phonics while others had training in whole language, so that all teachers needed help in understanding the basic literacy skills.

Training needed to be completed on Curriculum-Based Measurement. The special education teachers had used the CBM provided through the reading program for students who were referred for special education, so that some knowledge in this area was available. However, general education teachers needed training in the basics of CBM and how to use the data to drive programming.

Time management is the bane of everyone and especially when redefining programs for teachers. Teachers needed to restructure reading/language arts time in order to accommodate teaching and progress monitoring.

As student's reading skills have been analyzed, a need for additional teaching materials was needed. Teachers have collected information regarding research-based programs and implemented those programs within the tiered system. As we proceed through the tiered program, the question becomes how to program for students who do not succeed in Tier 3.

Moving our staff from a test-place reference to a test-analyze-teach reference involved a discussion of teaching and testing fidelity. Our teachers have learned that using data to design reading programs requires standardized approaches for direct instruction and progress monitoring for those students at risk of low reading skills.

The RTI model has taken away special education's "magic wand" and has set a foundation for collaboration between teachers. Discussion of reading is less theoretical and more skill-based, and offers teachers specific objectives to work toward and to explain to parents.

As with any new program, it is understood that RTI is not the total answer for all students but it has been one step toward redefining collaboration and accommodation for all students.

At the end of our second year of implementation we have observed that RTI is a collaborative approach to teaching all students. We have observed an increase in understanding the basic literacy skills, increased the use of supplemental teaching strategies, increased understanding of individual student needs, and increased communication with parents.

Our third year of implementation will build on what we have learned by developing a local definition of progress by monitoring student progress for specific periods of time and documenting specific teaching strategies, working with available support personnel, and increasing home-school collaboration.

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Web Resources

National Association of School Psychologists

Response to Intervention Reference List and Web Links
http://www.nasponline.org/advocacy/rtireference.pdf

Response to Intervention: State and Districts RTI Initiatives, Models, and Resources
http://www.nasponline.org/advocacy/rtistatedistrict.pdf

Resources on Positive Behavioral Interventions and Supports
http://www.nasponline.org/advocacy/pbs_resources.html

National Research Center on Learning Disabilities
The NRCLD engages in research, develops recommendations, and provides training to help administrators, teachers, parents, and policymakers address issues surrounding the proper identification of students with learning disabilities who need special education services. The NRCLD is funded by the Office of Special Education Programs (OSEP).
http://www.nrcld.org/

National Center on Student Progress Monitoring
The National Center on Student Progress Monitoring is a project funded by OSERS that provides information and technical assistance to implement progress monitoring techniques such as Curriculum-Based Measurement. Under No Child Left Behind and IDEA 2004, student progress monitoring techniques are critical tools for measuring the outcomes of scientific, research-based interventions in schools.
http://www.studentprogress.org/

IDEA Regulations
U.S. Department of Education Secretary Margaret Spellings has announced the final regulations to implement Part B of IDEA 2004. An official copy was published in the Federal Register on August 14, 2006. The regulations will become effective 60 days after publication in the Federal Register.
http://www.nasponline.org/advocacy/Official%20Fed%20Reg%20IDEA%20Regs%202004.pdf

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Center for Evaluation & Education Policy

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509 East Third Street
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