

Research on Response to Intervention Implementation Guide Team Member Notebook

Mentoring Minds' Product Development Team attended Rtl sessions, studied the literature and available research, and held numerous work sessions prior to developing a product to support a campus as an Rtl approach is initiated. The *Response to Intervention Implementation Guide Team Member Notebook* addresses the need for easy access to information that describes the Rtl process presented in a simplified, easy to understand question and answer format. Other essential parts of the notebook include instructions detailing the complete process from start to finish, laminated quick reference guides that identify each step of the process, a CD with Rtl forms in both PDF and Word formats, models for the Rtl approach and the problem-solving process, and a glossary of pertinent Rtl terms.

As reported in a paper by the National Joint Committee on Learning Disabilities (2005), the focus of Response to Intervention (Rtl) is on the accountability of the teaching and learning process in general education. A key component of Rtl is early intervention at the first sign of academic and/or behavioral difficulties with the end result being the improvement in achievement of all students, including any students who may have a specific learning disability (SLD). The Council of Exceptional Children (CEC, 2006) recognizes Rtl as a special education initiative. CEC further notes that general education must lead the way in providing evidence-based instruction to all students and utilize research-based interventions with all struggling learners.

The intent of Rtl is to provide a data base for making instructional decisions for particular students. These identified students respond to evidence-based interventions in the Rtl process using a multi-tiered model. The responsiveness of students to such interventions provides a basis for determining the intensity and duration of additional instructional needs. Rtl focuses on which interventions are most beneficial in delivering needed instruction to close learning gaps in a timely manner. The Rtl approach encourages schools to ensure that students receive a high level of instruction in the general education classroom followed by close monitoring of students' academic progress in that setting (IDEIA, 2004).

Research substantiates a number of reasons that lead to questioning or perhaps abandoning the use of the discrepancy model. "The IQ-discrepancy criterion is potentially harmful to students as it results in delaying intervention until the student's achievement is sufficiently low that the discrepancy is achieved. For most students, identification of having a specific learning disability (SLD) occurs at an age when the academic problems are difficult to remediate with the most intense remediation efforts" (Torgesen, et. al., 2001). Donovan and Cross (2002) state "... the *wait to fail* model does not lead to closing the achievement gap for most students placed in special education. Many students placed in special

education as SLD show minimal gains in achievement and few actually leave special education.”

Due to the increased focus on accountability and assessment in the legislation of the No Child Left Behind Act, researchers Ernst, Miller, Robinson and Tilly (2005) note how critical it is that appropriate evaluative measures and intervention practices be in place for students who are not performing at the expected standard. Marston, Muyskens, Lau, & Canter (2003) report a positive finding on the use of Rtl in Minneapolis Public Schools. This field research data shows a reduction in the number of African-American students referred for special education and a decrease in the number placed in special education over a four-year period.

There are several reasons that justify a campus implementing the Rtl approach as developed by the Mentoring Minds team. Rtl is regarded by researchers Gresham (2002) and Marston (2001) as an alternative approach for identifying learning disabilities (LD) due to the concerns raised about the discrepancy model. Another reason Rtl looks promising is it is seen as a means to serve struggling learners earlier and provides a way to reduce referrals to special education by offering high-quality instruction and intensified intervention in general education. Still another reason for the support of an Rtl approach centers on the research of reading. Numerous research studies by the National Institute of Child Health and Human Development (NICHD, 2000) and Lyon, et al. (2001) advocate that early identified students served by prevention programs can lead to a reduction in the number of students with reading problems by 70% and above.

All students need to develop the skill of reading. It is imperative that educators collaborate early on how to best teach all students to read. Lyon (2004) found that the application of high-quality, effective instruction and interventions, proven by research to work, help achieve this goal. Research conducted through the National Institute of Child Health and Human Development (NICHD) at universities throughout the country and reviewed by the National Reading Panel (NICHD, 2000) eliminated some long-held beliefs about reading and disabilities.

NICHD has found evidence to substantiate there are characteristics of early language that predict future reading and writing skills. Adams (1990) and Catts (1997) report that studies which show 80 percent of preschool age children with language disorders later display some degree of reading difficulty. These researchers also report that children who overcome early language difficulties before the age of five are not at risk. When children enter kindergarten, research purports about 20 percent of them have significant difficulty learning to read.

The content of the *Response to Intervention Implementation Guide* stresses screening of all students followed by early identification and immediate intervention of students who are not achieving due to specific academic and/or

behavior concerns. The instruction offered in grades K-3 has an effect on whether they continue to experience difficulties in reading or not. Children enter school with a variety of experiences which affect the differences in skill level upon entry into kindergarten. Studies show approximately 5 percent of students have absolutely no difficulties learning to read whereas about 60 percent find learning to read somewhat of a challenge. Approximately half of that 60 percent find learning to read extremely difficult (Lyon et al., 2001 as cited in Finn, Rotherham & Hokanson).

In the past, educators waited until second and sometimes third grade to provide intervention to students who exhibited reading difficulties. According to Fletcher, et al., (1994 as cited in Grossen, 1997), this practice results in about 74 percent of these students continuing to experience reading problems in ninth grade. Shaywitz et. al., (1990) found that boys and girls are equally likely to have reading problems. More boys are usually identified to have reading problems because it appears teacher evaluations are sometimes influenced by gender. The *Response to Intervention Implementation Guide* provides implementation support so students do not wait until failure to receive appropriate instruction and intervention.

The reauthorized *Individuals with Disabilities Education Improvement Act* of 2004 (IDEIA) and *No Child Left Behind Act* (NCLB, 2001) advocate the use of interventions and instruction based on defensible research. Both require effective reading and behavior programs that result in improved student performance and fewer students needing special education services. Provisions of IDEA 2004 allow school districts to use scientific, research-based interventions as an alternative method for identifying students with SLD.

IDEIA also identified math calculation, math reasoning, and written expression as areas to address when identifying students. NCLB, influenced by the 2000 National Reading Panel Report, states that scientifically-based reading instruction includes the essential components of reading that have been identified through research: phonemic awareness, phonics instruction, fluency, vocabulary development, and text comprehension. This legislation serves as a stimulus for the areas addressed in the *Rtl Implementation Guide Team Member Notebook*.

The intent of Response to Intervention (Rtl) is to provide a data base for making instructional decisions for particular students. Identified students respond to evidence-based academic and/or behavioral interventions in the Rtl process. The response of the students provides a basis for determining the intensity and duration of additional instructional needs. Rtl focuses on which interventions are most beneficial in delivering needed instruction to close learning gaps in a timely manner.

Utilization of data-based and scientific, researched-based interventions as part of the process to determine eligibility for learning disabilities was stressed in IDEIA

2004. IDEIA 2004 gave local education agencies the option to use an alternative approach which could be the RtI approach. The use of the discrepancy model is not removed or excluded when identifying students with specific learning disabilities. The use of RtI data is allowed as part of the special education referral or evaluation process. This law indicates that the use of other researched-based procedures is also permitted. Data collection should include functional academic and behavioral assessment measures, such as curriculum-based assessments and curriculum-based measures as part of student evaluations. These findings were recognized and incorporated into the development of the *RtI Implementation Guide*.

The option is available for local education agencies to use up to 15% of IDEIA funds for students who need early interventions for academic and/or behavioral support to succeed in the general education setting but who have not been identified as needing special education support. Viable activities include professional development to deliver scientifically-based interventions, services and supports, including scientifically-based literacy instruction. These kinds of experiences relate to RtI and help to reduce the numbers of students who might be placed special education programs due to their frustration and lack of academic and/or behavioral success.

Both the No Child Left Behind legislation (NCLB, 2001) and the Individuals with Disabilities Education Improvement Act (2004) focus on the quality of instruction received by students in the general education setting. IDEIA 2004 and NCLB require the use of research-based instruction and interventions. The intent of the Response-to-Intervention (RtI) model, suggested by IDEIA, is to change and place the identification process into the general education setting where a student receives evidence-based instruction. A tiered system of interventions increasing in intensity and duration is needed to address the diverse needs of students. Effective reading and behavior programs that result in improved student performance have become an essential focus.

The literature indicates a tiered system of interventions is necessary to adjust the type and intensity of instruction in order to address the diversity of student needs (Kovaleski, 2003; Vaughn, 2003). Although no universal RtI model exists, it is generally understood that multiple tiers provide services that are needed to support academic and/or behavioral difficulties. Vaughn found that a tiered system demonstrates the flexibility to layer instruction over time and provides essential instruction early before a student lags too far behind. Kovaleski noted that several researchers suggest a three-tier model yet models do exist that vary from three tiers or more.

In determining the effectiveness of RtI, it appears that all students can benefit when the instruction matches their current level of needs. Research based upon several studies by Mellard, Byrd, Johnson, Tollefson, & Boesche (2004) indicated that the RtI approach does benefit students who experience academic difficulties

if the interventions are individualized and used in a timely manner. Gresham (1989) states that it is imperative that interventions be implemented with integrity which means they must be closely monitored. However, evaluation of integrity can prove challenging due to time constraints in schools and teacher resistance (Gresham, 2001). Emerging research seems to show success implementing the Rtl approach at Tiers 1 and 2 in the area of reading in elementary grades with some research on Rtl and early mathematics and behavior. Little appears to be known about the effectiveness of Rtl for other subject areas or for students in the upper grades notes Mellard (2004).

It appears that few studies focus on strategies for individualized interventions or the number of students who are identified for special education services (Fuchs, Mock, Morgan, & Young, 2003). Researchers do not seem to agree on certain elements of the Rtl process such as, length of time for an intervention or length of time an intervention plan is in use prior to evaluation (Gresham, 2001; Kovaleski, 2003), or the intensity of the intervention (Barnett, Daly, Jones & Lentz, 2004; Gresham, 2001). Yet the literature review points to Rtl as a favorable model for instruction and interventions.

Mellard, from the National Research Center on Learning Disabilities at the University of Kansas, found that most schools used Rtl as a prevention model. Mellard further explained that students received intense instruction in the academic or behavioral areas as soon as data showed the student lagging behind peers. If after a predetermined period of time, the student continued to underachieve, a more intense instructional intervention was offered. Thus, Rtl is designed to address under-achievement early and to individualize the problem and instruction to fit the student. Using Rtl as a model for the identification of SLD does not appear to have broad application data at this time. Those who support the Rtl approach attest that Rtl assessments are sufficient for SLD determination. There appears to be little data on Rtl models and their effectiveness in secondary schools. Researchers advocate that any well-designed model that requires assessment over time is an improvement over a single snapshot approach.

Marston (2001) reported a 40% decrease in special education placements for LD programs in the public schools in Minneapolis. This drop is likely due to the use of Rtl to determine eligibility. Students appear to get the help needed in skill development with a three-tier model of prevention and intervention.

Mentoring Minds developed the *Response to Intervention Implementation Guide Team Member Notebook* to provide educators with tools to address intervention implementation. The Team Member Notebook helps educators understand and apply the process of early identification for students who are experiencing difficulty in academic and/or behavioral domains.

The *Response to Intervention Implementation Guide Team Member Notebook* is a complete guide for establishing and implementing an RtI approach. This notebook, comprehensive in scope, contains a wide array of pertinent RtI information including a rationale, the laws behind RtI, an overview of an RtI approach, the formation of an RtI team, a suggested RtI model, detailed steps to follow during RtI meetings, a description of each of the three tiers, RtI forms, flowcharts, and a glossary. Evaluative tools for assessing the effectiveness of the overall RtI process used by a campus are also included. Campuses who utilize this RtI notebook will be provided an instrument that encourages all school personnel to pool their problem-solving resources to reach favorable academic results for their students.

Bibliography for Research on the Response to Intervention Implementation Guide

Adams, M. A. (October, 1990). *Beginning Reading Instruction in the United States*. ERC Digest. ERIC Clearinghouse on Reading and Communication Skills.

Barnett, D., Daly, E., Jones, K., & Lentz, F. (2004). Response to intervention: Empirically based special service decisions from single-case designs of increasing and decreasing intensity. *Journal of Special Education*, 38, 66-79.

Catts, H. (1997). The early identification of language-based reading disabilities. *Language, Speech, and Hearing Services in Schools*, 28(1), 86-89.

Council for Exceptional Children (CEC). (2006). *Response to Intervention – The Promise and the Peril*. Retrieved on November 11, 2007 from <http://www.cec.sped.org/AM/Template.cfm?Section=Search&template=/CM/HTMLDisp>

Cortiella, C. (2005). *A parent's guide to response-to-intervention (Parent Advocacy Brief)*. New York, NY: National Center for Learning Disabilities Retrieved November 26, 2007 , from http://www.nclد.org/images/stories/downloads/parent_center/rti_final.pdf.

Donovan, M. & Cross, C. (2002). *Minority students in special and gifted education*. Washington, D.C.: National Academy Press. <http://www.nap.edu/catalog/10128>.

Duffy, H. (2007). Meeting the needs of significantly struggling learners in high school: A look at approaches to tiered intervention. *National High School Center*. 1-13. http://www.betterhighschools.org/docs/NHSC_RTIBrief_08-02-07.pdf

Ernst, L., Miller, B., Robinson, W., & Tilly, W. (2005). *Response to intervention: A case illustration*. Presentation at the National Association of State Directors of Special Education, November 9, 2005.

Fletcher, J. M., Shaywitz, S. E., Shankweiler, D. P., Katz, L., Liberman, L. Y., Stuebing, K. K., Francis, D. J., Fowler, A. E., & Shaywitz, B. (1994). Cognitive profiles of reading disability: Comparisons of discrepancy and low achievement definitions. *Journal of Educational Psychology*, 86, 6-23.

Fuchs, D., Mock, D., Morgan, P., & Young, C. (2003). Responsiveness-to-intervention: Definitions, evidence, and implications for learning disabilities construct. *Learning Disabilities: Research and Practice*, 18(3), 157-171.

Gallegos, E. (2006). *School reform through response to intervention*. Session presented at Texas Elementary Principals and Supervisors Association, Austin, TX.

Gresham, F. (1989). Assessment of treatment integrity in school consultation and prereferral intervention. *School Psychology Review*, 18, 37-50.

Gresham, F. (2001). *Responsiveness to intervention: An alternative approach to the identification of learning disabilities*. Paper presented at the Learning Disabilities Summit, Washington, D.C.

Gresham, F. (2002). Responsiveness to intervention: An alternative approach to the identification of learning Disabilities. In R. Bradley L. Danielson, & D. P. Hallahan (Eds.), *Identification of learning disabilities: Research to practice* (pp. 467-519). Mahwah, NJ: Erlbaum.

Grossen, B. (1997). *30 years of research: What we know about how children learn to read (A synthesis of research on reading from the National Institute of Child Health and Development)*. Santa Cruz, CA: The Center for the Future of Teaching and Learning.

Individuals with Disabilities Education Improvement Act (IDEA) (2004). PL 108-446, 20 U.S.C. §§1400 *et seq.*

Kovaleski, J. (2003, December). *The three-tier model for identifying learning disabilities: Critical program features and system issues*. Paper presented at the National Research Center on Learning Disabilities Responsiveness-to-Intervention Symposium, Kansas City, MO.

Lyon, G., Fletcher, J., Shaywitz, S., Shaywitz, B., Torgesen, J. Wood, F., Schulte, A., & Olson, R. (2001). *Rethinking learning disabilities*. In C.E. Finn Jr., A.J. Rotherham, & C. R. Hokanson Jr. (Eds.), *Rethinking special education for a new century* (pp. 259-287). Washington, D.C.: Thomas B. Fordham Foundation.

Retrieved October, 2007 from <http://www.excellence.net/library/special-ed/index.html>.

Marston, D. (2001). *A functional and intervention-based assessment approach to establishing discrepancy for students with learning disabilities*. Paper presented at the LD Summit, Washington, D.C.

Marston, D., Muyskens, P., Lau, M., & Canter, A. (2003). Intervention model for decision making with high-incidence disabilities: The Minneapolis experience. *Learning Disabilities Research and Practice*, 18 (3), 187-200.

Mellard, Ph.D., Daryl. (2004). *Basic Principles of the Responsiveness-to-Intervention Approach*. @ SchwabLearning.org retrieved 11-7-06
<http://www.schwablearning.org/articles.asp?r=1056>

Mellard, D., Byrd, S., Johnson, E, Tollefson, J. & Boesche, L. (2004). *Foundations and research on identifying model responsiveness-to-intervention sites*. *Learning Disabilities Quarterly*, 27, 243-256.

National Association of State Directors of Special Education (NASDSE). (August, 2006). NASDSE explains response to intervention as published in *FOCUS on Results* document. Issue #7, Volume #2. www.cenmi.org

National Association of State Directors of Special Education (NASDSE) (2005). *Response to intervention: Policy considerations and implementation*. Retrieved on January, 2007 from www.nasdse.org.

National Joint Committee on Learning Disabilities (NJCLD) (June, 2005). *Responsiveness to Intervention and Learning Disabilities*. Report prepared by the NJCLD representing eleven national and international organizations. Retrieved October, 2007 from www.ldonline.org/njclld.

National Reading Panel. (2000). *Teaching children to read: An evidence-based assessment of the scientific research literature on reading and its implications for reading instruction*. Bethesda, MD: National Institute of Child Health and Human Development, National Institutes of Health.

No Child Left Behind. (2001). Washington, D.C.: U.S. Department of Education.

Shaywitz, S., Shaywitz, B., Fletcher, J., & Escobar, M.. (1990). "Prevalence of reading disability in boys and girls: Results of the Connecticut Longitudinal Study." *Journal of the American Medical Association*, 264(8), 998-1002.

Torgeson, J., Alexander, A., Wagner, R., Rashotte, C. Voeller, K., & Conroy, T. (2001). *Intensive remedial instruction for children with reading disabilities*

immediate and long-term outcomes from two instructional approaches. *Journal of Learning Disabilities*, 34, 33-58, 78.

Vaughn, S. (2003). *How many tiers are needed for response to intervention to achieve acceptable prevention outcomes?* Paper presented at the National Research Center on Learning Disabilities Responsiveness-to-Intervention Symposium, Kansas City, MO. Retrieved on June 2007 from <http://www.nrclid.org>.

