Chapter 1 - Basic Principles of RTI

What is Responsiveness to Intervention (RTI)?

The Responsiveness to Intervention (RTI) process is a multi-tiered approach to providing services and interventions to struggling learners at increasing levels of intensity. RTI can be used for making decisions about general, compensatory, and special education, creating a well-integrated and seamless system of instruction and intervention guided by child outcome data. RTI calls for early identification of learning and behavioral needs, close collaboration among teachers and special education personnel and parents, and a systemic commitment to locating and employing the necessary resources to ensure that students make progress in the general education curriculum. RTI is an initiative that takes place in the general education environment.

The National Research Center on Learning Disabilities (NRCLD) defines RTI as:

“…an assessment and intervention process for systematically monitoring student progress and making decisions about the need for instructional modifications or increasingly intensified services using progress monitoring data.”

RTI is an integrated approach to service delivery that encompasses general, remedial and special education through a multi-tiered service delivery model. It utilizes a problem-solving framework to identify and address academic and behavioral difficulties for all students using scientific, research-based instruction. Essentially, RTI is the practice of: (a) providing high-quality instruction/intervention matched to all students' needs and (b) using learning rate over time and level of performance to (c) make important educational decisions to guide instruction (National Association of State Directors of Special Education). RTI practices are proactive, incorporating both prevention and intervention and is effective at all levels from early childhood through high school.

What is the Purpose of RTI?

RTI is intended to reduce the incidence of “instructional casualties” by ensuring that students are provided high quality instruction with fidelity. By using RTI, districts can provide interventions to students as soon as a need arises. This is very different, for example, from the methods associated with the aptitude achievement discrepancy models traditionally utilized for SLD identification which have been criticized as a “wait to fail” approach.

IDEA 2004 allows the use of a student’s “response to scientific, research-based intervention” (20 U.S.C 1414 (B)(6)(A)) as part of an evaluation. Response to intervention (RTI) functions as an alternative for learning disability (LD) evaluations within the general evaluation requirements of
IDEA 2004. The statute continues to include requirements that apply to all disability categories, such as the use of validated, non-biased methods, and evaluation in all suspected areas of difficulty. IDEA 2004 adds a new concept in eligibility that prohibits children from being found eligible for special education if they have not received instruction in reading that includes the five essential components of reading instruction identified by the Reading First Program. These requirements are those recognized by the National Reading Panel: phonemic awareness, phonics, reading fluency (including oral reading skills), vocabulary development, and reading comprehension strategies. RTI is included under this general umbrella. By using RTI, it is possible to identify students early, reduce referral bias, and test various theories for why a child is failing. It was included in the law specifically to offer an alternative to discrepancy models.

A key element of an RTI approach is the provision of early intervention when students first experience academic difficulties, with the goal of improving the achievement of all students, including those who may have LD. In addition to the preventive and remedial services this approach may provide to at-risk students, it shows promise for contributing data useful for identifying LD. Thus, a student exhibiting (1) significantly low achievement and (2) insufficient RTI may be regarded as being at risk for LD and, in turn, as possibly in need of special education and related services. The assumption behind this paradigm, which has been referred to as a dual discrepancy (L. S. Fuchs, Fuchs, & Speece), is that when provided with quality instruction and remedial services, a student without disabilities will make satisfactory progress.

The concept of RTI has always been the focus of the teaching/learning process and a basic component of accountability in general education: In other words, does instruction (i.e., strategies, methods, interventions, or curriculum) lead to increased learning and appropriate progress? In the past few years, RTI has taken on a more specific connotation, especially in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004), as an approach to remedial intervention that also generates data to inform instruction and identify students who may require special education and related services. Today, many educators, researchers, and other professionals are exploring the usefulness of an RTI approach as an alternative that can provide (1) data for more effective and earlier identification of students with LD and (2) a systematic way to ensure that students experiencing educational difficulties receive more timely and effective support (Gresham; Learning Disabilities Roundtable; National Research Council; President’s Commission on Excellence in Special Education).

Why is RTI Important?

According to current early reading research, all except a very few children can become competent readers by the end of the third grade. RTI is a process that provides immediate intervention to struggling students at the first indication of failure to learn. Through systematic screening of all students in the early grades, classroom teachers identify those who are not mastering critical reading skills and provide differentiated intervention to small groups of students. Continuous progress monitoring of students’ responses to those interventions allows teachers to identify students in need of additional intervention and to adjust instruction accordingly.
Response to Intervention is about building better readers in the early grades and consists of multi-tiered reading instruction in the general education classroom. In an RTI model, ALL students receive high quality reading instruction and struggling readers receive additional and increasingly more intense intervention. Early intervention and prevention of reading difficulties are fundamental to the process. However, if a student’s learning history and classroom performance warrant, a multidisciplinary team may determine the student has a disability and needs special education services to ensure continued and appropriate academic progress.

Three major developments concerning the education of students with learning problems have coalesced to establish RTI as a promising approach. First, long-standing concerns about the inadequacies of the ability–achievement discrepancy criterion—which was a component of the Individuals with Disabilities Education Act of 1997 for identifying LD—have accentuated the need to develop alternative mechanisms for the identification of LD. At the LD Summit of August 2011, sponsored by the Office of Special Education Programs, RTI was the alternative proposed by several researchers (e.g., Gresham; Marston).

Second, special education has been used to serve struggling learners who do not have LD or other disabilities. An RTI approach has been suggested as a way to reduce referrals to special education by providing well-designed instruction and intensified interventions in general education, thereby distinguishing between students who perform poorly in school due to factors such as inadequate prior instruction from students with LD who need more intensive and specialized instruction.

A third major reason for the increased interest in an RTI approach has been the abundance of recent research on reading difficulties, in particular, the national network of research studies coordinated by the National Institute of Child Health and Human Development (NICHD). A number of NICHD research studies have demonstrated that well-designed instructional programs or approaches result in significant improvements for the majority of students with early reading

What Are Other Benefits of RTI?

An RTI approach, with its focus on student outcomes, may increase accountability for all learners within general education whether or not they are eventually referred for special education and related services. An RTI approach promotes collaboration and shared responsibility among general educators, special educators, teachers of English language learners, related service personnel, administrators, and parents.

In addition to these general education benefits, proponents of an RTI approach cite several other potential benefits:

1. Earlier identification of students by means of a problem-solving approach rather than by an ability–achievement discrepancy formula. An RTI approach has the potential to eliminate the “wait to fail” situation that occurs when an ability–achievement discrepancy formula is used to determine whether a student qualifies as having LD. When a psychometric formula is used to establish the discrepancy criterion, it is difficult to
identify students as having LD until at least the third grade. Under an RTI approach, students may receive specialized interventions at a much earlier point in their schooling, and considerably in advance of any determination of special education eligibility (Vaughn & Fuchs).

2. Reduction in the number of students referred for special education and related services. One goal of an RTI approach is to distinguish students whose achievement problems are due to LD or other disabilities that require special education and related services from the larger group of students with achievement problems due to other causes. By providing appropriate instruction for students at risk as well as for those with LD, an RTI approach has the potential to reduce the number of students referred for special education and related services (see Deno, Grimes, Reschly, & Schrag; Ikeda & Gustafson; Tilly, Grimes, & Reschly).

3. Reduction in the over identification of minority students. The RTI approach shows promise for reducing the bias in the assessment of students from culturally and linguistically diverse backgrounds, and for providing a positive impact on the disproportionate placement of African-American students in special education. Marston, Muyskens, Lau, and Canter, noted a reduction in both the number of African-American students referred for evaluation and the number placed in special education over a 4-year period in the Minneapolis Public Schools when an RTI approach was used. Attention to and concern about possible bias is reflected in IDEA 2004, which requires that states not only keep track of how many minority students are being identified for special education, but also provide “comprehensive, coordinated, early-intervention programs” for students in groups that are determined to be overrepresented.

4. Provision of more instructionally relevant data than traditional methods of identification. An RTI approach emphasizes progress monitoring through the use of curriculum-based or classroom-based assessment, student portfolios, teacher observations, and criterion-referenced standard achievement measures. Thus, if a child is eventually identified as having LD, instructionally relevant information, whether it indicates what did not work or what has not yet been tried, will be available to guide the team in developing the student’s individualized education program (IEP).

Is RTI a “New Approach”?

RTI is not a new approach. It is recognizable under other names such as dynamic assessment, diagnostic teaching, and precision teaching. Those terms, however, have been applied to approaches used to maximize student progress through sensitive measurement of the effects of instruction. RTI applies similar methods to draw conclusions and make LD classification decisions about students. The underlying assumption is that using RTI will identify children whose intrinsic difficulties make them the most difficult to teach. Engaging a student in a dynamic process like RTI provides an opportunity to assess various hypotheses about the causes of a child’s difficulties, such as motivation or constitutional factors like attention.
What are the Core Principles of RTI?

RTI is comprised of seven core principles that represent recommended RTI practices (Mellard). These principles represent systems that must be in place to ensure effective implementation of RTI systems and establish a framework to guide and define the practice.

1. **Use all available resources to teach all students.** RTI practices are built on the belief that all students can learn. One of the biggest changes associated with RTI is that it requires educators to shift their thinking: from the student--- to the intervention. This means that the initial evaluation no longer focuses on “what is wrong with the student.” Instead, there is a shift to an examination of the curricular, instructional, and environmental variables that change inadequate learning progress. Once the correct set of intervention variables have been identified, schools must then provide the means and systems for delivering resources so that effective teaching and learning can occur. In doing so, schools must provide resources in a manner that is directly proportional to students’ needs. This will require districts and schools to reconsider current resource allocation systems so that financial and other support structures for RTI practices can be established and sustained.

2. **Use scientific, research-based interventions/instruction.** The critical element of RTI systems is the delivery of scientific, research-based interventions with fidelity in general, remedial and special education. This means that the curriculum and instructional approaches must have a high probability of success for the majority of students. By using research-based practices schools efficiently use time and resources and protect students from ineffective instructional and evaluative practices. Since instructional practices vary in efficacy, ensuring that the practices and curriculum have demonstrated validity is an important consideration in the selection of interventions. With the absence of definitive research, schools should implement promising practices, monitor the effectiveness and modify implementation based on the results.

3. **Monitor classroom performance.** General education teachers play a vital role in designing and providing high quality instruction. Furthermore they are in the best position to assess students’ performance and progress against grade level standards in the general education curriculum. This principle emphasizes the importance of general education teachers in monitoring student progress rather than waiting to determine how students are learning in relation to their same-aged peers based on results of state-wide or district-wide assessments.

4. **Conduct universal screening/benchmarking.** School staff conduct universal screening in all core academic areas and behavior. Screening data on all students can provide an indication of an individual student’s performance and progress compared to the peer group’s performance and progress. These data form the basis for an initial examination of individual and group patterns on specific academic skills (e.g., identifying letters of the alphabet or reading a list of high frequency words) as well as behavior skills (e.g., attendance, cooperation, tardiness, truancy, suspensions, and/or disciplinary actions). Universal screening is the least intensive level of assessment completed within a RTI system and helps educators and parents identify students early who might be “at-risk.” Since screening data may not be as reliable as other assessments, it is important to use multiple sources of evidence in reaching inferences regarding students “at risk.”
5. **Use a multi-tier model of service delivery.** A RTI approach incorporates a multitiered model of service delivery in which each tier represents an increasingly intense level of services associated with increasing levels of learner needs. The system described in this manual reflects a three-tiered design. All multi-tiered systems, regardless of the number of levels chosen, should yield the same practical effects and outcomes.

In a RTI system, all students receive instruction in the core curriculum supported by strategic and intensive interventions when needed. Therefore, all students, including those with disabilities, are found in Tiers I, II, and III. Important features, such as universal screening, progress monitoring, fidelity of implementation and problem solving occur within each tier. The basic tiered model reflects what we know about students in school: their instructional needs will vary. Thus, the nature of the academic or behavioral intervention changes at each tier, becoming more rigorous as the student moves through the tiers.

Tier I represents the largest group of students, approximately 80-90%, who are performing adequately within the core curriculum. Tier II comprises a smaller group of students, typically 5-10% of the student population. These students will need strategic interventions to raise their achievement to proficiency or above based on a lack of response to interventions at Tier I. Tier III contains the fewest number of students, usually 1-5%. These students will need intensive interventions if their learning is to be appropriately supported (Tilly).

1. **Make data-based decisions.** Decisions within a RTI system are made by teams using problem solving and/or standard treatment protocol techniques. The purpose of these teams is to find the best instructional approach for a student with an academic or behavioral problem. Problem solving and standard treatment protocol decision making provide a structure for using data to monitor student learning so that good decisions can be made at each tier with a high probability of success. When using the problem solving method teams answer four interrelated questions: (1) Is there a problem and what is it? (2) Why is it happening? (3) What are we going to do about it? (4) Did our interventions work? (NASDSE) Problem solving and standard treatment protocol techniques ensure that decisions about a student’s needs are driven by the student’s response to high quality interventions.

2. **Monitor progress frequently.** In order to determine if the intervention is working for a student, the decision making team must establish and implement progress monitoring. Progress monitoring is the use of assessments that can be collected frequently and are sensitive to small changes in student behavior. Data collected through progress monitoring will inform the decision making team whether changes in the instruction or goals are needed. Informed decisions about students’ needs require frequent data collection to provide reliable measures of progress. Various curriculum-based measurements are useful tools for monitoring students’ progress.

**When Did RTI Become “Law”?**

At the core of No Child Left Behind (NCLB), passed in 2001, is the goal that all children have the opportunity to achieve in school. The law emphasizes the importance of well-prepared professionals, evidence-based practice and accountability. In 2004, the reauthorization of the
Individuals with Disabilities Improvement Act of 2004 (IDEA 2004), aligned with NCLB, and changed the landscape of identification and service delivery for students with disabilities.

On December 3, 2004, Congress reauthorized the Individuals with Disabilities Education Improvement Act (IDEA 2004). The language that Congress uses in IDEA 2004 and No Child Left Behind (NCLB 2001) stresses the use of professionally sound interventions and instruction based on defensible research, as well as the delivery of effective academic and behavior programs to improve student performance. Congress believes that as a result, fewer children will require special education services. Provisions of IDEA 2004 allow school districts to use scientific, research-based interventions as an alternative method for identifying students with specific learning disabilities (SLD). This process is generally referred to as Response to Intervention (RTI).

Of particular relevance to the process of SLD determination are the following provisions of the statute:

- Local educational agencies (LEA) shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability (IDEA 2004).
- LEAs may consider a student’s response to scientific-based instruction.
- Responsiveness to intervention (RTI) is not specifically identified in the law.
- LEAs are given flexibility in determining SLD implementation options.
- Using special education funding to provide early intervening services for all students is permitted.

Ultimately, IDEA 2004 addresses the use of RTI in two respects. First, it allows for the use of RTI data as part of an evaluation for special education to assist in the identification and determination of eligibility of students with LD, conceivably as an alternative to use of the ability–achievement discrepancy criterion. Second, it creates the option of using up to 15% of Part B funds for “early intervening services…for students…who have not been identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment.”

**Why Was There A Movement Towards Change Towards RTI?**

This movement toward change stems from criticisms of current SLD determination components, procedures, and criteria. These criticisms include irrelevance of aptitude-achievement discrepancy and cognitive measures to instructional planning or outcomes, lack of equitable treatment across educational settings, and delays in disability determination. Another criticism of practices has been that students were judged to have an SLD without an assessment of the availability and use of general education interventions that have proven their effectiveness for students presenting similar behaviors of concern (e.g., limited reading acquisition). One could not be confident that the achievement and behavior problems that a child presented were inherent to the child or attributable to shortcomings in the instructional settings.
Earlier statutes regarding the determination of SLD included a provision for evaluating the extent to which students had received appropriate learning experiences. However, no systematic process was outlined in the earlier regulations for ensuring that the learning experiences provided before referral for evaluation were those that have been found to be typically effective for the child’s age and ability levels. The responsiveness to scientific-based intervention concept in IDEA 2004 is an elaboration or greater specification of this basic concept. With this emphasis, school staffs may consider how a student’s performance in general education and, more specifically, the student’s performance in response to specific scientific, research-based instruction informs SLD determination.

**What is a Tiered Service Delivery Model?**

As noted earlier, a RTI approach incorporates a multi-tiered system of service delivery in which each tier represents an increasingly intense level of services. Students move fluidly from tier to tier. A multi-tiered concept aligns all available resources to support and address students’ needs regardless of their eligibility for other programs. It is important to note that RTI is not a placement model; it is a flexible service model.

**What is the Three-Tier model?**

The Three-Tier model is a prevention model intended to identify students before they fail and to provide the supports students need to learn essential academic and behavioral skills. Research demonstrates that waiting for students to “catch on” or “catch up” does not lead to higher student achievement. Students need explicit, targeted instruction and intervention to succeed.

**What is the Focus of Tier 1?**

Tier 1 is designed to meet the needs of a majority of the school population and has three critical elements:

a) a research-based core curriculum,
b) short-cycle assessments for all students at least three times a year to determine their instructional needs, and
c) sustained professional development to equip teachers with tools necessary for teaching content area effectively. In Tier 1, the goal is to prevent failure and optimize learning by offering the most effective instruction possible to the greatest number of students. Instruction takes place in a regular education setting and is, for the most part, whole class (scientifically-based) instruction that produces good results for most students. Based on data, classroom teachers monitor student progress and differentiate instruction for students who do not meet grade-level expectations.
What is the Focus of Tier II?

Tier II is for students who are falling behind same-age peers and need additional, targeted interventions to meet grade-level expectations. In Tier II, the goal is to accelerate learning for students who need more intensive support. In Tier II, the interventions typically take place in a regular setting and may include instruction to small groups of students, targeted interventions, and frequent progress monitoring.

What is the Focus of Tier III?

Tier III is designed for students who still have considerable difficulty in mastering necessary academic and/or behavioral skills, even after Tier I and Tier II instruction and interventions. Tier III addresses students’ needs through intensive individualized services. In Tier III, students receive intensive and highly focused, intentional, research-based instruction, possibly over a long period of time. Tier III involves students who did not respond to Tier II intervention. These students undergo more a formal diagnostic evaluation.

Is RTI Just Applicable to Special Education?

RTI has application for general education, compensatory education, and special education. Most importantly, RTI promotes research-based instruction and quality teaching that result in better outcomes for all students.

What are Some Conditions and Activities of RTI?

Ultimately, RTI may include the following conditions and activities:

- High quality instructional and behavioral supports are in place.
- Scientific, research-based intervention is delivered by qualified personnel with expertise in the intervention used and in the areas of student difficulty.
- Student progress is continuously monitored.
- Data-based documentation is maintained on each student.
- Systematic documentation verifies that interventions are implemented with fidelity, integrity, and the intended intensity.
- Decisions are made by a collaborative team of school staff who review response data and other information required to ensure a comprehensive evaluation.
- Interventions address the individual student’s difficulties at the needed level of intensity and with the support of needed resources and personnel.
- A written document describing the specific components and structure of the process to be used is available to parents and professionals.
- Parent notification and involvement are documented.
Is There Federal Funding to Support RTI Related Activities?

As a school-wide prevention approach, RTI includes changing instruction for struggling students to help them improve academic skills and behavior. To meet the needs of all students, the educational system must use its collective resources to intervene early and provide appropriate interventions and supports to prevent learning and behavioral problems from becoming larger issues. To support these efforts, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) gives more financial flexibility to local education agencies (LEAs). Under the Early Intervening Services (EIS) provisions in the law, to help minimize over identification and unnecessary referrals, LEAs can use up to 15% of their federal IDEA funds to provide academic and behavioral services to support prevention and early identification for struggling learners [P.L. 108-446, §613(f) (1)]. LEAs also have greater flexibility to use up to 50% of any increases that they receive in federal funding for Title I activities. These funds may be used for professional development of non-special education staff as well as for RTI-related activities.

IDEA allows 15 percent of special education funds to be used to provide early intervening services for students who have academic or behavioral difficulties but are not identified as having learning disabilities. A district that has been identified as having significant disproportionality in identifying students for special education is required to provide early intervening services. This new provision is a huge breakthrough for students at risk of having learning disabilities. They now are eligible to receive early intervention services as early as kindergarten and first grade instead of waiting until they experience a prolonged and significant period of academic failure, often as late as third or fourth grade, which is often the case under the IQ-achievement discrepancy model.

Does RTI Address Challenging Behavior?

IDEA 2004 discusses the use of RTI in relation to the identification and support for students with possible specific learning disabilities. However, there is another dimension that stems from the common observation that many students struggle academically and exhibit problem behaviors. There are a variety of reasons why students misbehave. Some students will misbehave because they “won’t do it,” or because they try and “can’t do it.” Regardless, the fact remains that behavior and academic success are closely linked and need to be addressed simultaneously or in a concerted effort.

In a RTI approach to behavior, systematically collected behavioral data (e.g., observations, office referral patterns, ratings, etc.) provides a basis for making decisions on behavior supports. A student who displays challenging behavior should be assessed, just as the student would if an academic concern was raised. Based on the results, staff uses evidence-based practices to support the student in reducing challenging behaviors and developing positive attitudes toward academic and social life. At the highest level of rigor, evidence-based interventions for behavior means a randomized controlled trial design, followed by quasi-experimental controlled design (typically denotes non-random assignment to condition). Additional evidence of efficacy is indicated by studies with a statistically significant positive effect, which is a positive effect sustained for at least one year post intervention, and replication of the effect in one or more settings and/or populations. Many evidence-based behavioral interventions should be considered such as:
methods based on applied behavior analysis (e.g., reinforcement); social learning (e.g., teaching expected behaviors through modeling and role playing); and cognitive behavioral methods to teach “thinking skills,” (e.g. problem solving, impulse control, or anger management, etc.).

IDEA 2004 did not change the criteria required to establish an emotional behavioral disorder (EBD). However, an evaluation group may include RTI data when considering whether a student has a disability that meets EBD criteria. The universal screening that applies to behavior at Tier I suggests that schools have effective positive behavioral systems in place. Despite this, there will be some students that will need additional strategic and/or intensive behavioral interventions.

Does a School District’s “Child Find” Obligations Change within RTI Systems
Implementing a RTI system does not alter a school district’s obligations to identify students with disabilities ("child find"). Parents, teachers, or anyone else can initiate a referral at any time. Schools need to ensure that staff is trained to refer students who may require special education services no matter their tier level. This means that students do not need to advance through the multi-tiered system as a condition before a referral is made. In certain circumstances, a student may have progressed through the multiple tiers without any success (e.g., at least two Tier III interventions have been unsuccessful). In this situation, a disability should be suspected and a referral must be made. District personnel should be aware that a parent or anyone else has the right to make a special education referral even for students who have not yet demonstrated a lack of responsiveness to an intervention. A district or school may continue RTI interventions if they have already been initiated while processing the referral and determining whether or not the student is a candidate for special education evaluation within required timelines.

Is Parent Involvement and Important Component for Successful RTI Programs?
Involving parents at all phases is a key aspect of a successful RTI program. As members of the decision making team, parents can provide a critical perspective on students thus, increasing the likelihood that RTI interventions will be effective. For this reason, schools must make a concerted effort to involve parents as early as possible, beginning with instruction in the core curriculum. This can be done through traditional methods such as parent-teacher conferences, regularly scheduled meetings, or by other methods. This must be done by notifying parents of student progress within the RTI system on a regular basis.

Districts and schools should provide parents with written information about its RTI program and be prepared to answer questions about RTI processes. The written information should explain how the system is different from a traditional education system and about the vital and collaborative role that parents play within a RTI system. The more parents are involved as players, the greater the opportunity for successful RTI outcomes.

Because RTI is a method of delivering the general education curriculum for all students, written consent is not required before administering universal screenings, CBMs, and targeted assessments within a multi-tiered RTI system when these tools are used to determine instructional need. However, when a student fails to respond to interventions and the decision is made to evaluate a student for special education eligibility, written consent must be obtained in
accordance with special education procedures. When developing screening measures districts should also consider the parallel measures that may be used for evaluation.

Failure to communicate and reach out to parents will lead to confusion, especially among parents who believe their children have a learning disability. Schools may also want to provide other means for keeping parents engaged and informed, such as:

- Involving them in state and local planning for RTI adoption
- Providing them written material informing parents of their right to refer their child at any time for special education evaluation as stipulated in IDEA 2004
- Providing written material that outlines the criteria for determining eligibility under IDEA 2004 and the role of RTI data in making LD determinations

Taking measures to build strong productive relationships with parents can only increase the likelihood that students will benefit greatly from a RTI model.

Can RTI Promote Optimal Learning?

Optimal learning outcomes occur when students’ skills and abilities closely match the curriculum and instruction within the classroom. When a mismatch occurs, student outcomes and learning suffer. Quality classroom instruction usually provides a good match for most students. But for other students, success is not easy. The hypothesis is that, with RTI, these struggling students can be identified early and provided appropriate instruction, thus increasing the likelihood that they can be successful and maintain their class placement.

What is Fidelity?

Fidelity refers to the degree to which RTI components are implemented as designed, intended, and planned. Fidelity is achieved through sufficient time allocation, adequate intervention intensity, qualified and trained staff, and sufficient materials and resources. Fidelity is vital in universal screening, instructional delivery and progress monitoring.

Does Implementation of RTI Methods Require a Serious Commitment?

Implementation of RTI methods occur within the general education environment and require a serious school-wide commitment. All school staff and parents play vital roles in a RTI approach. A successful RTI system requires the commitment of many people including, parents, teachers, specialists, administrators and paraeducators. It requires that all work cooperatively in supporting each student as they progress.
Data management is also crucial within a RTI system. Schools that use RTI will need to identify the person or persons responsible for ensuring that data are properly obtained and analyzed. As students’ needs advance to more intensive interventions, school psychologists, special education teachers, educational staff associates (ESA), or other specialists may be called upon to manage, interpret and synthesize student data to support decision making teams.

In a RTI approach, the role of the school psychologists may change from traditional assessor of individual cognitive abilities to a more intervention-based assessor of target skills. School psychologists, in addition to ESAs and special education teachers will need to assist the classroom teacher in using screening data and progress monitoring data to guide curriculum decisions. They will need to assist the decision making team in using assessment data to identify specific curriculum areas of concern. This means school psychologists will need to be knowledgeable about available interventions. School psychologists will also be needed to incorporate RTI data and analyze all available data to appropriately guide the special education referral process and eligibility decision. They should be particularly active in the analysis and interpretation of data as well as the standardization of local measures.

Effective leadership is obviously required to implement RTI change processes within the school. This leadership can take many forms. Principals often play a critical leadership role, but so can teachers and other staff, including those in the district office. In order to be effective leaders, principals must understand and be active in the change process. To assist teachers and support staff in providing instruction and interventions, they must provide or coordinate valuable and sustained professional development. Principals should have a hands-on role in making decisions within a problem solving process. They should ensure that RTI practices are implemented with fidelity and that student data are managed properly.

**What Does the RTI Process Mean for Teachers?**

An RTI outcome vital to the effectiveness of a school system, is that all teachers, both general and special educators, will feel an increased accountability for student learning as well as strengthened confidence in their own skills and knowledge related to teaching reading. The goal of all students learning to read will be a unifying force that includes all staff and all students. All teachers will see themselves as part of a system that delivers high quality instruction that continually assesses student progress and that provides extra help and extra time to meet the needs of students.

If we are to close the achievement gap in schools, roles of school personnel will change. Collaboration among teachers will increase in order to determine student’s needs, designate resources and maximize student learning. Genuine access to and participation in the general curriculum for students with disabilities may require a shift in the way we think about and ultimately provide special education and related services. Building better readers must become the collective responsibility of all teachers so that all students achieve.

Although RTI presents a promising way of addressing many issues associated with SLD identification, unanswered implementation questions remain. We must ask how many issues relevant to SLD determination are due to the specific assessment components as well as the limited fidelity with which those components were implemented (e.g., appropriate learning
experiences, pre-referral intervention, application of exclusion clause, and aptitude-achievement discrepancy). Further, we must consider how well states/districts/schools could implement an assessment process that incorporates significant changes in staff roles and responsibilities (i.e., most dramatically for general education staff), while lengthening the duration of disability determination assessment and possibly lengthening service time.

Another significant consideration is that current research literature provides scant scientific evidence on how RTI applies in curricular areas other than reading and beyond primary or elementary school-age children. In conjunction with the standards that have been developed (NCSESA and NCTM), science-based research needs to be conducted using the RTI construct in the areas of science and mathematics. Utilizing a RTI framework across educational disciplines as well as grade levels is synergistic with the No Child Left Behind Act of 2001 and promotes the idea that schools have an obligation to ensure that all students participate in strong instructional programs that support multi-faceted learning.

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Another significant consideration is that current research literature provides scant scientific evidence for how RTI applies in curricular areas other than early reading and beyond primary or elementary school-age children. In conjunction with the standards that have been developed (National Committee on Science Education Standards and Assessment [NCSESA], and National Council of Teachers of Mathematics [NCTM], ), science-based research needs to be conducted using the RTI construct in the areas of later reading (e.g., reading comprehension) as well as science and mathematics. Using an RTI framework across educational disciplines as well as grade levels is consonant with the No Child Left Behind Act of 2001 (P.L. 107-110) (NCLB 2001) and promotes the values that schools have an obligation to ensure that all students participate in strong instructional programs that support multifaceted learning.

What Do Teachers Need in Terms of Professional Development and RTI?

Teachers of students with learning disabilities will need to acquire specialized knowledge to individualize instruction, to build skills and recommend modifications and accommodations needed for students with Learning Disabilities to be successful in the general curriculum.

Within the RTI framework, professional development will be needed to prepare these teachers to be able to (Division for Learning Disabilities) understand and apply pedagogy related to cognition, learning theory, language development, behavior management and applied behavioral analysis
• possess a substantial base of knowledge about criteria for identifying scientific research-based methodology, instructional programs/methodology available for use with students with Learning Disabilities and individualization of instruction
• be proficient in providing direct skill instruction in reading, writing, spelling, math, listening and learning strategies
• be able to adjust instruction and learning supports based on student progress, observation and clinical judgment
• conduct comprehensive evaluations that include standardized assessment measures, informal assessment and behavioral observations as well as
• translate the data into meaningful educational recommendations
• explain test results to help parents and teachers understand the student's needs and the recommendations generated during the assessment process
• possess strong communication skills to function as collaborative partners and members of problem solving teams
• be knowledgeable about the legal requirements of IDEA 2004, Federal and state regulations, and the history of learning disabilities.