

National Center for Learning Disabilities

April 18: Response-to-Intervention



Laura Kaloi (Moderator):

Welcome to LD Talk, the Web's only online discussion devoted to topics of interest to the learning disabilities community.

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It's a pleasure to welcome you all to today's chat - Thanks for joining us!

It is my pleasure to welcome Dr. Judy Elliott.

Dr. Judy Elliott is the Assistant Superintendent in the Office of School Support Services, including special education, in the Long Beach Unified School District (LBUSD) in Long Beach, California. The district, which is the third largest urban school system in that state, serves 94,000 students and is situated in the most diverse U.S. city, according to the Census2000. In LBUSD, RTI problem solving teams have been in place since the early 1980's.

Judy has been a member of and conducted trainings with Student Success Teams, also known as Teacher Assistance Teams or Instructional Support Teams. She has been involved in RTI approaches to student academic and behavioral success for over 20 years. Over these years, Judy served both in the role of a teacher as well as school psychologist on RTI type teams.

Some of Dr. Elliott's many interests and published areas include effective instruction for students with diverse learning and behavior needs, IEP development and its alignment with standards and assessments, decision making for accountability, and accommodation and assessment of special populations.

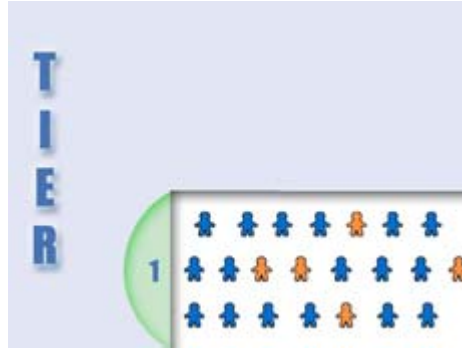
She has trained thousands of staff, teachers, and administrators in the U.S. and abroad in areas of inclusive schooling that include linking assessment to classroom intervention, strategies and tactics for effective instruction, curriculum adaptation, and the student success team process. She received her degree from the State University of New York at Buffalo. She is also a Vice Chairman of NCLD's Professional Advisory Board.

Dr. Elliott will be responding to questions on Response to Intervention (RTI) -- an approach to identifying students at risk for learning disabilities which has been used successfully in states and school districts nationwide.

While there is no single, thoroughly researched and widely practiced "model" for RTI, it is generally defined as a three-step (or three tier) model that uses research-based interventions and, at all stages of the process, focuses on discovering how to make a student more successful rather than focusing on the student's lack of success.

Tier 1:

Students who are "at-risk" are identified using universal screenings and/or results on state or district-wide tests and could include weekly progress monitoring of all students for a brief period. Identified students receive supplemental instruction, or interventions, generally delivered in small groups during the student's regular school day in the regular classroom.



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The length of time for this step can vary, but it generally should not exceed eight weeks.

During that time, student progress is closely monitored using a validated screening system such as curriculum based measurement (see below). At the end of this period, students showing significant progress are generally returned to the regular classroom program. (Note: this step may be broken into 2 separate tiers in a 4-tier model) Students not showing adequate progress are moved to Tier 2.

Tier 2:

Students not making adequate progress in the regular classroom in Tier 1 are provided with more intensive services and interventions. These services are provided in addition to instruction in the general curriculum. These interventions are provided in small group settings. In the early grades (K-3) interventions are usually in the areas of reading and math.



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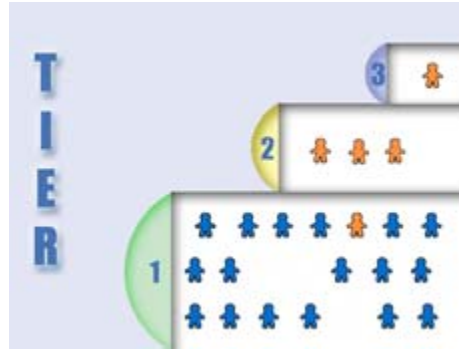
A longer period of time may be required for this tier, but it should generally not exceed a grading period.

Students who continue to show too little progress at this level of intervention are then considered for more intensive interventions as part of Tier 3.

Depending on a school's particular model of RTI, parents may or may not be involved in Tier 2. Ideally, schools involve parents at the earliest stages of RTI by explaining the process in face-to-face meetings, providing written intervention plans and requesting parental consent.

Tier 3:

Students receive individualized, intensive interventions that target the student's skill deficits. Students who do not respond to these targeted interventions are then considered for eligibility as required by the Individuals with Disabilities Education Act (IDEA). The data collected during Tiers 1, 2 and 3 are included and used to make the eligibility decision.



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(Note: This part of the process may be broken into 2 separate tiers in a 4-tier model).

At any point in an RTI process, IDEA allows parents to request a formal evaluation to determine eligibility for special education. An RTI process cannot be used to deny or delay a formal evaluation for special education. For more information on IDEA provisions see NCLD's Parent Guide to IDEA at www.LD.org/IDEAGuide.

I am Laura Kaloi, Director of Public Policy at the National Center for Learning Disabilities, and I'll be moderating today's discussion.

We have received many questions for this discussion. Today we'll be offering replies to those questions most closely related to our discussion topic and of the broadest interest to our audience. (If you have questions unrelated to this topic, please feel free to send them to NCLD's Help Desk at help@nclld.org.) Let's begin the discussion.

Question from **Glori Duesterhaus, LD Teacher, Quincy Junior High:**

As an LD teacher I am very interested in RTI models for identifying LD students BUT I am also hesitant for a few reasons. I work with LD students to understand their disability. How is RTI going to effect my explanation to them? I am especially concerned with the IQ part of identification. I have always stressed to my students that in order to be labeled LD they have to have an average IQ. Will this still be true after going to RTI instead of a discrepancy model?

Dr. Judy Elliott:

One of the valuable aspects of RTI is that students are taught how to monitor and chart their own progress. The visual effects of their progress is a wonderful tool to talk with students about how they are progressing, what is working for them, what needs adjusting.

The discussion of the need for average IQ to be deemed LD has stemmed directly from the discrepancy model. RTI takes the need for IQ for LD out of the conversation and focuses on what students need to know and be able to do to be successful academically and behaviorally.

We certainly know that there are over achievers and underachievers regardless of their IQ.

Learning rate and level of performance are the primary sources of information used in on-going decision-making.

--Learning rate refers to a student's growth in achievement or behavior competencies over time compared to prior levels of performance and the growth rate of the student's peers/classmates.

--Level of performance refers to a student's relative standing on some dimension of achievement/performance.

Learning rates and levels of performance vary significantly across students. Decisions about the use of more or less intense interventions are made using information on learning rate and level. More intense interventions may occur in general education classrooms or pull-out programs supported by general, compensatory, or special education funding.

So, in the end it is about student learning rates and levels of performance rather than simply based on IQ.

Question from Sherry Doyle, CAC, Dual Credential Teaching Student:

After attending an RTI training by the local Special Education Local Plan Area (SELPA), I get the feeling, while the law is clear in expecting strategies and differentiation at about three to four levels of intensity, it is not clear what strategies are laying the foundation for support at each level. I get the feeling each SELPA is exploring options. Is it really that vague in its current form, or are there resources available to lay the foundation for some basic commonalities?

Dr. Judy Elliott:

Excellent insight. Indeed a large learning curve for RTI is exactly what it is, what it is not, and what the anticipated outcomes can be.

The strategies that lay the foundation of support for each level should be grounded in your general education programs and services. As I am sure you have often heard - this is really a general education initiative that special education has started (similar to the Regular Education Initiative of the 1980s).

Tier 1 should be filled with the programs and strategies that 80% of the students can be well served by. These include reading and mathematics programs that are research-based and yield solid pedagogy, or known results that a trained teacher should be able to expect.

Tier 2 is for 10-15% of all students who need something more targeted. For some schools this can mean providing increased time and intensity of instruction. For example, block scheduling in secondary schools allows for a double dose of math and/or reading instruction for those students who need it.

Tier 3 is for a much smaller population of students, typically anywhere from 5-10%. These students are those who require small group or even 1 to 1 instruction on very specific skill sets. Again the time and intensity of these services is key.

Once these foundations are laid -- and you are confident that your general education programs are being implemented and monitored via data and all students can be identified into three tiers of general education--core, strategic or intensive levels. Then, you have a foundation from which to work.

SELPA cannot do RTI without working with general education partners to establish robust instructional programs for all students first. Then and only then, if students are not successful and Tier 3 is not effective for students - then we can safely say we need to look for other options of service.

So, if it seems vague - the conversation needs to start in regards to what general education programs or texts are being used that allow the greatest access and instructional adaptation to meet the needs of the greater student population. Then supplemental programs are examined and implemented from there. Each district will have their own set of programs they will use. But start the conversation!

Question from **Keri Davis-Weaver, School Psychologist, Johnsburg School System:**

Can/should schools still assess intelligence and achievement through formal testing as part of the identification process?

Dr. Judy Elliott:

The option still remains for schools to use the original eligibility criteria for LD per the IDEA 2004 statute.

In summary - the law clearly indicates that local school districts are not required to take into consideration whether a child has a 'severe discrepancy between achievement and intellectual ability...' Rather - it allows the local districts to use a process that determines if the child responds to 'scientific research-based intervention as a part of the evaluation procedures...'

The language in IDEA 2004 is permissive in nature. It does not require RTI to be used. Rather, it prevents a state from precluding RTI if a district or regional unit chooses to adopt this method.

Question from: **Anonymous**

My concern rests with the limited research on RTI. Extending that further, since the definition of LD has not changed, how does RTI relate to issues of listening, speaking and so forth? I am afraid we will be identifying more students who do not have LD, but who are simply less able to learn across the board. The line is blurring and identifying more students for special education is not the correct direction to be going.

Dr. Judy Elliott:

There is much research on RTI dating back to the early 1970s. It was not called RTI per se but was the origin of what we have today. Deno's data-based program modification model(1985) and Bergan's behavioral consultation model (1977) both incorporated RTI practices.

For a full discussion on the research base see The National Association of Directors of Special Education (NASDSE) Response to Intervention: Policy Considerations and Implementation at www.nasdse.org.

In reality we have already been identifying students who are truly not LD as LD. These students are those for whom access to effective instruction and aligned assessments have left them curriculum disabled not Learning Disabled. This concept is not new -- and also not one we like to talk about. But it is a reality.

How is it that some districts can have 20% of their students on IEPs and others have only 7%? One reason is that the former has used the traditional discrepancy approach and the latter the RTI approach. I can attest to this because I work in the district with 7%.

The question remains: how are your general education students doing in your schools? What do their test scores look like? Are they failing to make progress on state and district assessments? If yes? Why? If these foundational questions are not answered and addressed then you will have the spillage of many curriculum disabled students pouring over into special education and needing services because they are meeting with failure in general education classes or programs.

See also: Fletcher, J., Coulter, A., Reschly, D, & Vaughn, S. (2004). Alternative approaches to the definition and identification of learning disabilities: Some questions and answers. *Annals of Dyslexia*, 54(2), 304-332.

Question from **Jacquelyn Del Raso, Consultant, Grand Rapids Public Schools:**

What specific roles do psychologists, speech and language providers, and/or social workers play in the identification and interventions regarding the RTI process? Is this seen as a special education or general education initiative?

Dr. Judy Elliott:

All the personnel you mention in your question are important participants on any intervention team. They are all implementers and supporters of intervention and respective data collection to better understand the students.

Although RTI has its federal origin in IDEA 2004, there are many discussions taking place right now regarding its inclusion in the reauthorization of NCLB.

Both laws have provisions for early intervention. In order for it to be successful, RTI must be a general education initiative. If general education programs are not strong and do not address the diverse learning needs in the general population, students who are at risk for failure and poor performance will continue to be referred for special education eligibility, when in fact, the real issue for many of these students is lack of access to effective instruction.

Here's a great resource for school psychologists --Best Practices in School Psychology IV (2002). National Association of School Psychologists. (Chapters 1 and 2 are especially good, pp3-36.

Question from **Claudia Cruz, RSP Teacher:**

I was wondering how the RTI model will affect the need for RSP teachers and whether academic achievement testing will be obsolete once RTI is implemented.

Dr. Judy Elliott:

There will always be a need for special education teachers. And, in my opinion, RTI allows them to be even more effective with more students and teachers.

For example, many districts and schools use RSP teachers to work with not only students with IEPs but those at-risk for academic failure. Through the use of an RTI model - student interventions are developed and implemented. RSP teachers are invaluable to this process as they can work with students and monitor performance via curriculum based measures and other means to assess whether students are meeting goals.

RTI is not advocating to stop the use of achievement testing. It is simply putting into motion a way to assess student learning using multiple measures.

Question from **Mac Barnett, Parent:**

How does a parent determine if the amount of time and the skills that were implemented were of a sufficient level that enough progress was or was not shown by a child? Is all of this up to the discretion of the school? What I want to say is, 'When do you let teachers keep trying what they are doing rather than consider eligibility into a special education program?'

Dr. Judy Elliott:

RTI is about looking at learning rate and level of performance. It is about monitoring student progress in response to robustly implemented instruction.

The progress and decision about eligibility or need for more intense instruction or programs is based on:

- the gap between the student and benchmark/peers
- the student response to intervention within a reasonable period of time

- how "much" the student improves, and
- how "fast" the student improves

Question from **Brenda McGoldrick, RDIS, NYCDOE:**

How do we convince parents to view RTI as prevention and not a commitment to special education?

Dr. Judy Elliott:

It is all in the way it is rolled out. A solid RTI approach should be coming from general education as the foundation of what good instruction is. This should not be introduced by special education personnel.

It must be a collaboration. It is absolutely imperative that both general and special education personnel sit together to operationalize and understand what RTI is truly about -- RTI is the practice of providing high quality instruction/intervention matched to student needs, using learning rate over time and level of performance to make important educational decisions.

If you ask folks, this is what educating kids is about. It isn't a special education thing, it is an all kids thing.

Question from **Robert J. Howell, Ed.D. Executive Director, RTI and SPED:**

What systems have you established to involve parents in the RTI process? Please discuss the initiation of RTI at the district, school, and classroom level. Thanks.

Dr. Judy Elliott:

The involvement of parents in the education and decision making of their child is critical. There is an approach and a commitment to the involvement of parents from the very start of the process. Providing parents with frequent feedback using data and involving them in decisions is critical.

Districts and states have moved toward developing policies and practices that ensure parental involvement to be sure they are partners in the process.

Question from **Kathy Walsh-Sinnard, Teacher Consultant, Traverse Bay Area Intermediate School District:**

Other than DIBELS, what other assessments have you found to be useful to show growth on a weekly or monthly basis? Is there a math assessment as well that you have found effective? What type of training have your classroom teachers been given? How much of the data collection has the school psychologist and teacher consultants been involved with? Thank you.

Dr. Judy Elliott:

There are a variety of assessments that can be used. Some are off the shelf and published by companies and others are home grown. For example, some districts have normed their own curriculum-based measures (CBM) for math and reading, so that when a student is assessed in these areas they are compared to like peers in their districts. CBM can be used weekly to monitor growth and progress.

Other resources in this area include:

- the National Center on Student Progress Monitoring at www.studentprogress.org
- AIMSweb at www.aimsweb.com
- Monitoring Basic Skills Progress at www.proedinc.com

All of these programs will need staff to be trained in implementation and use. As always sustained coaching or opportunities for additional training and feedback sessions are extremely valuable to be sure implementation is robust. Teachers are trained to use and interpret data to make instructional adaptations or adjustments for students.

Question from **Candy Lindsey, Coordinator, Center for Innovations in Education, University of Missouri:**

What criteria are you using to identify scientific-research based interventions used in the pre-referral process?

Dr. Judy Elliott:

Both No Child Left Behind (NCLB) and IDEA refer to the use of scientific, research-based strategies. The RTI principle of using research-based practices is to most importantly guard against wasting time on ineffective practice(s). On one hand, there is a great deal of research on what works in the area of learning and instruction in many of the content areas. However, on the other hand there are many areas in education where we don't have definitive research on what works best. In the latter circumstance, we have to implement promising practices and monitor the effectiveness of the strategies and ultimately modify and adjust our implementation based on the results or data we get. Therefore, the strategies that are a part of RTI must show promising data based improvement or sustainability. If they do not, they are systematically rejected and replaced.

The purpose of the requirement of scientifically-based curricula and interventions is to ensure that students are exposed to curriculum and teaching that has demonstrated effectiveness for the type of student and the setting.

Educators cannot make informed, consistent decisions about the effectiveness of interventions at any tier without valid data. The requirements of NCLB and IDEA 2004 to use scientifically based interventions and to document student outcomes necessitates the ongoing collection and analysis of data.

See www.Texasreading.org for information on the 3-tier model and effective interventions.

Question from **Joyce Whitby, Parent:**

I keep hearing that RTI will be mandated later this year. If my child already has an IEP at that time for LD, will the school district be able to use RTI to determine continued qualification for LD? Or will they be able to use discrepancy model?

Dr. Judy Elliott:

If your child already has an IEP then annual progress must be reviewed. In addition, every three years a triennial assessment must take place (unless you agree in writing with the school district that it does not need to occur).

RTI is bigger than just identifying students for LD. RTI is about the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals and applying child response data to important educational decisions.

RTI should be applied to decisions in general, remedial, and special education, creating a well-integrated system of instruction/intervention guided by child outcome data. Child outcome data are essential to:

- making accurate decisions about general and remedial education/interventions
- making early identification/intervention with academic and behavioral problems
- preventing unnecessary and excessive identification of students with disabilities
- deciding eligibility for special programs, including special education;and
- determining individual education programs as well as delivering and evaluating special education services.

So, the long answer to your question is 'yes' the school district will be able to use RTI to determine progress and whether there is a continued need for special services.

Question from **Gina/A Mother**:

It is my understanding the RTI model is only being implemented with K through 3rd grade children. If this is true, what will be done with the older child to insure mastery of grade appropriate curriculum?

Dr. Judy Elliott:

Indeed, the majority of applications and research have occurred at the elementary level. However, nationally there are many RTI applications at the middle and high school levels.

Mastery of grade appropriate curriculum will be based on not only good instruction but constant progress monitoring of student progress to be sure the student is responding to instruction. This goes for any child at any level of school.

Question from **Sherry Doyle, CAC Special Ed & Dual Teaching Credential Student, Chapman U.**:

Dear Dr. Elliott: NCLB is a mandate for all students, yet RTI is presented as an organizational structure for early intervention (mainly). What are the possibilities of applying this RTI to high-school students who struggle with proficiency in core academics?

Dr. Judy Elliott:

In Long Beach Unified School District, this model is being used for middle and high school students for core academics.

It goes back to the three tiered model or approach to instruction. What interventions or academic programs are being implemented for 80-85 % of the students (Tier 1), 10-15% of students (Tier 2) and 5-10% of students (Tier 3).

Benchmark or constant progress monitoring of how students are progressing in these core areas within the Tiers is important and must be institutionalized. That is, all teachers have common assessments that are given to monitor student performance.

Question from **Sharon Bloechle, Parent, NE**:

Iowa seems to be saying that they will be able to do away with psych evals using RTI. What about all the info you get about how a child learns from the WISC?

Dr. Judy Elliott:

In the Long Beach Unified School District there is no WISC. In fact there is no traditional IQ test battery.

We have been utilizing the problem solving and RTI approach since the early 80's. There are 7% of students on IEPs in the district, where the national average is 12-15%. Again, the district has robust and research based general education reading and math programs that allow all students complete access to skills needed to be successful in general education. This, coupled with intense and systemic professional development to sustain these district wide programs is key.

As a former special education teacher and then school psychologist -- the WISC never told me what to teach and/or how to teach a student. In addition, you may want to look at a 9th circuit ruling (the citation of which I don't have at my fingertips) from a few years ago for a ruling supporting the Long Beach School District's use of assessments using other than the discrepancy approach in determining if a student has a disability.

Question from **Lisa**:

My 8th grader is diagnosed with ADD by 2 highly qualified institutions. The school did her evaluation and determined her to not have an LD however placed her 'at risk' in 5 of 6 categories. They do not feel she is entitled to accommodations although she is consistently failing 2 subjects while maintaining a-b-c's in others. We also deal with 'behavioral issues' which surround these 2 subject class times as a result of her frustration at doing well in class, on homework-yet consistently failing all tests, despite preparation on her part. Shouldn't this alone qualify her for RTI?

Dr. Judy Elliott:

Your question of 'qualifying' for RTI is an interesting one. RTI is part of the problem solving approach to academic and behavioral interventions.

Your school should have building-based teams that you can go and meet with to discuss your concerns. If your child/student did not qualify for LD but is 'at risk' as you indicated, then one would want to monitor progress in those 5 areas to be sure s/he is at least maintaining progress. In addition, action plans or interventions should be discussed so that these areas can be monitored with progress or data.

Is your student on a 504 plan? You may consider starting a conversation with the school.

I would revisit the need for accommodations during instruction especially if your child/student is considered at risk for several areas. Good instruction includes accommodation or differentiated instruction that allow students to show what they know and can do. One does not need an IEP or 504 plan for differentiated instruction to occur.

You may ask that a school psychologist consult with you or meet with you to problem solve and support your child/student work through the class times that are most frustrating. Look together for the causes and discuss solutions to provide support.

Two resources that may be of help are:

- Improving Test Performance of Students with Disabilities on District and States Assessment. Elliott, J. & Thurlow, M (2006). Corwin Press

-Testing Students with Disabilities: Practical strategies for complying with district and state requirements. Thurlow, M, Elliott, J., & Ysseldyke, J. (2003). Corwin Press.

Question from **Terri Postlethwait, Former Educator, Concerned Aunt**:

1) Who will be implementing the assessments and evaluating the results? Have they received certification or training? 2) Will funding come out of existing SPED dollars, which are already less than they should be? 3) Are safeguards in place so students grade 3 and above who are coded as LD and receive services as mandated by IDEA, will continue to receive these services versus being given a 504 plan? My major concern is that administrators who are not ethical can use this as a tool in the higher grades for manipulating the subgroups during testing so their SPED population is below the threshold required for reporting purposes [of No Child Left Behind]. Most schools not making AYP at this time are not doing so specifically with this subgroup.

Dr. Judy Elliott:

RTI is a team approach to intervention that requires both general and special education collaboration and problem solving. Ongoing training and capacity building are critical in rolling out and implementing this initiative. Consider the efforts taken when a new reading or science program is adopted by a school or district. The same effort must be put into place for RTI.

RTI can be supported by dollars under NCLB as well as IDEA as both have provisions for early intervention. However, RTI is a part of IDEA as an alternative option to the discrepancy formula that has been historically used to identify LD. So, the funding to evaluate students suspected of having a learning disability previously existed.

Regarding safeguards of IDEA or 504 -- those are already embedded in the law and have not changed. RTI has nothing to do with what grade the student is in, rather, it has to do with what the need is and where and how those needs can best be met -- while collecting robust data on the interventions being used to help the student.

The use of RTI to manipulate subgroup performance according to No Child Left Behind (NCLB) is moot. All subgroups of students are included regardless of RTI. Using RTI to manipulate subgroups or keeping students out of the Students with Disabilities subgroup simply means that this same student will end up in another subgroup whose performance is equally important or counted.

The good thing about the accountability of NCLB is all students count. And in many places it is the subgroup of students with disabilities that is making AYP and not the cause of the failure of the school not making AYP. We should be careful not to fall into the trap of believing what has been exaggerated by the media -- that "the subgroup of students with disabilities" is the subgroup causing our not making AYP -- when there are other subgroups such as English language learners who are doing poorly and not making AYP.

In my opinion, if any subgroup does not make AYP then the path for improvement can clearly be made. Schools need targeted resources and support to be sure teachers and administrators are getting what they need to ensure instruction and materials are in place. And, monitoring needs to occur to make sure students are given access to effective instruction.

NCLD's Parent Advocacy Briefs on NCLB are helpful resources to understand how NCLB and IDEA work together to support students with disabilities. See: www.id.org/nclb.

Question from Dawn James, Parent, PUSD:

What should I do if my school district did not use RTI and did not identify my child with a SLD even though she's already one year behind (3rd grade instead of 4th) and is still performing below expectations?

Dr. Judy Elliott:

As a parent you can request (in writing) an evaluation. Your school district has the option to use RTI as part of the evaluation or the traditional approach. However, since I do not know what state you are in, you need to check with your school district and state to see if they require the RTI approach.

Even if your daughter is a year behind, it does not mean she has a learning disability. In addition to requesting the evaluation, I would ask for a meeting with the teacher or most appropriate person who can talk to you about her state and district assessment results. Ask to review what the instruction looks like in her classroom and what assessments are being used on a regular basis to see whether in fact instruction has been effective for her. If it hasn't, then the discussion moves on to what instructional interventions can be implemented, based on her need, to address areas of deficit.

Question from Anna O'Connell, Parent and Activist:

Please describe how Response to Instruction would be used for or with a "twice-exceptional" student, one who is cognitively gifted and also has learning disabilities.

Dr. Judy Elliott:

The beauty of RTI is that it is the practice of providing high-quality instruction/intervention matched to student needs. The tenants of RTI would remain the same for 'twice-exceptional' students. Learning rate and level of performance can be monitored and instruction adjusted based on what student data indicates.

Question from: **Anonymous**

What are the pitfalls to watch out for when you are first rolling out the RTI format in schools? What is a given that should be done?

Dr. Judy Elliott:

The 'pitfalls' to watch for is to be sure there is good administrative support, staff training and supplemental and intensive interventions available. District and site administrators need to have a comprehensive understanding of RTI so they can support the process and provide needed resources and training to site personnel. In addition, consideration needs to be given to the use of technology -- to support continuous progress monitoring, to compare student performance to benchmark expectations and to graph student data relative to benchmark expectations.

Question from **Heather Griffith, School Psychologist, Iredell-Statesville Schools:**

Where can we find specific ideas to use for interventions -- in all subjects but especially in math? Thank you!

Dr. Judy Elliott:

There are excellent resources on math at the National Center on Accelerating Student Learning (CASL). The site lists numerous publications written by members of CASL. Some can be downloaded free, such as CASL's newsletter about reading and math interventions. See: <http://kc.vanderbilt.edu/casl/reports.html>

There is also a 2-part article on Math Disability offered by Schwab Learning. See:

<http://www.schwablearning.org/articles.asp?r=1001> and <http://www.schwablearning.org/articles.asp?r=1055>

Question from **Susan J. Gustavson, Child Advocate:**

There is consensus that children with Specific Learning Disabilities are among children participating in RTI procedures. In light of this, is it a violation of the Child Find requirement of IDEA to not require that children still failing to progress at Tier II of an RTI process be at minimum, screened for information processing deficits? If a child has had RTI procedures prior to evaluation for SLD beginning, is it necessary to repeat such a process over again within the 60 day timeline? If the parent is not included in all RTI procedures for their child and that information becomes part of the evaluation data, how can that parent give informed consent?

Dr. Judy Elliott:

Great questions, many of which are anticipated to be addressed in the yet to be published regulations. There is no relationship between Tiers and requiring screening for processing deficits. Again, interventions and assessments are based on student needs and the learning rate and level of performance over time compared to prior levels of performance and peer growth rates. RTI should be a part of not separate from an evaluation of SLD. Parents should be included from the start of any discussion about intervention and/or assessment for their child. As part of any assessment traditional or RTI parents should give informed consent. States and district are presently working to ferret out what this will look like in their state rules.

Question from: **Anonymous**

Beyond RTI what do you think needs to be included in a "comprehensive evaluation" when considering eligibility for a specific learning disability?

Dr. Judy Elliott:

If RTI is done thoroughly and correctly there should not be a need for a comprehensive evaluation. In fact your 'hit rate' for students in need of special education services will be better under a data based RTI approach than if using the traditional method of discrepancy. It is professional judgement, with parental consent of course, if you feel you need to do additional assessment to explore additional areas of concerns should they exist and you feel cannot or have not been addressed via RTI.

Question from **Chris Johnson, Special Education Coordinator:**

If I use an RTI approach to assess a child for special services, and the case eventuates in a due process, would I be better served to stay with a norm-referenced test (NRT) to better serve the child and protect my license?

Dr. Judy Elliott:

As in any due process case, robust and valid data is critical. The issue is what your child needs to learn and how they will learn it - not necessarily what stanine or percentile they fall into per an NRT.

Question from **Shira Nahmias, Special Education Itinerant Teacher , Cooke Center for Learning and Development:**

It seems that the field of Special Education is moving towards aligning IEP goals with the general education curriculum to ensure that all children are learning academic subjects on an appropriate level. Could you address specifically the theory behind this and how those of us who work in inclusive settings can blend the teaching of daily living and certain life skills with the very real academic needs of our students?

Dr. Judy Elliott:

Some great news about the alignment of IEP goals with standards or as you put it the general education curriculum - is that all kids now count. Before, IEPs were written based on important things but nothing that could be collected or aggregated, measured and reported out on with the rest of the students in the school/district.

And if we measure student performance based on the general education curriculum, then special education kids and teachers must have access to the same books and materials or universally designed/accessible books and materials teaching the standards that all students should know and be able to do.

I do not know what your definition of 'Inclusion' or the type of student you speak of -- Inclusion looks different everywhere one goes. However, one of the ways the field has successfully addressed meeting daily living and academic goals is through using a matrix that lays out all of the goals a student is working on. Each class is taught while incorporating ways to teach daily living and/or academics. Just like academics, all skills are not directly taught all day -- daily living skills are taught and embedded in instruction.

This has been referred to as the Planning Matrix - where a student's IEP objectives are addressed within the context of the general education environment. The Planning Matrix provides a clear understanding of why students are doing this or that, what their instructional objectives are, and who has what teaching responsibilities. The matrix allows for an easy check that all the areas or objectives are being addressed throughout the course of the day or class. This can also lead to increased accountability by helping everyone be more clear about who is supposed to be doing what, when and to what extent.

Question from **Karen D'Andre, Parent, California:**

We have attempted to amicably work with the school and trust the process, however we have waited (to date) almost 18 months to have our children appropriately evaluated (in spite of our written request for evaluation). Seven weeks ago, our school decided to place one of our children through the RTI process (the other child they simply refuse to evaluate). How would you recommend parents proceed when they suspect that their child has been placed in RTI by the school as a "delay" tactic, used in lieu of appropriately evaluating a child suspected to have a learning disability?

Dr. Judy Elliott:

As always, parents have the absolute due process right to have their child/student assessed for special education eligibility. This is done most effectively in writing.

Schools must put in writing why they choose not to evaluate, once requested. Most importantly there should be open dialogue around this.

I do not have all the detail or background to your case and want to be careful about that.

Do be familiar with your parental rights. Work with your school to ensure timely assessment is done according to the law and your rights.

There are times that parents can request assessment in writing and school districts or school sites will implement an RTI approach while exploring eligibility. A question here is --what is more helpful - test scores or data that can help you decide what to teach and how to teach it.

Nothing should be used as a delay tactic when it means denying a student needed support for learning and behavior.

Question from **Gertrude Nash, Educational Diagnostician, Houston, TX:**

What would you recommend for implementing intervention (RTI) for students that were impacted by Katrina along with the lingering effects of trauma, many of whom are coming from an impoverish background with diverse needs.

Dr. Judy Elliott:

I wouldnt recommend anything different in the way of RTI for these students. However, on-going what needs to happen is mental health support, counseling, and family resources to help heal from the emotional trauma of this catastrophic event.

Data will still indicate how students are doing. However, students in emotional turmoil or trauma must be monitored with mental health services to be sure we are getting valid data on what these kids know and can really do.

Question from **Heather Griffith, School Psychologist, Iredell-Statesville Schools:**

How long do you monitor interventions before determining if they're effective... and how do you manage timelines imposed by special education law?

Dr. Judy Elliott:

One of the benefits of RTI is that student data drive the decisions. I am asked many times about 'how long.' It is really dependent upon progress monitoring of the data and how the student is doing. Of course it is imperative that robust interventions are implemented in order to collect valid data from the student.

In terms of timelines - if RTI is being implemented within the context of a formal evaluation under IDEA, the law requires that it must be completed within 60 days (unless the state has set its own timeline). My experience has been that once parents and teachers understand the problem solving approach to interventions - they will agree in writing to allow RTI to take its course.

And the key to this is presenting data on the student's performance to indicate whether progress is being made.

Question from **Ginny Robley, Paraprofessional, Turlock Jr. High:**

How do I view/receive the parents' for RTI?

Dr. Judy Elliott:

Parents as always are key partners in the educational process of their children. Regardless of the type of assessment or process used, parents are important in the gathering of data about their child. So parental involvement is the same, if not more involved. Because this process is not about someone doing tests with a student, but rather a team approach to looking at intense interventions and gathering data across them. Parents can support at home in this process.

Question from **Terri Postlethwait, Aunt, Antrim NH:**

My concern is the lack of ethics some administrators may have in reducing the number of LD coded students to lower their sub-group numbers on their state testing to have a more "positive" impact on making AYP. They may see RTI as the "magic pill" to make this happen. How can we make sure that these students aren't continuously cycled in RTI versus being coded as they legally should?

Dr. Judy Elliott:

As previously addressed in another question - if a student is not in one subgroup they most likely will appear in another subgroup. The comprehensive nature of NCLB has really closed many of the potential loopholes that existed in relation to accountability of all students.

Question from **Phyllis Dinse, AT Assistant, AT Network:**

I am interested in finding out who (what districts) are currently using RTI. I read about it in the recent issue of Special Edge and was curious to hear more about the topic, it's use, and success.

Dr. Judy Elliott:

Some of the front runners in statewide implementation of RTI are Iowa, Illinois, Rhode Island, Pennsylvania, Michigan and Florida. Many of these states have written legislation or education regulations supporting early intervention and the RTI approach.

Local districts in the above states can be found using RTI. Two well known districts using RTI are Minneapolis, MN, Ankeny, IA. Long Beach School District in CA is also a strong user of RTI.

That concludes our discussion for today. Thanks to everyone for the thoughtful questions and thanks to Dr. Elliott for her time today.

I would like to invite each of you to help NCLD become your "go to" place on the Web for information and resources on learning disabilities. Here's how:

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